Non-Violent Childhoods

Action Plan for the Prevention of Violence against Children 2020–2025

PUBLICATIONS OF THE MINISTRY OF SOCIAL AFFAIRS AND HEALTH 2020:34

Publications of the Ministry of Social Affairs and Health 2020:34

Non-Violent Childhoods

Action Plan for the Prevention of Violence against Children 2020–2025

Ministry of Social Affairs and Health, Helsinki 2020

Ministry of Social Affairs and Health

ISBN PDF: 978-952-00-8351-9

Layout: Government Administration Department, Publications

Cover photos: Tuula Holopainen, Irmeli Huhtala, Kuvatoimisto Rodeo, Shutterstock

Helsinki 2020

Description sheet

Published by	Ministry of Social Affairs and Health		26 November 2020
Authors	Ulla Korpilahti, Hanna Kettunen, Erika Nuotio, Satu Jokela, Vuokko Maria Nummi, Pirjo Lillsunde (eds.)		
Title of publication	Non-Violent Childhoods – Action Plan for the Prevention of Violence against Children 2020–2025		
Series and publication number	Publications of the Ministry of Social Affairs and Health 2020:34		
ISBN PDF	978-952-00-8351-9	**ISSN (PDF)**	1797-9854
Website address (URN)	http://urn.fi/URN:ISBN:978-952-00-8351-9		
Pages	640	**Language**	English
Keywords	children, young people, violence, preventive work, cross-sectoral cooperation, rights of the child, inclusion, protective factors, risk factors		

Abstract

The objective of the action plan on Non-Violent Childhoods 2020–2025 is to prevent violence against children aged 0–17 in different growth and operating environments. The action plan deals with the rights of the child, inclusion, factors that protect against violence as well as risk factors and their consequences. The aim is to improve the position of the child victim in the current service, care and crime systems, also taking into account those children who are at risk of ending up using or have already used violence.

The action plan contains 93 actions and consist of fourteen chapters dealing with the prevention of emotional and physical violence and sexual violence from three different perspectives: prevention, minimising harmful impact and providing treatment, with the main focus on prevention. The plan seeks to take into account issues related to children in particularly vulnerable situations with regard to violence, as well as some topical specific issues. The plan emphasises the importance of multidisciplinary cooperation.

A broad group of experts from various organisations, ministries and NGOs wrote the action plan. A steering group nominated by the Finnish Institute for Health and Welfare is responsible for monitoring and directing the objectives and actions. In 2022, a mid-term review will be carried out concerning the implementation of the action plan's objectives and actions.

Publisher	Ministry of Social Affairs and Health
Distributed by/ publication sales	Online version: julkaisut.valtioneuvosto.fi Publication sales: vnjulkaisumyynti.fi

Kuvailulehti

Julkaisija	Sosiaali- ja terveysministeriö		26.11.2020
Tekijät	Ulla Korpilahti, Hanna Kettunen, Erika Nuotio, Satu Jokela, Vuokko Maria Nummi, Pirjo Lillsunde (toim.)		
Julkaisun nimi	Väkivallaton lapsuus – toimenpidesuunnitelma lapsiin kohdistuvan väkivallan ehkäisystä 2020–2025		
Julkaisusarjan nimi ja numero	Sosiaali- ja terveysministeriön julkaisuja 2020:34		
ISBN PDF	978-952-00-8351-9	**ISSN PDF**	1797-9854
URN-osoite	http://urn.fi/URN:ISBN:978-952-00-8351-9		
Sivumäärä	640	**Kieli**	englanti
Asiasanat	lapset, nuoret, väkivalta, ehkäisevä työ, monialainen yhteistyö, lapsen oikeudet, osallisuus		

Tiivistelmä

Väkivallaton lapsuus -toimenpidesuunnitelman 2020–2025 tavoitteena on ehkäistä 0–17 vuotiaisiin lapsiin kohdistuvaa väkivaltaa erilaisissa kasvu- ja toimintaympäristöissä. Suunnitelmassa käsitellään lapsen oikeuksia, osallisuutta, väkivallalta suojaavia tekijöitä ja riskitekijöitä sekä sen seurauksia. Tavoitteena on parantaa lapsiuhrin asemaa nykyisissä palvelu-, hoito- ja rikosjärjestelmissä huomioiden myös ne lapset, jotka ovat riskissä päätyä käyttämään tai ovat jo käyttäneet väkivaltaa.

Toimenpidesuunnitelma sisältää 93 toimenpidettä ja koostuu neljästätoista eri luvusta, jotka käsittelevät henkisen ja fyysisen väkivallan sekä seksuaaliväkivallan ehkäisyä kolmesta eri näkökulmasta: ennaltaehkäisyn, haittojen minimoinnin ja varsinaisen hoidon perspektiivistä, pääpainon ollessa ennaltaehkäisyssä. Suunnitelmassa on pyritty huomioimaan väkivallan suhteen erityisen haavoittuvassa asemassa olevien lasten tilanteeseen liittyviä kysymyksiä sekä joitakin ajankohtaisia erityiskysymyksiä. Suunnitelma korostaa monialaisen yhteistyön tärkeyttä.

Suunnitelmaa kirjoittamassa on ollut laaja asiantuntijaryhmä eri organisaatioista, ministeriöistä ja järjestöistä. Tavoitteiden ja toimenpiteiden seurannasta ja ohjaamisesta vastaa Terveyden ja hyvinvoinnin laitoksen asettama ohjausryhmä. Väliarviointi suunnitelman tavoitteiden ja toimenpiteiden toteutumisen onnistumisesta tehdään vuonna 2022.

Kustantaja	Sosiaali- ja terveysministeriö
Julkaisun jakaja/ myynti	Sähköinen versio: julkaisut.valtioneuvosto.fi Julkaisumyynti: vnjulkaisumyynti.fi

Presentationsblad

Utgivare	Social- och hälsovårdsministeriet		26.11.2020
Författare	Ulla Korpilahti, Hanna Kettunen, Erika Nuotio, Satu Jokela, Vuokko Maria Nummi, Pirjo Lillsunde (red.)		
Publikationens titel	En barndom utan våld – åtgärdsplan för förebyggande av våld mot barn 2020–2025		
Publikationsseriens namn och nummer	Social- och hälsovårdsministeriets publikationer 2020:34		
ISBN PDF	978-952-00-8351-9	**ISSN PDF**	1797-9854
URN-adress	http://urn.fi/URN:ISBN:978-952-00-8351-9		
Sidantal	640	**Språk**	engelska
Nyckelord	barn, ungdomar, våld, förebyggande arbete, sektorsövergripande samarbete, barnets rättigheter, delaktighet, skyddande faktorer, riskfaktorer		

Referat

Åtgärdsplanen för En barndom utan våld 2020–2025 syftar till att förebygga våld mot barn i åldern 0–17 år i olika uppväxtmiljöer och under olika förhållanden. I planen behandlas barnets rättigheter, delaktighet, faktorer som skyddar mot och faktorer som medför större risk för våld samt följderna av våld. Målet är att i de nuvarande service-, vård- och straffsystemen förbättra ställningen för barn som våldsoffer samtidigt som man också beaktar de barn som löper risk att bruka våld eller som redan har brukat våld.

Åtgärdsplanen innehåller 93 åtgärder och består av fjorton olika kapitel som handlar om motverkande av psykiskt, fysiskt och sexuellt våld ur tre olika synvinklar: förebyggande, minimering av skadeverkningar och egentlig vård, med tyngdpunkten lagd på förebyggande. I planen har man strävat efter att beakta frågor som gäller situationen för barn i särskilt utsatt ställning i fråga om våld samt vissa aktuella specialfrågor. I planen understryks vikten av sektorsövergripande samarbete.

Planen har utarbetats av en bred grupp sakkunniga från olika organisationer, ministerier och det civila samhället. För uppföljningen och styrningen av målen och åtgärderna svarar en styrgrupp utställt av Institutet för hälsa och välfärd. År 2022 görs en halvtidsutvärdering av hur målen och åtgärderna i planen har genomförts.

Förläggare	Social- och hälsovårdsministeriet
Distribution/ beställningar	Sähköinen versio: julkaisut.valtioneuvosto.fi Julkaisumyynti: vnjulkaisumyynti.fi

Contents

1 Introduction

The Non-Violent Childhood – Action Plan on the Prevention of Violence against Children 2020-2025 brings together national targets and policies for the prevention of violence against children aged 0–17, as well as the early identification of violence and the referral of children and young people for help and support.

To reduce human suffering and financial costs, professionals working with children, as well as other adults and decision-makers, must pay attention to prevention methods and factors that protect children and young people from violence. The UN Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991) and many regulations in Finland include an obligation to ensure a safe growth environment for all children. Key factors for the development of a child's basic sense of security include a safe attachment relationship between the child and an adult and timely responses to the needs of the child. However, children and young people who have lived in challenging family situations can also grow into well-balanced adults if they have at least one safe attachment relationship in their growth environment and a sufficient number of other protective factors. These include, for example, experiences of coping and the availability of help in situations that require special support (see e.g. Bell et al. 2013, Hakulinen 2019).

Physical and emotional violence – including bullying, harassment and discrimination as well as neglect – may cause severe physical and emotional harm to children and young people and exclusion from social relations in the short and long term. At worst, it can even lead to death. Studies show a clear and cumulative link between adverse childhood experiences (ACEs) like abuse and neglect (hereinafter violence and neglect) and the prevalence of common diseases, such as cardiovascular diseases, diabetes and cancer, in adulthood. From an early age, ACEs can also increase the risk of various mental disorders, risky behaviours, exclusion and the intergenerational cycle of violence. (WHO 2016, Felitti et al. 2019.)

Between 2000 and 2017, a total of 103 people aged under 18 died as a victim of homicide in Finland. Half of these victims (n = 51) were children aged 0–6. A total of 1,754 people aged under 18 were provided with inpatient care at a hospital between 2000 and 2017 (THL, Care Register for Health Care) because of violence. Not all violence is reported to the authorities or professionals, which is why various studies and surveys are also needed to assess overall crimes directed at children and the safety situation of children and young people. According to extensive Finnish and Swedish research results(n = 2,716 mothers and 679 fathers), 6% of the parents of children aged 0–12 had subjected their child to severe physical violence (e.g. hitting or kicking the child or shaking a child aged under 2) during the 12 months preceding the study (Peltonen et al. 2014, Ellonen et al. 2016). Based on the same study, 35% of the parents of children aged under 13 had subjected their child to various types of violence, including emotional violence, such as name-calling, belittlement, the silent treatment and threatening to hit the child (Ellonen et al. 2017).

A large number of experts in various areas participated in preparing the Non-Violent Childhood – Action Plan on the Prevention of Violence against Children 2020-2025 during 2018 and 2019. More detailed information about the editorial team for the Action Plan – including 80 writers, 42 referees and 36 expert commentators who participated in the working group – is provided in the appendices to the plan (see Appendices 2–5). The work has been carried out under the supervision of an extensive multidisciplinary steering group established at the Finnish Institute for Health and Welfare (THL) (see Appendix 1: The document of the original steering group established in 2018, in Finnish). The steering group will also be responsible for monitoring and assessing the implementation of the Action Plan in the coming years.

In connection with Chapters 4–14, a table at the end of each chapter provides information about national goals and actions for 2020–2025 for preventing violence against children with regard to the section and phenomenon in question. In addition, the 93 actions included the Action Plan are listed within a single plan in Appendix 6 (see Appendix 6).

The seven strategies for ending violence against children (2016) and their implementation plan (2018) by the World Health Organization (WHO) provide the theoretical framework and conceptual basis for this Action Plan. In the Non-Violent

Childhood – Action Plan on the Prevention of Violence against Children 2020-2025, we present important factors that guide the work against violence. In addition to the legal basis, these include binding international agreements, particularly the UN Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991), the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention, Government Decree 53/2015) and the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention [88/2011]).

In the Action Plan, we have also taken into account the following UN Sustainable Development Goals (SDG) for 2030 in particular: SDG 5.2 (eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation), SDG 16.1 (significantly reduce all forms of violence and related death rates everywhere) and SDG 16.2 (end abuse, exploitation, trafficking and all forms of violence against and torture of children). The key concepts and terminology used in this Action Plan are based on the content of the World Health Organization's INSPIRE strategies and their implementation plan (2016 and 2018) and the guidelines presented in the draft document (2019) of the working group on concepts of violence established by the Finnish Institute of Health and Welfare (THL). This document drawn up by THL experts has been published in early 2020 (Bildjuschkin et al. 2020)

Violence is a widespread phenomenon. The Action Plan covers the following areas:

- protective factors, risk factors and consequences,
- legal basis and international agreements,
- statistical overview,
- issues related to multidisciplinary cooperation and inclusion, as well as
- prevention of mental and physical violence and sexual violence in various operating environments.
- In addition, the Action Plan addresses issues related to the situation of children in particularly vulnerable situations and young people, as well as specific issues, such as trafficking in human beings and honour-related violence.

The Action Plan serves as an evidence-based handbook containing articles that are based on research evidence. The content of the Action Plan is intended for professionals and students working with children and young people in the social welfare and healthcare sector, the police, the education and youth work sector, the judicial system and various organisations. The extensive version of the Action Plan can also be used as training material for professionals in various fields. The Action Plan will be published in English and Swedish in 2020. The prevention of violence requires action at the level of individuals, communities and society alike.

Prevention methods can be divided into primary, secondary and tertiary prevention. In this Action Plan, primary prevention means strengthening the factors that protect children from violence, as well as the early identification of any risk factors and symptoms caused by violence, in children's various operating environments. Secondary prevention means minimising the harm caused by violence and supporting child victims of violence through multidisciplinary cooperation. Tertiary prevention means providing the victim with treatment and preventing them from becoming a victim again or from becoming a perpetrator. The Action Plan mainly focuses on preventing violence at the primary and secondary levels.

In Finland, children are not currently provided with sufficient legal protection in terms of assessing medical harm in accordance with international agreements and the Tort Liability Act. This view is based on the experiences reported and feedback provided by forensic psychiatry units for children and young people and by child psychiatry clinics at university hospitals. It is possible to recover from violence, and society has a special obligation to take the necessary actions to support the immediate and long-term survival of child victims.

Safety activities in the operating environments of children and young people are guided by regulations and national recommendations and guidelines. The safety cultures of various organisations also lay the foundation for day-to-day safety. A good safety culture means that the activities are safe and that the risks related to the activities have been assessed and are prevented systematically. The final report of the working group on monitoring the safety situation in educational institutions (Ministry of Education and Culture 2013) states that safety will be integrated into the strategies of the education administration, education and the providers of education.

According to the report by the Ministry of Education and Culture (2013) and the Internal Security Strategy by the Ministry of the Interior (2017), the safety competence of teaching staff must be strengthened and cooperation between the authorities must be increased (Ministry of Education and Culture, 2013, Ministry of the Interior, 2017). According to the National Guidelines for Security Planning (2019), advance planning and the related tools (e.g. action topics for reducing relationship violence) prevent accidents, incidents, crime and disruption, and improve people's sense of security. (Ministry of the Interior 2019.)

The key concepts of the Action Plan are defined below. In addition, the various chapters contain more detailed definitions of the phenomena that are relevant to the content in question.

Children and young people

'Children' refers to all children and young people aged 0–17, unless another definition is separately provided in a specific chapter concerning the age group of young people, for example. According to the World Health Organization (2018), 'children' includes all people aged under 18, from childhood through youth to the age of majority. This is in line with the definition of 'child' provided in the UN Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991).

Family

Families in themselves are very diverse. In this plan, the concept of family usually refers to a family with children – that is, a family with at least one child aged under 18. In other respects, the concept used in this plan covers all types of families.

Violence

In this Action Plan, the definition of 'violence' is based on the content of the publications concerning the World Health Organization's INSPIRE strategy (2016 and 2018) and on the original document (Korpilahti et al. 2019) and the guidelines presented in the draft document (2019) of the working group on concepts of violence established by the Finnish Institute of Health and Welfare (THL). In both language versions (EN, SWE) we have used as a source the published version of the document written by the THL working group (Bildjuschkin et al. 2020) 'Violence'

means the intentional use of power, control or physical force – or the threat of using power, control or physical force – against another person or a group of people in such a way that it may result in physical or psychological damage, developmental disruption, failure to meet basic needs or death.

The term 'maltreatment' is often used synonymously with 'violence', but its context of use is slightly more limited. It is used in situations that involve responsibility, trust or power and that result in an actual or potential danger to the health, development or dignity of a person in a vulnerable position, such as a child or an elderly person. (WHO 2016, 2018, THL 2019, Bildjuschkin et al. 2020.)

On the grounds explained above, the concept of violence is used primarily and almost exclusively in this Action Plan. The concept of neglect of care has been used for additional clarity whenever this has been deemed necessary. However, the concepts of 'maltreatment' and 'corporal punishment' are used occasionally in the Non-Violent Childhoods Action Plan in contexts where their use is justified based on a reference, for example.

Violence also includes exposure to violence, meaning that a person or a group of people has to live in a violent environment or has to experience fear of violence or the consequences of violence in their close relationships (WHO 2016, 2018, THL 2019, Bildjuschkin et al. 2020).

Intimate partner violence

'Intimate partner violence' refers to violence in circumstances where the perpetrator and the victim have or have had an intimate relationship. Intimate partner violence can be targeted at the perpetrator's current or former partner or at their child, close relative or close ones. (WHO 2016, 2018, THL 2019, Bildjuschkin et al. 2020.)

Bullying

Bullying is unwanted repetitive aggressive behaviour in which the perpetrator is usually stronger than the victim in some way. The difference in power relations may be based on age, sex, physical qualities or position in a group. Bullying can be physical, verbal or indirect (e.g. systematic exclusion from a group) and can take place face to face or through technology on social media, for example. (Salmivalli

2003, 11; WHO 2016, 26.) In this Action Plan, violence and bullying are seen as parallel concepts.

Harassment

'Harassment' refers to behaviour that intentionally or actually violates a person's dignity. Various forms of harassment aim to create a threatening, hostile, degrading, humiliating or anxiety-inducing atmosphere for the victim (Non-discrimination Act 14/1325, Section 14). In this Action Plan, the concept of harassment is seen as being included in the concept of violence, although it is also used as a separate concept when the description of the phenomenon so requires.

Preventive work

'Preventive work' refers to work aimed at promoting living conditions in which children and/or families do not experience violence or use it as a means to solve problems (Chen & Chan 2016). 'Prevention of violence' means primary, secondary and tertiary actions to prevent, identify and address various types of violence as early as possible and to minimise, assess and remedy the harm caused by violence.

Multidisciplinary cooperation

'Multidisciplinary cooperation' refers to cooperation between various administrative sectors and scientific disciplines that aims to combine expertise in different fields for the benefit of the customer (Ursin 2013, 6).

Inclusion

'Inclusion' can be understood as an opportunity for a person to affect the course of their life, both locally and in society. Inclusion also means belonging to something, and exclusion can be seen as its opposite (see Chapter 5).

Participation

'Participation' means influencing the management of joint issues, social debate and negotiations on rules or resources (Isola et al. 2017).

Rights of the child

In this Action Plan, the rights of the child are based on the UN Convention on the Rights of the Child. In line with the Convention, the position of children in relation to adults is seen as vulnerable, which is why children are guaranteed a special right to protection and care. (Finnish Treaty Series 59–60/1991.)

Protective factors

'Protective factors' means all the internal and external factors affecting the life of a child and/or their family that can reduce the risk of becoming a victim or perpetrator of violence.

Risk factors

'Risk factors' means internal and external factors affecting a child and/or their family that can cause them to behave violently or become subjected to violence.

Promoting safety and security

'Promoting safety and security' refers to all operating methods and models that seek to strengthen the factors that protect people from violence, reduce risk factors, minimise the harm caused by violence and prevent people from becoming victims or perpetrators of violence. It also means identifying victims of violence and providing help as early as possible.

Safety skills education

'Safety skills education' refers to the comprehensive strengthening of children's own resources, positive body image and self-esteem, as well as their means of coping. In this way, children learn skills that promote the safety of the relationships between them and other people and provide them with the skills to avoid being subjected to violence, bullying, solicitation and harassment. In situations where a child has become the victim of various types of violence, the goal of safety skills education is to ensure that children have the means and skills to protect themselves and defend their boundaries (Lajunen et al. 2015, 11).

Children in vulnerable situations

Children in vulnerable situations refers to children whose lives are at increased risk of violence because of a phenomenon or factor affecting their lives. A child in a vulnerable situation based on a risk factor or phenomenon has an increased risk of being subjected to violence compared with peers who are not affected by such a factor. In the Non-Violent Childhoods Action Plan, children in vulnerable situations include four groups of children: children with disabilities; children belonging to ethnic, linguistic and cultural minorities; children placed outside the home; and children belonging to sexual and gender minorities (see Chapter 13).

Sexual violence

In this Action Plan, 'sexual violence' generally refers to violence that manifests itself as an intentional violation of a person's sexual integrity or self-determination (WHO 2016, 2018; THL 2019, Bildjuschkin et al. 2020). In the chapter on prevention of sexual violence and minimisation of harmful effects (Chapter 10), sexual violence refers to any act, whether actual or attempted, that causes or may cause physical, sexual, mental or financial harm or distress.

In this Action Plan, the concept of sexual abuse is mainly used only in contexts that directly refer to the Criminal Code in Finland, in which 'sexual abuse' is used instead of 'sexual violence'. According to the Criminal Code (39/1889, Chapter 20, Sections 6–7), 'sexual abuse' is an act where a person by touching or otherwise performs on a child aged under 16 – or under 18 if the perpetrator is a guardian or a person on whom the child is particularly dependent – a sexual act conducive to impairing their development, or induces the child to perform such an act.

Digital violence

'Digital violence' refers to violence where harassment or bullying occurs through technology in digital media or an online environment (smartphone or computer/tablet). Sexual harassment and sexual violence in digital media may include, for example, derogatory and suggestive speech, sexual gestures or facial expressions, or it may involve sexually charged name-calling or requests for images or touching via a webcam or another digital device.

Emotional violence

'Emotional violence' refers to violence that manifests itself as intentional harm to a person's mental wellbeing (WHO 2016, 2018; THL 2019, Bildjuschkin et al. 2020). According to the WHO (2018), emotional violence includes, in addition to the mental dimension, the witnessing of violence, as well as denigration, ridicule, threats, intimidation, discrimination and rejection. In Chapter 8 of this Action Plan, 'emotional violence' refers to action (or lack of action) and behaviour that may be intentional, but also unconscious or unintentional.

Physical violence

'Physical violence' refers to violence that manifests itself as an intentional violation of a person's bodily integrity (WHO 2016, 2018; THL 2019, Bildjuschkin et al. 2020). According to the WHO (2016), physical violence against a child means the intentional use of physical force that results in or is likely to result in harm to the health or development of the child. In connection with physical violence, an object or the perpetrator's body or a similar instrument is often used to harm the child's body or control their actions in a way that is likely to cause harm (UNICEF 2014).

The changes resulting from the outbreak of COVID-19 in spring 2020 in the prevention of violence against children and, among other things, the operation of the service system are taken into account in the Non-Violent Childhood – Action Plan on the Prevention of Violence against Children 2020–2025 to be drawn up during 2020. Data accumulated from various sources indicate that the national restrictions implemented in spring 2020 and the considerable reduction in provision of preventive services and also the increase in the amount of time spent at home and on the internet increased the risk of various forms of violence and also a delay in identifying, evaluating and treating the need for help (see for example, Gromada et al. 2020, Hietanen-Peltola et al. 2020, Finnish Government 2020). Minor corrections to the Swedish and English versions have been made to certain parts of the text in relation to the original version published in 2019, for example regarding incorrect reference entries and specifications required by legislation.

SOURCES

Act on the adoption of certain provisions of the Convention on the Rights of the Child 59/1991. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910059

Bell T, Romano E & Flynn RJ. 2013. Multilevel correlates of behavioural resilience among children in child welfare. Child Abuse & Neglect 37, 1007–20.

Bildjuschkin K, Ewalds H, Hietamäki J, Kettunen H, Koivula T, Mäkelä J, Nipuli S, October M, Peltonen J & Siukola R. 2020. Väkivaltakäsitteiden sanasto. Finnish Institute for Health and Welfare Discussion Papers 2020:001. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-211-6

Chen M. & Chan KL. 2016. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. Trauma, Violence & Abuse. 17; 1: 88–104. https://doi.org/10.1177/1524838014566718

Convention on the Rights of the Child (Finnish Treaty Series 60/1991). Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060/19910060_2

Criminal Code of Finland 39/1889. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1889/18890039001

Decree of the President of the Republic on the implementation of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse and on the entry into force of the Act on the implementation of the provisions of a legislative nature in the Convention 88/2011 (Lanzarote Convention). Council of Europe Treaty Series No. 201 in 2007 available in English at: https://rm.coe.int/1680084822. Finnish Treaty Series 88/2011. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/2011/20110088

Ellonen N, Lucas S, Tindberg Y & Janson S. 2017. Parents' self-reported use of corporal punishment and other humiliating upbringing practices in Finland and Sweden – A comparative study. Child Abuse Rev. 26: 289–304.

Ellonen N, Peltonen K, Pösö T & Janson S. 2016. A Multifaceted Risk Analysis of Fathers' Self-Reported Physical Violence Toward Their Children. Aggressive Behavior 9999, 1–12.

Felitti V, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP & Marks JS. 2019. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 56; 6: 774–86.

Finnish Government. 2020. Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa. Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Publications of the Finnish Government 2020:21. Available in Finnish (abstract in English) at: http://urn.fi/URN:ISBN:978-952-287-883-0

Finnish Institute for Health and Welfare (THL). Draft document on the definition of concepts of violence by the working group on concepts of violence. Email notification 18 October 2019

Government Decree on the implementation of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence and on the implementation of the provisions of a legislative nature in the Convention and on the entry into force of the Act on the implementation of the provisions of a legislative nature in the Convention. (53/2015). Council of Europe Treaty Series no 210 in 2011, available in English at: https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e. Finnish Treaty Series 53/2015 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053

Gromada A, Richardson D & Rees G. 2020. Childcare in a Global Crisis: The Impact of COVID-19 on work and family life. Innocenti Research Briefs no. 2020-18, UNICEF Office of Research - Innocenti, Florence. https://www.unicef-irc.org/publications/1109-childcare-in-a-global-crisis-the-impact-of-covid-19-on-work-and-family-life.html

Hakulinen T. 2019. Vanhemmuuden ja parisuhteen tukeminen äitiys- ja lastenneuvolapalveluissa [*Supporting parenthood and intimate relationships at maternity and child health clinic services*]. In: Hakulinen T, Laajasalo T & Mäkelä J. (eds.). 2019. Vanhemmuuden ja parisuhteen tuen vahvistaminen. Teoriasta käytäntöön [*Strengthening parenthood and intimate relationships: From theory to practice*]. Finnish Institute for Health and Welfare Directions 9/2019, pp. 20–29. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-357-1

Hietanen-Peltola M, Vaara S, Hakulinen T & Hastrup A. 2020. Koronavaikutukset lasten ja nuorten hyvinvointiin: Lasten, nuorten ja perheiden peruspalvelut koronakeväänä 2020: Tuloksia kouluterveydenhuollon verkoston ja perhekeskusverkoston tiedonkeruista. Finnish Institute for Health and Welfare Discussion Papers 2020:26. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-521-6

Isola AM, Kaartinen H, Leemann L, Lääperi R, Schneider T, Valtari S & Keto-Tokoi A. 2017. Mitä osallisuus on? Osallisuuden viitekehystä rakentamassa [*What is inclusion? Building a framework for inclusion*]. Finnish Institute for Health and Welfare Discussion Papers 33/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-917-0

Lajunen K, Ylenius-Lehtonen M & Andell M. 2015. Tunne- ja turvataitoja lapsille. Finnish Institute for Health and Welfare Guidebook 2015:039. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-467-0

Ministry of Education and Culture. 2013. Turvallisuuden edistäminen oppilaitoksissa. Seurantaryhmän loppuraportti [*Promoting safety in educational institutions. Final report of the monitoring group*]. Ministry of Education and Culture working group memos and reports 2013:8. http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/75299/tr08.pdf

Ministry of the Interior. 2017. Hyvä elämä – turvallinen arki [*A Safe and Secure Life*]. Government Resolution on the Internal Security Strategy 5 October 2017. Publications of the Ministry of the Interior 15/2017. Available in English at: http://urn.fi/URN:ISBN:978-952-324-162-6

Ministry of the Interior. 2019. Turvallisuutta kaikkialla – paikallisen ja alueellisen turvallisuussuunnittelun kansalliset linjaukset [*Security everywhere – National guidelines for local and regional security planning*]. Publications of the Ministry of the Interior 2019:2. http://urn.fi/URN:ISBN:978-952-324-241-8

Non-discrimination Act 14/1325. Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2014/20141325?search%5Btype%5D=pika&search%5Bpika%5D=h%C3%A4irint%C3%A4#highlight2

Peltonen K, Ellonen N, Pösö T & Lucas S. 2014. Mothers' self-reported violence toward their children: A multifaceted risk analysis. Child Abuse & Neglect 38(12): 1923–33.

Salmivalli C. 2003. Koulukiusaamiseen puuttuminen: Kohti tehokkaita toimintamalleja [*Addressing bullying at school: Towards effective operating models*]. Juva: PS-kustannus.

Statistics: Statistics on causes of death (Statistics Finland) and Care Register for Health Care (Finnish Institute for Health and Welfare).

Statistics Finland. Concepts. https://www.stat.fi/meta/kas/perhe.html#tab2

United Nations (UN). 2015. Transforming our world: The 2030 Agenda for Sustainable Development A/RES/70/1. https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf

United Nations Children's Fund (UNICEF). 2014. Hidden in Plain Sight: A statistical analysis of violence against children, UNICEF, New York, 2014. http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

Ursin, Jani. 2013. Monialainen yhteistyö ja sen arviointi nuorisopalveluissa [*Multidisciplinary cooperation and its assessment in youth services*]. Available in Finnish at: https://www.koordinaatti.fi/system/files/2020-01/monialainen-yhteistyo-ja-sen-arviointi.pdf

World Health Organization (WHO). 2016. INSPIRE: Seven strategies for Ending Violence Against Children. https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children

World Health Organization (WHO). 2018. Handbook: action for implementing the seven strategies for ending violence against children. https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children

2 Violence against children – protective factors, risk factors and consequences

Authors: Ulla Korpilahti, Finnish Institute for Health and Welfare (THL); Tuovi Hakulinen, THL; Sarimari Tupola, Hospital District of Helsinki and Uusimaa (HUS); Hanna Kettunen, THL; Pirjo Lillsunde, Ministry of Social Affairs and Health; and Eeva Aronen, University of Helsinki

2.1 Protective factors

Easy access to support for parenting and resource building, combined with help and support tailored to meet the specific needs of families, will reduce the risk of childhood violence and neglect (Prinz 2016). In order to reduce both the human suffering and the economic costs caused by violence, attention must be paid to protective factors and prevention methods. The UN Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991) and many Finnish legal statutes (e.g. Child Welfare Act 417/2007, Basic Education Act 628/1998) impose an obligation to ensure that every child has a safe growth environment.

The rights of children and young people to be recognised and heard in any matters affecting them are part of the fundamental rights of the child (Finnish Treaty Series 59–60/1991). Various government services and easily accessible child and family services should inform children and young people of their participatory rights and support and encourage them to disclose both any aspects increasing their wellbeing and any issues or concerns that may be on their minds. (See also

Chapters 4–12.) In order for a child or young person to muster the courage to open up about their concerns to an adult, such as a teacher or a school health nurse or social worker, they need to know and trust the professional and feel safe to speak up. This is why it would be important to support the retention of staff working in child, youth and family services so as to create conditions for building trust-based relationships.

The key factors for the development of a child's basic sense of security include a safe attachment relationship and warm early interaction between infant and parent, as well as meeting the infant's needs in a timely manner. Nevertheless, a child may grow up to be a well-balanced adult even in challenging family circumstances when they have enough protective factors to do so. These refer to the parental, individual or environmental characteristics that protect a child against risk factors (Afifi & Macmillan 2011, Bell et al. 2013, Hakulinen 2019).

Factors that promote the child's safety and protect their growth include:

- stable presence of safe, healthy and happy adult caregivers;
- functional interparental relationship and culture of warm and nurturing parenting;
- shared family time;
- allowance for child's individual temperament in parenting;
- child's healthy lifestyle;
- good child–parent relationships;
- child's good social skills and other strengths;
- sense of self-efficacy;
- access to age-appropriate or tailored information when child or other family member has health or other problems;
- appropriate response to specific problems.

(Bell et al. 2013, Hakulinen 2019; see also Chapters 7–10.)

A 2019 report produced by the Strategy for Children working groups lays out a vision that is made tangible in seven aims relating to the child's relationships (parents, other close adults, friends); social inclusion of the child and the family; shared family time; enabling an individual growth and learning pathway for every child and young person; reducing child poverty; and enabling people to have as many or as few children as they wish. The report suggests that child poverty can be

tackled by means such as enabling single parents to work and ensuring affordable housing costs. Addressing poverty in families with children will make it possible to reduce health disparities arising from socio-economic factors and to prevent inter-generational disadvantage and accumulated risk factors relating to health and safety. (Ministry of Education & Culture Ministry of Social Affairs and Health, 2019.) The preparation of the National Strategy for Children started in the autumn of 2019 with the appointment of a Secretary-General to coordinate the work, which will be steered and monitored by a parliamentary committee to be set up at a later date (Ministry of Social Affairs and Health, 2019a).

The work carried out within the programme to address reform in child and family services (LAPE) will continue over a period from 2020 to 2025. A significant part of the further development work will be carried out as part of the Future Health and Social Services Centres programme. In order to support the LAPE programme, the Ministry of Social Affairs and Health and the Ministry of Education and Culture will set up a joint monitoring and support group, whose work will also be linked to the preparation of the Child Strategy. The LAPE programme will promote the wellbeing of children and young people through three main priorities: family centres and early support in everyday life; low-threshold mental health and substance abuse services; and development of child welfare services. (Ministry of Social Affairs and Health 2019b.)

Most families in Finland use statutory maternity and child health clinic services and school health care services (Health Care Act 1326/2010, Government Decree 338/2011). Different services provide information and support geared towards the situation of individual children and families, covering pregnancy, childbirth, childcare and child-rearing, as well as active and supportive parenting. Maternity and child health clinic services and school health care services address the prerequisites of and risk factors jeopardising children's safe growth and development. Besides assessing the health and wellbeing of children and young people, both child health clinic and school health care services explore parents' health habits and home safety, while also gauging any potential risks for good parenting (such as parental childhood experiences). Clinic appointments, home visits and family training provide both parents with support for engaging in active and warm parenting and nurturing their intimate relationship. (Ministry of Social Affairs and Health, 2010a.)

Where necessary, maternity and child health clinic and school health care services as well as student health care and welfare services as well as other primary healthcare services are capable of treating a parent's mild or moderate depression identified through screening surveys, for example. Conversely, treating a parent with psychosis requires specialised medical care, which is more expensive than primary healthcare. (Gurung et al. 2018, McDaid et al. 2019.)

According to research (e.g. Cabrera et al. 2018), protective factors against mental disorders include, among other things, good early child–caregiver interaction and functional, constructive interactions between the child's parents and other close family and friends. In most cases, an isolated risk factor or adverse childhood experience (ACE) will not jeopardise a child's healthy growth and development, whereas multiple cumulative risk factors and persistent insecurity will significantly increase the likelihood of problems later in life, including the risk of becoming a victim or perpetrator of violence (Felitti et al. 2019, Hakulinen 2019).

The National Mental Health Strategy and Programme for Suicide Prevention 2020-2030 include the following Action 14: "Develop sensitive prevention programmes and crisis counselling in cooperation with representatives of LGBTIQ and other minorities, victims of violence and other people in crisis, rejected asylum seekers, convicts, debtors subjected to enforcement, as well as people with disabilities, chronic pain, substance abuse problems and gambling problems" (Ministry of Social Affairs and Health 2020; see also Chapters 13–14).

In Finland, a Government Decree (338/2011) requires maternity and child health clinic services to provide all families expecting their first child with at least one home visit during pregnancy and another after the child is born, as well as whenever required to address special family circumstances. There are some regional variations in the organisation of home visits (Hakulinen et al. 2018). Home visits help support parents' self-efficacy, reduce stress and identify violence against children incl. child abuse and neglect at an early stage (Doyle et al. 2017).

In the United States, promising research results have been obtained on early home visits to support parenthood and families and reduce ACEs. A multi-sector team of professionals worked with families from the child's birth to 3 years of age to support early parent–child interaction through a series of home visits, office visits and telephone advice. This approach is consistent with the recommendation of

the US Advisory Board on Child Abuse and Neglect that a universal home visitation programme for new parents be developed. (Felitti et al. 2019.)

Family work is a type of social service under the Social Welfare Act (1301/2014, Section 18), which does not require a client relationship with child welfare services. Family work may be carried out at the municipal level by health clinics, early childhood education and care or schools, with a view to supporting family resources and parenting by means of social counselling, such as guidance on childcare and parenting and managing daily household routines. Focusing on family work and other early support can help prevent the need for corrective services, improve the quality of life and sense of self-efficacy for children and families, while also averting the emergence and accumulation of ACEs. (THL 2019a.) ACEs, for example violence, can easily create an inter-generational cycle, increasing the risk that a victim of violence will later resort to violence against their own partner and children, for example (Sethi et al. 2013, Ellonen et al. 2017, Hyvärinen 2017).

Professionals have access to information and training about building trust-based relationships and interacting with children in a child-sensitive manner, as well as material in support of their work. Examples of tools and services available for parenting support, child-sensitive interaction, multicultural sensitivity, and non-violent and supportive parenting:

- An interview outline for early interaction support (in Finnish; THL 2019b)
- A questionnaire for identifying everyday resources for families expecting their first child (in English; THL 2019c)
- A questionnaire for identifying everyday resources for families with a newborn baby (in English; THL 2019c)
- We're having a baby: A guidebook for expecting and looking after a baby, incl. different language versions (in English; Hakulinen et al. 2019)
- The BabyTrail learning game for parents, professionals and decision-makers (in Finnish), developed in 2017 by the University of Jyväskylä;
- A parenting helpline and web service (in Finnish; Mannerheim League for Child Welfare 2019).

- A two-by-two matrix about supportive parenting (in Finnish) and a virtual guide on violence and neglect in parenting (in Finnish; Federation of Mother and Child Homes and Shelters 2016a and b)
- A checklist for child-sensitive interaction (in Finnish; Mannerheim League for Child Welfare & Ombudsman for Children 2017)
- Rules posters for consulting with children and young people as part of decision-making processes (in Finnish; Nuorten Suomi 2015)
- A guide and e-learning material on creating trust and protecting children (in Finnish; THL 2018a)
- PALOMA Training providing basic information for interacting with refugees and supporting their wellbeing (in English; THL 2019d).

In many cases, parents of infants need support relating to their new life circumstances, coping, self-efficacy and childcare (Liyama et al. 2018, Poutiainen et al. 2016, Hakulinen 2019). It is important to encourage parents to build up their support networks even before their child is born and to provide them with information about local channels for help and support, including family welfare workers, family counselling clinics, various clubs, open early childhood education and care, and NGOs. Awareness of easily accessible government services and various services catering to families with children will lower the threshold for seeking help. (Hakulinen 2019.)

Parents also benefit from peer support, which is available for expecting families, for example as family training organised by maternity and child health clinic services as well as parents' groups and family cafés organised for parents with older children by various parties (Kalland et al. 2018). Parenting support is also available by phone and online, such as the Mannerheim League's parenting helpline and web service and various peer groups in social media.

2.2 Risk factors for violence

Childhood experiences of emotional and physical violence and neglect have been found to be strongly linked to health-risk behaviours, health status and morbidity in adulthood (WHO 2016, Ristikari et al. 2018, Felitti et al. 2009, Felitti et al. 2019, Hakulinen 2019). Violence against children is a complex phenomenon which cannot be associated with any single underlying reason or determinant (Sethi et al. 2013, WHO 2016). Violent behaviour stems from a number of individual, communal, cultural and social phenomena and issues, the cumulative impact of which may even lead to early death (see Figure 1).

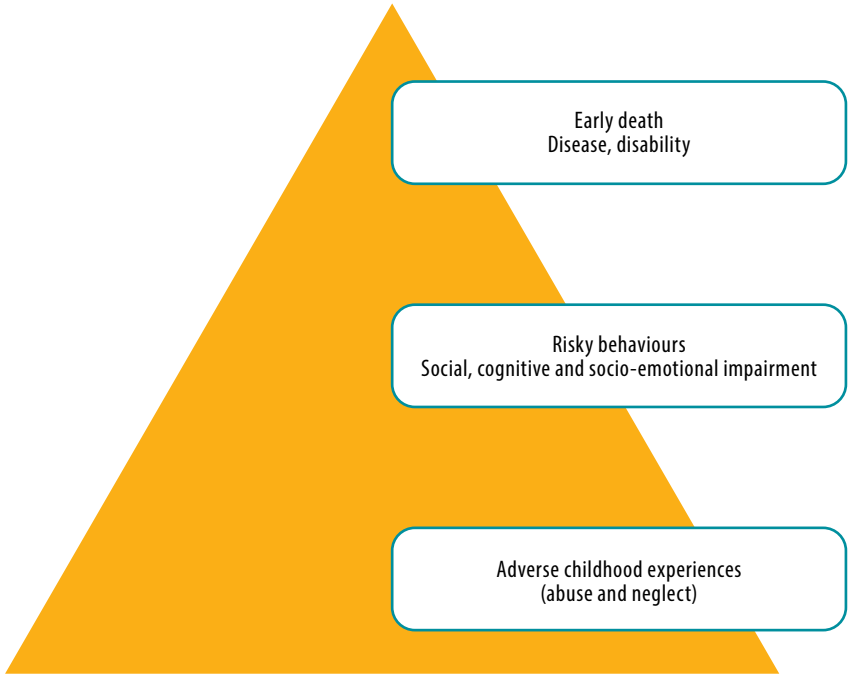


Figure 1. Cumulative impact of ACEs from birth to death (adapted from Felitti et al., 2019, p. 784).

Risk factors for violent behaviours relating to familial characteristics and parental stress include low family financial status, parental experiences of childhood violence and single parenthood without a close support network. Further risk factors include infant prematurity or low birth weight, child disability, multiple/twin

children, child behavioural disorders, and parental smoking, high-risk substance use and mental health problems. (Dubowitz et al. 2011, Nykjaer et al. 2014, Nursing Research Foundation 2015, Lahti et al. 2017, Felitti et al. 2019, Högberg et al. 2019; see Table 9 in Chapter 8.2 and Chapters 7.3 and 8.3.)

The above-mentioned factors frequently co-occur in families, increasing the risk of domestic violence and multiplying the risk of child abuse (Sipilä et al. 2018, Holopainen & Hakulinen 2019). These risk factors and the presence of other types of domestic violence in the family will also increase the risk of shaking a baby (Salokorpi et al. 2015, Högberg et al. 2019).

While children and young people may also be subjected or exposed to violence without the existence of any observable risk factors in the family, parental stress and cumulative life challenges are reflected in parents' capacity and chances to care for their children. Children and young people who are in vulnerable situations may experience violence, bullying, discrimination or harassment in different settings more frequently than their peers. This includes for example children and young people with disabilities and functional limitations, those belonging to various ethnic and linguistic minorities, those in out-of-home placements, and those belonging to sexual and gender (LGBTIQ) minorities. (Ministry of Social Affairs and Health, 2010b.)

As the population diversifies, all basic and universal services for children and families (e.g. maternity and child health clinic services, early childhood education and care services and schools), must also take account of the cultural factors, living conditions and individual background factors of family members that contribute to the safety of children's growth environments. Political decision-making processes should also pay special attention to the availability of child and family services provided by various parties and to aspects such as the adequacy of human resources. (See also Chapters 4–10 and 13–14.)

All the rights enshrined in the UN Convention on the Rights of Persons with Disabilities (the 'Disability Convention', *Finnish Treaty Series* 27/2016) apply to both children and adults with disabilities. Furthermore, the Convention also includes specific provisions concerning the rights of children with disabilities due to their particularly vulnerable situation. The Disability Convention also refers to the UN

Convention on the Rights of the Child and its obligations (Ahola & Pollari 2018; see also Chapters 4, 7–9 and 13).

The parents of families from immigrant or refugee backgrounds may have experienced different types of violence prior to arrival in Finland and their child-rearing practices may also conflict with legislation in place in Finnish society for cultural reasons (cf. Act on Child Custody and Right of Access 361/1983 and the prohibition on corporal punishment of children). Family reasons are among the most important motivations for moving to Finland and, in particular, women and children aged under 15 have mostly migrated with family members. (Castaneda et al. 2012, Skogberg et al. 2019.)

According to the 2019 Asylum Seekers' Health and Wellbeing Survey (TERTTU; n = 779), almost half (47%) of adult asylum seekers had physical injuries due to violence or accidents, nearly all (94%) of which were sustained prior to their arrival in Finland. Among underage asylum seekers (n = 303), physical injuries resulting from accidents or violence varied between 4% and 14%, depending on age group. (Doupi et al. 2019.) Professionals interacting with refugees as part of their work have access to PALOMA Training, which is a free, web-based training package in support of their work (THL 2019d). (See also Chapters 4, 8, 10, 13 and 14.)

Both national and international studies have brought to light the experiences of children and young people who grew up in substitute care concerning various types of violence and serious physical and emotional neglect during placements (Sköld & Shurlee 2015, Hytönen et al. 2016). Precise data on the extent of violence experienced by children and young people in substitute care is currently unavailable due to the scarce and fragmented nature of Finnish research into child welfare (Heino 2016, Sköld 2016; see also Chapters 4, 8 and 13.4).

According to research (e.g. Alanko 2014, School Health Promotion Study 2017), young people belonging to sexual and gender minorities reported lower than average experiences of health and wellbeing when compared with their peers. They were also more likely to have experiences of violence, bullying and harassment. Moreover, they found the capabilities of school and student welfare staff to interact with young LGBTIQ people to be somewhat deficient. (Alanko 2014, Luopa et al. 2017; see also Chapters 8–9 and 13.5).

Both mothers and fathers may be violent towards their children (e.g. Clément & Chamberland 2014, Fagerlund et al. 2014, Ikonen et al. 2018). There is a relatively large body of research evidence on the underlying factors among mothers because mothers often participate in studies more actively than fathers (Pittman & Buckley 2006). According to extensive research data (n = 2,716 Finnish mothers), risk factors for severe violence against one's own children among mothers with children aged 0 to 12 especially included childhood experiences of physical violence or corporal punishment, as well as work- or family-related stress and lack of help in dealing with parenting problems experienced in current life circumstances (Peltonen et al. 2014).

There is considerably less research evidence on paternal child abuse incl. emotional violence and its causes. A study conducted by Ellonen et al. (2016) analysed the background variables of Finnish and Swedish fathers with children aged 0 to 12 (n = 679) and the links of these to violent behaviours towards children. Fathers who had experienced physical violence or harsh discipline in childhood were also clearly more violent towards their own children. Six per cent of both mothers and fathers had committed severe physical acts of violence – i.e. hit, punched or slapped, kicked, thrown objects at their children or shaken their under two-year-old children – at least once within a period of 12 months preceding the study. (Peltonen et al. 2014, Ellonen et al. 2016.) The same data indicated that, on the whole, about a third (35%) of parents had subjected their children aged under 13 to different types of violence, including emotional violence , such as berating, minimising and threats, at least once within the 13-month period preceding the study (Ellonen et al. 2017; see also Chapters 3 and 8).

2.3 Consequences of violence

ACEs in childhood and youth, such as violence, have significant and, at worst, permanent effects on child development extending all the way into adulthood. Early childhood exposure to violence may impair brain development, resulting in a variety of both immediate and lifelong physical and mental health effects. Infants are completely dependent on their adult caregivers. While babies can adapt to a variety of care experiences, severe early traumatic experiences, such as violence and long-term stress due to physical and emotional neglect, are harmful to a developing central nervous system. Such early childhood experiences of trauma

during the period when attachment relationships are forming may be subsequently reflected in a lack of self-confidence, feelings of inferiority and difficulties forming permanent trust-based relationships (known as 'attachment disorders'). (Sinkkonen 2004.)

Physical and emotional violence – including bullying, harassment and discrimination as well as neglect – may result in severe physical and mental injuries to children and young people as well as exclusion from social relationships. At worst, it can even lead to death. Violence disrupts and damages children's psychological, social and cognitive development while breeding fear, hatred and distrust towards other people as well as society at large. (Ellonen et al. 2017, Felitti et al. 2019.) Research findings (e.g. Naughton et al. 2013, Cecil et al. 2017, Felitti et al. 2019) show that emotional violence and neglect are at least as harmful to children's growth and development as physical violence and corporal punishment (see also Chapter 8).

In addition to human suffering, the consequences of violence cause economic costs due to issues such as increased morbidity of public health diseases (incl. cardiovascular diseases, diabetes and cancer), while also raising the risk of various mental disorders, risky behaviours and social exclusion. Data on ACEs has been collected in the United States and the United Kingdom, for example, by means of studies based on retrospective self-reporting. Research findings indicate that childhood exposure to violence is clearly linked to health-risk behaviours emerging in youth, such as high-risk substance use and suicidal ideation, and long-term illnesses in adulthood, for example. ACEs have strong and cumulative effects on adult health and perceptions of self-efficacy and coping with society and relationships. (WHO 2016, Felitti et al. 2019.)

However, due to various other factors in the growth environment, it is not possible to establish a direct causal relationship between ACEs and health-risk behaviours, mental disorders, etc. ACEs may have a comprehensive and individual impact on attitudes and health behaviours, reactivity, or the brain's physiological functioning through neurotransmitters, for example. (Felitti et al. 2019.)

Childhood violence, especially when repeated, perpetuates a cycle of toxic stress and can be considered to create challenges in many areas of life during an individual's life cycle. Individual characteristics, coping skills i.e. resilience, positive

life experiences, received care and social support, as well as other supportive familial and communal aspects in childhood are likely to reduce stress from violent experiences and shorten its duration. (Personal communication by Mika Martiskainen, THL 22 October 2019; see also Chapters 7, 8 and 12.)

Studies conducted in Finland on national 1987 and 1997 birth cohorts indicate that the majority of individuals in these age groups are doing well and did not accumulate any factors in childhood that would endanger the wellbeing of their families. However, some had plenty of stressors in their growth environments. About a fifth (20.7%) of those born in 1997 had received a psychiatric diagnosis. The difference between females (12.7%) and males (9.6%) is significant in terms of psychotropic medication purchases. A total of just under six per cent of the 1997 birth cohort had been placed outside the home. Compared with the earlier 1987 cohort, the number of out-of-home placements had almost doubled. Parents' low level of educational attainment and poor financial situation reflected in their children's academic achievement, for example. Those placed outside the home in childhood had significantly more cumulative stressors affecting wellbeing when compared with their cohort peers. (Ristikari et al. 2018; see also Chapter 13.4.)

Experiencing or witnessing violence in the family or local environment may influence children's personality development. A study conducted by Huovinen (2017) discovered three types of identity: the invisible child, the wounded childhood rebel, and the easy child. The personality types can collectively be called 'wounded childhood identities', which involve risks that jeopardise the development of children's emotional life or independence. Some of the narratives included in the study (collected in a total of 10 interview sessions with four children aged 7 to 12) made violence in the family clearly visible; these were also the cases where its impact was more broadly manifest in the child's social identity. However, all of the interviewed children also had stories that indicated a turning point or transformation after which the narrative evinced a different type of more constructive personality, as well as survival. (Huovinen, 2017; see also Chapter 8.)

Injuries caused by physical violence

Typical locations of bruises and skin marks resulting from physical violence and abuse include the back, face, earlobes, neck, buttocks and back of thighs. In particular, multiple and potentially clustered, sharply defined or oddly shaped

bruises and marks may be indicative of violence. Young, preambulatory infants should not show any bruising at all. It is of particular concern if bruising co-occurs with petechiae. Bruising, haemorrhage and signs of alopecia in the scalp may have resulted from hair-pulling. Typical characteristics of intentionally inflicted burns (burning the skin with cigarettes, other hot objects or liquids) include injury patterns with sharp lines of demarcation or immersion burns shaped like gloves or socks in the extremities. (Christian & AAP 2015, Tupola et al. 2015.)

Any fractures in preambulatory infants should be readily examined as suspected abuse, unless there has obviously been an accident. Odd symptoms or impaired consciousness in young children may result from chemical abuse using legal drugs or intoxicating substances. The possibility of violence must also be considered with regard to older children if the details provided of the event are inconsistent with the age or severity of visible injuries. Abuse is a likely cause if a young child has a severe head injury without having an accident (a traffic accident or a fall from a height of more than three metres). (Christian & AAP 2015, Tupola et al. 2015.) In cases where children or young people have recurrent accidents, in particular, the possibility of violence and abuse must always be considered alongside potential disease (Korpilahti et al. 2019).

Abusive head trauma (AHT) is particularly dangerous to children under two years of age. The most common mechanism of head injuries in young children is shaking, which is typically (in 50% to 100% of cases) associated with findings such as subdural haemorrhages, other types of brain injuries and retinal haemorrhages. In about one fifth to just under a third (19% to 28%) of these cases, children also have fractures in ribs or extremities. Shaking victims are most commonly 3–4-month-old babies, whose parents or other caregivers become frustrated with their crying and try to stop it by shaking them. (Christian & AAP 2015, Salokorpi et al. 2015.)

Based on estimates by university hospital paediatricians, about ten cases of severe brain injuries inflicted on young children are identified in Finland every year. For every severe shaking injury, there may be several victims of milder shaking, whose minor symptoms will often remain unidentified. Half of children's severe brain injuries requiring intensive care are caused by abuse. Mortality rates from injuries resulting from shaking range from 7% to 23%, while three quarters of survivors sustain permanent damage, such as learning disabilities, impaired language

development, stroke symptoms, epilepsy, visual disturbances and behavioural problems. (Salokorpi et al. 2015; see also Chapter 8.)

Emotional violence and post-traumatic stress reaction

A temporary stressor of limited duration in life may cause both adults and children to develop an acute stress reaction, where psychological symptoms will generally subside within 24 hours. Acute stress disorder, in turn, involves more long-term symptoms, ranging from a few days to one month. Panic symptoms co-occurring with acute stress disorder may predict more severe post-traumatic stress disorder (PTSD). (AACAP 2010.)

Post-traumatic stress disorder (PTSD) develops as a reaction to an intense traumatic experience, such as violence. In most cases, PTSD develops relatively quickly in children and young people (Kumpulainen, 2004). Its symptoms include nightmares replaying the traumatic event, constant intrusion of the event into the mind, hyperarousal and avoidance of any reminders of the event (Post-Traumatic Stress Disorder. Current Care Guideline 2014). In younger children, PTSD often manifests in its partial form, where some of its diagnostic criteria are not met. Nevertheless, children with partial PTSD may still experience distress and show significantly impaired functioning. In addition to typical symptoms, common manifestations of PTSD in youth include risk-taking behaviours such as substance use and rash, impulsive behaviours. (Tedeschi & Billick 2017; see also Chapters 8, 10.5 and 12.5.)

2.4 Tools for professionals to address violence and refer people for help

By virtue of the Child Welfare Act (417/2007, Section 25), all professionals and workers interacting with children are obliged to notify child welfare services and the police if they suspect or learn that a child is being subjected to violence. Although some children and young people will share their experiences on their own initiative, it is also important for professionals to ask them and their parents or other guardians about potential violence. This course of action is also in keeping with the child's best interests and right to be heard enshrined in national legislation and the UN Convention on the Rights of the Child. Research evidence suggests that

the sensitivity and complexity of the phenomenon pose a challenge for screening tools used to identify children and young people who have already experienced violence. The currently available screening tools, which are usually outlined in a questionnaire format, are incapable of detecting violence until it is very serious and will probably be discovered by other means. (Bailhache et al. 2013.)

Various tools are available to help professionals take up issues of violence, ACEs and substance use involving a heightened risk of violence with their clients. Since few domestic violence victims will speak up about their experiences on their own initiative due to the shame associated with the issue, it is necessary to ask directly – and, where necessary, repeatedly – about any experiences of violence (Savola et al. 2015). The resources used in healthcare services for private appointments with individual adult clients include the domestic violence enquiry and assessment form (THL 2019e and 2019f) and training resources on violence as a phenomenon (e.g. THL 2019g), which provide healthcare and social welfare staff and police officers with capabilities and methods for working with clients who have experienced violence.

Parents' own ACEs, such as violence, abuse and neglect, increase the risk of inter-generational violence towards their own children. They are also linked to intimate partner violence experienced by parents. (Hughes et al. 2017.) No specific questionnaires are currently available for use by health clinics to gauge parental childhood experiences of abuse or neglect (hereinafter violence or neglect), but there are some ongoing research projects relevant to the issue. (See also Chapters 6–8.)

The work carried out by NGOs to help victims of violence provides significant support for public authorities. The Federation of Mother and Child Homes and Shelters, for example, has developed specific 'Safety10' questionnaire cards listing 10 questions to enable and facilitate discussing the experiences of individual children and young people from a positive perspective. The questions help reinforce strengths, means and possible solutions. There are cards for different age groups: infants and toddlers, children of pre-primary and primary school age, and young people. Questions for children aged under three are covered with their parents, while discussions with older children and young people will be conducted in private. (The Federation of Mother and Child Homes and Shelters 2019.) Another child welfare organisation, Pesäpuu ry, has produced various materials for young

children to verbalise their experiences, for example, and a workbook and guides for adults on consulting with children (Pesäpuu ry 2019).

High-risk substance use in the family increases children's insecurity and exposes them to violence, abuse, neglect and accidents (Sethi et al. 2013). Child health clinic services and early childhood education and care staff have access to specific tools, known as 'Know and Act Cards', for taking up issues such as substance use, prevention of shaken baby syndrome, violence and accidents (THL 2018b, Markkula et al. 2018, THL 2018c). Whenever professionals notice a child or young person repeatedly meeting with accidents or identify high-risk substance use and mental health problems in a family, they must also bear in mind the possibility of violence and gauge the wellbeing of both the parents and the children (Sipilä et al. 2018, Korpilahti et al. 2019; see also Chapters 8–10).

- A web page about assessing violence in healthcare and social welfare services (in Finnish; THL 2019e)
- A domestic violence enquiry and assessment form (in English; THL 2019f)
- An e-learning course entitled 'Create trust – Protect children' (in Finnish; THL 2019g)
- 'Safety10' questionnaire cards ('Turva10', in Finnish; Federation of Mother and Child Homes and Shelters 2019)
- Materials for involving and consulting with children ('Detective' and 'Giraffe' materials, in Finnish; Pesäpuu ry 2019)
- A Know and Act Card for taking up accidents at the child health clinic services (in Finnish; THL 2018b)
- A Know and Act Card for child health clinic services and early childhood education and care to support children's sober growth environments (in Finnish; Markkula et al. 2018)
- A Know and Act Card about preventing shaken baby syndrome (in Finnish; THL 2018c).

Collaborative procedures and service pathways

It is important for child and youth services, such as early childhood education and care, child health clinic and school health care services, as well as NGO work and specialist services, such as child protection and specialised medical care, to have

effective collaborative procedures and referral service pathways to identify violence and take action in cases where violence is suspected and discovered. It is necessary to harmonise national guidelines and procedures in order to ensure that children and young people have equal opportunities to receive help and support when faced with violence regardless of where they live.

There is a clinical guideline for healthcare and social welfare professionals to identify and effectively intervene in violence and neglect (Nursing Research Foundation 2015). The Barnahus and PROCHILD projects, coordinated by the Finnish Institute for Health and Welfare (THL), aim to create national multi-sector collaborative procedures for identifying children and young people who are victims of violence and safeguarding their access to help, based on research evidence and the quality standards of the Barnahus model (THL 2019h, THL 2019i; see also Chapters 6–8 and 10).

In Sweden, an operating model entitled 'Trappan' ('Steps'), developed in cooperation with NGOs to help children and young people exposed to violence in the family, has been in place since the late 1990s. The work proceeds in three phases: a professional/therapist trained to work with violence victims meets with a child to assess the situation, to discuss the events using various therapeutic techniques and to provide information and support the child in dealing with the traumatic events. Discussions with children and young people take place in child-friendly facilities, taking due account of their safety and best interests. (Swedish National Board of Health and Welfare 2019.)

Some Finnish cities, such as Tampere, have developed an operating model to intervene in violence and neglect towards children in cooperation between different public authorities and NGOs, which has already been in place for a long time. A handbook and a brief guideline for public authorities have been published as part of the model. Training on how to use the model has been organised on a regular basis. Its purpose is to shed light on the roles of different public authorities and other parties in different stages of dealing with violent situations and to provide know-how for everyone interacting with children and young people in different organisations. (City of Tampere 2019.)

A number of legal statutes require education and training providers to ensure that children and young people have a safe learning environment and to develop a plan

to protect pupils and students against violence, bullying and harassment for each of their educational institutions. The Act on Equality between Women and Men (the 'Equality Act' 609/1986) prohibits discrimination against pupils and students based on gender identity or gender expression. The Non-discrimination Act (1325/2014) prohibits discrimination on grounds such as age, origin, nationality, language, religion, disability and sexual orientation.

The Equality Act and the Non-discrimination Act also oblige educational institutions to draw up an equality and non-discrimination plan to develop their operations in cooperation with staff, pupils/students and parents/guardians. In order to prevent different forms of violence, educational institutions have prepared national guidelines (e.g. Granskog et al. 2018) and operating models, (such as the KiVa school anti-bullying programme/University of Turku and Ministry of Education and Culture, 2019 and Project B-Stop/Children of the Station, 2019). For further information on the subject, please see Chapter 9.

- Barnahus project (in English; THL 2019h)
- Protection and support of abused children through multidisciplinary intervention (PROCHILD) project (in English; THL 2019i)
- The Trappan ('Steps') model (in Swedish; Swedish National Board of Health and Welfare 2019)
- A handbook and operating model for working with abused children (in Finnish; City of Tampere 2019)
- A guide on prevention of and intervention in sexual harassments at schools and educational institutions (summary available in English; Granskog et al. 2018)
- The KiVa school anti-bullying programme (in English; University of Turku & Ministry of Education and Culture 2019)
- Project B-Stop (in English; Children of the Station 2019)
- Equality and non-discrimination planning at educational institutions (in Finnish; Finnish National Agency for Education 2019).

SOURCES

Act on Child Custody and Right of Access 361/1983. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1983/19830361

Afifi TO. & Macmillan HL. 2011. Resilience Following Child Maltreatment: A Review of Protective Factors. Can J Psychiatry. 56; 5:266–272.

Ahola S. & Pollari K. 2018. Lapsella on oikeus osallisuuteen – vammaisuudesta riippumatta [*Every child has the right to inclusion – irrespective of disability*]. Finnish Institute for Health and Welfare Policy Briefs 1/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-999-6

Alanko K. 2014. Mitä kuuluu sateenkaarinuorille Suomessa [*How are young LGBTIQ people doing in Finland*]? Finnish Youth Research Network, Finnish Youth Research Society & Seta – LGBTI Rights in Finland: Helsinki, 2014. Available in Finnish (English abstract) at: http://www.nuorisotutkimusseura.fi/images/julkaisuja/sateenkaarinuori.pdf

American Academy of Child and Adolescent Psychiatry (AACAP). 2010. Official Action. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder. AACAP 2010. Journal of the American Academy of Child & Adolescent Psychiatry; 49;4: 414–430.

Bailhache M, Leroy V, Pillet P & Salmi LR. 2013. Is early detection of abused children possible?: a systematic review of the diagnostic accuracy of the identification of abused children. BMC Pediatr 5;13:202. doi: 10.1186/1471-2431-13-202.

Basic Education Act 628/1998. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1998/19980628

Bell T, Romano E & Flynn RJ. 2013. Multilevel correlates of behavioral resilience among children in child welfare. Child Abuse & Neglect 37, 1007–1020.

Cabrera NJ., Volling BL & Barr R. 2018. Fathers Are Parents, Too! Widening the Lens on Parenting for Children's Development. Child Development Perspectives 12;3:152–157.

Castaneda EA, Rask S, Koponen P, Mölsä M & Koskinen S. (eds.). 2012. Maahanmuuttajien terveys ja hyvinvointi – Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa [*Migrant health and wellbeing – A study on persons of Russian, Somali and Kurdish origin in Finland*]. Finnish Institute for Health and Welfare Reports 61/2012. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-245-739-4

Cecil CAM, Viding E, Fearon P, Glaser D & McCrory EJ. 2017. Disentangling the mental health impact of childhood abuse and neglect. Child Abuse & Neglect. 63:106 –119.

Children of the Station. 2019. K-0 – Kiusaamiseen puuttuva hanke [*Project B-Stop – Intervention in cases of bullying*]. Available in English at: https://www.asemanlapset.fi/en/children-station/project-b-stop-intervention-cases-bullying

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Christian CW. & American Academy of Pediatrics (AAP) Committee on Child Abuse and Neglect. 2015. The Evaluation of Suspected Child Physical Abuse. Pediatrics; 135: e1137–e1354.

City of Tampere. 2019. Kaltoinkohdeltu lapsi [*Abused children*]. Käsikirja kaltoinkohdellun lapsen kanssa työskenteleville [*Handbook for people working with abused children*]. Tunnistaminen ja toiminta [*Identification and procedures*]. Available in Finnish at: https://www.tampere.fi/tiedostot/k/unnamed_7426/kaltoinkohdeltu_lapsi_kasikirja.pdf

Clément ME. & Chamberland C. 2014. Trends in Corporal Punishment and Attitudes in Favour of This Practice: Toward a Change in Societal Norms. Canadian Journal of Community Mental Health. 33: 13–29.

Post-Traumatic Stress Disorder. Current Care Guideline. Working group set up by the Finnish Medical Society Duodecim and the Finnish Psychiatric Association. Helsinki: Finnish Medical Society Duodecim, 2014. Available in Finnish (English abstract) at: https://www.kaypahoito.fi/hoi50080

Doupi P, Garoff F, Korpilahti U, Carlsson L & Skogberg N. 2019. Tapaturmien ja väkivallan aiheuttamat vammat [*Injuries caused by accidents and violence*]. In: Skogberg N, Mustonen KL, Koponen P, Tiittala P, Lilja E, Ahmed Haji Omar A, Snellman O. & Castaneda AE. (eds.). 2019.

Doyle O, Harmon C, Heckman JJ, Logue C & Moon SH. 2017. Early Skill Formation and the Efficiency of Parental Investment: A Randomized Controlled Trial of Home Visiting. Labour Economics. 45: 40–58.

Dubowitz H, Kim J, Black M, Weisbart C, Semiatin J & Magder L. 2011. Identifying children at high risk for a child maltreatment report. Child Abuse & Neglect 35: 96–104.

Ellonen N, Lucas S, Tindberg Y & Janson S. 2017. Parents' Self-Reported Use of Corporal Punishment and Other Humiliating Upbringing Practices in Finland and Sweden – A Comparative Study. Child Abuse Rev. 26: 289–304.

Ellonen N, Peltonen K, Pösö T & Janson S. 2016. A Multifaceted Risk Analysis of Fathers' Self-Reported Physical Violence Toward Their Children. Aggressive Behavior 43(4): 317–328.

Fagerlund M, Peltola M, Kääriäinen J, Ellonen N & Sariola H. 2014. Violence against children 2013: Results from the Finnish Child Victim Survey. Tampere: Police University College.

Federation of Mother and Child Homes and Shelters (ETKL). 2016a. Kannustavan kasvatuksen nelikenttä [*Two-by-two matrix about supportive parenting*]. Available in Finnish at: https://virtuaalikirja.fi/ensijaturvakotienliitto/wp-content/themes/idea-ensi_ja_turvakotien_liitto/img/kannustava_nelikentta.pdf

Federation of Mother and Child Homes and Shelters (ETKL). 2016b. Väkivalta ja laiminlyönti kasvatuksessa -virtuaalikirja [*Virtual guide: Violence and neglect in parenting*]. Available in Finnish at: https://virtuaalikirja.fi/ensijaturvakotienliitto/

Federation of Mother and Child Homes and Shelters (ETKL). 2019. Puhu turvallisuudesta lapsen ja nuoren kanssa – Turva10 kysymykset tukenasi [*Talk about safety with children and adolescents – Safety10 questions for your support*]. Available in Finnish at: https://ensijaturvakotienliitto.fi/turva10/

Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, Koss M & Marks J. 2009. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. Am J Prev Med. 37: 389–396.

Felitti V, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP & Marks JS. 2019. REPRINT OF: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 56; 6:774–786.

Finnish Institute for Health and Welfare (THL), authors Kaljunen L, Pelkonen M, Hakulinen-Viitanen T, Hakulinen T & Pelkonen M. 2019c. Lasta odottavan ja vauvaperheen arjen voimavarat -lomakkeet [*A questionnaire for identifying the factors that strengthen and burden parents expecting their first child; A questionnaire for identifying the factors that strengthen and burden families with newborn baby*]. Available in English at: https://thl.fi/documents/605877/747474/voimavaralomake_1_en.pdf and https://thl.fi/documents/605877/747474/voimavaralomake_2_en.pdf

Finnish Institute for Health and Welfare (THL). 2018a. Luo luottamusta – Suojele lasta – opas ja verkkovalmennus yhteistyöstä [*Create trust – Protect children – A guide and online training on cooperation*]. Available in Finnish at: https://thl.fi/fi/web/lapset-nuoret-ja-perheet/ajankohtaista/luo-luottamusta-suojele-lasta-opas-ja-verkkokoulutus-yhteistyosta

Finnish Institute for Health and Welfare (THL), authors Korpilahti U, Rehnstrand M, Hakulinen T. 2018b. Tapaturmat puheeksi neuvolassa [*Taking up unintentional injuries at the child health clinic services*]. Finnish Institute for Health and Welfare Know and Act Cards, 9 October 2018. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2018101038071

Finnish Institute for Health and Welfare (THL), authors Korpilahti U, Rehnstrand M, Hakulinen T. 2018c. Vauvan ravistelun ehkäisy [*Preventing shaken baby syndrome*]. Finnish Institute for Health and Welfare Know and Act Cards 15 October 2018. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2018101238196

Finnish Institute for Health and Welfare (THL). 2019a. Perhetyö [*Family work*]. Lapset, nuoret ja perheet – verkkosivut [*Children, young people and families subsite*]. Available in Finnish at: https://thl.fi/fi/web/lapset-nuoret-ja-perheet/peruspalvelut/sosiaalipalvelut/perhetyo

Finnish Institute for Health and Welfare (THL), authors Puura K & Hastrup A. 2019b. Varhaista vuorovaikutusta tukeva haastattelu (Vavu) [*Interview outline for early interaction support*]. Available in Finnish at: https://thl.fi/fi/web/lapset-nuoret-ja-perheet/peruspalvelut/aitiys_ja_lastenneuvola/lomakkeet-neuvolatyohon#Varhaista%20vuorovaikutusta%20tukeva%20haastattelu%20(Vavu)

Finnish Institute for Health and Welfare (THL). 2019d. Paloma-koulutus [*PALOMA-training*]. Available in English at: https://thl.fi/en/web/migration-and-cultural-diversity/good-practices/paloma-training

Finnish Institute for Health and Welfare (THL). 2019e. THL on julkaissut verkkokoulutuksen ammattilaisille lähisuhdeväkivallasta ja siihen puuttumisesta [*THL launches web-based training for professionals on domestic violence and how to intervene*]. Press release 15 February 2019. Available in Finnish at: https://thl.fi/fi/-/thl-on-julkaissut-verkkokoulutuksen-ammattilaisille-lahisuhdevakivallasta-ja-siihen-puuttumisesta

Finnish Institute for Health and Welfare (THL). 2019f. Domestic violence enquiry and assessment form Available in English at: https://thl.fi/documents/605877/1663634/Domestic+violence+enquiry+and+assessment+form.pdf/70ef38e0-9f63-c722-89c5-d91d995e1dc8?t=1580481534184

Finnish Institute for Health and Welfare (THL). 2019g. THL e-learning courses. Available in Finnish at: https://verkkokoulut.thl.fi/

Finnish Institute for Health and Welfare (THL). 2019h. Barnahus project. Available in English at: https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/barnahus-project

Finnish Institute for Health and Welfare (THL). 2019i. PROCHILD project. Available in English at: https://www.prochildproject.org/

Finnish National Agency for Education, 2019. Tasa-arvo- ja yhdenvertaisuussuunnittelu oppilaitoksissa [*Equality and non-discrimination planning at educational institutions*]. Available in Finnish at: https://www.oph.fi/fi/koulutus-ja-tutkinnot/tasa-arvo-ja-yhdenvertaisuussuunnittelu-oppilaitoksissa

Finnish Treaty Series 60/1991. Convention on the Rights of the Child. Available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Granskog P, Haanpää S, Järvinen J, Lahtinen M, Laitinen K & Turunen-Zwinger S. 2018. Opas seksuaalisen häirinnän ennaltaehkäisemiseksi ja siihen puuttumiseksi kouluissa ja oppilaitoksissa [*Guide on prevention of and intervention in sexual harassments at schools and educational institutions*]. Finnish National Agency for Education. Oppaat ja käsikirjat [*Tutorials and manuals*] 2018:4a. English summary version available at: https://www.oph.fi/en/statistics-and-publications/publications/prevention-and-intervention-sexual-harassments-schools-and

Gurung B, Jackson LJ, Monahan M, Butterworth R & Robert TE. 2018. Identifying and assessing the benefits of interventions for postnatal depression: A systematic review of economic evaluations. BMC Pregnancy Childbirth.18;1:179. doi: 10.1186/s12884-018-1738-9.

Government Decree on the implementation of the Convention on the Rights of Persons with Disabilities and Its Optional Protocol and on the entry into force of the Act on the implementation of the provisions of a legislative nature in the Convention and Its Protocol. Finnish Treaty Series 27/2016. Valtioneuvoston asetus vammaisten henkilöiden oikeuksista tehdyn yleissopimuksen ja sen valinnaisen pöytäkirjan voimaansaattamisesta sekä yleissopimuksen ja sen valinnaisen pöytäkirjan lainsäädännön alaan kuuluvien määräysten voimaansaattamisesta annetun lain voimaantulosta. Available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2016/ss20160027.pdf

Hakulinen T, Hietanen-Peltola M, Vaara S, Merikukka M & Pelkonen M. 2018. Ajanmukaiset käytänteet ja pitkät perinteet neuvolassa ja kouluterveydenhuollossa [*Up-to-date practices and long traditions*]. Palvelujen seurantatutkimus 2016–2017 [*Follow-up study of maternity and child health clinic and school healthcare services 2016–2017*]. Finnish Institute for Health and Welfare Reports 11/2018.

Hakulinen T, Pelkonen M, Salo J & Kuronen M. 2019. Meille tulee vauva: Opas vauvan odotukseen ja hoitoon [*We're having a baby: A guidebook for expecting and looking after a baby*]. Finnish Institute for Health and Welfare (THL). Available in English at: http://urn.fi/URN:ISBN:978-952-302-833-3

Hakulinen T. 2019. Vanhemmuuden ja parisuhteen tukeminen äitiys- ja lastenneuvolapalveluissa [*Supporting parenthood and intimate relationships at maternity and child health clinic services*]. In: Hakulinen T, Laajasalo T & Mäkelä J. (eds.). 2019. Vanhemmuuden ja parisuhteen tuen vahvistaminen: Teoriasta käytäntöön [*Strengthening parenthood and intimate relationships: From theory to practice*]. Finnish Institute for Health and Welfare Directions 9/2019, p. 20–29. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-357-1

Health Care Act 1326/2010. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326

Heino T. 2016. Lastensuojelusta tietäminen – julkisen vallan vastuu [*Knowledge of child welfare – responsibility of public authorities*]. In: Rosi Enroos, Tarja Heino & Tarja Pösö (eds.). Huostaanotto [*Taking children into care*]. Lastensuojelun vaativin tehtävä [*The most demanding child welfare task*]. Tampere: Vastapaino, 72–102.

Holopainen A & Hakulinen T. 2019. New parents' experiences of postpartum depression: a systematic review of qualitative evidence. JBI Database of Systematic Reviews and Implementation Reports, 17;9:1731–1769.

Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L & Dunne MP. 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2;8:e356–e366. doi: 10.1016/S2468-2667(17)30118-4.

Huovinen A. 2017. Perheväkivaltaa kokeneen lapsen identiteettikertomukset [*Identity narratives of children who have experienced domestic violence*]. Professional Licentiate thesis, University of Jyväskylä. Available in Finnish at: http://urn.fi/URN:NBN:fi:jyu-201704031872

Hytönen KM, Malinen A, Salenius P, Haikari J, Markkola P, Kuronen M & Koivisto J. 2016. Lastensuojelun sijaishuollon epäkohdat ja lasten kaltoinkohtelu 1983–1983 [*The failures and abuse of children in substitute care 1937–1983*]. Reports and Memorandums of the Ministry of Social Affairs and Health 2016:22. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-952-00-3806-9

Hyvärinen S. 2017. Piiskasta jäähypenkkiin – Suomalaisten kasvatusasenteet ja kuritusväkivallan käyttö 2017 [*From spanking to naughty chair – Parenting attitudes and use of corporal punishment in Finland 2017*]. Central Union for Child Welfare online publication, 2/2017. Available in Finnish at: https://www.lskl.fi/materiaali/lastensuojelun-keskusliitto/Piiskasta-jaahypenkkiin-1.pdf

Högberg U, Sennerstam R, Wester K, Högberg G, Andersson J & Thiblin I. 2019. Medical diagnoses among infants at entry in out-of-home care: A Swedish population-register study. Health Sci Rep. 2019 Jul 18;2(8):e133.

Ikonen R, Rehnstrand, M, Korpilahti U & Halme N. 2018. Perusopetuksen 4. ja 5. luokkaa käyvien lasten ja heidän huoltajiensa väkivaltakokemuksien yleisyys: Kouluterveyskyselyn 2017 tuloksia. [*Prevalence of violent experiences among children in grades 4 and 5 of basic education and their parents: Results of the 2017 School Health Promotion Study*.] Finnish Institute for Health and Welfare Research Overviews 42/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-235-2

Kalland M, Raittila S, Pajulo M, Salvén M & Vinzce L. 2018. Marital Status, Relationship Satisfaction, Depression and Support during Pregnancy among Finnish First-Time Parents. Unpublished manuscript.

Korpilahti U, Hakulinen T, Parkkari J, Koivusilta L, Parkkari I, Rajamäki R, Heinonen K, Ojanperä I, Serlo W & Lillsunde P. 2019. Lasten ja nuorten tapaturmakuolleisuus on Suomessa yleisempää kuin Euroopassa keskimäärin [*Child and youth injury mortality rate in Finland is higher than average in Europe*]. Duodecim Journal. 135;9:847–854. (In Finnish).

Kumpulainen K. 2004. Lapsuuden traumaperäinen stressireaktio ja kognitiivis-behavioraalinen terapia [*Childhood post-traumatic stress disorder and cognitive-behavioural therapy*]. Finnish Medical Journal. 59:1653–1658. (In Finnish).

Lahti M, Savolainen K, Tuovinen S, Pesonen AK, Lahti J, Heinonen K, Hämäläinen E, Laivuori H, Villa PM, Reynolds RM, Kajantie E & Räikkönen K. 2017. Maternal Depressive Symptoms During and After Pregnancy and Psychiatric Problems in Children. Journal of American Academy of Child & Adolescent Psychiatry 56;1:30–39.e7.

Laki lapsen oikeuksia koskevan yleissopimuksen eräiden määräysten hyväksymisestä annetun lain voimaantulosta [*Act on the adoption of certain provisions of the Convention on the Rights of the Child*] (*Finnish Treaty Series* 59/1991). Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910059

Laki naisten ja miesten välisestä tasa-arvosta [*Act on Equality between Women and Men*] 609/1986. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1986/19860609

Liyama ANA, Tam WWS & Shorey S. 2018. Enhancing first-time parents' self-efficacy: A systematic review and meta-analysis of universal parent education interventions' efficacy. International Journal of Nursing Studies. 82:149–162.

Luopa P, Kanste O & Klemetti R. 2017. Toisella asteella opiskelevien sateenkaarinuorten hyvinvointi 2017 [*Wellbeing of upper secondary level LGBTIQ students in 2017*]. Results of the School Health Promotion Study. *Finnish Institute for Health and Welfare Research Overviews* 25/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-909-5

Mannerheim League for Child Welfare & Ombudsman for Children 2017. Lapsiystävällisen kohtaamisen tarkistuslista [*A checklist for child-sensitive interaction*]. Available in Finnish at: https://dzmdrerwnq2zx.cloudfront.net/prod/2017/08/15133614/MLL_keskustelu_lapsen_kanssa_ohje.pdf

Mannerheim League for Child Welfare (MLL). 2019. Vanhempainpuhelin [*Parenting helpline*]. Available in Finnish at: https://www.mll.fi/vanhemmille/toiminta-lapsiperheille/vanhempainpuhelin/

Markkula J, Kytö S, Hakulinen T & Lindberg P. 2018. Lastenneuvola ja varhaiskasvatus lapsen päihteettömän kasvuympäristön tukena [*Child health clinic services and early childhood education and care in support of children's sober growth environments*]. Finnish Institute for Health and Welfare Know and Act Cards 1/2018. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe201801262300

McDaid D, Park AL & Wahlbeck K. 2019. The Economic Case for the Prevention of Mental Illness. Annu Rev Public Health. 40: 373–389.

Ministry of Education and Culture & Ministry of Social Affairs and Health. 2019. Kohti kansallista lapsistrategiaa 2040 [*Towards a National Strategy for Children 2040*]. Lapsen aika [*Child's Time*]. Finnish Government publication series 2019: 4. Available in Finnish (abstract in English) at: https://minedu.fi/documents/1410845/12685437/Summary+Child%E2%80%99s+Time+-+Towards+a+National+Strategy+for+Children+2040

Ministry of Social Affairs and Health 2010a. Neuvolatoiminta, koulu- ja opiskeluterveydenhuolto sekä ehkäisevä suun terveydenhuolto [*Maternity and child welfare clinics, school and student healthcare and preventive oral healthcare*]. Asetuksen 380/2009 perustelut ja soveltamisohjeet [*Grounds and application directives for Decree 380/2009*]. *Publications of the Ministry of Social Affairs and Health* 2009:20. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-952-00-2942-5

Ministry of Social Affairs and Health 2010b. Älä lyö lasta! Lapsiin kohdistuvan kuritusväkivallan vähentämisen toimintaohjelma 2010–2015 [*Don't hit the child! National action plan to reduce corporal punishment of children 2010–2015*]. Publications of the Ministry of Social Affairs and Health 2010:7. Available in English at: http://urn.fi/URN:ISBN:978-952-00-3176-3

Ministry of Social Affairs and Health 2019a. Lapsistrategian valmistelu alkaa [*Preparation of the Strategy for Children starts*]. Ministry of Social Affairs and Health Press Release 103/2019, 30 September 2019. Available in English at: https://valtioneuvosto.fi/en/article/-/asset_publisher/1271139/lapsistrategian-valmistelu-alkaa

Ministry of Social Affairs and Health 2019b. Lapsi- ja perhepalvelujen kehittäminen jatkuu [*Development of child and family services to continue*]. Ministry of Social Affairs and Health Press Release, 24 October 2019. Available in Finnish at: https://stm.fi/artikkeli/-/asset_publisher/lapsi-ja-perhepalvelujen-kehittaminen-jatkuu

Ministry of Social Affairs and Health Ministry of Social Affairs and Health, 2020. National Mental Health Strategy and Programme for Suicide Prevention 2020–2030. Publications of the Ministry of Social Affairs and Health 2020:15. http://urn.fi/URN:ISBN:978-952-00-5401-4

Naughton AM, Maguire SA, Mann MK, Lumb RC, Tempest V, Gracias S & Kemp AM. 2013. Emotional, Behavioral, and Developmental Features Indicative of Neglect or Emotional Abuse in Preschool Children: A Systematic Review. JAMA Pediatr.167: 769–775.

Nuorten Suomi. 2015. Nuorten ajatukset esiin –huoneentaulut [*Rules posters for bringing young people's thoughts to light*]. Available in Finnish at: https://www.nuortensuomi.fi/huoneentaulut/

Nursing Research Foundation (NRF). 2015. Lasten kaltoinkohtelun tunnistamisen tehokkaat menetelmät sosiaali- ja terveydenhuollossa [*Efficient methods for identifying child maltreatment in social and healthcare*]. Clinical guideline. Summary version available in English at: https://www.hotus.fi/wp-content/uploads/2019/03/maltreatment-hs-sum-eng.pdf

Nykjaer C, Alwan NA, Greenwood DC, Simpson NA, Hay AWM, White KL & Cade JE. 2014. Maternal alcohol intake prior to and during pregnancy and risk of adverse birth outcomes: evidence from a British cohort. Journal of Epidemiology and Community Health 68; 6:542–549.

Peltonen K, Ellonen N, Pösö T & Lucas S. 2014. Mothers' self-reported violence toward their children: A multifaceted risk analysis. Child Abuse & Neglect. 38;12:1923–1933.
Pesäpuu ry. 2019. Materiaalipankki [*Materials bank*]. Available in Finnish at: https://pesapuu.fi/materiaalipankki/
Pittman JF. & Buckley RR. 2006. Comparing maltreating fathers and mothers in terms of personal distress, interpersonal functioning, and perceptions of family climate. Child Abuse. & Neglect. 30:481–496.
Poutiainen H, Hakulinen T, Mäki P & Laatikainen, T. 2016. Family characteristics and parents' and children's health behaviour are associated with public health nurses' concerns at children's health examinations. International Journal of Nursing Practice. 22:584–595.
Prinz R. 2016. Parenting and family support within a broad child abuse prevention strategy. Child maltreatment prevention can benefit from public health strategies. Child Abuse and Neglect. 51:400–406.
Ristikari T, Keski-Säntti M, Sutela, E, Haapakorva P, Kiilakoski T, Pekkarinen E, Kääriälä A, Aaltonen M, Huotari T, Merikukka M, Salo J, Juutinen A, Pesonen-Smith A. & Gissler M. 2018. Suomi lasten kasvuympäristönä: Kahdeksantoista vuoden seuranta vuonna 1997 syntyneistä [*Finland as a growth environment for children: 18-year follow-up of those born in Finland 1997*]. Finnish Institute for Health and Welfare Reports 7/2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-152-2
Salokorpi N, Sinikumpu JJ & Serlo W. 2015. Ravistellun vauvan oireyhtymä: Vaikeasti tunnistettava kaltoinkohtelu [*Shaken baby syndrome – a challenging form of child abuse*]. Potilaan Lääkärilehti [*Patient's medical journal*] 3 June 2015. Available in Finnish at: https://www.potilaanlaakarilehti.fi/uutiset/ravistellun-vauvan-oireyhtyma-vaikeasti-tunnistettava-kaltoinkohtelu/
Savola T, Piispa M & Hakulinen-Viitanen T. 2015. Äitiys- ja lastenneuvolan asiakkaiden kokemukset parisuhdeväkivallan puheeksi ottamisesta [*Experiences of clients in maternity and child healthcare clinics discussing intimate partner violence*]. *Journal of Nursing Science*. 27;2:104–116.
Sethi D, Bellis M, Hughes K, Gilbert R, Mitis F & Galea G. (eds.). 2013. European report on preventing child maltreatment. Available at: http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf
Sinkkonen J. 2004. Kiintymyssuhdeteoria – tutkimuslöydöksistä käytännön sovelluksiin [*Attachment theory – From research findings to practical applications*]. Duodecim. 120:1866–1873. Available in Finnish at: https://www.terveyskirjasto.fi/xmedia/duo/duo94437.pdf
Sipilä M, Hakulinen T, Helminen M, Seppänen J, Paavilainen E & Koponen P. 2018. Alcohol abuse, psychological distress, and suicidal thoughts are associated with intimate partner violence among parents' with children. Mental Health & Prevention 12:76–81.
Skogberg N, Mustonen KL, Koponen P, Tiittala P, Lilja E, Ahmed Haji Omar A, Snellman O & Castaneda AE. (eds.). 2019. Turvapaikanhakijoiden terveys ja hyvinvointi: Tutkimus Suomeen vuonna 2018 tulleista turvapaikanhakijoista [*Asylum seekers' health and wellbeing: A survey among newly arrived asylum seekers to Finland in 2018*]. Finnish Institute for Health and Welfare Reports 12/2019. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-351-9
Sköld J. & Shurlee S (eds). 2015. Apologies and the Legacy of Abuse of Children in 'Care'. London: Palgrave Macmillan.
Sköld J. 2016. The truth about abuse? A comparative approach to inquiry narratives on historical institutional child abuse. History of Education 45, 4: 492–509.
Swedish National Board of Health and Welfare. 2019. Trappanmodellen [*The Steps model*]. Available in Swedish at: https://www.socialstyrelsen.se/utveckla-verksamhet/evidensbaserad-praktik/metodguiden/trappanmodellen/
Tedeschi F. & Billick S. 2017. Pediatric PTSD: Clinical, Forensic, and Diagnostic Understanding. J Am Acad Psychiatry Law. 45:161–169.
Tupola S, Kivitie-Kallio S, Kallio P, Koskinen S & Alapulli H. 2015. Epäily lapsen fyysisestä pahoinpitelystä – tunnistaminen ja toimenpiteet terveydenhuollossa [*Suspected physical child abuse – recognition and actions in healthcare*]. Duodecim. 131:993–999.
Turvapaikanhakijoiden terveys ja hyvinvointi: Tutkimus Suomeen vuonna 2018 tulleista turvapaikanhakijoista [*Asylum seekers' health and wellbeing: A survey among newly arrived asylum seekers to Finland in 2018*]. Finnish Institute for Health and Welfare Reports 12/2019, 109–114. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-351-9

University of Turku & Ministry of Education and Culture. 2019. *KiVa School*. Available in English at: https://www.kivaprogram.net/

Valtioneuvoston asetus neuvolatoiminnasta, koulu- ja opiskeluterveydenhuollosta sekä lasten ja nuorten ehkäisevästä suun terveydenhuollosta [*Government Decree on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth*] 338/2011. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2011/20110338

World Health Organization (WHO). 2016. INSPIRE. Seven Strategies for Ending Violence Against Children. Available at: http://apps.who.int/iris/bitstream/10665/207717/1/9789241565356-eng.pdf?ua=1

Yhdenvertaisuuslaki [*Non-discrimination Act*] 1325/2014. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2014/20141325

3 Statistical review of violence against children

Corresponding author: Markus Kaakinen, Institute of Criminology and Legal Policy (University of Helsinki) Co-authors: Anna Raeste, Institute of Criminology and Legal Policy (University of Helsinki); Antti Impinen, Finnish Institute for Health and Welfare (THL); Riikka Ikonen, THL; and Kirsi Wiss, THL

3.1 Introduction

This chapter describes violence against children and young people in the light of different information sources, covering various forms of mental and physical violence. The data sources include both official statistics and survey-based monitoring systems. For example, the statistics on offences and coercive measures and on causes of death maintained by Statistics Finland, as well as the Care Register for Health Care maintained by the Finnish Institute for Health and Welfare (THL), include broad-based information about violence against minors. On the other hand, not all violence is reported to the authorities and thereby recorded in statistics (with the exception of homicides). Therefore, survey data is also needed to assess overall crime and security. The survey-based data sources used in this chapter include the Finnish Self-Report Delinquency Studies by the Institute of Criminology and Legal Policy (Krimo); the School Health Promotion Survey of the Finnish Institute for Health and Welfare; the FinLapset survey (previously Children' Health, Wellbeing and Services) of the Finnish Institute for Health and Welfare; and the data collection of the TEAviisari online service on the promotion of health and wellbeing in comprehensive schools and secondary-level educational institutions.

The first section examines crimes of violence and sexual offences against young people and committed by young people in the light of the Finnish Self-Report Delinquency Studies by the Institute of Criminology and Legal Policy and the statistics on offences and coercive measures maintained by Statistics Finland. The data sources give a somewhat contradictory picture of violence against children and young people. The number of victims of crime reported to the police and recorded in statistics has increased during the monitoring period, but the number of perpetrators recorded in official statistics and the self-reported offences and victimisation experiences have decreased. From this it can be concluded that the increase in the number of victims reported to the police is explained, at least in part, by the fact that violent crimes against children and young people are increasingly reported to the police. On the other hand, it is good to keep in mind that even if the violence experienced by children and young people has decreased, a significant proportion of children and young people are still affected. In most cases of violence against children and young people aged under 18, the perpetrator is someone close to the victim or someone they know.

The second section uses statistics on causes of death and the Care Register for Special Health Care to examine violence against children. According to the statistics on causes of death, it is relatively rare that children or young people die as victims of homicide. Between 2000 and 2017, a total of 103 children died as victims of homicide. The younger the victims were, the more likely it was that the perpetrator was the child's parent. During the same period, a total of 1,754 children or young people were in inpatient care because of violence, and 4,595 children or young people received outpatient care in special healthcare. The younger the child, the more common it is that the reason for the treatment is parental violence. For school-age children and adolescents, violence by unknown perpetrators or perpetrators other than parents or acquaintances is more commonly the cause of treatment in special healthcare than it is for younger children. Homicide against underage children and young people and inpatient care for injuries caused by violence decreased slightly between 2000 and 2017. On the other hand, outpatient records of specialist care because of violence have increased in the 2010s.

The third section examines violence experienced by young and school-age children and young people based on the results of the 2018 Children's Health, Wellbeing and Services survey (Vuorenmaa 2019) and the 2019 School Health Promotion Study (Ikonen & Helakorpi 2019). The results show that parents of four-year-olds

most commonly reported emotional and mild physical violence against the child. According to parents, less than 0.5% of children had experienced severe physical violence (Vuorenmaa 2019). The children and young people who responded to the School Health Promotion Study (THL) also reported having experienced emotional rather than physical violence from their parents. Experiences of bullying were more common in basic education than in secondary education. School-age children and young people more commonly reported having experienced sexual harassment and harassment. Experiences of bullying and sexual harassment appear to have remained as common in 2019 as in the 2017 survey. In all the grade levels examined, young people belonging to special groups (e.g. young people with a foreign background and young people belonging to sexual or gender minorities) reported having experienced various forms of violence the most (THL 2019).

The fourth section surveys practices in comprehensive schools and secondary education to prevent bullying, violence and sexual harassment. The review is based on TEAviisari's data collection on the promotion of wellbeing and health in comprehensive schools and secondary-level educational institutions (THL 2018, Wiss et al. 2019a, 2019b). Based on the results, the actions implemented by educational institutions have developed, but there is still room for improvement. In 2017, nearly all comprehensive schools' student welfare plans included a description of a plan to protect students against violence, bullying and harassment. Such plans had increased slightly over the previous two years. The majority of educational institutions also had jointly agreed and recorded practices related to bullying and sexual harassment. The recording of practices had become more common over a period of two years. In comprehensive schools and vocational institutes, the most common problem and harassment were reported to be violence between students and violence or threats of violence by students against a staff member. Sexual harassment between students was less common than these. There were significantly fewer harassment and problem situations in upper secondary schools than in comprehensive schools and vocational institutes. Educational institutions (comprehensive schools in particular) are also involved in the prevention and mediation of bullying and violence between students. (THL 2018, Wiss et al. 2019a, 2019b).

Overall, the sections described above give a positive picture of the development of safety and security for children and young people. Violence seems to have decreased, at least to some extent, since 2000 and is increasingly coming to the

attention of the authorities. On the other hand, safety and prevention practices in educational institutions have also improved. However, it is clear that there continues to be a need for policy development and research on the safety and security of children and young people. In Finland, the situation is good in the sense that the safety and wellbeing of children and young people can be monitored using several sources of information based on official statistics and surveys. Specialised monitoring systems also expand the coverage of research data. For example, the Finnish Self-Report Delinquency Studies by the Institute of Criminology and Legal Policy comprehensively describe the state and development of crimes committed and experienced by young people in Finland. The School Health Promotion Study of the Finnish Institute for Health and Welfare covers a wide range of other welfare and health issues in addition to victimisation experiences.

It would not be possible to collect survey data without cooperation with educational institutions. Participating in various studies can be a burden on educational institutions, but it is important for the collection of research data on the safety and security of children and young people that research cooperation can also be maintained in the future. In addition to surveys, there is a need to improve the coverage and quality of information from various information systems and registers.

3.2 Violence against children and young people recorded in police statistics and in the monitoring systems of the Institute of Criminology and Legal Policy

Authors: Markus Kaakinen, Institute of Criminology and Legal Policy (University of Helsinki) and Anna Raeste, Institute of Criminology and Legal Policy (University of Helsinki)

In this chapter, we discuss violent crimes against children and young people in the light of crimes reported to the police and a survey-based research. The types of crime covered here include assault, intimate partner violence, domestic violence, hate crimes and sex crimes. We focus on the temporal development of these types of violence, in addition to describing the current situation. The statistical review

is based on two key information sources: the statistics on offences and coercive methods maintained by Statistics Finland and the Finnish Self-Report Delinquency Studies by the Institute of Criminology and Legal Policy.

The statistics on offences and coercive methods are an annual compilation of crimes reported to the police, Customs and the Border Guard by offence classification[1] (Official Statistics of Finland 2019a). In this review, the statistics on offences and coercive methods are used to examine violent crimes, intimate partner violence, domestic violence and sex crimes against children and young people, as well as violent crimes committed by young people. The examination is primarily conducted by age group (children aged under 5, children aged 5–9, children and young people aged 10–14, children and young people aged 15–17 and all minors in total) over the period 2009–2018. With regard to the victims, the examination is based on the number of victims concerning the crimes reported in a specific year. In other words, the figures do not directly refer to the number of individuals who have fallen victim to a crime, as several crimes against the same child may have been reported to the police during a specific year. With regard to the offences, the examination concerns the number of people suspected of having committed crimes during a specific year.[2]

The survey-related section is based on the Finnish Self-Report Delinquency Studies compiled by the Institute of Criminology and Legal Policy (formerly National Research Institute of Legal Policy) since 1995 (see e.g. Näsi 2016). Questions concerning the victimisation experiences have been included in the survey since 1998. The monitoring system regularly produces information about crimes committed and experienced by pupils in grade 9 (aged 15–16)[3]. Finnish Self-Report Delinquency Studies use representative random samples, and they extensively cover various types of crime committed or experienced by young people. For example, a total of 6,061 pupils in grade 9 from 68 schools responded to the 2016

1 Not all of the reported cases necessarily led to charges or sentences. In addition, crimes that were committed in previous years may be included, as the statistics include the cases reported to the police during the year in question.

2 Solved crimes refer to crimes reported to the police in which the conditions that prevailed during the act and the involved parties, as well as other factors necessary for deciding on prosecution and for legal proceedings, have been investigated. The head of preliminary investigations will decide on the matter. (Official Statistics of Finland, 2019c.)

3 The survey has been conducted every four years since 2004.

Finnish Self-Report Delinquency Study. The monitoring system can be used to produce a proportional picture of the prevalence, development and special features of crimes committed or experienced by young people. The Finnish Self-Report Delinquency Studies are also an important resource in research into (juvenile) crime.

The selected sources of information complement one another. Only a small portion of crimes against children and young people are reported to the authorities (Kuoppamäki et al. 2011; Näsi 2016; Official Statistics of Finland 2019b). Crimes that are not reported to the police are called 'hidden crime'. Representative surveys based on self-reported experiences of crime is the only way to evaluate the total amount of crimes committed or experienced by young people.

Violence against children

Figure 2 presents the number of victims of crimes against children and young people that were reported to the police in 2009–2018. The statistics include the following crimes listed under Chapter 21 of the Criminal Code of Finland: assault (Section 5), aggravated assault (Section 6) and petty assault (Section 7). According to the statistics, the number of victims of assaults against children and young people has increased over the past ten years. Only in the age group 15–17 has the number of victims decreased slightly over the past ten years. However, the number of children and young people suspected of violent crimes has decreased over the past ten years, although their number has increased slightly since 2016 (Figure 2). The number of children and young people suspected of violent crimes has decreased only in the age group 15–17, while the number of young people aged under 15 who were suspected of violent crimes was higher in 2018 (1,316) than in 2009 (1,014).

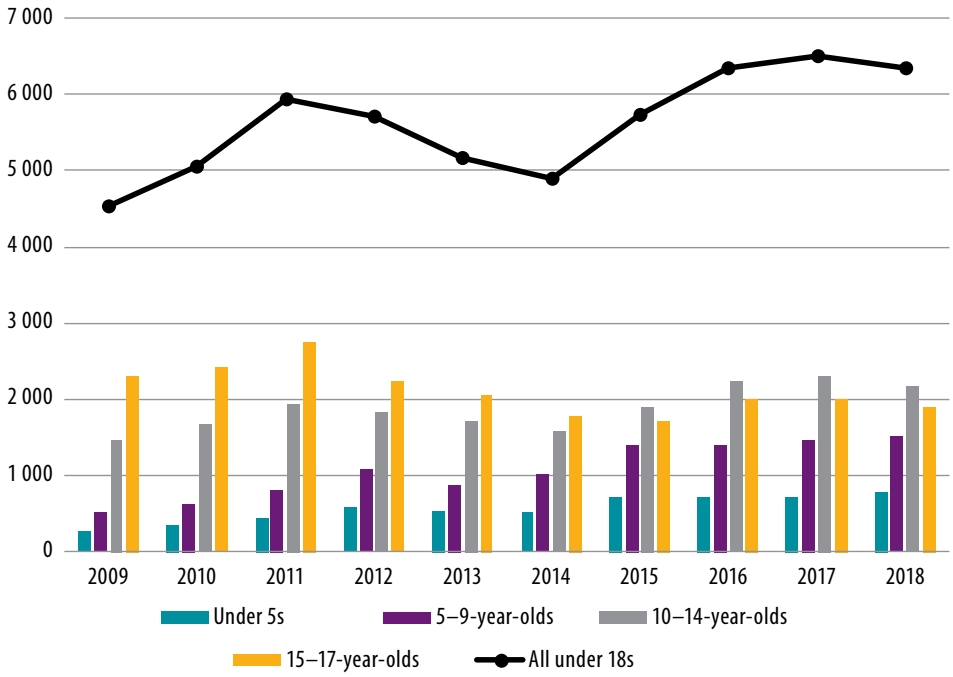


Figure 2. Children and young people as victims of violent crimes reported to the police 2009–2018 (source: Official Statistics of Finland, 2019).

It is important to compare the statistics on crimes reported to the police with the legal reforms implemented in the 2000s. After the amendment to Chapter 21, Section 16 of the Criminal Code of Finland (39/1889) in 2011, petty assaults against minors or next of kin became subject to public prosecution. In addition, the amendment to Chapter 2, Section 25 of the Child Welfare Act (417/2007) in 2015 expanded the reporting obligation to cover cases of suspected sex crimes and suspected crimes against a child's life or health (Official Statistics of Finland 2019b). The numbers of victims for 2011 and 2015 are higher than those for 2010 and 2014, respectively. After 2015, the increase continued in 2016 and 2017, but 2018 marked the beginning of a slight decrease. Most of the assaults against minors that are reported to the police are basic assaults (Chapter 21, Section 5 of the Criminal Code of Finland). For example, the 2018 statistics included 4,769 victims of basic assault, 1,503 victims of petty assault, and 68 victims of aggravated assault. It should be noted here that the reporting obligation concerning petty assaults did not change

in connection with the amendment to the Child Welfare Act in 2015[4]. On the other hand, the boundary between petty and basic assault can be difficult to assess, which may also have been reflected in the increased reports of less severe acts.

According to the 2016 Finnish Self-Report Delinquency Study (Näsi 2016), young people's most common experiences of victimhood were related to the theft of or damage to possessions or to bullying and threats. However, as many as 10% of pupils in grade 9[5] had been subjected to physical violence over the previous 12 months. Experiences of violence were more common among boys than girls. Of the assault cases,[6] 57% did not lead to any physical injuries (such as wounds or bruises). Of the cases, 37% resulted in physical injuries that did not require treatment.

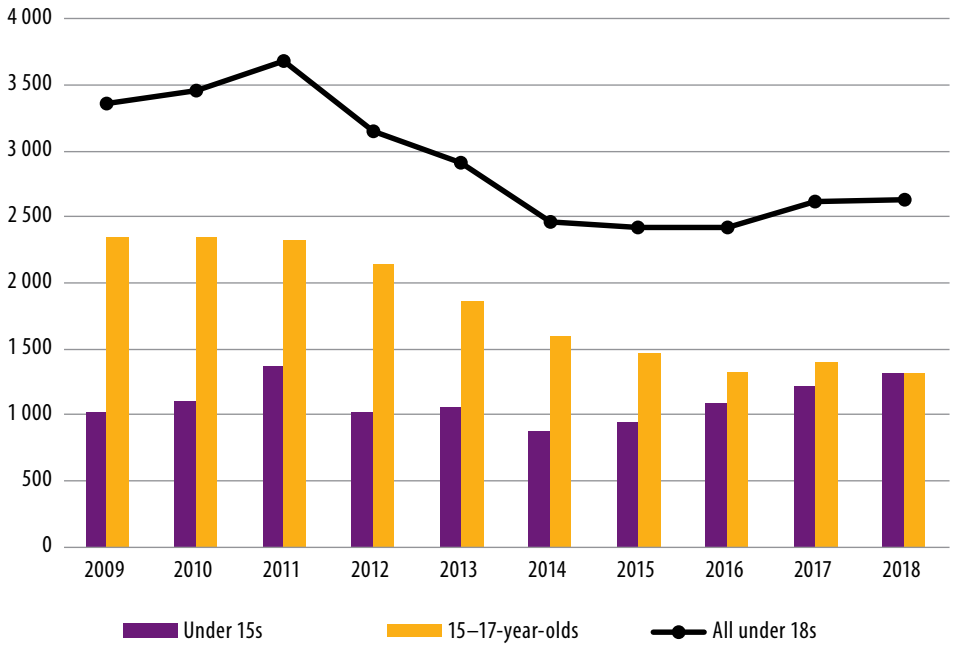


Figure 3. Children and young people suspected of solved assault cases (source: Official Statistics of Finland, 2019).

4 After the amendment, the reporting obligation irrespective of the confidentiality obligation concerned crimes against life and health for which the maximum sentence is at least two years of imprisonment.

5 The young people were asked whether anyone had attacked them physically (e.g. hitting, kicking or using a weapon) over the previous 12 months.

6 In the questions concerning the cases, the respondents were asked to recall the most recent assault.

Of the young people, 29% reported that they had experienced physical violence at some point in their lives (Näsi 2016). However, young people's experiences of violence have decreased since 2000 (Figure 4). In 2008, 20% of young people had been subjected to physical violence over the previous 12 months, but their proportion decreased to 10% by 2016. Boys had more experiences of violence or threats of violence throughout the monitoring period, although the difference decreased towards the end of the monitoring period.

Of pupils in grade 9, 15% reported in 2016 that they had beaten someone at some point in their lives (Näsi 2016). 4% reported that they had beaten someone over the previous 12 months (6% of boys and 3% of girls). The majority (73%) of the recent assaults were cases in which, according to the perpetrator, the victim did not suffer injuries requiring treatment. Young people's acts of violence have decreased clearly during the monitoring period 1995–2016[7] (Figure 4). In 2001, 16% of the young people had committed an act of violence against someone else over the previous 12 months, but this proportion had decreased to 8% by 2016. Violence was clearly more common among boys than among girls throughout the monitoring period. Acts of violence committed by young people continue to be seldom reported to the police: in 2016, only 9% of acts of violence were reported to the police, while the proportion for thefts from a shop or kiosk, for example, was 20%. However, the proportion has increased since 1995, when 6% of assault cases were reported to the police.

7 In this examination, acts of violence include assault and participation in a fight in a public place.

Figures: (Näsi 2016.)

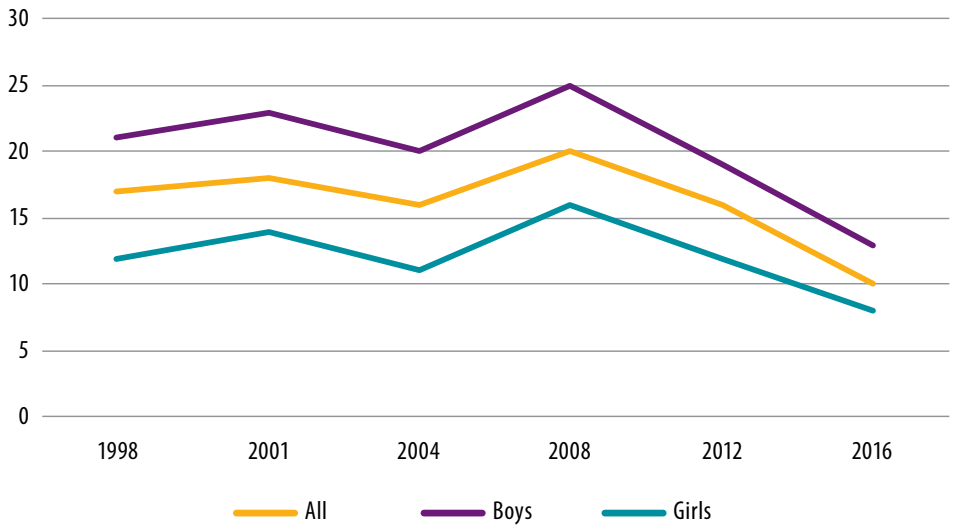


Figure 4. Development of violence experienced by young people over the previous 12 months in 1995–2016 according to the Finnish Self-Report Delinquency Study (% of young people).

Figures: (Näsi 2016.)

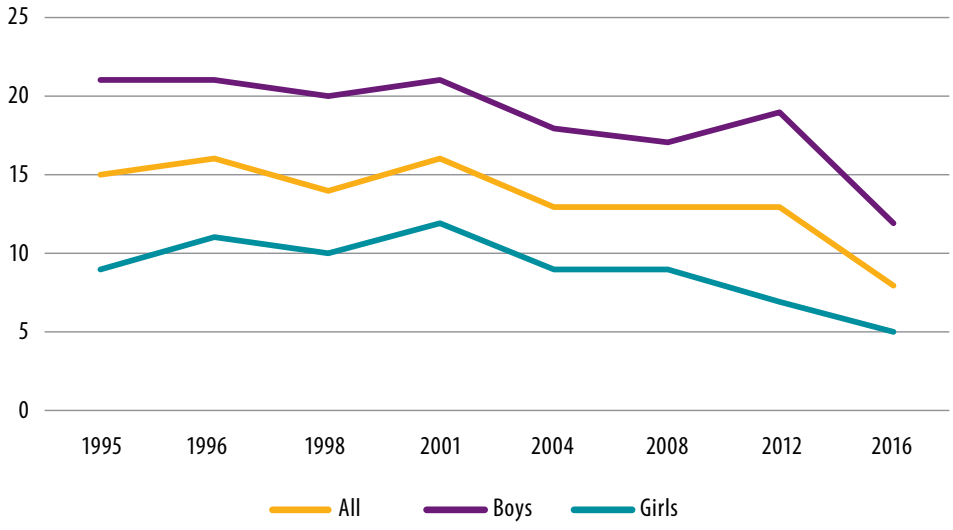


Figure 5. Development of acts of violence committed by young people over the previous 12 months in 1995–2016 according to the Finnish Self-Report Delinquency Study (% of young people).

Intimate partner violence

Figure 6 presents the number of victims of intimate partner violence and domestic violence against children and young people that was reported to the police in 2009–2018. The statistics under examination concerning intimate partner violence and domestic violence cover sex offences in accordance with Chapter 20 of the Criminal Code of Finland and homicide and bodily injury in accordance with Chapter 21 of the Criminal Code, as well as offences against personal liberty (Sections 1 and 2), menace (Section 7) and stalking (Section 7a) in accordance with Chapter 25 of the Criminal Code. The number of minors as victims of intimate partner violence or domestic violence reported to the police has increased over the past ten years. The number of victims decreased between 2012 and 2014, but began to increase again in 2015, when the aforementioned amendment to the Child Welfare Act came into effect (expanded the reporting obligation with regard to cases of suspected crime). Since 2015, the number of victims has remained somewhat unchanged. The number of victims of intimate partner violence or domestic violence increased in all age groups over the monitoring period. The highest increase was recorded for children aged 5–9.

Based on the Finnish Self-Report Delinquency Studies, it can be stated that young people are typically subjected to violence by peers or someone they know (Näsi, 2016). In the 2016 Finnish Self-Report Delinquency Study, 16% of pupils in grade 9 had experienced physical violence by siblings. Acts of violence committed by siblings were more common among girls than boys. Similarly, 16% of young people had experienced physical violence by a friend or a peer they know. Acts of violence committed by friends or acquaintances were more common among boys than girls. Of both girls and boys, 3% reported violence by a current or former dating partner. Of both girls and boys, 7% had been subjected to violence by parents (or step-parents). Of young people, 2% had been subjected to violence by a teacher (3% of boys and 1% of girls). The proportion was the same with other familiar adults. Of young people, 5% had been subjected to violence by unknown young people, and 3% had been subjected to violence by unknown adults. Being subjected to violence by an unknown person was two times more common among boys than girls.

Similarly, acts of violence committed by young people were most commonly targeted at a friend or an acquaintance (30%), a pupil in the same school (13%) or a sibling (12%) (Näsi 2016). In 4% of assault cases, the victim was a former or current

dating partner. In 11% of cases, the victim was a young person previously unknown to the perpetrator. Acts of violence were targeted at adults relatively rarely: at an unknown adult in 4% of the cases, and at a familiar adult in 3% of the cases.

Hate crimes

Of the pupils in grade 9 who responded to the 2016 Finnish Self-Report Delinquency Study, 10% had been subjected to violence or threats of violence because of their language, skin colour, religion, opinions on society or another similar characteristic (Näsi, 2016). Over the previous 12 months, 4% of young people had been subjected to such an act. Ethnic and cultural factors were the most common motives for hate crimes (see also Chapter 13.3). Of those who had been subjected to hate-motivated violence over the previous 12 months, 21% reported their national background, 19% reported their skin colour or religion and 14% reported their language as the reason for the threats or violence. All in all, 41% of the hate-crime victims reported one of the aforementioned factors related to their ethnic or cultural background as the reason for the crime. Of the victims of hate violence, 25% reported their political views as the reason for the act.[8] Of the victims of hate crimes, 9% reported their gender or sexual orientation as the motive for the crime[9] (see also Chapter 13.5).

Assaults committed by young people fairly seldom motivated by hate (Näsi 2016). Of the young people who reported having assaulted someone over the previous 12 months, 6% reported skin colour, 3% reported national background and 2% reported religion or language as the reason for the act, while 4% reported gender, 3% recorded opinions on society and 1% reported sexual orientation as the reason for the assault.

8 The heightened position of political views, and that of ethnic and cultural backgrounds, as a motive for hate is probably explained by the political conflict in Finland in 2015. Finns were polarised by immigration policy in particular in 2015, which was also reflected in the increase in hate speech (Kaakinen et al. 2018a).

9 In addition to physical hate crimes, social media has created a new environment for attacks towards various groups of people (see Kaakinen et al. 2018a; Kaakinen et al. 2018b). Similarly to being subjected to physical violence, threatening and offensive communication is harmful for young people as the victims report lower levels of subjective wellbeing, for example (Kaakinen et al., 2018c).

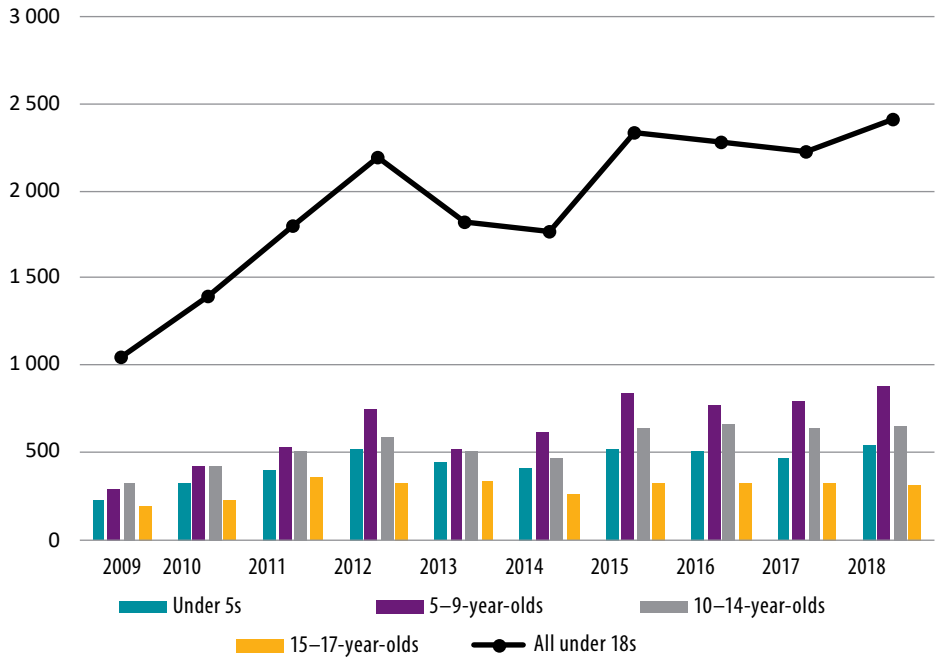


Figure 6. Children and young people as victims of intimate partner violence and domestic violence crimes in 2009–2018 (source: Official Statistics of Finland, 2019).

Sex crimes

Figure 7 presents the number of victims of sex crimes against children and young people that were reported to the police in 2009–2018. The statistics include sex offences in accordance with Chapter 20 of the Criminal Code of Finland and sexual intercourse with a close relative in accordance with Chapter 17 of the Criminal Code (Section 22). The number of victims of sex crimes reported to the police has also increased over the ten-year monitoring period. The number of victims of reported sex crimes was 1,015 in 2009 and 2,120 in 2018. The number of victims decreased between 2012 and 2015, but began to increase again after that. The number of victims increased in all age groups, with the exception of children aged under 5. Sex crimes were most common among children aged 10–14. With regard to the age distribution of the victims, attention must be paid to the fact that, for example, sexual abuse of children mainly concerns acts against children and young people aged under 16 (Chapter 20, Section 6 of the Criminal Code)[10], and most victims of

10 The age limit is, however, 18 if the perpetrator is the child's parent or a person comparable to a parent and living in the same household as the child.

sex crimes against minors have been subjected to sexual abuse of children (1,347 victims in 2018). Girls are subjected to sex crimes clearly more frequently than boys: of the minors subjected to sex crimes in 2018, only 13% were boys.

Figure 8 presents the development of the number of suspects of sexual abuse of a child and aggravated sexual abuse of a child (Chapter 20, Sections 6–7 of the Criminal Code) over the past ten years. The number of suspects has decreased during the monitoring period[11]. A total of 1,088 people were suspected of these crimes in 2009, while their number in 2018 was 725. The decrease may be partly attributable to the statistical method. Since 2014, crimes that would previously have been recorded as sexual abuse of a child have been recorded as rape crimes (these types of offence are not included in this examination) (Ellonen et al. 2019). Therefore, the figures do not necessarily reflect the actual change in sexual offences against children.

The relative number of young suspects has increased over the ten-year monitoring period. In 2009, the proportion of people aged under 25 of the suspects of solved cases of sexual abuse of children was 32%. In 2018, their proportion was 48%. The number of suspects with a foreign background[12] also increased slightly during the monitoring period. In 2009, 13% of all suspects had a foreign background, while their proportion was 19% in 2018. The absolute numbers of young adults and minors, as well as suspects with a foreign background, did not increase. Instead, they remained practically unchanged despite the overall decrease.

In the 2016 Finnish Self-Report Delinquency Study, 6% of pupils in grade 9 had experienced sexual harassment by adults (10% of girls and 2% of boys), and 8% had experienced sexual harassment by peers (12% of girls and 4% of boys) over the previous 12 months (Näsi, 2016). Sexual harassment by adults had often included sexually charged comments on appearance (46% of the cases) and touching (44%). Sexual harassment by peers most commonly involved touching (46% of the cases) and sexually charged comments on appearance (36%). Persuasion into sexual activity was included in 23% of the cases of sexual harassment by adults and in 28%

11 More precisely, this concerns the number of people suspected of being guilty of solved crimes. In other words, the types of crime and numbers differ from Figure 7.

12 According to Statistic Finland's definition, people with a foreign background include people who were either born abroad or both of whose parents or only known parent were born abroad.

of the cases of sexual harassment by a peer. Of the sexual harassment by adults, 15% included harassing or sexually charged messages (via SMS or online), while the corresponding proportion for sexual harassment by peers of was 27%.

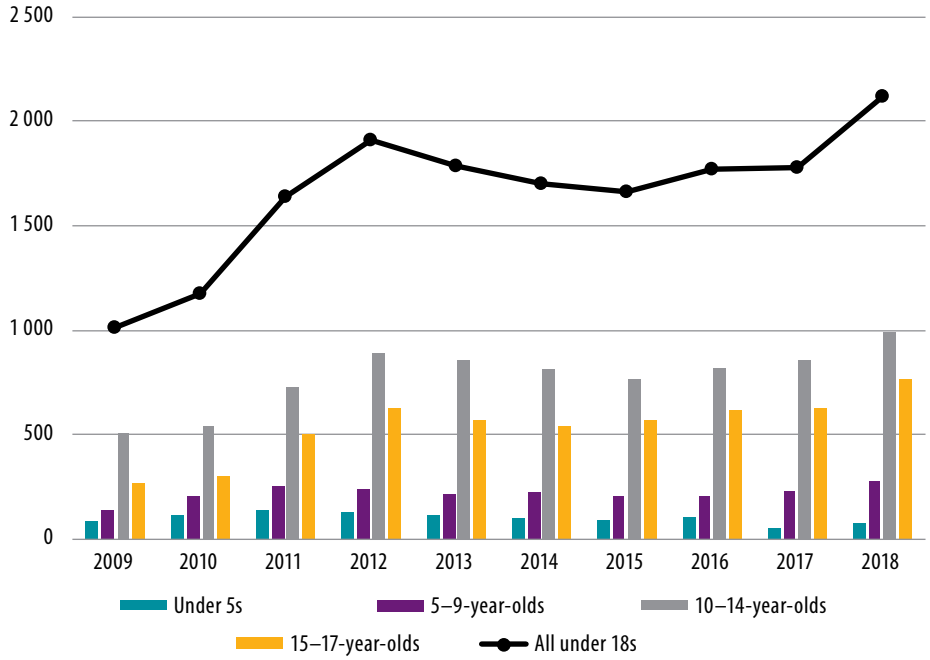


Figure 7. Children and young people as victims of sexual crimes reported to the police 2009–2018 (source: Official Statistics of Finland, 2019).

Summary

In this chapter, young people's experiences and acts of violence were examined in the light of Statistic Finland's statistics on offences and coercive methods and based on the results of the Finnish Self-Report Delinquency Study, which focus on young people's self-reported experiences of victimhood and criminal behaviour. The sources of information complement one another. The statistics on offences and coercive methods provide information about annual variations in the number of victims and perpetrators concerning crimes reported to the authorities. The survey is needed to evaluate the total level of crime, as only a small portion of all crimes are reported to the police.

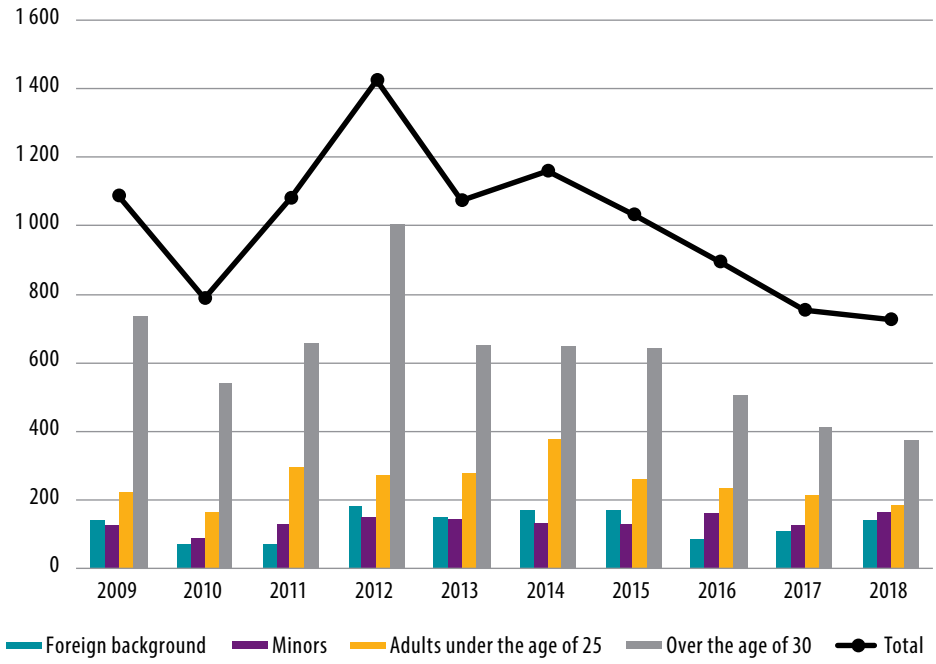


Figure 8. Number of suspects in solved cases of sexual abuse of children in 2009–2018 (source: Official Statistics of Finland, 2019).

The picture painted by these two sources of information of the trend in crime is contradictory in places. In terms of the total level of crime, young people's experiences of falling victim to crime have decreased since 2000 (Näsi 2016). At the same time, however, the numbers of victims of crimes reported to the authorities increased between 2009 and 2018. Nevertheless, the number of victims recorded in Statistics Finland's statistics on offences and coercive methods must not be regarded as a direct indicator of the number of children and young people who have fallen victim to crime. First of all, the statistics on victims under examination indicate crimes reported to the police, meaning that the numbers of victims reflect the number of reports of an offence[13]. Other factors than the number of occurred crimes may affect the number of reports of an offence. For example, the legal

13 With regard to the number of perpetrators, solved crimes are examined in this chapter. In Statistic Finland's statistics on offences and coercive methods, a crime is classified as having been solved once the conditions that prevailed during the act and the involved parties, as well as other factors necessary for deciding on prosecution and for legal proceedings, have been investigated. The head of preliminary investigations will decide on the matter (Official Statistics of Finland, 2019c).

reforms discussed above may have affected the authorities' reporting practices and obligations (Official Statistics of Finland 2019b). The proportion of solved cases of all reported crimes varies, and in some cases it is deemed that no offence has taken place (Ellonen et al. 2019). In addition, the same person may fall victim to several crimes. Statistical methods and practices also change. For example, a portion of cases that were previously classified as sexual abuse of children have been recorded as rape crimes since 2014 (Ellonen et. al. 2019).

Most crimes against children and young people remain hidden (Kuoppamäki et al. 2011; Näsi 2016). Consequently, research based on surveys is particularly important in forming a picture of violence experienced by children and young people. According to the results of monitoring based on surveys, violence experienced or committed by young people has decreased since 2000 (Näsi 2016). Therefore, from this point of view, the increase in the number of victims reported to the police can be seen as a signal that crimes against children and young people are more rarely remaining hidden.

Nevertheless, 10% of young people had been subjected to physical violence over the previous 12 months in 2016, and 8% had either assaulted someone or participated in a fight over the previous 12 months. These figures reveal that violence continues to affect a considerable portion of young people in Finland. The examination of reported crimes only may give a distorted picture of the profile of crimes against children. For example, petty assaults constitute only a small portion of the violence reported to the police, even though victim studies show that violence against young people is usually mild (Näsi 2016).

3.3 Violence leading to death or hospital care among young people aged under 18

Author: Antti Impinen, Finnish Institute for Health and Welfare (THL)

All cases of death and all medical treatment provided at hospitals are recorded in Finland. The deaths of all people living permanently in Finland are recorded in the statistics on causes of death maintained by Statistics Finland. Medical treatment provided at hospitals is recorded in the Care Register for Health Care maintained by

the Finnish Institute for Health and Welfare. Both of these statistics comply with the ICD-10 disease classification, in which murder, manslaughter and other intentional assaults are regarded as violence (these will hereinafter be referred to as "violence"). Violence as the cause of death or hospital care is indicated using ICD codes X85–Y09, which indicate the type of violence or the weapon or instrument used for violence. The perpetrator can be indicated by using an additional code (e.g. spouse, acquaintance, etc.).

Scope of the material

Generally speaking, it can be stated that the more serious the violence, the more likely it will be recorded in the statistics. The statistics on causes of death can be regarded as 100% comprehensive concerning reported homicide. The same logic applies to hospital care. Serious injuries that need to be operated on or require inpatient care at a hospital are recorded with a high level of coverage. The statistics on less severe injuries that can be treated at an emergency clinic are likely to be less comprehensive. With regard to milder violence, the coverage of the statistics can be reduced, for example, by the fact that the injury is treated at home, the cause of the injury cannot be determined during the visit, or the mild violence does not cause any injuries. In addition, not all reasons for a visit are always fully recorded in patient information systems, or this information is not comprehensively transferred from patient information systems to the Care Register for Health Care. As injuries treated in basic healthcare and in private medical clinics in particular are not yet fully recorded in the Care Register for Health Care, only hospital treatment is described here.

Accuracy and reliability of the material

The basic principles that apply to the reliability and accuracy of statistics are the same as those concerning coverage. Investigations into the cause of death are guided by the Act on the Investigation of the Cause of Death. In the case of homicide or other exceptional death, this means a police investigation and a forensic autopsy, during which the medical and other factors that caused the death are examined carefully. In hospital care, identifying and recording violence are left to the doctors and nursing staff to take care of. The victim of violence or their parents or guardians may not be able or willing to talk about the violence they have experienced, which may make this process more complicated. The reasons

for this non-communication may include young age or the victim's or their parent's or guardian's intention to protect the perpetrator or themselves. The nursing staff have means to identify violence, as well as an obligation to report violence, but it may not always be possible to identify violence, as it may be difficult to distinguish between violence and an accident. It may also be impossible for the nursing staff to verify information concerning the perpetrator, meaning that the perpetrator may be recorded inaccurately.

Table 1. Factors indicated by ICD-10 codes.

Code	Perpetrator
.0	Spouse or partner
.10	Parents
.11	Victim's child
.2	Acquaintance or friend
.8	Other perpetrator
.9	Unknown perpetrator

Homicide where the victim is aged under 18

Between 2000 and 2017, a total of 103 people aged under 18 died as a victim of homicide. The annual range is 0–14 deaths (Figure 9). The average for the past ten statistical years (2008–2017) is 4.4 deaths per year. The number of deaths seems to have decreased slightly since 2000, but variation between individual years may have a major effect due to the low number of cases. Of the victims of violence in 50% (n=51) were children aged 0–6; 18% (n=19) were children aged 7–12; and 32% (n=33) were young people aged 13–17. Of the victims, 44% (n = 45) were boys and 56% (n = 58) were girls.

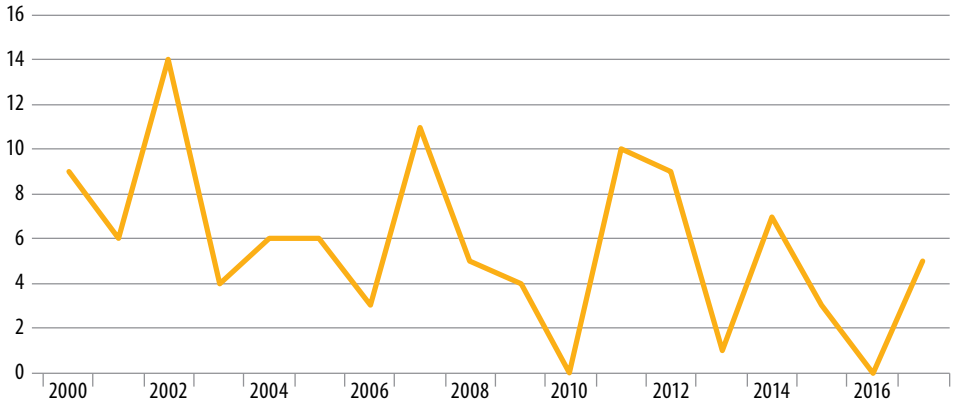


Figure 9. Children and young people aged 0–17 who died as victims of homicide in 2000–2017 (source: Statistics Finland statistics on causes of death).

The perpetrator or perpetrators were strongly connected to the victim's age. In cases concerning young children, the perpetrator was a parent or the parents in 92% (n = 47) of the cases, while only a few cases involved another or unknown perpetrator. In cases concerning children aged 7–12, the perpetrator was a parent or the parents in 84% (n = 16) of the cases, while only isolated cases involved a friend, an acquaintance or an unknown perpetrator. In cases concerning young people aged 13–17, the perpetrator was a parent or the parents only rarely, while 27% (n = 9) of the cases involved a friend or an acquaintance and 59% (n = 19) involved another or unknown perpetrator.

Treatment periods caused by violence among young people aged under 18

A treatment period means at least an overnight stay in hospital care or outpatient surgery. Injuries treated in wards are usually more serious than those treated during outpatient visits.

Between 2000 and 2017, a total of 1,754 people aged under 18 were treated in a hospital ward because of violence. The annual range was 61–138 treatment periods. The average for the past ten statistical years (2008–2017) was 87 treatment periods per year. The number of treatment periods seems to have decreased slightly since the early 2000s. Of the victims of violence in 2010–2017, 16% (n = 106) were children aged 0–6; 13% (n = 88) were children aged 7–12; and 71% (n = 483) were young people aged 13–17. Of the victims, 70% (n = 472) were boys and 30% (n =

205) were girls. In the group of children aged 0–6, the number of girls and boys who received treatment was roughly the same, but boys clearly outnumbered girls in the groups of children aged 7–12 and children and young people aged 13–17. The number of treatment periods increases considerably between ages 12 and 17 among both boys and girls.

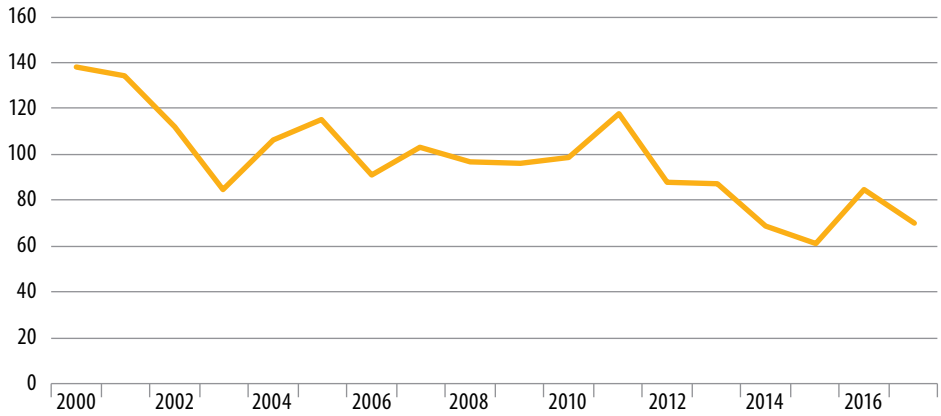


Figure 10. Children and young people aged 0–17 treated in hospital wards due to violence in 2000–2017 (periods of special medical care; source: Care Register for Health Care, THL).

A perpetrator was recorded for 61% of the treatment periods. In cases concerning young children, the recorded perpetrator was a parent or the parents in 58% (n = 30) of the cases, while 37% (n = 19) of the cases involved another or unknown perpetrator. In the case of young children, a friend or an acquaintance was recorded as the perpetrator of violence only in isolated cases. In treatment periods of children aged 0–6, the recorded perpetrator was a parent or the parents in 20% (n = 13) of the cases, while 25% (n = 16) of the cases involved a friend or an acquaintance and 55% (n = 36) involved another or unknown perpetrator. In treatment periods of young people aged 13–17, the recorded perpetrator was a parent or the parents in 5% (n = 12) of the cases, while 20% (n = 60) of the cases involved a friend or an acquaintance and 66% (n = 195) involved another or unknown perpetrator. In 9% of the cases (n = 28), the recorded perpetrator was the spouse or partner.

Outpatient care through specialised medical care as a result of violence among people aged under 18

In this context, outpatient care means a special healthcare visit with a doctor or nurse because of injuries caused by violence. Injuries treated during a visit can on average be assumed to be milder than those treated in hospital wards. Due to changes in the accuracy of recording outpatient care, only visits recorded between 2010 and 2017 will be discussed here.

Between 2010 and 2017, a total of 4,595 people aged under 18 were treated during a visit with a doctor or a nurse because of violence. The annual range is 369–970 treatment periods. The average for the previous eight statistical years (2010–2017) was 574 visits per year, but the average for the previous two statistical years (2016–2017) was 926 visits. The number of visits has increased during the 2010s, but the change is probably due to an improvement in recording external causes. Of the victims of violence in 2010–2017, 8% (n = 356) were children aged 0–6; 18% (n = 806) were children aged 7–12; and 75% (n = 3,433) were young people aged 13–17. Of the victims, 75% (n = 3,467) were boys and 25% (n = 1,127) were girls. In the group of children aged 0–6, the number of girls and boys who received treatment was roughly the same, but boys clearly outnumbered girls in the groups of children aged 7–12 and children and young people aged 13–17. The number of visits increased considerably between ages 12 and 17 among both boys and girls.

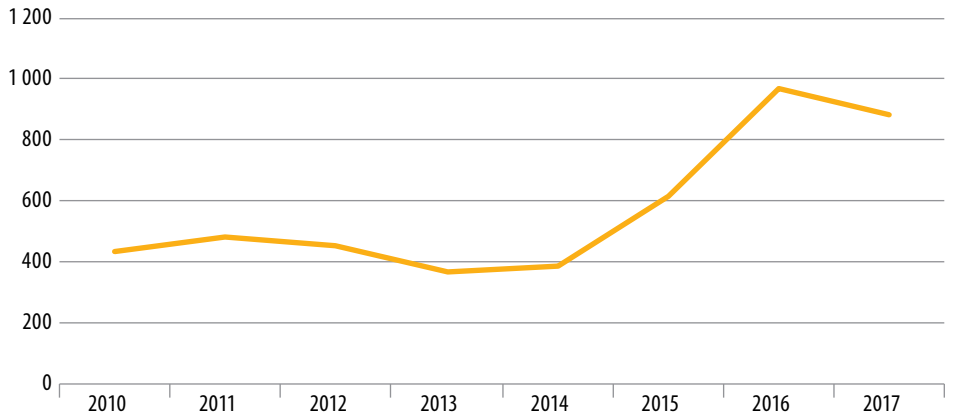


Figure 11. Children and young people aged 0–17 treated during outpatient visits due to violence in 2010–2017 (source: Care Register for Health Care, THL).

A perpetrator was recorded for 53% of the visits. In cases concerning children aged 0–6, the recorded perpetrator was a parent or the parents in 49% (n = 76) of the cases, while 11% (n = 17) of the cases involved a friend or an acquaintance and 40% (n = 62) involved another or unknown perpetrator. In treatment periods of children aged 7–12, the recorded perpetrator was a parent or the parents in 17% (n = 93) of the cases, while 33% (n = 174) of the cases involved a friend or an acquaintance and 50% (n = 268) involved another or unknown perpetrator. In treatment periods of young people aged 13–17, the recorded perpetrator was a parent or the parents in 4% (n = 94) of the cases, while 22% (n = 534) of the cases involved a friend or an acquaintance and 70% (n=1,703) involved another or unknown perpetrator. In 5% of the cases (n = 110), the recorded perpetrator was the spouse or partner.

Summary

Statistical sources in healthcare – in this case, the statistics on causes of death and the Care Register for Health Care – provide a fairly accurate picture of the amount of severe violence experienced by minors. The more severe the violence, the more accurate the statistics can be assumed to be. However, the statistical sources mentioned above cannot be used to evaluate the amount of untreated violence or the extent to which violence is accurately recorded in statistics. These statistics also do not identify violent injuries treated outside public specialist care. For example, the increased use of private paediatric clinics may affect data coverage and create an illusion that violent injuries have decreased. Hospital care statistics can provide an estimate of the perpetrators, but this is based on the information that the nursing staff have at the time or on their estimate. In most cases, a third or unknown party is recorded as the perpetrator or no perpetrator is recorded.

The annual number of cases of homicide against people aged under 18 is usually smaller than ten. The number of cases of homicide against boys and girls is roughly the same. When the victim is a minor, they are usually aged 0–6, with the child's parent or parents as the perpetrator. Towards the age of 18, the number of homicide cases is higher than among school-age children, and the perpetrator is typically someone else than the victim's parents.

Slightly fewer than 100 minors are treated in hospital wards each year, and violence causes around 1,000 visits per year for outpatient care. The number of boys and girls aged 0–6 who receive treatment is roughly the same, but the portion of

boys is considerably larger from age 7 onwards. Among both genders, injuries caused by violence increase after age 7 and particularly during the teenage years. Of children aged 0–6, babies aged under 1 are treated more often because of violence than children aged 1–6. With small children, the perpetrator is usually a parent, while other perpetrators are more common at a later age. In order to ensure comprehensive data in the future, it is also necessary to promote the use of data obtained from public basic healthcare and private medical clinics.

3.4 Violence experienced by children and young people: results from the School Health Promotion Survey and the Children's Health, Wellbeing and Services survey

Author: Riikka Ikonen, Finnish Institute for Health and Welfare (THL)

Introduction and material

The School Health Promotion Study (THL 2020a) and the Children's Health, Wellbeing and Services survey (now FinLapset<1; THL 2020b} survey) produce information about children, young people and families with children concerning wellbeing, participation opportunities, free time, health, the ability to function, lifestyles, early education, school, studying, family, living conditions and the safety and security of the growth environment, as well as services and the availability of help and support. In spring 2019, a module concerning violence was included in the School Health Promotion Study as part of the programme to address reform in child and family services, which is one of the Finnish Government's spearhead projects. The module included questions about violence experienced by children and young people, and the questions were more specific than before. The 2019 School Health Promotion Study and the 2018 Children's Health, Wellbeing and Services survey were conducted as a comprehensive survey. The results of both surveys can be examined by area and in accordance with background factors related to the child and their family. The results can be viewed by municipality and province openly and free of charge on the online service of the Finnish Institute for Health and Welfare. In the School Health Promotion Study, the provider of education will also have access to school-specific and institution-specific results.

In 2018, the Children's Health, Wellbeing and Services survey was conducted for parents with a four-year-old child (Vuorenmaa 2019). The families were recruited in connection with extensive health examinations at child health clinic services. Both parents were asked to complete personal forms for themselves, and the public health nurse also completed a form concerning information related to the child and the family. A total of 17,009 families gave consent to participate in the survey, which represented 46% of all extensive health examinations of four-year-olds carried out in the municipalities covered by the survey during the information collection period. All in all, a parent or the parents of 8,720 children responded to the survey, meaning that information was obtained concerning 24% of the children. The total number of responses from parents was 10,737. When interpreting the results, the low coverage of the data must be taken into account, which is likely to affect the reliability and generalisability of the results.

The target group of the School Health Promotion Study consists of pupils in grade 4 and 5 in basic education and their guardians, pupils in grade 8 and 9 in basic education, and first-year and second-year students in secondary education (upper secondary schools and vocational institutes) (Ikonen and Helakorpi 2019). In 2019, pupils and students participated in the survey as follows: 99,686 pupils in grade 4 and 5 in basic education (response rate 82%); 87,283 pupils in grade 8 and 9 in basic education (73%); 44,597 upper secondary school students (70%); and 23,419 students at vocational institutes (the response rate cannot be calculated reliably).

Results

In the Children's Health, Wellbeing and Services survey (2018), parents of four-year-olds were asked whether they, or their spouse or former spouse, had committed an act of emotional or physical violence against the child at least once over the previous 12 months. Of the children, 44% had experienced emotional violence and 14% had experienced physical violence reported by one parent or both parents. The most common types of violence were throwing an object, hitting or kicking when angry (39%); taunting, belittling, bashing or otherwise verbally hurting the child (14%); and filliping or slapping the child or pulling their hair (14%). Only a small share (0.4%) of the children had experienced severe physical violence (kicking or hitting) reported by a parent. Parents reported that boys had experienced both emotional violence (47% of boys; 41% of girls) and physical violence (17% of boys; 12% of girls) more often than girls. (Vuorenmaa 2019.)

In the Children's Health, Wellbeing and Services survey (2018), parents of 4-year-olds reported less physical violence compared with a previous study by the Mannerheim League for Child Welfare (Hyvärinen 2017, Vuorenmaa 2019). Severe physical violence, such as spanking or hitting, is very rare in Finland, judging from the results of both surveys. Emotional violence is commonly regarded as harmful for children's growth and development: for example, more than 90% of Finns consider taunting or belittling to be very or fairly harmful (Hyvärinen 2017). The results of the Children's Health, Wellbeing and Services survey (2018) suggest that emotional violence against four-year-olds, such as verbal abuse, was reported as commonly as mild physical violence. The most common form of emotional violence was throwing an object or hitting a child in anger (Vuorenmaa 2019). Along with stricter attitudes (Hyvärinen 2017), this suggests that emotional violence is more about a parent's loss of control of their emotions than about the deliberate control of a child's behaviour by means of violence.

According to the results of the School Health Promotion Study (THL 2019), bullying had been experienced on a weekly basis during a school term by 7% of pupils in grade 4 and 5 in basic education and by 6% of pupils in grade 8 and 9 in basic education. Bullying was less common in upper secondary education (1% in upper secondary schools; 4% in vocational educational institutions) (Ikonen & Helakorpi 2019). There was no significant difference between the genders in the prevalence of having experienced bullying. (Table 2.) The share of pupils and students who had experienced bullying at school in 2019 did not differ significantly from the results of the 2017 School Health Promotion Study (Ikonen & Helakorpi 2019).

Of pupils in grade 4 and 5 in basic education, 4% had experienced sexually charged comments, propositions or messages or had been exposed to sexually charged images. Of pupils in grade 8 and 9 in basic education and students in upper secondary education, around one-third of girls and less than one-tenth of boys had experienced disturbing sexual propositions or harassment over the previous 12 months. There were no significant differences between class levels. (Table 1.) Because of the formulation of the questions, the results are not fully comparable with the results of the 2017 School Health Promotion Study, but experiences of sexual harassment or violence were reported almost as often in 2019 as in 2017 (THL 2019).

Only a small portion of the young people had experienced physical neglect during their lives. Upper secondary school students in particular reported such experiences very rarely, while pupils in grade 8 and 9 in basic education and students at vocational institutes reported such experiences slightly more often. Around one-third of girls and one-fifth of boys had experienced emotional violence. According to the results of the School Health Promotion Study (THL 2019), around one-tenth of the young people had experienced physical violence during their lives, girls slightly more often than boys. (Table 2.)

As with experiences of emotional violence during their lives, girls had experienced emotional violence considerably more often than boys over the previous 12 months. Around one-third of girls and around one-fifth or one-sixth of boys had experienced emotional violence by parents at least once over the previous 12 months, depending on the class level. Physical violence had been experienced by 9–15% of girls and 9–15% of boys (Ikonen & Helakorpi 2019). (Table 2.) Experiences of physical violence in particular were somewhat more common than in previous studies (Fagerlund et al. 2014, Ikonen & Helakorpi 2019). This may be explained by the fact that the indicators used were more comprehensive than before.

Over the previous 12 months, emotional violence between other members of the family had been witnessed or heard at least once by around one-sixth of pupils in grade 4 and 5 in basic education and students in vocational institutes and by around one-quarter of pupils in grade 8 and 9 in basic education and first-year and second-year students in upper secondary schools (THL 2019). According to the results of the School Health Promotion Study (2019), physical violence between other members of the family had been witnessed or heard by around one-tenth of the children or young people. (Table 3.)

Young people who had limited physical function, who had a foreign background, whose experienced gender was other than an official gender, whose sexual orientation was other than heterosexual or who had been placed in foster care had experienced bullying, sexual propositions or harassment, sexual violence, or emotional or physical violence by parents significantly more often in nearly all of the class levels under examination (Table 3; Ikonen & Helakorpi 2019). In the 2017 School Health Promotion Study, young people belonging in special groups also reported having experienced violence more often than others (Halme et al. 2018).

Table 2. Proportion of children and young people reporting experiences of violence (%), source: THL School Health Promotion Study 2019.

	Basic education grades 4 and 5			Basic education grade 8 and 9			Upper secondary school First year and second year			Vocational institute First year and second year		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Bullied at school at least once a week, %	8	7	7	6	5	6	2	1	1	4	3	4
Had experienced sexually charged comments, propositions or messages or had been exposed to sexually charged images over the previous 12 months, %	4	5	4									
Had experienced sexual violence over the previous 12 months, %				4	10	7	3	10	7	4	13	8
Had experienced sexual touching or coercion into touching over the previous 12 months, %	2	2	2									
Had experienced disturbing sexual propositions or harassment over the previous 12 months, %				8	32	21	6	33	22	6	34	18
Had experienced physical neglect by parents or other responsible adults during their lives, %	3	2	2	4	3	3	2	2	2	3	4	4
Had experienced emotional violence by parents or other responsible adults during their lives, %	14	15	14	18	36	28	20	35	28	18	38	26
Had experienced emotional violence by parents or other responsible adults over the previous 12 months, %	17	17	17	19	37	28	19	34	28	14	33	22
Had experienced violence between other family members over the previous 12 months, %	16	17	16	16	33	25	18	33	27	11	28	18
Had experienced physical violence by parents or other responsible adults during their lives, %	6	5	5	8	13	11	10	13	12	9	15	12
Had experienced physical violence by parents or other responsible adults over the previous 12 months, %	15	11	13	9	15	12	5	9	7	5	9	7
Had experienced physical violence between other family members over the previous 12 months, %	10	10	10	8	14	11	6	11	9	4	10	7

Table 3. Proportion of children and young people reporting experiences of violence in special groups and among all respondents to the 2019 School Health Promotion Study.

	Level of education	All	Great difficulty seeing, hearing or walking	Foreign background	Experienced gender other than an official gender	Sexual orientation other than heterosexual	In foster care
Bullied at school at least once a week, %	Basic education, grades 8 and 9	6	13	15	23	15	20
	Upper secondary school	1	5	4	6	3	6
	Vocational institute	4	10	9	15	9	12
Had experienced disturbing sexual propositions or harassment over the previous 12 months, %	Basic education, grades 8 and 9	21	32	28*	40	41	43
	Upper secondary school	22	37	22	34	41	37
	Vocational institute	18	30	23	36	40	33
Had experienced sexual violence over the previous 12 months, %	Basic education, grades 8 and 9	7	15	17	24	20	30
	Upper secondary school	7	15	10	16	15	19
	Vocational institute	8	15	14	23	22	21
Had experienced emotional violence by parents or other responsible adults over the previous 12 months, %	Basic education, grades 8 and 9	28	42	34	46	45	51
	Upper secondary school	28	44	32	45	45	42
	Vocational institute	22	35	24*	41	40	41
Had experienced physical violence by parents or other responsible adults over the previous 12 months, %	Basic education, grades 8 and 9	12	21	22	26	24	33
	Upper secondary school	7	14	14	15	13	16
	Vocational institute	7	13	13	16	15	20
Number of pupils/students belonging in a special group	Basic education, grades 8 and 9		5,771	4,798	3,552	7,636	1,240
	Upper secondary school		2, 086	2, 066	1, 122	4, 457	207
	Vocational institute		1,406	1,119	706	1,758	309

** The connection is not statistically significant; all of the other connections are statistically significant ($p < .001$)*

3.5 Promoting wellbeing and health in comprehensive schools, upper secondary schools and basic vocational education – TEAviisari

Author: Kirsi Wiss, Finnish Institute for Health and Welfare (THL)

The 'Promoting wellbeing and health in comprehensive schools' and 'Promoting wellbeing and health in upper secondary educational institutions' data collections are part of the benchmarking system of health promotion capacity (TEAviisari), which incorporates various operations (basic healthcare, physical activity, basic education, upper secondary education, basic vocational education, municipal management, culture). The data is collected every two years from each field, and the results are reported in the TEAviisari online service, which is open to all and free of charge. (THL 2020c.) Since 2006, the Finnish Institute for Health and Welfare and the Finnish National Agency for Education have developed and collected information that makes visible the work carried out by all schools and educational institutions in promoting wellbeing, health and a community-based operating culture. The requests are submitted to the principals, who are asked to respond in cooperation with the student welfare team.

Data set

Information about basic education is collected in the autumn of uneven years. In 2017, information was provided by 2,073 comprehensive schools (88% of all comprehensive schools in continental Finland, 99% of municipalities) (THL 2018) Data will next be collected in late 2019.

Information about upper secondary schools and basic vocational education is collected in even years. In 2018, information was provided by 343 upper secondary schools (94% of all upper secondary schools in continental Finland, 96% of municipalities) and by 303 locations of educational institutions providing basic vocational education (76% of all locations) (Wiss et al. 2019a).

The results for comprehensive schools, upper secondary schools and basic vocational education for the latest time of data collection – 2017 for comprehensive

schools and 2018 for upper secondary schools and basic vocational education – are described below. As far as possible, the results are compared with those for previous years.

Results

A description of protecting students against violence, bullying and harassment is included in the student welfare plan

In 2017, most (96%) comprehensive schools' student welfare plans included a description of a plan to protect students against violence, bullying and harassment. Such plans had become slightly more common compared with 2015, when the corresponding figure was 94%. (THL 2018.)

Prevention of bullying, violence and harassment and intervention during checks on health, safety and the community's welfare

According to the Health Care Act (1326/2010), the health and safety of the school and learning environment, as well as the welfare of the learning community, must be checked every three years. In 2017, 78% of comprehensive schools reported that such a check had been conducted in accordance with the time period specified in the Health Care Act. One in ten (11%) schools did not know when the previous check had been made, and 2% of schools reported that no check had been made (THL 2018). In 2018, 77% of upper secondary schools reported that the most recent check had been made in accordance with the time period specified in the Health Care Act, while 3% reported that no check had been made. Around one-eighth (12%) of upper secondary schools did not know when the latest check had been made (Wiss et al. 2019a). Of basic vocational education locations, 66% reported that a check had been made in accordance with the time period specified in the Health Care Act, while 7% reported that no check had been made. Around one-fifth (19%) of the locations did not know when the latest check had been made (Wiss et al. 2019b).

In 51% of comprehensive schools, prevention of and intervention in bullying, violence and harassment had been included in the agenda of the most recent check on health, safety and the community's welfare (Figure 12). Deficiencies in

these matters had been detected in 142 schools (15% of the schools in which these themes had been covered by the check). The deficiencies had been addressed in 92% of the schools in autumn 2017 (THL 2018). Prevention of and intervention in bullying, violence and harassment had been covered by the most recent check in 49% of upper secondary schools. Deficiencies related to these themes had been detected in 23 upper secondary schools (15% of the checked upper secondary schools). The deficiencies detected had been addressed in 87% of the schools in autumn 2018 (Wiss et al. 2019a). Prevention of and intervention in bullying, violence and harassment had been checked in 48% of the basic vocational education locations. Deficiencies had been detected in 28 locations (29% of the locations checked). The deficiencies had been addressed in most locations (97%) in autumn 2018 (Wiss et al 2019b).

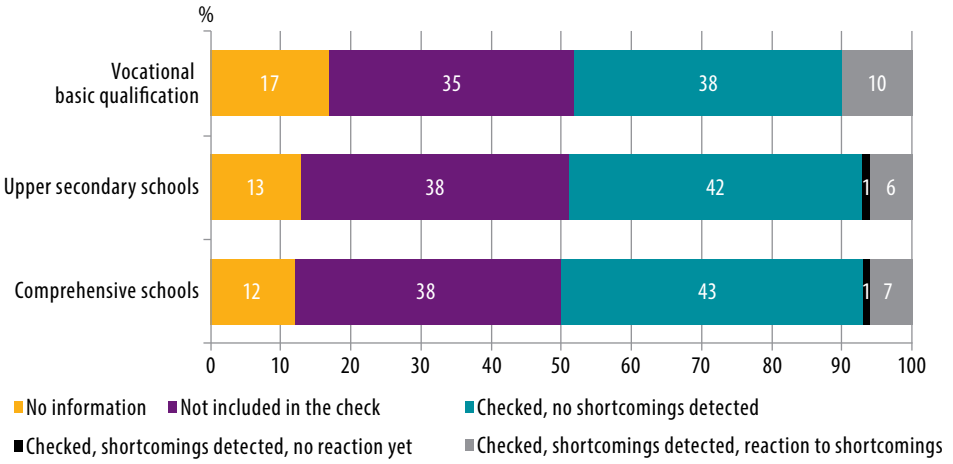


Figure 12. Assessment of prevention of and intervention in bullying, violence and harassment during the most recent check on health, safety and the community's welfare in comprehensive schools, upper secondary schools and vocational education locations. Year of data collection: 2017 for comprehensive schools, and 2018 for upper secondary schools and basic vocational education (source: TEAviisari, THL, 2020c).

Common, recorded practices for preventing bullying and sexual harassment

Common, recorded practices support early intervention and the monitoring of operations. In 2017, 88% of comprehensive schools had recorded a jointly agreed practice or guideline for preventing bullying in the curriculum or another document. 90% of comprehensive schools had a common, recorded practice or guideline in place for intervening in bullying, and 85% had a common, recorded practice guideline in place for monitoring the situation in cases where bullying had been addressed.

In 2017, 81% of comprehensive schools reported that they were monitoring pupils' health and welfare by recording all instances of bullying and entering them into statistics. In 2015, the corresponding figure was 85% (THL 2018). Two-thirds (65%) of upper secondary schools and basic vocational education locations recorded all instances of bullying and entered them into statistics in 2018. In 2016, the corresponding figure was 61% for upper secondary schools and 51% for vocational education locations (Wiss et al. 2019a, 2019b)

Of comprehensive schools, 65% had a common, recorded practice in place for identifying and addressing sexual harassment (Figure 13) in 2017. Around one-quarter (23%) of comprehensive schools had certain common principles in place, but did not have a written operating model (THL 2018). A common, recorded practice for identifying and addressing sexual harassment was in place in 76% of upper secondary schools and 77% of vocational education locations in 2018. Common, recorded practices had become more common over the two-year monitoring period in both comprehensive schools and upper secondary educational institutions (Wiss et al. 2019a, 2019b). (Figure 13.)

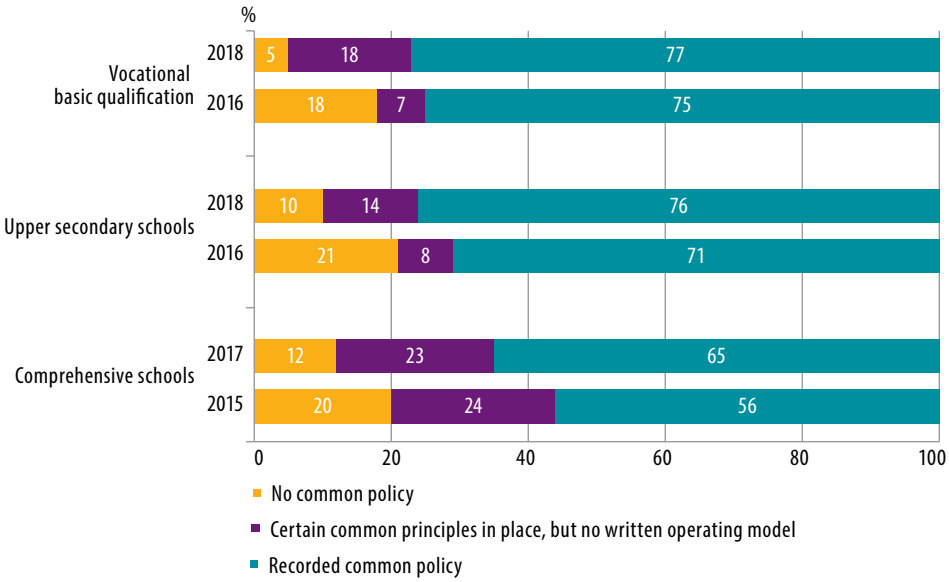


Figure 13. Practices or guidelines for identifying and addressing sexual harassment in place in comprehensive schools (in 2015 and 2017) and in other secondary schools and basic vocational education (2016 and 2018) (source: TEAviisari, THL, 2020c). TEAviisari, THL, 2020c).

Prevalence and recording of harassment and problem situations in comprehensive schools and upper secondary educational institutions

Figures 14–16 describe the prevalence and recording practices of various harassment and problem situations in comprehensive schools, upper secondary schools and basic vocational education. The most common (80%) type of violence in comprehensive schools was violence between pupils. More than half (54%) of comprehensive schools reported that pupils had threatened a staff member with violence or had been violent towards a staff member. Sexual harassment between pupils was reported by 21% of comprehensive schools. In 9% of schools (181 schools), the incidents had not been recorded in any document (THL 2018). (Figure 14.)

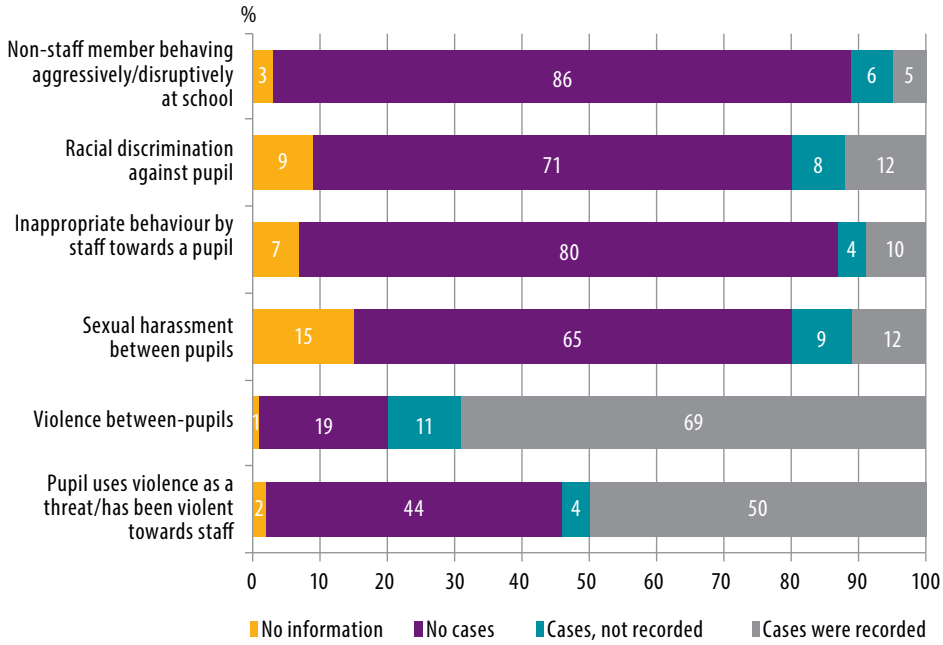


Figure 14. Prevalence and recording of harassment and problem situations in comprehensive schools in 2017 (source: TEAviisari, THL, 2020c).

Harassment and problem situations were rare (3–13%) in upper secondary schools (Figure 15). Sexual harassment between students was reported by 12% of upper secondary schools. On the other hand, one in three (31%) upper secondary schools did not know whether harassment had occurred (Wiss et al. 2019a).

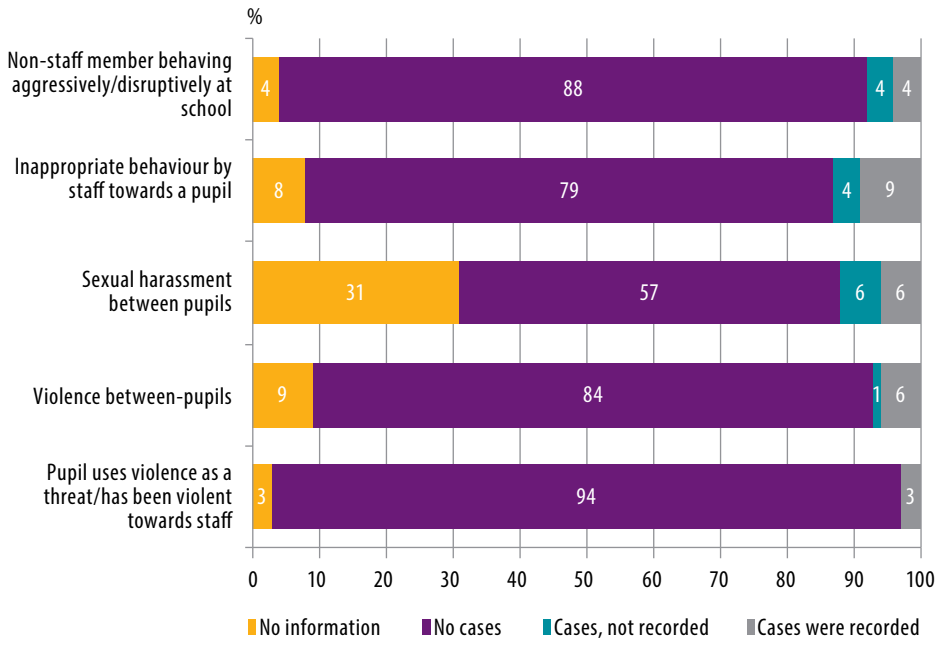


Figure 15. Prevalence and recording of harassment and problem situations in upper secondary schools in 2018 (source: TEAviisari, THL, 2020c).

In basic vocational education, the most common type of violence was violence between students (45%) or instances of a student threatening a staff member with violence or being violent towards a staff member (35%) (Figure 16). One in four (25%) locations reported sexual harassment between students, and one in four (26%) locations did not know whether sexual harassment between students had occurred (Wiss et al. 2019b).

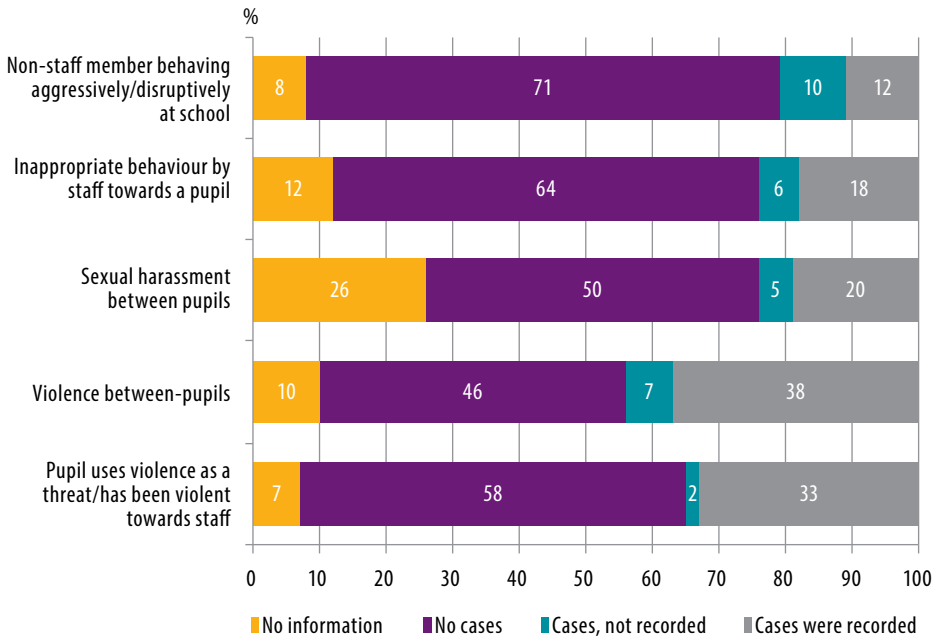


Figure 16. Prevalence and recording of harassment problem situations in basic vocational education 2018 (source: TEAviisari, THL, 2020c).

Participation

In 77% of comprehensive schools, pupils had participated in preventing bullying and violence and in mediation during the 2016–2017 school year (THL 2018). In 42% of upper secondary schools and 61% of basic vocational educational institutions, students had participated in preventing bullying and violence and in mediation during the 2017–2018 school year (Wiss et al. 2019a, 2019b).

Summary

Bullying, violence and sexual harassment in comprehensive schools and upper secondary educational institutions can be prevented in various ways. Common, recorded practices support early intervention and the monitoring of operations. Common written practices for preventing, addressing and monitoring bullying are commonly in place in comprehensive schools. Recording instances of bullying and entering them into statistics have also become more common than in previous years in upper secondary schools and basic vocational education. A large portion

of schools and educational institutions also have a recorded or other common practice for identifying and addressing sexual harassment.

However, there is also room for development in schools' and educational institutions' operations. It is worth noting that one in six comprehensive schools, one in three upper secondary schools and one in four basic vocational education locations did not know whether sexual harassment between pupils or students had occurred. For this reason, attention should be paid to identifying and recording various harassment problem situations in the future.

In checks on the health and safety of school and educational institution environments and the community's wellbeing, more attention should be paid to factors affecting pupils' and students' welfare, such as preventing and addressing bullying, violence and harassment In addition, pupils' and students' opportunities to participate in preventing bullying and violence and in mediation should be further developed and increased.

Information collected from schools and educational institutions supports operational planning and development and makes it possible to monitor and evaluate the work that has been completed. This information also serves as comparison information with regard to other schools, educational institutions and municipalities. At the national level, the data can be used to prevent bullying and serious violence.

SOURCES

Ellonen N, Fagerlund M & Haapakangas K. 2019. Lapsiin kohdistuneiden seksuaalirikosten ilmoitukset kasvussa, uhrikokemukset eivät [*Reports of sexual offences against children are increasing, but experience of victimhood are not*]. Tieto&trendit [*Data&trends*] (online publication in Finnish). Helsinki: Statistics Finland. http://www.stat.fi/tietotrendit/artikkelit/2019/lapsiin-kohdistuneiden-seksuaalirikosten-ilmoitukset-kasvussa-uhrikokemukset-eivat

Fagerlund M, Peltola M, Kääriäinen J, Ellonen N & Sariola H. 2014. Lasten ja nuorten väkivaltakokemukset [*Experiences of violence among children and young people*] 2013. Lapsiuhritutkimuksen tuloksia [*Results of the Child Victim Survey*]. Reports of the Police University College 110. Police University College, Tampere. (In Finnish). https://www.theseus.fi/bitstream/handle/10024/86726/Raportteja_110_lapsiuhritutkimus_web.pdf

Finnish Institute for Health and Welfare (THL). 2018. Hyvinvoinnin ja terveyden edistäminen peruskouluissa [*Promoting welfare and health in comprehensive schools*] – TEA. 2018. Finnish Institute for Health and Welfare Statistical Reports 12/2018. (In Finnish). http://urn.fi/URN:NBN:fi-fe2018051424130

Finnish Institute for Health and Welfare (THL). 2019. Results of the 2017 and 2019 School Health Promotion Studies (THL). Finnish Institute for Health and Welfare website 2019. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely/kouluterveyskyselyn-tulokset

Finnish Institute for Health and Welfare (THL). 2020a. School Health Promotion Studies. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely

Finnish Institute for Health and Welfare (THL). 2020b. FinLapset – Children's Health, Wellbeing and Services survey. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/finlapset-lasten-nuorten-ja-perheiden-terveys-ja-hyvinvointi?redirect=%2Ffi%2Ftutkimus-ja-kehittaminen%2Ftutkimukset-ja-hankkeet%2Fkaynnissa-olevat-tutkimukset-ja-hankkeet

Finnish Institute for Health and Welfare (THL). 2020c. Search results from your municipality, region. Available in English at: https://teaviisari.fi/teaviisari/en/index?

Finnish Institute for Health and Welfare (THL). Care Register for Health Care. https://thl.fi/en/web/thlfi-en/statistics/information-on-statistics/register-descriptions/care-register-for-health-care

Halme N, Hedman L, Ikonen R & Rajala R. 2018. Lasten ja nuorten hyvinvointi 2017: Kouluterveyskyselyn tuloksia [*Wellbeing of Children and Young People 2017: Results of the School Health Promotion Study*]. Finnish Institute for Health and Welfare Reports 15/2018.(In Finnish). http://urn.fi/URN:ISBN:978-952-343-115-7.

Hyvärinen S. 2017. Piiskasta jäähypenkkiin – Suomalaisten kasvatusasenteet ja kuritusväkivallan käyttö [*From spanking to the naughty step – Parenting attitudes and use of corporal punishment in Finland*] 2017. Central Union for Child Welfare online publication 2/2017 in Finnish. https://www.lskl.fi/materiaali/lastensuojelun-keskusliitto/Piiskasta-jaahypenkkiin-1.pdf

Ikonen R. & Helakorpi S., 2019. Lasten ja nuorten hyvinvointi: Kouluterveyskysely [*Wellbeing of Children and Young People: School Health Promotion Study*] 2019. Finnish Institute for Health and Welfare Statistical Reports 33/2019. (In Finnish). http://urn.fi/URN:NBN:fi-fe2019091528281

Kaakinen M, Keipi T, Räsänen P & Oksanen A. 2018c. Cybercrime Victimization and Subjective Well-Being: An Examination of the Buffering Effect Hypothesis Among Adolescents and Young Adults. Cyberpsychology, Behavior, and Social Networking. 21; 2: 129–137. DOI:10.1089/cyber.2016.0728.

Kaakinen M, Oksanen A & Räsänen P. 2018a. Did the Risk of Exposure to Online Hate Increase after the November 2015 Paris Attacks? A Group Relations Approach. Computers in Human Behavior. 78: 90–97. DOI:10.1016/j.chb.2017.09.022.

Kaakinen M, Räsänen P, Näsi M, Minkkinen J, Keipi T & Oksanen A. 2018b. Social capital and online hate production: A four country survey. Crime, Law and Social Change. 69; 1: 25–39. DOI:10.1007/s10611-017-9764-5.

Kuoppamäki S-M, Kääriäinen J & Ellonen N. 2011. Physical violence against children reported to the police: Discrepancies between Register-based Data and Child Victim Survey. Violence and Victims. 26; 2: 257–268.

Näsi M. 2016. Nuorten rikoskäyttäytyminen ja uhrikokemukset [*Juvenile criminal behaviour and victims' experiences*] 2016. Institute of Criminology and Legal Policy: Reviews 18/2016. Available in Finnish at: https://helda.helsinki.fi/bitstream/handle/10138/169509/Katsauksia_18_Näsi_2016.pdf?sequence=1

Official Statistics of Finland (OSF). 2019a. Statistics on offences and coercive measures (e-publication). ISSN=2342-9151. Helsinki: Statistics Finland. Available in English at: http://www.stat.fi/til/rpk/index_en.html

Official Statistics of Finland (OSF). 2019b. Statistics on offences and coercive measures (e-publication). ISSN=2342-9151. Domestic violence and intimate partner violence 2017. Helsinki: Statistics Finland. Available in English at: http://www.stat.fi/til/rpk/2017/15/rpk_2017_15_2018-05-31_tie_001_en.html

Official Statistics of Finland (OSF). 2019c. Statistics on offences and coercive measures (e-publication). ISSN=2342-9151. Helsinki: Statistics Finland.

Statistics Finland. Causes of death https://www.stat.fi/til/ksyyt/index_en.html

Terveydenhuoltolaki [*Health Care Act]* 1326/2010. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326

Vuorenmaa M. 2019. Pienten lasten ja heidän perheidensä hyvinvointi [*Welfare of young children and their families*] 2018. Finnish Institute for Health and Welfare Statistical Reports: 10/2019. Available in Finnish. http://urn.fi/URN:NBN:fi-fe2019050214035

Wiss K, Hakamäki P, Hietanen-Peltola M, Ikonen J, Järvinen J, Saaristo V, Saukko N & Ståhl T. 2019b. Hyvinvoinnin ja terveyden ja edistäminen ammatillisessa perustutkintokoulutuksessa [*Promoting welfare and health in basic vocational education*]. Finnish Institute for Health and Welfare Research overviews 15/5. (In Finnish). http://urn.fi/URN:ISBN:978-952-343-340-3

Wiss K, Hakamäki P, Hietanen-Peltola M, Ikonen J, Palmqvist R, Saaristo V, Saukko N & Ståhl, T. 2019a. Hyvinvoinnin ja terveyden edistäminen lukioissa. [*Promoting welfare and health in upper secondary schools*] – TEA. 2019. Finnish Institute for Health and Welfare Statistical Reports 12/2019. (In Finnish). http://urn.fi/URN:NBN:fi-fe2019051315294

4 Rights of the child

Author: Esa Iivonen, Mannerheim League for Child Welfare (MLL)

4.1 Introduction

This chapter discusses violence against children from the perspective of the rights of the child. Violence against children constitutes a violation of child rights. No violence against children is justifiable; all violence against children is preventable. The aim must be to ensure that no child is subjected to any form of violence.

The body of law relating to violence against children is very broad due to the scale and complexity of the phenomenon. This chapter focuses on the human rights perspective and, in particular, on the United Nations Convention on the Rights of the Child (Finnish Treaty Series 59-60/1991). Human rights also provide the foundation for national legislation and all operations of public authorities and administration. This chapter does not cover areas such as criminal law. A good Finnish-language reference work on the criminal law framework is 'Rikosoikeus' ['*Criminal Law*'] by Lappi-Seppälä and colleagues (2009). A table of relevant legislation (Table 5) is available at the end of this chapter, including a broader list of national law.

4.2 Every child has a right to a safe childhood

The right to protection from violence is one of the most important rights of the child. The extent to which this right is delivered has a fundamental impact on

children's wellbeing and development. Legislation aims to prevent, detect and address violence against children and to provide help for child victims and their families.

As a phenomenon, violence against children and young people is broad and involves a very wide variety of acts and activities, ranging from derogatory behaviour and speech to rape and homicide. Likewise, the scope of legislation relating to violence extends to several different areas of law. It is important for parents and other people caring for and working with children to be aware of children's rights and their own responsibilities concerning these rights. It is also important for professionals to be familiar with the service system to ensure that child victims of violence and their families will quickly receive appropriate assistance.

This chapter discusses the rights of the child from the perspective of human rights in particular. Public authorities – at central, regional and local government levels – have an obligation to respect, protect and promote the implementation of human rights. Implementing human rights calls for national laws to enforce these rights.

Children's right to special protection is one of the key principles of human rights. It is also one of the key principles of child law. In addition to the principle of protection, other key principles of child law defined in jurisprudence include family unity, equality, inclusion, primacy of the child's best interests, and children's legal safeguards (Hakalehto 2018).

The principle of protecting children is enshrined in international instruments such as the UN International Covenant on Civil and Political Rights (Finnish Treaty Series 8/1976, Article 24), the UN International Covenant on Economic, Social and Cultural Rights (Finnish Treaty Series 6/1976, Article 10), and the UN Convention on the Rights of the Child (Finnish Treaty Series 60/1991, Article 3, paragraph 2). Special attention should be paid to protection of children in vulnerable situations, such as children with disabilities, those from immigrant backgrounds and those placed outside the home. Alongside the Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities (Finnish Treaty Series 27/2016), also known as the 'Disability Convention', plays a significant role with regard to children with disabilities. Children in vulnerable situations have a higher risk of becoming victims of violence than other children.

Everyone's right to personal security and integrity has been guaranteed in both the Constitution of Finland (731/1999) and several human rights treaties, such as the UN Covenant on Civil and Political Rights and the European Convention for the Protection of Human Rights and Fundamental Freedoms (Finnish Treaty Series 19/1990), also known as the 'European Convention on Human Rights'. These legal instruments also protect children. Furthermore, specific provisions to protect children against violence and reduce its harmful effects are included in several human rights treaties, such as the UN Convention on the Rights of the Child (Finnish Treaty Series 59-60/1991) and its Optional Protocols, and the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse (Finnish Treaty Series 88/2011), also known as the 'Lanzarote Convention'.

The public authorities – central and local government and other public bodies – have an active obligation to respect, protect and promote fundamental and human rights.(See the Constitution of Finland, Section 22: "The public authorities shall guarantee the observance of basic rights and liberties and human rights." See also the general comments of the UN Committee on the Rights of the Child.)

Respecting the rights: In their own functions – such as healthcare and social welfare services, early childhood education and care, education and training, youth activities, and policing – the public authorities must ensure that children are not subjected to violence.

Protecting the rights: The public authorities must protect children from acts of violence by other people, such as parents and other caregivers or other adults or children, and ensure access to the necessary care and assistance.

Promoting the realisation of the rights: The public authorities – in cooperation with other parties – must prevent violence against children.

The Finnish Constitution guarantees everyone's right to life, personal liberty, integrity and security in its Section 7, Subsection 1. The right to personal security emphasises the active obligation of public authorities to take action to protect people from crime and other illegal acts. It also calls for action to protect the rights of child victims of offences and improve their situation. (For further information about fundamental rights, see e.g. Hallberg et al. 2011.)

Among human rights treaties, the most detailed provisions on the protection of children against violence are laid down in the UN Convention on the Rights of the Child (CRC) and its Optional Protocols on the sale of children, child prostitution and child pornography and on the involvement of children in armed conflicts, as well as in the Council of Europe Conventions on Preventing and Combating Violence against Women and Domestic Violence (Finnish Treaty Series 53/2015), also known as the 'Istanbul Convention', and on the Protection of Children against Sexual Exploitation and Abuse, also known as the 'Lanzarote Convention'.

4.3 Convention on the Rights of the Child

The Convention on the Rights of the Child (Finnish Treaty Series 59-60/1991) was adopted by the United Nations General Assembly in 1989. The Convention entered into force in Finland in 1991. (For the Convention on the Rights of the Child, see Unicef Suomi [*Finnish Committee for UNICEF*] 2011, Hakalehto 2018, Hakalehto & Pahlman 2018, Hakalehto & Toivonen 2016, Hakalehto-Wainio & Nieminen 2013.)

The Convention on the Rights of the Child has been subsequently complemented by three Optional Protocols, all of which are currently in force in Finland. The first of the Optional Protocols concerns protecting children from armed conflicts (Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts, Finnish Treaty Series 31/2002). The second one deals with protecting children from child trafficking and from exploitation in child prostitution and child pornography (Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, Finnish Treaty Series 41/2012). The third protocol enables submission of communications on violations of the Convention and its Optional Protocols (Optional Protocol to the Convention on the Rights of the Child on a communications procedure, Finnish Treaty Series 5/2016).

The UN Committee on the Rights of the Child, which oversees implementation of the Convention on the Rights of the Child, publishes general comments in support of its implementation. In 2011, the Committee issued an extensive general comment (No. 13) on the right of the child to freedom from all forms of violence. In

the general comment, the Committee highlights that no violence against children is justifiable and that all violence against children is preventable.

The Committee on the Rights of the Child has also issued, among others, general comments No. 5 (2003) on general actions of implementation of the Convention on the Rights of the Child; No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration; No. 12 (2009) on the right of the child to be heard; No. 8 (2006) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment; and No. 18 (2014) on harmful practices.

The UN Committee on the Rights of the Child has defined four clauses of the Convention on the Rights of the Child as general principles, which must be taken into account in the interpretation and implementation of all of its clauses. These general principles are the rights to non-discrimination (Article 2); to primary consideration of the best interests of the child (Article 3, paragraph 1); to life, survival and development (Article 6); and to be heard (respect for the views of the child, Article 12). The general principles also play a significant role in the prevention of violence against children. (UN Committee on the Rights of the Child 2011.)

The rights of the child apply to all children without discrimination on the grounds of their own characteristics or those of their parents or legal guardians. People may be discriminated on many different grounds, such as the child's or parent's colour, sex, language, religion, political or other opinion, national or ethnic origin, property, health, disability, birth or sexual orientation. (See also Chapter 13.)

The non-discrimination principle requires States Parties to identify children in vulnerable situations and improve their situation. States Parties must address discrimination against children in vulnerable or marginalised situations and make proactive efforts to ensure that such children are assured their right to protection on an equal basis with all other children. The non-discrimination principle also requires, among other things, that cultural or religious reasons can never justify practices such as corporal punishment, genital mutilation or forced marriages of children. (See also Chapters 13 and 14.)

In Finland, the Non-discrimination Act and the Equality Act play a significant role in terms of implementing the non-discrimination principle. The purpose

of the Non-discrimination Act (1325/2014) is to promote equality and prevent discrimination as well as to enhance the protection provided by law to those who have been discriminated against. The objectives of the Act on Equality between Women and Men (609/1986), also known as the 'Equality Act', are to prevent discrimination based on gender and to promote equality between women and men. Furthermore, its objective is to prevent discrimination based on gender identity or gender expression.

The interpretation of a child's best interests must be consistent with the whole Convention on the Rights of the Child, paying special attention to the obligation to protect children from all forms of violence. In particular, the Committee on the Rights of the Child maintains that the best interests of the child are best served through:

- Prevention of all forms of violence and the promotion of positive child-rearing, emphasising the need for a focus on primary prevention in national coordinating frameworks;
- Adequate investment in human, financial and technical resources dedicated to the implementation of a child rights-based and integrated child protection and support system.

CHILD IMPACT ASSESSMENT

The Convention on the Rights of the Child requires the best interests of the child to be assessed and taken as a primary decision-making consideration in all actions concerning or affecting children.

Child impact assessment is a specific tool for establishing children's best interests.

The rights enshrined in the Convention on the Rights of the Child provide the substantive foundation for determining the best interests of the child.

See Convention on the Rights of the Child, Finnish Treaty Series 59-60/1991, and UN Committee on the Rights of the Child general comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (UN Committee on the Rights of the Child 2013).

The obligations of the states that have brought the Convention on the Rights of the Child into force include comprehensive protection of children against all forms of violence and abuse. The Committee on the Rights of the Child underlines that 'development' is a broad and holistic concept, embracing the child's physical, emotional, spiritual, moral, psychological and social development. Implementation actions should be aimed at achieving the optimal development for all children. (UN Committee on the Rights of the Child 2011.)

The Committee on the Rights of the Child is of the opinion that child participation promotes protection and child protection is key to participation. The child's right to be heard commences already with very young children. It is precisely during early childhood that children are particularly vulnerable to violence. The child's right to be heard has particular relevance in situations of violence. The Committee furthermore underlines the importance of children's participation in the development of prevention strategies in general and in school and other such settings. (UN Committee on the Rights of the Child 2011.)

Besides being objects of protection, children are also active agents, whose opportunities to make choices for their own lives and wellbeing must be facilitated. Children should be provided with knowledge and skills that promote their safety and integrity. In this respect, education on safety skills plays a significant role. UN Committee on the Rights of the Child (2011; see also Chapter 7.)

Parents and families are entitled to receive information and support to ensure that neither they nor any others responsible for the care or upbringing of children will use any forms of violence as part of child-rearing.[14] The Committee on the Rights of the Child emphasises that States Parties have a positive and active obligation to support and assist parents and other caregivers to secure, within their abilities and financial capacities and with respect for the evolving capacities of the child, the living conditions necessary for the child's optimal development (Convention on the Rights of the Child, Articles 18 and 27). Furthermore, States Parties must ensure that all those who, within the context of their work, are responsible for the

14 Support for parenting and families is enshrined in Article 18, paragraph 2, of the Convention on the Rights of the Child, several other human rights treaties, and Section 19, Subsection 3, of the Constitution of Finland. Education and guidance for parents and development of family planning education and services are included in Article 24, paragraph 2, of the Convention on the Rights of the Child.

prevention of, protection from and reaction to violence and in the justice systems are addressing the needs and respecting the rights of children. (UN Committee on the Rights of the Child 2011.)

Article 19 of the Convention on the Rights of the Child requires States Parties to take all appropriate legislative, administrative, social and educational actions to protect the child from all forms of physical and emotional violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. This applies to all child-rearing environments, whether the child is in the care of parent(s), legal guardian(s) or any other person. The service system is also required to have effective procedures to support the child and those who have the care of the child, as well as to prevent, identify, report, refer, investigate, treat and follow up on instances of violence against children, and for judicial involvement. The Convention also includes several other clauses that protect the child's right to life free from violence.

In its general comment No. 13, the Committee on the Rights of the Child urges States Parties to develop a national coordinating framework on violence against children. The coordinating framework provides a common frame of reference and a mechanism for communication among Government ministries and also for state and civil society actors at all levels with regard to the range of needed actions and at each stage of intervention identified in Article 19. The Committee recommends the development of a national coordinating framework on protection against all forms of violence, including comprehensive prevention actions. The national coordinating framework should be fully costed and financed, including human and technical resources. (UN Committee on the Rights of the Child 2011.)

The Special Representative of the UN Secretary-General on Violence Against Children has issued guidelines for UN Member States for combating and addressing violence against children.[15]

The Committee on the Rights of the Child issued its concluding observations for Finland concerning implementation of the Convention on the Rights of the Child

15 Website of the Special Representative of the UN Secretary-General on Violence Against Children at: https://violenceagainstchildren.un.org/content/homepage.

most recently in 2011. In its concluding observations, the Committee urged Finland to reinforce its steps to ensure full implementation of the laws prohibiting corporal punishment. The Committee also recommended that Finland conduct a study on incidence and prevalence of different forms of child abuse and neglect and state policies to prevent child abuse and neglect.

The Committee encouraged Finland to: prioritise elimination of all forms of violence against children, paying particular attention to gender; develop a national comprehensive strategy to prevent and address all forms of violence against children; introduce an explicit national legal ban on all forms of violence against children in all settings; and consolidate a national system of data collection, analysis and dissemination and establish a research agenda on violence against children. The Committee further encouraged Finland to cooperate with UN bodies. (UN Committee on the Rights of the Child concluding observations for Finland 2011, paragraphs 35–39.)

The Committee recommended that Finland study the extent of sexual abuse and sexual harassment in the digital media, especially online, strengthen its modalities to detect and punish perpetrators, and adopt the necessary legal, administrative and policy actions to combat violence in the digital media. The Committee also recommended that Finland allocate adequate resources and enhance Government action and coordination in order to combat sexual exploitation of children, especially on the internet, and ensure that programmes and policies for the prevention, recovery and reintegration of child victims are in accordance with the outcome documents adopted at the World Congresses against sexual exploitation of children. (UN Committee on the Rights of the Child concluding observations for Finland 2011, paragraphs 58–59.)

4.4 The Lanzarote and Istanbul Conventions

The Lanzarote Convention (Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse No 201 in 2007, *Finnish Treaty Series* 88/2011 entered into force in Finland in 2011. No national plan currently exists to implement the Lanzarote Convention, unlike the Istanbul Convention (Council of Europe Convention on Preventing and Combating Violence against Women and

Domestic Violence No 2010 in 2011, Finnish Treaty Series 53/2015), which entered into force in Finland in 2015. Finland has a national action plan for the Istanbul Convention that covers the 2018–2021 period (Ministry of Social Affairs and Health 2017). The Lanzarote and Istanbul Conventions can be considered complementary instruments.

The Lanzarote Convention requires each State Party to take the necessary legislative or other actions to prevent all forms of sexual exploitation and sexual abuse of children and to protect children. The Convention contains detailed provisions on actions that each State Party is expected to take. The states that have ratified the Lanzarote Convention are obliged to criminalise all forms of sexual exploitation and abuse of children, undertake to take preventive actions, protect child victims and prosecute suspected offenders. The implementation of the Convention is monitored by the Council of Europe Lanzarote Committee[16], which oversees that each State Party takes the necessary legislative or other actions to prevent all forms of sexual exploitation and sexual abuse of children and to protect children.

In the spring of 2019, the steering group for the prevention of violence against children decided that the preparation of an action plan for the Lanzarote Convention be initiated under the leadership of the Ministry of Social Affairs and Health. The Ministry will convene representatives of the relevant ministries and NGOs and the work will be carried out over a period from 2020 to 2021.

The purposes of the **Istanbul Convention** are to prevent and eliminate all forms of violence against women and domestic violence, protect victims and prosecute perpetrators. The Convention imposes state obligations to exercise due diligence to prevent, punish and provide reparation for acts of violence. It also includes provisions on the protection of and support services for victims of violence, compensation awarded to victims, and comprehensive and coordinated policies. The implementation of the Istanbul Convention is monitored internationally by the

16 The Lanzarote Committee (i.e. the Committee of the Parties to the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse) monitors the implementation of the Convention by means of Thematic Questionnaires facilitating the analysis of each State Party's legislation and relevant actions. The Committee also encourages States Parties to convey information collected directly from children, such that the children will be informed of how and for what purpose the information is to be used.

Group of experts on action against violence against women and domestic violence (GREVIO).[17]

The Istanbul Convention obliges Parties, among other things, to promote changes in the patterns of behaviour which perpetuate the condoning of violence; to take into account the specific needs of particularly people in vulnerable situations; to encourage all members of society, especially men and boys, to contribute actively to preventing violence; and ensure that culture, custom, religion, tradition or so-called 'honour' will not be considered as justification for any acts of violence. The Parties are also required to increase awareness and understanding among the general public of the different manifestations of all forms of violence covered by the scope of the Convention, their consequences on children and the need to prevent such violence.

Furthermore, the Istanbul Convention obliges the Parties to develop and promote skills among children, parents and educators on how to deal with the information and communications environment that provides access to degrading content of a sexual or violent nature which might be harmful. It also includes an obligation to set up easily accessible shelters in sufficient numbers. Under the Convention, a child victim and child witness of violence against women and domestic violence must be afforded, where appropriate, special protection actions.

4.5 Education, training and dissemination of information concerning children`s rights

The Convention on the Rights of the Child requires the States Parties to make the Convention widely known to adults and children alike. Awareness of child rights prevents violence against children and other neglect of their growth and development. These rights will neither be implemented nor be of any use if

17 Other instruments that play a role in combating violence against children include the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Finnish Treaty Series 60/1989); the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (Finnish Treaty Series 17/1991); the Council of Europe Convention on Action against Trafficking in Human Beings (Finnish Treaty Series 44/2012) ; and the Council of Europe Convention on cybercrime (the 'Budapest Convention'; Finnish Treaty Series 60/2007).

people are not aware of them. This calls for provision of education and training and dissemination of information concerning the Convention. The Committee on the Rights of the Child emphasises the role of a comprehensive strategy for disseminating knowledge of the Convention. Parents and others responsible for children's care should be informed of child rights and what they entail. It is important to include child rights in school curricula and in the initial and in-service training of people who work with or make decisions concerning children. Awareness of child rights forms an important part of the competence of professionals working with children. Finnish healthcare and social welfare professionals, for example, are legally obliged to maintain and improve their professional knowledge and skills. Likewise, their employers have a statutory obligation to create opportunities for their participation in necessary further training for the profession and to monitor their professional development.

Educational actions should address harmful attitudes, traditions, customs and behavioural practices which condone violence against children. They should encourage open discussion about violence. This should also include the engagement of media and civil society in the dialogue. Educational actions should support children's life skills, knowledge and participation and enhance the capacities of caregivers and professionals in contact with children. They can be initiated and implemented by public, private and civil society actors. However, the primary responsibility for such actions rests with central government and other public authorities. (UN Committee on the Rights of the Child, 2011.)

In its 2011 concluding observations, the Committee on the Rights of the Child recommended that Finland increase its efforts to strengthen knowledge among the general public, including children, parents and professionals working with children, of the Convention on the Rights of the Child, national laws based on the Convention and other relevant international instruments. The Committee also recommended the reinforcement of adequate and systematic training of all professional groups working for and with children, in particular, law enforcement officials, teachers, healthcare professionals, social workers and personnel working in different forms of substitute care. (UN Committee on the Rights of the Child concluding observations for Finland 2011, paragraph 21.)

In Finland, awareness of child rights has been promoted by the efforts and the Lapsenoikeudet.fi website of the national communications network on the rights of the child, which is coordinated by the Central Union for Child Welfare.

4.6 Collection of data on violence experienced by children and young people

In its 2011 concluding observations for Finland, the UN Committee on the Rights of the Child expressed its concern at the limited statistics compiled in Finland on abuse, neglect and violence against children and on services provided to them. The Committee urged Finland to strengthen the statistical system and analysis on the implementation of the Convention on the Rights of the Child, and to ensure that data is collected and used to inform policies and programmes in relation to poverty, violence, children with disabilities, minority and immigrant children and children deprived of a family. It recommended that Finland continue to strengthen its capacity for the systematic collection and analysis of data throughout its territory disaggregated by, among other things, age, sex and ethnic background on all people under the age of 18 on all areas covered by the Convention. (UN Committee on the Rights of the Child concluding observations for Finland 2011, paragraphs 18–19; see also Chapters 13 and 14.)

Furthermore, the Committee on the Rights of the Child recommended that Finland consolidate a national system of data collection, analysis and dissemination, and establish a research agenda on violence against children. The Committee also recommended that Finland conduct a study on incidence and prevalence of different forms of child abuse and neglect and state policies to prevent these phenomena, taking into account the Committee's general comment No. 13. (UN Committee on the Rights of the Child concluding observations for Finland 2011.)

It is also important to collect data on the capacity of the service system to identify violence against children and young people and help those subjected to violence. Population surveys carried out by the Finnish Institute for Health and Welfare (THL), such as the regular School Health Promotion Studies, have included questions concerning violence since 2017. Other important data production efforts include the Crime Trends in Finland and its youth crime statistics produced by the

University of Helsinki Institute of Criminology and Legal Policy; Statistics Finland's statistics on causes of death and offences and coercive actions; and THL's TEA health promotion data collection and HILMO data collection and reporting system for the healthcare and social welfare sector. Furthermore, reports on subjects such as the range of maternity and child health clinic services and school healthcare services are published on a regular basis.

4.7 Adequacy of resources available for combating violence against children and young people

The basic services provided for children and families by various professionals and the support offered by NGOs play a key role in preventing, detecting and addressing violence against children and in helping child victims of violence. The resources of the police, prosecuting authorities and the courts and their allocation are also important in terms of addressing and combating violence against children. (See also Chapters 6 and 8.)

In its general comment No. 13 (2011), the UN Committee on the Rights of the Child notes that each State Party must provide adequate budget allocations for the implementation of legislation and all other actions adopted to end violence against children. With regard to the national coordinating framework on violence against children, the Committee notes that human, financial and technical resources needed across different sectors must be allocated to the maximum extent of available resources. In addition, robust monitoring mechanisms must be developed and implemented to ensure accountability regarding allocation of budgets and their efficient utilisation. (UN Committee on the Rights of the Child 2011.)

In its 2011 concluding observations for Finland, the Committee on the Rights of the Child noted that municipalities enjoy extensive autonomy in providing and financing public services. The Committee was concerned that this might lead to insufficient allocation of resources to services for children and young people by some municipalities, resulting in regional and local disparities in resource allocation to children's services. The Committee recommended that Finland provide municipalities with sufficient resources allocated for ensuring the implementation of child rights; establish an effective monitoring of budget allocations for the

needs of children, ensuring appropriate levels of allocation; and introduce child budgeting, i.e. budget tracking and assessment from a child rights perspective. (UN Committee on the Rights of the Child concluding observations for Finland 2011, paragraphs 16–17.)

A report commissioned by the Prime Minister's Office in 2013 on the effectiveness of policy actions in reducing social exclusion and welfare differences among children and young people is still relevant in terms of preventing violence against children as well. The report indicates that, during the 1990s, many municipalities saved on services that reach a large proportion of families and should therefore be equipped to identify and address problems. The cuts in basic services, such as early childhood education and care, school healthcare services and maternity and child health clinic services, have subsequently been reflected in a growing demand for corrective services. Since the turn of the millennium, central government guidance of child, youth and family services has been stepped up, initially by means of national recommendations and, to an increasing extent in recent years, through acts and decrees that are binding on municipalities, with a view to shifting the focus of services towards early intervention and prevention of problems. The non-binding recommendations have, however, turned out to have little guiding effect. With regard to the binding legal statutes, in turn, municipalities will often attempt to fulfil their obligations with inadequate resources, depleting resources from other functions. (Ristolainen et al. 2013.)

The above-mentioned 2013 report suggests that it would be advisable to replace project-driven development with permanent funding and national implementation of demonstrably good practices. In addition to legislative development work, shifting the focus from corrective to preventive services will also require resource guidance and sufficient human resources.

More long-term child and family policies were outlined in the National Strategy for Children project during 2018 and 2019 (Finnish Government, 2019). The follow-up studies of wellbeing among 1987 and 1997 birth cohorts conducted by the Finnish Institute for Health and Welfare also highlight the importance of a long-term welfare policy for children and families (see e.g. Ristikari et al. 2018).

Table 4. Rights of the child. Objectives and actions for 2020–2025.

RIGHTS OF THE CHILD		
Overall objective: To better safeguard children's right to protection from violence and to provide child victims of violence with better access to support services.		
Objective 1: To ensure systematic implementation of the Convention on the Rights of the Child.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Taking the protection of children from violence and support for child victims of violence and their families into account in the National Strategy for Children.	The public authorities must guarantee the observance of basic rights and liberties and human rights (Finnish Constitution, Section 22). States Parties must undertake all appropriate actions to implement the Convention on the Rights of the Child (CRC Art. 4). The UN Committee on the Rights of the Child recommends developing a national plan of action (Child Strategy) based on the Convention on the Rights of the Child.	Finnish Government and its ministries Finnish Institute for Health and Welfare (THL), Finnish National Agency for Education Municipalities and regions Child and family organisations such as Central Union for Child Welfare, Federation of Mother and Child Homes and Shelters, Mannerheim League for Child Welfare (MLL), Save the Children Finland, Finnish Committee for UNICEF, and Family Federation of Finland
Indicator(s): The National Strategy for Children completed by the end of the 2019–2023 government term, with the protection of children from violence and support for child victims of violence taken into account in the Strategy and its action plan.		
Action 2. Assessing the impacts on children and young people as part of central and municipal government decision-making processes. The assessment will include the safety and security of children's and young people's growth environments as one of its perspectives (incl. prevention of unintentional injuries, suicides and violence against children, etc.).	The best interests of the child must be assessed and taken as a primary consideration in all decision-making processes concerning children (CRC Art. 3). Obligations to assess health and welfare effects set out in Sections 11–12 of the Health Care Act (1326/2010).	Finnish Government and its ministries; THL Municipalities and regions
Indicator: Assessments of impacts on children and young people are in regular use within ministries and municipalities by the end of the 2019–2023 government term. Achievement of this objective is monitored as part of various studies and surveys, including municipal wellbeing reports and the study conducted by the Institute of Criminology and Legal Policy (Krimo) on social impact assessments in the Government's legislative proposals.		

Objective 2: To make a good knowledge base available on violence experienced by children and young people.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Securing and harmonising the knowledge base on violence against and experienced by children and young people so as to also provide information on violence experienced by children in vulnerable situations. Compiling information from different sources on a regular basis.	The UN Committee on the Rights of the Child has urged Finland to strengthen the statistical system and analysis on the implementation of the CRC, and to ensure that data is collected and used to inform policies and programmes in relation to poverty, violence, children with disabilities, minority and immigrant children and children deprived of a family.	THL, University of Helsinki Institute of Criminology and Legal Policy (Krimo) National Police Board (POHA)/police statistics Higher education institutions Child welfare organisations
Indicator: The prevalence of violence against children and young people is investigated as part of different population studies, crime trends studies and other studies and surveys, while also assessing the adequacy of information. The knowledge base and data collection efforts have been harmonised by 2025, agreeing on regular compilation of information from different sources.		

Objective 3: To increase provision of education and training and dissemination of information concerning children's rights.		
Actions	**Rationale**	**Responsible parties and participants**
Action 4. Increasing provision of education and training and dissemination of information concerning children's rights. This will be done in keeping with the policy guidelines to be made by the steering group for the prevention of violence against children.	States Parties are required to make the principles and provisions of the CRC widely known, by appropriate and active means, to adults and children alike (CRC Art. 42). The Committee on the Rights of the Child has urged Finland to reinforce dissemination of information and provision of education and training concerning child rights (UN Committee on the Rights of the Child concluding observations for Finland 2011).	Ministries, especially Ministry of Education and Culture, Ministry of Social Affairs and Health and Ministry of Justice Finnish National Agency for Education, THL Municipalities NGOs, incl. Finnish Committee for UNICEF, MLL, Office of the Ombudsman for Children, national communications network on the rights of the child
Indicator: The quality and quantity of education, training and information concerning child rights and awareness of child rights monitored in 2020–2025 (sampling and surveys).		

Table 5. Legislation relating to the rights of the child.

INTERNATIONAL LAW

Convention on the Rights of the Child (United Nations A/RES/44/25 in 1989 and Finnish Treaty Series 59-60/1991). UN CRC (1989) available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx. General comments by the UN Committee on the Rights of the Child. Available in English at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (United Nations A/RES/54/263 in 2000 and Finnish Treaty Series 41/2012). Protocol text UN (2000a) available in English at: https://www.ohchr.org/en/professionalinterest/pages/opsccrc.aspx

Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts (UN A/RES/54/263 in 2000 and Finnish Treaty Series 31/2002). Protocol text UN (2000b) available in English at: https://www.ohchr.org/en/professionalinterest/pages/opaccrc.aspx

Convention on the Protection of Children against Sexual Exploitation and Abuse (the 'Lanzarote Convention'; Council of Europe No 201 in 2007 and Finnish Treaty Series 88/2011). CoE Treaty Series No 201 in 2007 available in English at: https://rm.coe.int/1680084822

Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the 'Istanbul Convention'), Council of Europe Treaty Series No 2010 in 2011 and Finnish Treaty Series 53/2015. CoE Treaty Series No 2010 in 2011 available in English at: https://rm.coe.int/168008482e

Convention on the Rights of Persons with Disabilities (United Nations Convention A/61/611 in 2006 and Finnish Treaty Series 27/2016). UN Convention A/61/611 in 2006 text available in English at: https://treaties.un.org/doc/source/docs/A_RES_61_106-E.pdf

Council of Europe Convention on cybercrime (the 'Budapest Convention', (Council of Europe Treaty Series No 185 in 2001 and Finnish Treaty Series 60/2007).
CoE Treaty Series No 185 in 2001 available in English at: https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/0900001680081561

United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations A/R/39/46 in 1984 and
Finnish Treaty Series 60/1989). UN A/R/39/46 in 1984 available in English at: https://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx.--> Ks ed.

European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (Council of Europe Treaty No 126 in 1987 and Finnish Treaty Series 17/1991). CoE Treaty No 126 in 1987 available in English at: https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168007a67f

Council of Europe Convention on Action against Trafficking in Human Beings (Council of Europe Treaty Series No 197 in 2005 and Finnish Treaty Series 44/2012).
CoE Treaty Series No 197 in 2005 available in English at: https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008371d

Directive 2012/29/EU of the European Parliament and of the Council establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (the 'Victims' Directive') includes specific provisions on the protection of child victims (Article 24 as well as Article 23). Available in English at: https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32012L0029&from=EN

NATIONAL LAW

Constitution of Finland (731/1999). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/en19990731

Act on Child Custody and Right of Access (361/1983). Available in English (amendments up to Act 352/2019 included) at: https://www.finlex.fi/en/laki/kaannokset/1983/19830361.

The purpose of child custody is to ensure the wellbeing and balanced development of a child in accordance with the child's individual needs and wishes. A child must be ensured good care and upbringing as well as supervision and protection appropriate for his or her age and stage of development. A child should be brought up in a secure and stimulating environment, and he or she should receive an education that corresponds to his or her inclinations and wishes. A child must be protected from all forms of physical and emotional violence, maltreatment and exploitation. A child should be brought up with understanding, security and affection. A child must not be subdued, corporally punished or treated offensively in any other way. (Section 1.) The custodian of a child must ensure the child's wellbeing and development as provided in Section 1 (Section 4).

Social Welfare Act (1301/2014). Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2014/20141301

Services must be used to provide parents, custodians and other persons responsible for a child's care and upbringing with support in the upbringing of the child and to establish the need of children, young people and families for special support (Section 10).
Social services must be provided, among other things, where there is a need for support due to intimate partner violence, domestic violence or other violence and maltreatment.

Children and their families have the right to receive, without delay, social services that are essential for the child's health and development. The services must be arranged to the extent necessary at the times of day when they are needed. The services must provide the parents, custodians and other persons responsible for the child's care and upbringing with support for the upbringing and care of the child. (Section 13.)

When assessing the child's best interests, special attention must be given to how the various alternative actions and solutions can secure a safe and secure environment for upbringing and physical and emotional integrity for the child (Section 5).

The need for care and support for a child in the care of a client or patient must be assessed in situations where the client or patient is receiving substance abuse or mental health services or other healthcare and social welfare services, during or prior to which his or her ability to fully care for and rear the child is likely to be temporarily compromised (Social Welfare Act, Section 44; Health Care Act, Section 70).

Child Welfare Act (417/2007). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

The purpose of child welfare is to protect children's rights to a safe growth environment, to balanced and well-rounded development and to special protection (Section 1).

The primary responsibility for a child's wellbeing rests with the child's parents and other custodians; a reference to the Act on Child Custody and Right of Access on ensuring the wellbeing and balanced development of a child. The parents, custodians and other persons responsible for the child's care and upbringing must be provided with support. (Section 2.)

Preventive child welfare is used to promote and safeguard the growth, development and wellbeing of children and to support parenting (Section 3 a).

When assessing the child's best interests, special attention must be given to how the various alternative actions and solutions can secure a safe and secure environment for upbringing and physical and emotional integrity for the child (Section 5).

Acts or threats of violence against a child constitute grounds for making a child welfare notification. The parties listed in Section 25 of the Act have a duty to make a child welfare notification to social services if, in the course of their work, they discover that there is a child for whom it is necessary to investigate the need for child welfare on account of the child's need for care, circumstances endangering the child's development, or the child's behaviour.

Those obliged to make a child welfare notification must, in addition to making such notification, also notify the police when they have cause to suspect, on the basis of circumstances that have come to their knowledge in the course of their work, that a child has been subjected to an act punishable as a sexual offence under the Criminal Code of Finland (Chapter 20), or an offence against life or health, if the maximum penalty is imprisonment for at least two years. (Section 25.)

A child welfare client relationship begins when a social worker finds, on the basis of an assessment of the need for services, that the circumstances in which a child is being brought up are endangering or failing to safeguard the child's health and development (Section 27). According to Section 34, the municipal body responsible for social services must provide support in open care without delay once the need for child welfare has been established. The purpose of support actions in open care is to promote and support the child's positive development and to support and enhance the upbringing competence and opportunities of the parents, custodians and other persons responsible for the child's care and upbringing. Section 36 includes provisions on child welfare support in open care. Placement as part of child welfare support in open care is also possible to arrange for a child together with a parent, custodian or some other person responsible for the child's care or upbringing, or for the child alone.

Violence against a child may constitute a reason for the child's emergency placement or taking the child into care. According to Section 40, children must be taken into care and substitute care must be provided for them by the municipal body responsible for social services if their

health or development is seriously endangered by lack of care or other circumstances in which they are being brought up. Taking a child into care and provision of substitute care may, however, only be resorted to if the support actions in open care would not be suitable or possible for providing care in the interests of the child concerned or if the actions have proved to be insufficient, and if substitute care is estimated to be in the child's interests. If a child is in immediate danger, the care and custody required by the child may, by virtue of Section 38, be arranged urgently as substitute care.

Act on the Status and Rights of Social Welfare Clients (the 'Social Welfare Clients Act', 812/2000). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2000/20000812

A minor client's opinion and wishes must be assessed and taken into account as appropriate for the child's age and level of development. In all public- or private-sector social welfare actions concerning a minor, the interests of the minor must be the primary consideration. (Section 10.)

Where there is justified reason to assume that, in an individual social welfare matter concerning a minor person, the custodian cannot objectively ensure the child's best interests, the municipal social services body must submit a notification or petition under the Guardianship Services Act (442/1999) to appoint a guardian for the minor, if it is important in order to safeguard the minor's best interests (Section 10).

On serious grounds, a minor may, taking account of his or her age and maturity and the nature of the matter, prohibit the disclosure of any information concerning him or her to the legal representative, unless it is clearly contrary to the minor's best interests. However, if the minor or his or her legal representative is a party to a matter concerning social welfare, the legal representative is entitled to access information as provided in Section 11 of the Act on the Openness of Government Activities (621/1999). (Section 11.)

Provisions on the disclosure of confidential information are laid down in Sections 17 and 18.

Guardianship Services Act (442/1999). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/19990442

Health Care Act (1326/2010). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326

Local authorities must provide maternity and child health clinic services within their area. Maternity and child health clinic services include, among other things, regular checks to ensure the healthy growth, development, and wellbeing of children at intervals of approximately one month during the first year of life as well as annually and according to individual needs thereafter; support for parenthood and other wellbeing of families; promotion of the health of the homes and living environments of children and healthy lifestyles of families; and early identification of any special needs and tests required by children and families as well as support for children and families and, if necessary, referral to tests or treatment. (Section 15.)

Local authorities must provide **school healthcare services** for pupils enrolled in educational institutions providing basic education in their area. School healthcare services include, among

other things, triennial checks on the health and safety of school environments and welfare promotion among learning communities; annual checks on the growth and development of pupils and health and welfare promotion; and support for the parents and guardians of pupils. (Section 16.)

The primary healthcare services provided by local authorities must include the provision of **student healthcare services** to students enrolled in upper secondary schools, educational institutions providing vocational education and training, and universities and other institutions of higher education located in their area regardless of the students' place of residence. Subject to the consent of the local authority in question, student healthcare services for students enrolled in universities and other institutions of higher education may also be provided in another manner approved by the National Supervisory Authority for Welfare and Health, such as by the Finnish Student Health Service. (Section 17.)

Act on the Status and Rights of Patients (the 'Patients Act', 785/1992). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1992/19920785

The opinion of a minor patient on a medical intervention must be assessed if it is possible with regard to his/her age or level of development. If a minor patient can decide on the treatment given to him/her on the basis of his/her age and maturity, the patient must be cared in mutual understanding with him/her. If a minor patient cannot decide on the treatment given to him/her, he/she has to be cared in mutual understanding with his/her custodian or some other legal representative. (Section 7.)

Act on Early Childhood Education and Care (540/2018). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2018/20180540

Early childhood education and care aims to promote the holistic growth, development, health and wellbeing of every child according to the child's age and development. Its aims also include, among other things, acting together with the child and the child's parents or other persons who have custody of the child for the benefit of the child's balanced development and holistic wellbeing, and supporting the parents or other persons who have custody of the child in their task of bringing up the child. (Section 3.) The environment of early childhood education and care must foster development and learning and be healthy and safe in light of the child's age, development and other abilities. The children must be protected from violence, bullying and other abuse. (Section 10.)

Basic Education Act (628/1998). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1998/19980628

Those participating in education are entitled to a safe learning environment. The education provider must, among other things, adopt school rules or issue other regulations to be applied in the school or in some other place of teaching with a view to promoting internal order in the school, unhindered learning and the safety and satisfaction of the school community. The school headteacher or teacher must notify of any harassment, bullying or violence occurring at school or during school travel that have come to their knowledge to the custodians or other legal representatives of the perpetrating pupil and the targeted pupil. (Section 29.)

Those participating in before- and after-school activities have a right to a safe activity environment (Section 48d).

Act on General Upper Secondary Education (714/2018). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2018/20180714

Right to a safe learning environment (Section 40).

Vocational Education and Training Act (531/2017). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2017/20170531

Right to a safe learning environment (Section 80).

Student Welfare Act (1287/2013). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2013/20131287

The Student Welfare Act applies to the right to student welfare of pupils in pre-primary and basic education and students in general upper secondary education, vocational education and training, or preparatory education.

The purpose of student welfare services is to promote the wellbeing, health and safety, accessibility and collaborative activities of the school community and learning environment and cooperation between home and school.

The whole of student welfare consists of collective and individual student welfare. Collective student welfare refers to an organisational culture and actions aiming to promote students' learning, wellbeing, health, social responsibility, interaction and inclusion within the entire school community, and the health, safety and accessibility of the learning environment.

Criminal Code of Finland (39/1889). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1889/en18890039

Provisions on homicide and bodily injury are laid down in Chapter 21 of the Criminal Code:
Assault offences include assault (Chapter 21, Section 5), aggravated assault (Section 6) and petty assault (Section 7);
Negligent bodily injury (Chapter 21, section 10) and grossly negligent bodily injury (Section 11);
Abandonment (Chapter 21, Section 14);
Negligent homicide (Chapter 21, Section 8) and grossly negligent homicide (Section 9).
There are four types of wilful homicide: manslaughter (Chapter 21, Section 1), murder (Section 2), killing (Section 3) and infanticide (Section 4). A sentence for infanticide may only be imposed on a woman who in a state of exhaustion or distress caused by childbirth kills her baby.
Provisions on sexual offences are mainly laid down in Chapter 20 of the Criminal Code:
Sexual abuse of a child (Chapter 20, Section 6), aggravated sexual abuse of a child (Section 7) and sexual abuse (Section 5);
Solicitation of a child for sexual purposes (a practice known as 'grooming') (Chapter 20, Section 8(b));

Rape (Chapter 20, Section 1) and aggravated rape (Section 2);
Sexual harassment (Chapter 20, Section 5(a));
Purchase of sexual services from a young person (Chapter 20, Section 8(a));
Pandering (Chapter 20, Section 9) and aggravated pandering (Section 9(a));
Distribution of a sexually offensive picture (Chapter 17, Section 18) and aggravated distribution of a sexually offensive picture depicting a child (Section 18(a));
Possession of a sexually offensive picture depicting a child (Chapter 17, Section 19);
Following of a sexually offensive performance of a child (Chapter 20, Section 8(c)).

Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2008/20081009

Criminal Investigation Act (805/2011). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2011/20110805

Provisions on treatment of a child in criminal investigation (Chapter 4, Section 7); on appointment of a trustee for a child (Section 8); and on the obligation of the criminal investigation authority to notify the injured party of his or her rights (Section 18).

Code of Judicial Procedure (4/1734). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1734/17340004

Criminal Procedure Act (689/1997). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1997/19970689

Administrative Judicial Procedure Act (808/2019). Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2019/20190808

Act on Restraining Orders (898/1998). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1998/19980898

Act on Checking the Criminal Background of Persons Working with Children (504/2002). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2002/20020504

Act on Checking the Criminal Background of Volunteers Working with Children (148/2014). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2014/20140148

SOURCES

Action plan for the Istanbul Convention for 2018–2021. Publications of the Ministry of Social Affairs and Health 2017.

Constitution of Finland (731/1999). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/en19990731

Council of Europe Treaty No 126 in 1987 and Finnish Treaty Series 17/1991. European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. CoE Treaty No 126 in 1987 available in English at: https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168007a67f. Finnish Treaty Series 17/1991 available in Finnish at: https://finlex.fi/fi/sopimukset/sopsteksti/1991/19910017

Council of Europe Treaty Series No 185 in 2001 and Finnish Treaty Series 60/2007. Council of Europe Convention on cybercrime (the 'Budapest Convention', ().
CoE Treaty Series No 185 in 2001 available in English at: https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/0900001680081561
Finnish Treaty Series 60/2007 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2007/20070027.pdf

Council of Europe Treaty Series No 197 in 2005 and Finnish Treaty Series 44/2012. Council of Europe Convention on Action against Trafficking in Human Beings.
CoE Treaty Series No 197 in 2005 available in English at: https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008371d
Finnish Treaty Series 44/2012 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2012/ss20120044.pdf

Council of Europe Treaty Series No 2010 in 2011 and Finnish Treaty Series 53/2015. Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the 'Istanbul Convention'). CoE Treaty Series No 2010 in 2011 available in English at: https://rm.coe.int/168008482e Finnish Treaty Series 53/2015. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053

Council of Europe Treaty Series No 201 in 2007 and Finnish Treaty Series 88/2011. Convention on the Protection of Children against Sexual Exploitation and Abuse (the 'Lanzarote Convention').
Council of Europe Treaty Series No 201 in 2007 available in English at: https://rm.coe.int/1680084822
Finnish Treaty Series 88/2011 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2011/ss20110088.pdf

Council of Europe Treaty Series No 5 in 1950 and Finnish Treaty Series 19/1990. European Convention for the Protection of Human Rights and Fundamental Freedoms, the 'European Convention on Human Rights'. CoE Treaty Series No 5 in 1950 available in English at: https://www.coe.int/en/web/conventions/search-on-treaties/-/conventions/rms/0900001680063765
Finnish Treaty Series 19/1990 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1990/19900019

Council of Europe Treaty Series No 5 in 1950 and Finnish Treaty Series 19/1990. European Convention for the Protection of Human Rights and Fundamental Freedoms, the 'European Convention on Human Rights'. CoE Treaty Series No 5 in 1950 available in English at: https://www.coe.int/en/web/conventions/search-on-treaties/-/conventions/rms/0900001680063765
Finnish Treaty Series 19/1990 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1990/19900019

Finnish Committee for UNICEF. 2011. Lapsen oikeuksien sopimuksen käsikirja [*Abridged Finnish version of the 'Implementation Handbook for the Convention on the Rights of the Child'*].

Finnish Government. 2019. Lapsen aika [*Child's Time*]. Kohti kansallista lapsistrategiaa 2040 [*Towards a National Strategy for Children 2040*]. Finnish Government publication series 2019:4. English summary available at: https://minedu.fi/documents/1410845/12685437/Summary+Child%E2%80%99s+Time+-+Towards+a+National+Strategy+for+Children+2040

Hakalehto-Wainio S. & Nieminen L. (eds.). 2013. Lapsioikeus murroksessa [*Child law in transformation*]. Lakimiesliiton Kustannus.
Hakalehto S. & Toivonen V. (eds.) 2016. Lapsen oikeudet lastensuojelussa [*The rights of the child in child welfare services*]. Finland Chamber of Commerce.
Hakalehto S. & Pahlman I. (eds.). 2018. Lapsen oikeudet terveydenhuollossa [*The rights of the child in healthcare*]. Finland Chamber of Commerce.
Hakalehto S. 2018. Lapsioikeuden perusteet [*Introduction to Child Law*]. Alma Talent 2018.
Hallberg P, Karapuu H, Ojanen T, Scheinin M, Tuori K & Viljanen VP. 2011. Fundamental rights. WSOYpro.
Hirvelä P. 2017. Rikosprosessi lapsiin kohdistuvissa seksuaalirikoksissa [*Criminal proceedings in sexual offences against children*]. WSOY 2006.
Lappi-Seppälä T, Hakamies K, Majanen M, Melander S, Nuutila AM, Rautio I, Ojala T, Helenius D, Koskinen P & Nuotio K. 2009. Rikosoikeus [*Criminal Law*]. WSOYpro 2009.
Ristikari T, Keski-Säntti M, Sutela E, Haapakorva P, Kiilakoski T, Pekkarinen E, Kääriälä A, Aaltonen M, Huotari T, Merikukka M, Salo J, Juutinen A, Pesonen-Smith A & Gissler M. 2018. Suomi lasten kasvuympäristönä: Kahdeksantoista vuoden seuranta vuonna 1997 syntyneistä [*Finland as a growth environment for children: 18-year follow-up of those born in Finland 1997*]. Finnish Institute for Health and Welfare Reports 7/2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-152-2
Ristolainen H, Varjonen S. & Vuori J. 2013. Mitä tiedämme politiikkatoimien vaikuttavuudesta lasten ja nuorten syrjäytymisen sekä hyvinvointierojen vähentämisessä [*What do we know about the effectiveness of policy measures in reducing social exclusion and welfare differences among children and young people*]? Politiikkatoimien vaikuttavuuden tieto- ja arviointikatsaus [*A review and assessment of the effectiveness of policy measures*]. Valtioneuvoston kanslian raportti [*Prime Minister's Office Reports*] 2013. Available in Finnish (English abstract) at: http://urn.fi/URN:NBN:fi-fe201704065999
UN Committee on the Rights of the Child. 2003. General comment No. 5 (2003): General Measures of Implementation of the Convention on the Rights of the Child. CRC/GC/2003/5. Available in English at: https://www.refworld.org/docid/4538834f11.html
UN Committee on the Rights of the Child, 2006. General comment No. 8 (2006): The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment. CRC/C/GC/8. Available in English at: https://www.refworld.org/docid/460bc7772.html
UN Committee on the Rights of the Child. 2009. General comment No. 12 (2009): The right of the child to be heard. CRC/C/GC/12. Available in English at: https://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-GC-12.pdf
UN Committee on the Rights of the Child 2011. General comment No. 13 (2011): The right of the child to freedom from all forms of violence. CRC/C/GC/13. Available in English at: https://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf
UN Committee on the Rights of the Child. 2013. General comment No. 14 (2013): The right of the child to have his or her best interests taken as primary consideration. CRC/C/GC/14. Available in English at: https://www2.ohchr.org/English/bodies/crc/docs/GC/CRC_C_GC_14_ENG.pdf
UN Committee on the Rights of the Child. 2014. General comment No. 18 (2014) on harmful practices. CRC/C/GC/18. Available in English at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?SymbolNo=CEDAW/C/GC/31/CRC/C/GC/18
United Nations A/61/611 in 2006 and Finnish Treaty Series27/2016. Convention on the Rights of Persons with Disabilities. UN Convention A/61/611 in 2006 text available in English at: https://treaties.un.org/doc/source/docs/A_RES_61_106-E.pdf
Finnish Treaty Series 27/2016 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2016/ss20160027.pdf
United Nations A/61/611 in 2006 and Finnish Treaty Series27/2016. Convention on the Rights of Persons with Disabilities. UN Convention A/61/611 in 2006 text available in English at: https://treaties.un.org/doc/source/docs/A_RES_61_106-E.pdf
Finnish Treaty Series 27/2016 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2016/ss20160027.pdf

United Nations A/R/39/46 in 1984 and Finnish Treaty Series 60/1989.
United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. UN A/R/39/46 in 1984 available in English at: https://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx
Finnish Treaty Series 60/1989 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1989/19890060
United Nations A/R/39/46 in 1984 and Finnish Treaty Series 60/1989.
United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. UN A/R/39/46 in 1984 available in English at: https://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx
Finnish Treaty Series 60/1989 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1989/19890060
United Nations A/RES/44/25 in 1989 and Finnish Treaty Series60/1991. Convention on the Rights of the Child. UN Convention on the Rights of the Child A/RES/44/25 in 1989) available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
Finnish Treaty Series 60/1991 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060
United Nations A/RES/44/25 in 1989 and Finnish Treaty Series60/1991. Convention on the Rights of the Child. UN Convention on the Rights of the Child A/RES/44/25 in 1989) available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
Finnish Treaty Series 60/1991 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060
United Nations A/RES/54/263 in 2000 and Finnish Treaty Series 31/2002. Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts. Protocol text UN (2000b) available in English at: https://www.ohchr.org/en/professionalinterest/pages/opaccrc.aspx
Finnish Treaty Series 31/2002 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2002/20020014.pdf
United Nations A/RES/54/263 in 2000 and Finnish Treaty Series 31/2002. Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts. Protocol text UN (2000b) available in English at: https://www.ohchr.org/en/professionalinterest/pages/opaccrc.aspx
Finnish Treaty Series 31/2002 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2002/20020014.pdf
United Nations A/RES/54/263 in 2000 and Finnish Treaty Series 41/2012. Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Protocol text UN (2000a) available in English at: https://www.ohchr.org/en/professionalinterest/pages/opsccrc.aspx
Finnish Treaty Series 41/2012 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2012/ss20120041.pdf
United Nations A/RES/54/263 in 2000 and Finnish Treaty Series 41/2012. Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Protocol text UN (2000a) available in English at: https://www.ohchr.org/en/professionalinterest/pages/opsccrc.aspx
Finnish Treaty Series 41/2012 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2012/ss20120041.pdf

5 Inclusion promotes safety and security and prevents violence

Corresponding author: Anna-Maria Isola, Finnish Institute for Health and Welfare (THL)
Co-authors: Hanna Tulensalo, Save the Children, Finland, and Kai Laitinen, Federation of Special Welfare Organisations (EHJÄ)

5.1 What does an experienced inclusion mean?

The right of a child to be heard is guaranteed by the UN Convention on the Rights of the Child (Chapter 4). This chapter discusses inclusion as a means to promote safety and security and prevent violence from three experiential perspectives: opportunities to a personally unique life, a sense of belonging and participation (Isola et al. 2017). The experienced inclusion is an umbrella conceptualisation (Leemann & Hämäläinen 2016) that brings together social and individual factors (Isola et al. 2017).

Inclusion is an individual experience influenced by power relations in society. Experiences of violence are also individual experiences, but the factors behind violence often include power relations in society that render children and young people in a vulnerable situation. A violent person consciously transfers power they have taken or received into violence, but sometimes a violent person does not understand the limits of their power. The more diverse the group of people who discuss power and the causes of violence in communities and society, the better violence can be prevented. This chapter examines how experienced inclusion builds a foundation for work against violence.

Opportunities to a life that reflects individual personality means that children have the power to define themselves by answering the question, 'Who am I?' and becoming who they really are. It also means reasonable resources and an individual being allowed to affect the course of their life in terms of their future goals or the services they need, for example. Inclusion can then be examined through identity (Närhi et al. 2015) and autonomy (Isola et al. 2017, 15–16). Inclusion as a sense of belonging is realised through social ties and relatedness, as well as belonging, and through identity, autonomy, participation and representation (Isola et al. 2017, 9–21). Inclusion in influencing processes means participation in dealing with the individual's own or common matters, public debate or negotiations on rules or resources. Inclusion in influencing processes also covers representation, meaning that the voice of an individual is represented in decision-making.

In the short term, the safety and security of a child or a young person increases when they have sufficient social ties to define their identity and when they feel that their living environment, including social relationships, allows them to express and process their feelings and talk openly about their concerns, such as experiences of injustice. In such a case, the adults close to the child or young person also remain aware of whether things are well, whether there is cause for concern and whether something needs to be addressed. The same applies to adults. Parents may be afraid of being stigmatised if they admit that they do not know how to or cannot raise their child in a conversational and encouraging way. Once the shame associated with such situations can be dispelled, help and support will be easier and quicker to find. In such a case, various acts of violence can be prevented (Eriksson & Arnkil 2012, Henninger & Gupta 2014, Hogekamp et al. 2016, Mulvey et al. 2017).

In the longer term, inclusion increases safety and security when threatening and unfair experiences can be articulated in private and public debates. When people understand diversity, conflicts between groups of people and communities, for example, as well as school bullying, can be reduced (Deneulin & McGregor 2010, Paffenholz 2017, Ministry of Justice 2017). Constant articulation is important, because violence and discrimination take diverse forms and change with society. For example, digital networks have given rise to digital discrimination, bullying and violence (Yates 2018). New forms of violence must be made visible as early as possible. Articulating violence and breaking taboos in public debate makes it easier to catch perpetrators when the victims of violence have the courage and know-how

to share their experiences. This enables us to break harmful patterns of emotional or physical violence that are passed on from one generation to the next, for example. Open discussion can help people who are prone to committing or fantasising about violent acts to become aware of the harmfulness of their acts and seek help. (Fricker 2007, Hyvärinen & Pösö 2019.)

5.2 Inclusion as a personally unique life, sense belonging and participation

Inclusion as a personally unique life

A personally unique life means that children and young people have the freedom to build their identity based on their interests, values and tendencies. This requires **basic material and immaterial security**. Basic material security means that children and young people do not suffer from material deprivation and that they can fulfil themselves at home, in early childhood education, at school and in hobbies and other leisure activities. Basic immaterial security means that a child or a young person is accepted as a unique individual and that they are loved. (Isola et al. 2017, 17–18.) One of the cornerstones of a personal unique life is understandable interaction in the individual's own language in everyday life and when using various services. If their basic material or immaterial security is threatened, the personally unique life of the child or young person is also threatened (see also Chapters 2.2 and 3).

Language both hides and reveals discrimination and violence, which is why language is a key factor in society that can be used to promote inclusion and prevent discrimination and violence. Awareness of phenomena facilitates their more accurate articulation (Fricker 2007). A person with vague symptoms does not necessarily know that they are experiencing emotional, spiritual or other violence if they have not been made aware of this (see Chapters 14.6 and 14.7) For example, less than 50 years ago, sexual harassment did not exist, because there was no concept of sexual harassment (Fricker 2017).

Words also create different realities depending on the situation. Are children and young people talked about as actors or objects of action? Are actions targeted at children and young people with foreign backgrounds described as integration or

inclusion? Word choices reveal perceptions, attitudes, intimations of discrimination and power relations. The importance of language is also reflected in services. When meeting children, understandable language must be used and interest must be shown sincerely, so that their needs and wishes – as well as their perceptions, which change as the process progresses – are taken into account. (Fricker, 2007, Bae, 2009, Seppänen, 2010). When an individual feels respected during an interaction, their self-esteem and self-respect develop. A child or a young person who feels that they matter does not need to use violent means to boost their ego.

Basic immaterial security also means a predictable living environment. In such an environment, children and young people know where they can go and who they can turn to talk about their confusion, insecurity and experiences of discrimination. This requires trust, as well as safe and trustworthy adults who are close to the child or young person, such as caregivers, older people in the neighbourhood, parents of friends, teachers or hobby instructors. In a predictable living environment, children and young people have the ability to identify threatening and dangerous situations and use their safety skills, if necessary (see Chapter 7).

However, basic security can be remedied, at least to some extent, if it has been compromised by material deprivation, insecure relationships with adults or violence. Children and young people can later cope despite having been traumatised if they are cared for with love and treated sensitively, as well as having someone to play with (Curylnik 2005). Play is considered one of the functional capacities of human life and is therefore an integral part of basic immaterial security and the preconditions for inclusion (Nussbaum 2011).

Inclusion as a sense of belonging

An individual's experiences of themselves and the significance of their actions is built through interactions with other people, such as parents and other adults in their close circle, peers, friends in early childhood education and at school, educators, teachers and role models. Even one permanent and supportive adult is able to help children and young people believe in themselves and trust their abilities. People feel included when they feel accepted and receive positive feedback on their actions, as well as being acknowledged in terms of matters and groups that are important to them. Exclusion from play is the most common form of bullying among young children that prevents children from feeling that they

belong. For this reason, it is important to build a play culture from an early age in such a way that all children learn to play with each other (see Chapter 9.2).

As discussed in Chapter 7 with regard to safety skills education, self-knowledge and social and emotional skills help children identify threatening or dangerous situations and thereby prevent violence or a threat of violence. The more a child or a young person dares to talk about their issues with trustworthy adults, the better they are protected from violence. Trust is built especially in functional interactions in the everyday groups and communities of a child or a young person – through play, hobbies, school and studies (Nussbaum 2011) and in a predictable and understanding operating environment (Antonovsky 1987).

Many factors that cause **feelings of being excluded** – such as economic scarcity, exclusion and violence – upset basic security. In their new country, people of foreign origin are initially in an unequal position in relation to people who speak the main language and know the culture (see Chapter 13.3). Assimilation policies have weakened the social and cultural ties of cultural minorities, such as the Sámi and Roma (Heikkilä et al. 2019). This has caused members of indigenous cultural groups to have no knowledge of the mother tongue of their family. Because the experience of isolation can be passed down from one generation to the next, the history of assimilation can continue to affect the lives of children, young people and adults alike (Heikkilä et al. 2016). Discussing the violence experienced by cultural minority groups facilitates addressing vulnerabilities related to social ties or culture.

Various groups and communities – from early childhood education units to school classes, hobby groups and religious communities (see Chapter 14.7) – provide natural environments for addressing and discussing issues. Experiences of violence can be processed based on creative activity, public debate and research-based information, for example. When sensitive topics are being addressed, the discussion must take place in a safe and confidential atmosphere and under expert guidance.

Inclusion as participation

Essentially, inclusion means that a child or a young person can participate – can make a difference and practise how to make a difference (Stenvall 2018). This requires that goals be discussed and agreed upon together in different contexts,

from leisure activities to school and services. Joining these negotiations is one example of **participation** (Wegner-Trayner & Wegner-Trayner 2015).

At best, joint negotiations create a commitment to joint action. However, people do not automatically commit to common goals. Therefore, participation often needs to be supported. Methodologically, such support can be very simple. For example, at a very young age, children practise participation and influence through play: they participate in defining the rules, as well as affecting the course of play. In games based on existing rules, children practise adaptation to rules. (Kiili 2006, Virkki 2015, Leikkipäivä [*Play Day*], Lapsilta opittua [*Learning from Children*], Federation of Mother and Child Homes and Shelters.)

Supporting participation in interview situations requires special skills. Picture cards, various items, music and drawing support participation regardless of age. Children and young people can be supported to express their views in everyday participation situations. It is important for children and young people to make their voices heard during play at early childhood education units, classroom activities and home activities. It is also important to promote initiatives presented by children, as well as ensuring that children can affect matters that are important to them. Self-expression can be supported using various functional and communication tools, such as picture cards (see Chapter 13.2).

Representative groups – such as children's parliaments, youth councils and groups of experts by experience – also offer influencing opportunities. However, addressing issues related to violence through representative bodies may be difficult because of the sensitive nature of the topic. In addition to representative bodies, dialogue and influencing in various everyday environments and social relationships are needed throughout life to ensure that everyone's voice is heard. (Gretschel & Kiilakoski 2012).

In child and family services, such as maternity and child health clinic services, early childhood education and activities provided by NGO organisations, participation can be promoted by ensuring that (Gretschel & Kiilakoski 2012):
1) the child or young person is aware of the services,
2) the participation of the child or young person in matters pertaining to them is realised through the services (they can affect matters concerning them),

3) the child or young person can participate in the planning, development and assessment of the services if they so wish, and
4) activities targeted at children and young people are available.

From the perspective of promoting safety and security and preventing violence, this means peer support for young people and adults who are at risk of violence, who have experienced violence or who are seeking to avoid violent behaviour, for example. From the perspective of children's participation, it is important that in services that a child or young person and their family need because of experiences of violence, the child, young person or adult has access to understandable information, becomes seen and heard, and can affect the type of support they receive, for example. The child-centred approach to service design developed by Save the Children Finland is one example of a child-friendly way to design and develop services based on the rights of the child.

In services provided by professionals, it is essential to take into account the perspective of the child or young person as early as at the stage when the problem or goal is defined. Even if the views of the child, young person, parent and adult are different, a common understanding of the starting point and means is needed to achieve the goal. (Taskinen 2017). When assessing the need for a service, it is important to look at the life situation of the child or young person as a whole, to hear their views on and experiences of their situation and to involve them in considering solutions (see e.g. Petrelius et al. 2016).

5.3 Actions

More information is needed about factors related to inclusion, safety, security and violence. Information has been collected using participatory methods, but the information and its collection methods, as well as evidence-based models and their impacts on children, continue to be fragmented in terms of availability. (Karhuviita & Lestinen 2015, Ministry of Social Affairs and Health, 2016, 30–35, Mettinen 2018; see also Chapter 4.) When children and young people are involved as early as during the planning of information collection, circumstances are created that in themselves empower the individual (Olli 2014). A project started by the Ministry of Justice assesses the realisation of the participation rights of children and young

people (Council of Europe 2016). Information about inclusion, safety, security and violence helps adults, professionals and decision-makers understand what creates safety and security and prevents the threat of violence in society from the perspective of children and young people.

Table 6. Inclusion promotes security and prevents violence. Objectives and actions for 2020–2025.

INCLUSION PROMOTES SECURITY AND PREVENTS VIOLENCE		
Overall objective: Children and young people's experiences of inclusion increase		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Increasing knowledge of the links between experiences of inclusion and safety and security and the prevention of violence, based on qualitative and quantitative material, as well as material created in cooperation with children and young people, as a basis for future actions.	There is a need to gather fragmented information into a coherent knowledge base on the links between experiences of inclusion, safety and security and violence, in order to present concrete actions concerning the role of inclusion as part of the work against violence.	Finnish Institute for Health and Welfare/Sokra project, Ministry of Social Affairs and Health, Ministry of Justice NGO organisations working with and for children, young people and families
Indicator: By 2022, a report on the links between experiences of inclusion and safety and security and prevention of violence has been produced based on various materials.		

SOURCES

Antonovsky A. 1987. Unraveling the Mystery of Health. How People Manage Stress and Stay Well. San Francisco: JosseyBass.

Bae B. 2009. Children's right to participate – challenges in everyday interactions. European Early Childhood Education Research Journal 17; 3: 391–406.

Cyrulnik B. 2005. The whispering ghosts of trauma and resilience. Other Press: New York.

Deneulin S. & McGregor JA. 2010. The capability approach and the politics of a social conception of wellbeing. European Journal of Social Theory, 13; 4: 501–519.

Eriksson E. & Arnkil T. 2012. Huoli puheeksi: Opas varhaisista dialogeista [*Addressing concerns: A guide on early dialogues*]. Guides. Helsinki: Stakes.

European Council. 2016. Child Participation Assessment Tool. (Unofficial translation). Available in English at: https://www.coe.int/en/web/children/child-participation-assessment-tool

Federation of Mother and Child Homes and Shelters (ETKL): Materiaalia lasten kanssa työskentelyyn [*Material for working with children*]. (In Finnish). https://ensijaturvakotienliitto.fi/tietoa-liitosta/materiaalit/materiaalia_lasten__kanssa_tyoskentelyyn/

Fricker M. 2007. Epistemic injustice. Power and the ethics of knowing. New York: Oxford University Press.

Gretschel A. & Kiilakoski T. 2012. Demokratiaoppitunti [*Lesson in democracy*].

Heikkilä L, Laiti-Hedemäki E & Miettunen T. 2019. Buorre eallin gávpogis: saamelaisten hyvä elämä ja hyvinvointipalvelut kaupungissa [*Buorre eallin gávpogis: Sámi people's good life and wellbeing services in cities*]. University of Lapland Publications in Social Sciences B. Research Reports and Papers 68. Rovaniemi: University of Lapland.

Henninger WR. & Gupta Sarika S. 2014. How do children benefit from inclusion. Chapter 3 in: Gupta, Sarika. & Henninger, William R & Vinh, Megan E. First Steps to Preschool Inclusion: How to Jumpstart your Program-wide Plan.

Hogekamp Z, Blomster JK, Bursalıoğlu A, Călin MC, Çetinçelik M, Haastrup L & van den Berg Y. 2016. Examining the importance of the teachers' emotional support for students' social inclusion using the one-with-many design. Frontiers in Psychology. 7:1014.

Hyvärinen S. & Pösö T. 2018. Lasten haastattelu lastensuojelussa [*Interviewing children in child welfare services*]. Tampere: PS-kustannus.

Isola AM, Kaartinen H, Leemann L, Lääperi R, Schneider T, Valtari S & Keto-Tokoi A. 2017. Mitä osallisuus on? Osallisuuden viitekehystä rakentamassa [*What is inclusion? Building a framework for inclusion*]. Finnish Institute for Health and Welfare Discussion Papers 33/2017. (In Finnish). http://urn.fi/URN:ISBN:978-952-302-917-0

Karhuvirta T. & Lestinen L. 2015. Aktiiviseksi alakoulussa – merkityksellistä osallistumista oppilaskunnassa tai globaalijärjestöjen kanssa? [*Being active in primary school – Meaningful participation in a pupil's council or with global organisations?*]. Nuorisotutkimus [*Youth Research*] 3–4/2015.

Kiili J. 2006. Lasten osallistumisen voimavarat. Tutkimus ipanoiden osallistumisesta [*Resources for children's participation*]. Jyväskylä Studies in Education, Psychology and Social Research, 283. University of Jyväskylä. Jyväskylä.

Lapsilta opittua [*Learning from children*]. https://www.pelastakaalapset.fi/lapsen-oikeudet/lasten-osallisuus/

Leemann L. & Hämäläinen RM. 2016. Customer participation, social inclusion and low-threshold services. Pohdintaa käsitteiden sisällöstä [*Reflection on the content of concepts*]. Yhteiskuntapolitiikka [*Journal of Social and Public Policies*] 81:5, 586–594.

Leikkipäivä: Leikki ammatillisen auttamisen työvälineenä [Play day: play as a tool for providing professional help]. Available in Finnish at: https://leikkipaiva.fi/leikki-ammatillisen-auttamisen-tyovalineena/

Mettinen K. 2018. "Mahdollisuus tehdä mikä itselle tärkeää" Lasten ja nuorten osallisuuden kehittämiskokonaisuuden loppuraportti. [*'Opportunity to do what is important to you.' Final report of the child and youth inclusion development project*]. Keski-Suomen lapsi- ja perhepalveluiden muutosohjelma KSLAPE [*Programme to address services for children and families in Central Finland*

(KSLAPE)]. http://www.ks2021.fi/wp-content/uploads/2018/12/pelastakaa_lapset_KSLAPE_Loppuraportti_Final.pdf

Ministry of Justice 2017. Miten meillä menee? Kartoitus väestösuhteiden tilasta Suomessa painopisteenä vastaanottokeskuspaikkakunnat [*How are we doing? Survey of the state of population relations in Finland with a focus on reception centre locations*]. Reports and Guidelines 32/2017. Helsinki: Ministry of Justice.

Ministry of Social Affairs and Health 2016. Säädösvaikutusten arviointi ihmisiin kohdistuvien vaikutusten näkökulmasta [*Assessment of the Effect of Statutes from the Perspective of Human Impact*]. Publications of the Ministry of Social Affairs and Health 2016:2. http://urn.fi/URN:ISBN:978-952-00-3771-0

Mulvey KL, Boswell C. & Zheng J. 2017. Causes and consequences of social exclusion and peer rejection among children and adolescents. Report on Emotional & Behavioral Disorders in Youth 17; 3: 71–75.

Nussbaum M. 2011. Creating capabilities: The human development approach. Cambridge: Belknap Press of Harvard University Press.

Närhi K, Kokkonen T. & Matthies AL. 2015. Asiakkaiden osallisuus ja työntekijöiden harkintavalta palvelujärjestelmässä [*Customer involvement and employee discretion in the service system*]. Janus. 22; 3: 227–244.

Olli J. 2014. Tulla kuulluksi oma itsenään – Vammaisten lasten ja nuorten toimijuuden tukeminen [*Being heard as yourself – Supporting the empowerment of children and young people with disabilities*]. In: Gissler Mika, Kekkonen Marjatta, Känkänen Päivi, Muranen Päivi and Wrede-Jäntti Matilda. Nuoruus toisin sanoen [*Youth in other words*]. Nuorten elinolot -vuosikirja 2014 [*Living Conditions of Young People Yearbook 2014*]. Tampere. Finnish Institute for Health and Welfare, 152–160.

Paffenholz T, Hirblinger A, Landau D, Fritsch F & Dijkstra C. 2017. Preventing violence through inclusion: From building political momentum to sustaining peace. Inclusive Peace and Transition Initiative. Graduate Institute of International and Development Studies in Geneva. Available in English at: https://www.inclusivepeace.org/sites/default/files/IPTI-Report-Preventing-Violence-through-Inclusion.pdf

Petrelius P, Tulensalo H, Jaakola A-M & Hietamäki, J. (eds.) 2016. Lapsen elämäntilanteen ja tuen tarpeiden lapsikeskeinen, monitoimijainen arviointi: Tietoa lastensuojelun kehittämisen pohjaksi [*Child-centred multi-party assessment of a child's life situation and needs for support: Information for the development of child protection*]. Finnish Institute for Health and Welfare Discussion Papers 33/2016. (In Finnish). http://urn.fi/URN:ISBN:978-952-302-749-7

Siltala P. 2016. Taakkasiirtymä. Trauman siirto yli sukupolvien [*Transferred burdens. Transgenerational trauma transmission*]. Helsinki: Therapeia Foundation.

Stenvall E. 2018. Yhteiskunnallinen osallisuus ja toimijuus: Lasten osallistuminen, kansalaisuus ja poliittisuus arjen käytäntöinä [*Inclusion and agency in society: Children's participation, nationality and political nature as everyday practices*] (Doctoral dissertation, University of Tampere).

Taskinen S. 2017. "Ne voi opita toisilta" – kasvatustieteellinen design-tutkimus maahanmuuttajaoppilaiden osallisuutta edistävistä luokkakäytänteistä [*'They can learn from the others' – An educational design research study on classroom practices enhancing participation among immigrant students*]. Acta Universitatis Lapponiensis 360. Rovaniemi: University of Lapland.

Virkki P. 2015. Varhaiskasvatus toimijuuden ja osallisuuden edistäjänä [*Early childhood education promoting agency and participation*]. Publications of the University of Eastern Finland. Dissertations in Education, Humanities, and Theology No. 66. Helsinki: University of Eastern Finland.

Weiste-Paakkanen A, Lämsä R & Kuusio H. 2018. Suomen romaniväestön osallisuus ja hyvinvointi. Romanien hyvinvointitutkimus Roosan perustulokset 2017–2018 [*Inclusion and wellbeing among the Finnish Roma population. Basic results of the Roma Wellbeing Study 2017–2018*]. Finnish Institute for Health and Welfare Reports 15/2018. (In Finnish). http://urn.fi/URN:ISBN:978-952-343-246-8

Wenger-Trayner E. & Wenger-Trayner B. 2015. Learning in a landscape of practice. A framework, pp. 13–30. In: Wenger-Trayner, Etienne, Fenton-O'Creevy, Mark, Hutchinson, Steven, Kubiak, Chris & Wenger-Trayner, Beverly (eds.): Learning in Landscapes of Practice. New York: Routledge.

Yates S, Lockley E. & Kirby, J. 2018. Digital inclusion and exclusion: The social challenges of a networked society.

6 Multidisciplinary[18] cooperation and exchange of information

Corresponding authors: Jukka Mäkelä, Finnish Institute for Health and Welfare (THL), and Katriina Bildjuschkin, THL
Co-authors: Taina Laajasalo, THL, and Hanna Kettunen, THL

6.1 Introduction

Violence against children has multidimensional consequences for the individual, community and society. This chapter provides an overview of matters related to multidisciplinary cooperation and the exchange of information, in terms of both preventing and addressing violence and reducing the impacts of violence.

The importance of confidentiality has traditionally been emphasised in social welfare and healthcare education. However, multidisciplinary work is required to safeguard the best interests of a child, and legislation does not prevent issues from being addressed and processed in cases of suspected violence against a child. During further training, it is a good idea to remind the participants of the notification duty. An employee is always allowed to contact other employees when a child is in danger.

18 'Multidisciplinary' and 'multi-professional' are often used as parallel terms. Multidisciplinary cooperation usually refers to cooperation between different fields of administration and science (Ursin, 2013). Multi-professionalism, on the other hand, often refers to experts representing various professional groups working together (see e.g. Kontio, 2013 or Koskela, 2013). In this chapter, the term 'multidisciplinary' is used in the sense that it also includes multi-professional cooperation.

Studies show that violence against a child significantly impairs their development in terms of health and wellbeing. Processes in the family, community and society triggered by suspicions of violence may also have adverse effects. The actions of adults are reflected by children in various ways – as the purpose of legislation and official guidelines is to ensure the legal protection of a child, guardians who are suspected of violence against a child and neglect may be unhappy about the measures taken. The guardians may attempt to influence the child during the official process with intimidation, for example, or by asking them not to share their experiences. The child may also feel threatened by adults who want them to cover up events. The authorities must assess the child's safety on a case-by-case basis when a suspicion arises and during the official process, and react to it if necessary. However, the official process and the examinations conducted in healthcare as a whole can be considered to support the safety, development and overall wellbeing of the child and must be carried out with the best interests of the child in mind.

Reducing any adverse impacts is as important as reducing violence. This requires a particularly high level of multidisciplinary cooperation, and in most cases cooperation at least between social welfare services, the police, the judicial system, healthcare and education. Legislation (e.g. the Health Care Act [1326/2010] and Government Decree 338/2011) call for multidisciplinary cooperation. Extensive health examinations at maternity and child health clinic services and in school healthcare are services that are based on multidisciplinary cooperation to identify the resources and stress factors of the whole family, as well as arranging tailored support and other assistance for children and families (Hakulinen-Viitanen et al., 2012). Professionals play an essential role in supporting the family and helping them to cope, but the best interests of the child and the investigation process regulate each case, especially in the event of a suspicion of domestic violence against a child or neglect. On a case-by-case basis, cooperation is also carried out with the third sector and, for example, municipal youth work departments.

People working with children, young people and families in any sector sometimes have to deal with violence as a phenomenon (Leppäkoski & Paavilainen 2015). People working in the fields of education or involved in police activities to prevent and investigate crime, as well as people working in social welfare services, health promotion or preventive or clinical healthcare, meet children, young people and families whose lives are affected by violence, and this violence has a significant impact on the day-to-day work of these people. No sector can fulfil its duties in the

required extent without help and support from other sectors. This is emphasised by national and international studies (e.g. Piispa et al. 2012) that have sought to understand repeated failures in preventing violence against children. The same requirement for multidisciplinary cooperation is evident in studies concerning multi-professional cooperation (e.g. Peckover & Golding 2017).

Challenges of multidisciplinary work include weak interaction and communication between various operators, different interpretations of confidentiality regulations and problems with information exchange, coordination of services and lack thereof, high employee turnover, lack of time and a constant sense of urgency (Leppäkoski et al. 2017). **Multidisciplinary cooperation** and understanding and mitigating the impacts of violence, as well as solving problems related to violence, also require high-quality multidisciplinary research and education. In Finland, the University of Jyväskylä, for example, has a strong hub of research in violence.

The obligation to cooperate and the legal basis enabling cooperation are included in the legislation governing these sectors (see the laws and other regulations governing cooperation on the protection of the child and the mutual disclosure of information, THL 2016). Thus, legislation provides a solid and binding basis for cooperation on the prevention of violence. However, legislation alone does not guarantee smooth multidisciplinary cooperation. Common operating models must be created within the scope of legislation. Cooperation also requires an understanding of the nature of the work of other professionals and effective communication collaboration (Macvean et al. 2018).

The Convention on the Rights of the Child obligates Finland to provide every child with a safe growth environment where the child can live free from violence. The convention also includes an obligation to provide support and assistance to children who have violence in their lives (Articles 12 and 39). This is not possible without sufficient collaboration. The need for cooperation is based on both practice and legislation.

6.2 Promotion and primary prevention: aiming for non-violence

Multidisciplinary cooperation promotes living conditions in which children, young people and families do not experience violence or use it as a problem-solving tool. Supporting parenting (see also Chapter 8), strengthening children's social skills in early childhood education and promoting non-violence in schools and educational institutions all require a multidisciplinary approach (see also Chapter 9). Parents who feel that they are running out of resources are more prone to use violence, so supporting parental resources can reduce the risk of violence against a child (Chen & Chan 2016).

At maternity and child health clinic services, it is possible to promote non-violent upbringing, identify the need for early support and be aware of the risk conditions for violence against children (Nursing Research Foundation 2015, Poutiainen et al. 2015, Hakulinen 2019). Multidisciplinary cooperation with both social welfare services and early childhood education or the third sector is often needed to provide support. For most children and young people, early childhood education, school or upper secondary education are places where they spend much of their daily lives. These play a key role in preventing violence, as they also reach the majority of children and young people. Supporting non-violence and preventing violence must also be linked to the work carried out in schools (see also Chapter 9). Communal pupil and student welfare incl. school and student healthcare services promote non-violence as part of the wellbeing of the entire community at the educational institution.

Primary prevention of violence – that is, prevention before violence takes place – is by definition part of the basic mission of the police, healthcare and social welfare services and the education sector alike. Different professional groups describe preventive work in different ways and with different concepts. The police prevent crime and the healthcare sector promotes health and prevents disease, while the social welfare sector safeguards children's developmental opportunities, among other duties, and the education sector prevents bullying, for example. Identifying violence can be hindered by uncertainty about where to refer parents for assistance. Teachers and other staff, from early childhood education to upper secondary education, deal with children and young people on a daily basis.

Practically all children of the age group 0–17 and their families are met through child health clinic services and school healthcare services in Finland. These are opportunities to address the impacts of violence and support non-violence, as well as identifying potential signs of violence and conditions that may increase the risk of violence and addressing these to protect the child (see also Chapter 8). Identifying violence can be hindered by an employee's uncertainty about where to refer parents or children/young people for help. The paths to accessing assistance are strengthened through the Barnahus project, for example, which began in 2019. The project aims to provide all children and young people who have experienced violence with the psychosocial support they need and possible crisis support.

The most important way to reduce violence against children is to train operators to identify potential violence and take action in situations where a child or young person is suspected of having been subjected to violence or having witnessed violence. Because of the high employee turnover, training needs to be seen as a continuous task. Guidance for professionals would support their ability to identify intimate partner violence as a phenomenon and to act correctly in these situations.

Multidisciplinary cooperation strengthens preventive work. However, it can be hindered by a reluctance to acknowledge and recognise violence as a phenomenon or the impacts of violence. A professional's uncertainty about their rights and opportunities to seek support and assistance for their work against violence can also hinder cooperation. In most cases, basic vocational education provides very little information about violence as a phenomenon and particularly about violence against children.

Many professionals are uncertain about their own ability to face and identify violence and take action based on what they have observed. They may be uncertain about their rights and obligations, but the guidance provided in the workplace can also be unclear. Cooperation can also be hindered by a professional's excessive confidence in their ability to manage without needing others' expertise. (Koskimies et al. 2012.)

Example: Strongest Families

As providers of universal services that reach nearly all families, maternity and child health clinic services have a primary opportunity to prevent factors that increase

the risk of violence. A child's behavioural disorder increases the risk of physical abuse. On the other hand, physical abuse increases a child's behavioural symptoms (Danese & McCrory 2015). To reduce behavioural disorders, the University of Turku has developed the Strongest Families operating model for maternity and child health clinic services. The model can effectively strengthen non-violent parenting and reduce child abuse.

Example: online training

Both the public sector and third-sector operators (e.g. the Federation of Mother and Child Homes and Shelters) provide online training to address the phenomenon of violence. In 2019, the Finnish Institute for Health and Welfare (THL) published an online course entitled 'Create trust – Address violence', which deepens the content of 'Create trust – Protect children', a previously published online course, from the perspective of professionals and other people who deal with violence against children as part of their work.

Example: Liaisons

The LAPE project in Southwest Finland created a model for developing basic expertise in non-violence. Professionals were trained to become Liaisons in municipalities and various sectors. The Liaisons serve as contact persons for dealing with violence. They coordinate training and consultations and create multidisciplinary networks. Liaisons are now being trained in cooperation with the Southwest Finland Regional State Administrative Agency.

6.3 Secondary prevention: assistance models and damage prevention

Multidisciplinary team of experts in violence against children

Secondary prevention means preventing damage when something harmful has already happened. Violence is harmful to a child, and even a suspicion of violence can cause significant harm. Therefore, when it is suspected that a child has been subjected to violence, the effective processing of the suspected case prevents the harmful impacts of violence. This requires exceptionally skilful multidisciplinary

work. According to the regulations, even a suspicion of violence obligates professionals to report the case to social welfare services, as well as to the police in most cases. With regard to investigation, the responsibility for a multidisciplinary exchange of information emerges as soon as a suspicion arises.

As a rule, a suspicion of violence triggers two investigation processes: the criminal process and the child protection process. The police and the prosecution system are responsible for the criminal investigation, and the social welfare department is responsible for child protection actions. These two processes have different purposes. In terms of criminal law, it is important to examine what has happened and whether the incident meets the criteria for an offence. In terms of child protection, it is important to find out whether the child is safe and whether their development opportunities have also been secured. In terms of criminal law, the focus is on the past, while the focus of child protection services is on the future – based on the information obtained about the past and the present and the understanding gained.

Both processes are statutory and are triggered immediately, and the processes cannot be placed in chronological order. Child protection services need to find out whether the child is safe at home and what needs to be done to ensure this. This is particularly challenging in situations where a parent is suspected of child abuse. In these situations, multidisciplinary cooperation during an investigation is also particularly demanding. In most cases, the police would benefit from the parents being unaware of the suspicion for as long as possible, but this could hinder the determination of the need for child protection.

A suspicion of domestic violence must always be treated as a situation that calls for an assessment of the need for child protection. Following the amendment to the Social Welfare Act (1301/2014), it has become clear that some municipalities have begun to process child welfare notifications as assessments of the need for services. As a rule, the assessment must be an assessment of the need to protect the child, although family support for non-violent parenting is a key way to help a child. This requires an examination of the child's perspective, and not just an examination of the parents' view on their need for services. (THL 2019b; see also Chapters 8 and 10.)

Work against violence is multidisciplinary. It requires multidisciplinary guidance to engage each sector and provide employees with training. In the LASTA project in Southwest Finland, a multidisciplinary team served as the steering group, which targeted and developed multidisciplinary cooperation. The steering group included representatives of the police and the prosecution system, the primary healthcare sector, the somatic and psychiatric specialised medical care sector and a forensic psychiatry unit for children and young people. The final report of the project (Sinkkonen & Mäkelä 2017) stated that there is a need to expand the expert group on work against violence by including representatives of the education and youth work sectors.

The LASTA steering group is not a multidisciplinary group of experts in accordance with the Child Welfare Act, but a group specialising in the phenomenon of violence that is responsible for cooperation. Such a group could ensure effective consultation, in addition to ensuring regional training for all operators. The purpose of the expert group is to process matters regarding individual children. For this purpose, it would be sensible for the group to include representatives of the parties that manage the child's case and are as close to the child as possible. Top-level operators are poorly suited for this purpose. This is because, in practice, different people from the social welfare, healthcare, education and youth work sectors would be needed to process matters relating to each child, which would make the group massive and therefore also partially ineffective.

Examination of background information

Background information plays a key role in terms of both criminal and child welfare investigations. If the child's guardian is a suspect, there is a conflict of interest between the guardian and the child. In this case, the child needs a representative authorised to obtain information concerning the child. The representative must be selected as early as possible during the preliminary investigation, so that the investigation can be conducted in line with the interests of the child. For the preliminary investigation, the police may request information from the healthcare, social welfare and education sectors. This information can be obtained with the permission of the child's guardian or representative, or even without permission in cases where the suspicion of a criminal offence is sufficiently serious. In the future, the role of forensic psychiatry units for children and young people in examining background information must be studied, and special attention must be paid to

establishing how and in which situations the police can request assistance from the units in screening background information. In addition, the practices for using background information collected with permission from the representative must be harmonised. Comprehensive background information is critical in the overall assessment of the situation and in assessing the urgency and direction of the preliminary investigation.

There are major regional differences in starting criminal investigations. The police often contact child welfare employees to study the situation of the family. However, they do not usually have access to health information. Nevertheless, this information may play a key role in the preliminary investigation of a criminal suspicion. Two different operating models have been developed to meet this need. The LASTA model (Sinkkonen & Mäkelä 2017), which was created during the LASTA project, is used in the Turku University Hospital region in cooperation with several police departments. Forensic psychiatry units for children and young people have developed a screening method, which is used in the Helsinki and Uusimaa hospital district and the Pirkanmaa hospital district, as well as in the Kuopio University Hospital region, in cooperation with several police departments (Julin 2018, 21–22). However, not all police departments take advantage of this opportunity. Both methods are based on the examination of background information, combined with scientific research on risk factors for abuse. The working methods are based on research-based information in the fields of developmental psychology and forensic psychology.

In the LASTA model, information provided by the primary healthcare, specialised medical care and social welfare sectors is searched for specific information related to possible risks by using a form developed for this purpose. The police may use the form for investigations, and the child welfare services may request to use the form to support examinations. Similarly, in screening work, employees in forensic psychiatry/psychology units assist the police in examining information obtained from child welfare services and healthcare services. Such multidisciplinary cooperation has been perceived as highly useful, because it accelerates investigations and enables the efficient use of resources, for example. Multidisciplinary cooperation has also been implemented by having a two-person team consisting of a psychologist and a social worker conduct preliminary screening at the regional police department. This has turned out to be a very natural way of working. (See also Chapter 10.)

Interviewing a child calls for special skills

Child-friendly investigation, which requires special expertise, and the child-friendly assessment of the need for social welfare services are key ways to reduce the potential harm caused to a child by a suspected case of violence.

In both processes, the child's account of the events must also be heard as far as possible. If the child is too young or otherwise unable to be interviewed, research-based information provided by the healthcare sector and observations made by the social welfare sector on the child are key ways to ensure that the child is heard. Interviewing a child requires special skills. It is good to remember that the objectives of interviewing the child also differ in terms of the criminal and child welfare investigations. Thus, for example, the methods of interviewing a child that have been developed for one specific purpose do not necessarily serve other purposes. Sometimes the best interests of the child may seem different to different operators, and may even appear contradictory.

The European **Barnahus Quality Standards** (2017) describe the criteria for interviewing a child in a child-friendly manner. The Barnahus model is based on these standards. A place for interviewing a child must be child-friendly. Instead of being scary, it must support the child's experience of safety. The police station is not necessarily such a child-friendly place. Instead, other types of facilities should be available for interviewing a child. Schools and early childhood education units can be problematic in terms of this purpose, as the child may attract attention among their peers when a plain-clothed police officer appears to meet them (children are prone to noticing the presence of a strange), and it may be difficult for the child to return to normal life after their interview if a supportive adult is not present (see also Chapter 10).

In the future, family centres could be equipped with natural and suitable environments for interviewing a child. Family centres are familiar environments for children through their visits to child health clinic services. Family centres could have employees who know to how to support the child and the family after the interview (Huittinen 2019). Before this, however, issues related to transportation and the resources required for the operations must be solved. When allocating resources to the authorities, such as the police and prosecutors, who do not generally operate in family centres, it must be taken into account that transfers to family centres take time during work depending on the distance (see also Chapter 8).

Another criterion presented in the quality standards is the fact that the interview must be conducted by a person with special training using an evidence-based interview method. The Criminal Investigation Act (Chapter 4, Section 7) also states the following: 'To the extent possible, investigation actions directed at persons under the age of 18 years shall be assigned to investigators particularly trained in this function'. In Finland, this type of special training has been provided to police officers and employees belonging to child forensic psychiatry working groups (psychologists, social workers, nurses and doctors), but it only covers a small proportion of healthcare and social welfare professionals who work with children. Interviews continue to be conducted by police officers with no special training. The number of police officers provided with such special training was increased from 16 to 24 in 2018, but the need continues to be larger than the number of police officers attending training (personal disclosure from the National Police Board of Finland, 2019). Training for situations where a child is the victim or perpetrator of a crime should also be increased in basic and further police education. In addition, it should be ensured that police officers can focus on investigating crimes against children, so that they gain more expertise and sufficient time for investigation.

A child is entitled to support during the investigation process

A child develops continuously and rapidly. Everyday experiences, both good and difficult, shape evolving brain structures and mental abilities. Prolonged investigation causes uncertainty in the child, which puts a strain on the developing nervous system. Therefore, prolonging the investigation and other examinations is harmful for a child in an entirely different way than for an adult. According to Finnish legislation and international agreements, a child is entitled to special protection and support in situations where the child has been subjected to violence (Finnish Treaty Series 60/1991, Article 39). For this reason, both criminal and child welfare examinations must be conducted without delay, and the child must be supported in every possible way during these examinations. This needs to be better considered in both investigations and legal proceedings.

The harmful consequences of violence can be reduced by strengthening the child's means of coping. Adults can help the child to understand what is happening and what will probably or possibly happen. The child can be supported by ensuring that their daily life continues to be as understandable and predictable as possible – and as unchanged as possible. Experts can also help the child understand the necessary

changes. Children tend to feel guilty when unpleasant changes take place, which is why it is important to help them understand that adults are responsible for their own actions and negligence. At the same time, it is good to pay attention to everything that the child has done right to protect themselves, such as telling someone about the events. This confirms their identity as a survivor. To help the child, adults should also let them know that they are entitled to a safe life. It is also important to provide the child with information about safety skills – that is, what they can do in future to protect themselves in similar situations.

The criminal investigation must not hinder the child's care, therapy and support. However, in terms of therapy and support, it is good to avoid dealing in depth with the case (e.g. suspected sexual offence) under investigation before the forensic psychological interview of the child in order to avoid affecting their memories and account, provided that this is possible – the provision of care and support takes priority over the criminal process. In cooperation with the care provider, experts in child forensic psychiatry working groups can discuss the approach to care and support to ensure that both parties proceed as smoothly, effectively and considerately as possible.

The implementation of the Barnahus Quality Standards in Finland requires that visits to support children's adaptation be ensured in all situations where a suspicion of violence against a child has triggered official actions. One possibility would be for crisis visits by a specially trained professional to be included in the Act on Organising the Investigation of Sexual and Assault Offences against Children and guaranteed as a subjective right of the child. This could significantly reduce the harm caused by violence and/or its investigation, without the child or young person having to first develop symptoms or wait in the general mental health services queuing system. Even under current legislation, the care that a child needs must not be postponed because of a criminal investigation, for example. Forensic psychiatry and psychology units for children and young people can assist in how to provide the therapy that the child needs in a child-friendly manner while also taking the criminal process into account. It must be kept in mind that parents also need support in how to discuss the matter with the child when they grow older, for example. (See also Chapter 10.)

Example: Multi-professional cooperation in an educational institution

A large proportion of the cases of violence against children are reported to the authorities by scores of educational institutions (Gilbert et al. 2009). Each school and educational institution must have a pupil and student welfare plan. Such a plan includes plans to protect pupils and students against violence, bullying and harassment, in addition to a crisis management plan. Multidisciplinary expert groups on pupil and student welfare are established to support pupils or students on a case-by-case basis when needed. The group provides an opportunity for extensive multidisciplinary work, which is always voluntary and involves the child or young person and their guardian. This multidisciplinary work is different from the multidisciplinary work related to criminal law or the assessment of the need for child protection. The symptoms of a child or young person who has been subjected to violence often manifest themselves during the day in an early childhood education unit or at school, and they could benefit from support measures and actions. In such cases, inviting the early childhood education unit, school or educational institution to join the cooperation serves the best interests of the child. Information about how to support the child in early childhood education or during the school day is essential. (See also Chapter 9)

Example: Anchor model

Anchor model is aimed at breaking the criminal cycle of young people aged under 18. Crime and violence are closely linked: many of these young people have previous experiences of violence, and many behave violently towards other young people. Therefore, Anchor model both prevents violence and reduce its impacts. A multi-professional Anchor team usually operates in connection with a police department, and the group includes expertise from the police and the social welfare, healthcare and youth work sectors. The composition of Anchor teams may vary. Most teams include a representative of the police and the social welfare sector. An Anchor team can operate in the area of a single municipality or serve as a joint team for several municipalities. There are Anchor team employees in nearly 60 municipalities. The team meets the young person and their family as early as possible, so that the young person can be supported and, if necessary, referred for help or support. (Ministry of the Interior 2013, Ministry of the Interior 2019.)

Table 7. Multidisciplinary collaboration and exchange of information. Objectives and actions for 2020–2025.

MULTIDISCIPLINARY COOPERATION AND EXCHANGE OF INFORMATION		
Objective 1: Coordination of preventive multidisciplinary work has been agreed upon and effective practices have been created for each hospital district and in large cities.		
Actions	**Justification**	**Responsible parties and operators**
Action 1. A multidisciplinary expert group on anti-violence work will be established at least for each hospital district/ region and in large cities. The team has expertise in the phenomenon of violence in all sectors and at all levels. The teams are responsible for providing education at the basic level and implementing cooperation in practice between the basic level, special level and demanding special level.	Violence against children is a major problem in society. It can only be approached through cooperation at every level. Cooperation requires both management-level commitment in various sectors and expertise in anti-violence work at all levels.	Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Education and Culture Hospital districts/regions Municipalities
Indicators: Multidisciplinary expert groups on anti-violence work have been established by 2022. The responsible parties organise a survey for special responsibility areas /hospital districts on the operations and composition of multidisciplinary expert working groups.		

Objective 2: Structures and operating methods will be established for multidisciplinary work related to investigation, protection and support		
Actions	**Justification**	**Responsible parties and operators**
Action 2. Nationally comprehensive multidisciplinary cooperation in line with the European Barnahus Quality Standards and the LASTA/screening model will be established to ensure equal child-centred investigation, information-sharing and support for all children and young people who are suspected of having been subjected to abuse or sexual violence, regardless of their place of residence.	Multidisciplinary cooperation is be used in an uneven manner across the country in the investigation process for suspected offences against children. The support provided to children and young people is variable and often insufficient. Based on background information from other sectors, the police can make a more comprehensive assessment of the overall situation of suspected offences against children. Similarly, in identifying the need for child protection, the social welfare sector benefits from extensive background information collection. Long preliminary investigation periods are not in the best interests of a growing child. A child-friendly legal process includes avoiding unreasonable delays, and very early collection of background information would reduce delays during the preliminary investigation phase. A child-friendly legal process also includes interviewing the child in child-friendly facilities. (European Barnahus Quality Standards, Barnahus Quality Standards, 2017)	Ministry of the Interior, Finnish Institute for Health and Welfare, Ministry of the Interior, National Police Board of Finland Municipalities Forensic psychiatry/psychology units for children and young people at university hospitals
Indicators: The method of collecting background information has been standardised by 2023. The responsible parties will examine the standardisation of the operating method through a survey targeted at police departments and hospital districts/ special responsibility areas (Erva). A model has been piloted and documented in the largest family centres in which the interview of and support for a child who has experienced violence can in some cases take place in a family centre by 2023. The need for resources for the operations for the preliminary investigation and prosecution authorities will be described and calculated.		

Actions	Justification	Responsible parties and operators
Action 3. Special training in investigating crimes against children will be made a permanent part of the continuing education offering of the Police University College.	The Criminal Investigation Act (Chapter 4, Section 7) states the following: 'To the extent possible, investigation actions directed at persons under the age of 18 years shall be assigned to investigators particularly trained in this function'. Similarly, according to the Barnahus quality standards (Barnahus Quality Standards, 2017), the interview of a child should be conducted by a specially trained professional using an evidence-based interview method. In Finland, the interviews of some children and young people continue to be conducted by police officers with no special training. The investigation of suspected offences against children requires both special and further training for the police.	Ministry of the Interior/ Police, National Police Board of Finland
Indicator: Special training has been established by 2025. Special training is part of the continuing education offering of the Police University College.		

Actions	Justification	Responsible parties and operators
Action 4. In police departments and the prosecution system, investigations of suspected offences against children are centralised in special units, which will be provided with sufficient resources. Their structure and operations will be further specified in cooperation with the police and the prosecution system.	A child-friendly legal process includes preventing unreasonable delays. Sufficient resources for the police and the prosecution system, as well as special expertise, accelerate investigations, in addition to ensuring that investigations are conducted in a child-friendly manner.	Ministry of the Interior/ Police, National Police Board of Finland Ministry of Justice Office of the Prosecutor General
Indicator: Statistics provided by the Police University College; statistics on criminal and legal processes; number of police officers with special training and their participation in interviewing children		

SOURCES

Barnahus Quality Standards. 2017. Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence. PROMISE project series. http://www.childrenatrisk.eu/promise/wp-content/uploads/sites/4/2018/04/PROMISE-Barnahus-Quality-Standards.pdf

Chen M. & Chan KL. 2016. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. Trauma, Violence, & Abuse. 17; 1: 88–104. https://doi.org/10.1177/1524838014566718

Danese A. & McCrory E. Child maltreatment. 2015. In: Thapar A, Pine DS (eds.) Rutter's Child and Adolescent Psychiatry. 5th edition. Wiley Blackwell, 364–375.

Decree on the implementation of the Convention on the Rights of the Child and on the entry into force of the Act on the implementation of some of its provisions (Finnish Treaty Series 60/1991). UN the Convention of the Rights of the Child 1989: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Finnish Institute for Health and Welfare (THL). 2016. Luo luottamusta, suojele lasta. Opas yhteistyöstä lapsia ja perheitä työssään kohtaaville [*Create trust – Protect children. A guide on cooperation for people working with children and families*]. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-642-1

Finnish Institute for Health and Welfare (THL). 2019a. Luo luottamusta, puutu väkivaltaan [*Create trust – Address violence*]. Available in Finnish at: https://verkkokoulut.thl.fi/

Finnish Institute for Health and Welfare (THL). 2019b. Lastensuojelun tarpeen selvittäminen [*Assessing the need for child protection*]. Available in Finnish at: https://thl.fi/fi/web/lastensuojelun-kasikirja/tyoprosessi/lastensuojeluilmoitus-ja-lastensuojeluasian-vireilletulo/lastensuojelun-tarpeen-selvittaminen

Gilbert R, Kemp A, Thoburn J, Sidebotham P, Radford L, Glaser D & MacMillan H. 2009. Recognising and responding to child maltreatment. Lancet. 373; 9658. 167–180.

Hakulinen-Viitanen T, Hietanen-Peltola M, Hastrup A, Wallin M & Pelkonen M. 2012. Laaja terveystarkastus – Ohjeistus äitiys- ja lastenneuvolatoimintaan sekä kouluterveydenhuoltoon [*Extensive health check – Guidelines for maternity and child health clinic services and school healthcare*]. Finnish Institute for Health and Welfare Handbooks 22/2012. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-245-708-0

Hakulinen T. 2019. Vanhemmuuden ja parisuhteen tukeminen äitiys- ja lastenneuvolapalveluissa [*Supporting parenthood and intimate relationships at maternity and child health clinic services*]. In: Hakulinen T, Laajasalo T. & Mäkelä J. (eds.). 2019. Vanhemmuuden ja parisuhteen tuen vahvistaminen: Teoriasta käytäntöön [*Strengthening parenthood and intimate relationships: From theory to practice*]. Finnish Institute for Health and Welfare Guidelines 9/2019, p. 20–29. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-357-1

Huittinen M. 2019. Lapsiin ja nuoriin kohdistuvien väkivaltaepäilyiden tutkiminen lapsen edun mukaisesti. Selvitys poliisin ja perhekeskustoiminnan näkökulmasta *[Investigation of suspected violence against children and young people in line with the best interests of the child. A report from the perspective of police and family centre operations]*. Finnish Institute for Health and Welfare Discussion Papers 21/2019. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-361-8

Julin E. 2018. Lapsiin kohdistuvien väkivaltarikosten selvittäminen terveydenhuollossa. Selvitys lasten oikeuspsykiatrian yksiköiden toiminnasta [*Health services' investigations of violent crimes against children – Report on activities of forensic child psychiatry units in Finland*]. Reports and Memorandums of the Ministry of Social Affairs and Health 32/2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-00-3986-8

Kontio M. 2013. Jaetun ymmärryksen rakentuminen moniammatillisten oppilashuoltoryhmien kokouksissa [*Developing shared understanding in multidisciplinary student welfare team meetings*]. Academic dissertation. Faculty of Education. Universitatis Ouluensis. E Scientiae Rerum Socilium 138. University of Oulu, Oulu.

Koskela S. 2013. "Mie teen vain oman työni." Toimintatutkimus moniammatillisen yhteistyön ja ohjaustoiminnan kehittämisestä [*'I only do my own work.' An action research study about developing interdisciplinary teamwork and counselling skills*]. Academic dissertation. Jyväskylä studies in education, psychology and social research 477. University of Jyväskylä, Jyväskylä.

Koskimies M, Pyhäjoki J & Arnkil TE. 2012. Hyvien käytäntöjen dialogit – Opas dialogisen kehittämisen ja kulttuurisen muutoksen tueksi [*Dialogues on good practices – Guide to supporting dialogue development and cultural change*]. Finnish Institute for Health and Welfare 2012.

Leppäkoski T, Koivuluoma M, Perälä S & Paavilainen E. 2017. Moniammatillisen yhteistyön muutokset ja kehittämistarpeet lasten ja nuorten auttamisessa [*Changes and development needs in multi-professional cooperation on helping children and young people*]. Yhteiskuntapolitiikka 82: 2.

Leppäkoski T. & Paavilainen E. 2015. Potilaiden perheväkivallan yleisyys, perheiden toimivuus, terveys ja sairaalasta saatu tuki [*Prevalence of domestic violence, family functionality, health and support provided by hospitals among patients*]. Tutkiva Hoitotyö. 13; 3: 32(3): 394–43.

Macvean ML, Humphreys C & Healey L. 2018. Facilitating the Collaborative Interface between Child Protection and Specialist Domestic Violence Services: A Scoping Review. Australian Social Work 71; 2: 148–161.

Ministry of the interior. 2013. Ankkuri-malli moniviranomaisyhteistyössä. Sisäisen turvallisuuden ohjelman toimenpiteen 24 toimeenpano alle 18-vuotiaiden rikoksen tekijöiden rikoskierteen ehkäisemiseen [*The Anchor model for cooperation among the authorities. Implementation of Measure 24 of the Internal Security Programme to break the criminal cycle of offenders aged under 18*]. Publications of the Ministry of the Interior 30/2013.Available in Finnish at: http://urn.fi/URN:ISBN:978-952-491-886-2

Ministry of the Interior. 2019. Manual on multi-professional Anchor work. Publications of the Ministry of the Interior 2019:16. Available in English at: http://urn.fi/URN:ISBN:978-952-324-265-4

Nursing Research Foundation (NRF). 2015. Lasten kaltoinkohtelun tunnistamisen tehokkaat menetelmät sosiaali- ja terveydenhuollossa. Hoitosuositus [*Effective methods for identifying child maltreatment in social and healthcare. Clinical guideline*]. Available in Finnish (English abstract) at: https://www.hotus.fi/wp-content/uploads/2019/03/maltreatment-hs-sum-eng.pdf

Peckover S. & Golding B. 2017. Domestic abuse and safeguarding children: Critical issues for multiagency work. Child Abuse Review. 26: 40–50.

Piispa M, Taskinen J. & Ewalds H. 2012. Selvitys perhe- ja lapsensurmien taustoista vuosilta 2003–2012 [*Report on the circumstances of family and child killings 2003–2012*]. Internal security. Publications of the Ministry of the Interior 35/2012, Helsinki.

Poutiainen H, Hakulinen T, Laatikainen T & Kettunen T. 2015. Public health nurses' concerns in preschool-aged children's health check-ups. Journal of Research in Nursing, 20(7), 536–549.

Sinkkonen M. & Mäkelä J. (eds.) 2017. LASTA-hanke. Kokemuksia viranomaisten yhteistyön ja tietojenvaihdon koordinoinnista lapseen kohdistuneissa pahoinpitely- tai seksuaalirikoksen epäilytilanteissa [*LASTA project: Experiences of coordinating inter-agency cooperation and information exchange in cases of alleged physical or sexual child abuse*]. Finnish Institute for Health and Welfare Reports 2/2017. Available in Finnish at: https://www.julkari.fi/bitstream/handle/10024/134582/URN_ISBN_978-952-302-850-0.pdf?sequence=1

Social Welfare Act 1301/2014. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/1982/en19820710_20140491.pdf

Ursin J. 2013. Monialainen yhteistyö ja sen arviointi nuorisopalveluissa [Multidisciplinary cooperation and its assessment in youth services]. Available in Finnish at: https://www.koordinaatti.fi/system/files/2020-01/monialainen-yhteistyo-ja-sen-arviointi.pdf

7 Safety skills education

Corresponding author: Mirjam Kalland, University of Helsinki
Co-authors: Tiina Tenhunen, Oulu University Hospital; Minna Andell, City of Turku; Mirja Ylenius-Lehtonen, City of Turku; Kaija Lajunen, Piia Karjalainen, Itla Children's Foundation and Finnish Institute for Health and Welfare (THL); Raisa Cacciatore, Family Federation of Finland; and Kirsi Porras, Family Federation of Finland

7.1 Introduction

Children's growth environments have changed significantly in recent years. With smart devices, younger and younger children are at risk of being exposed to various harmful stimuli or attempts at contact without the awareness, supervisory presence and understanding of an adult. In addition, smart devices are carried everywhere, as well as being available at all times of the day. Although restrictions and limits can be set for the use of smart devices, it is practically impossible for adults to monitor their use around the clock. The digital growth environment will inevitably affect children's development and will set new requirements for educators to strengthen children's safety skills. However, even in physical growth environments, such as school or hobbies, children and young people may be exposed to various forms of violence and abuse, both within a group of friends and from adults. For this reason, safety skills education is an essential part of daily life at home, at the early childhood education units and at school.

This chapter discusses children's socio-emotional development, as well as its importance and support. The chapter also discusses the meaning of safety and a sense of safety, as well as safety skills education for children. In addition, there is a

separate section on body-emotion education for young children and for sexuality education for children and young people (see Chapter 7.4).

Safety skills are extremely practical skills that help children learn how to act in a dangerous situation. It is clear to everyone that we need to learn to act appropriately in the event of a fire, for example, and to contact the authorities for help. Similarly, it should be equally clear that each child should know how to act in a situation where they receive messages or images from a strange sender or with strange content on their smartphones. For example, it can be explained to a young child that "some grown-ups send nude pictures to children or ask children to send nude pictures to them. This is forbidden by law, but some grown-ups still do this. If this happens to you or one of your friends, tell an adult about this right away, because they will know what to do."

The child will also learn that the swimsuit area is their own area that they may talk about and that they can control , and that they are allowed say "no" also to an adult. It is more difficult to explain to a child what manipulation means, or that a message that seems pleasant and flattering can also lead to something harmful.

Safety skills strengthen children's and young people's ability to identify threatening situations and defend themselves in various harassment situations. In the best case, the child or young person also learns to defend others and treat others with respect. Safety skills are also ideal for strengthening children's and young people's self-esteem and self-knowledge: "I'm fine the way I am, I have the right to grow and live safely, and no one has the right to treat me badly". The strengthening of safety skills also protects children's and young people's mental health, improves their opportunities to survive the knocks of life and strengthens their ability to build positive relationships.

7.2 Safety through supporting social and emotional skills

Author: Piia Karjalainen, Itla Children's Foundation and Finnish Institute for Health and Welfare (THL)

Socio-emotional skills are useful in creating and maintaining good and safe relationships. This creates a sense of safety, as well as contributing to the prevention of abusive relationships. Through emotional skills, such as identifying and being aware of feelings, it is possible to identify situations that threaten safety and to protect against such situations. Emotional regulation can be used to control strong emotions that would otherwise be overwhelming. This section discusses the development of socio-emotional skills and problems arising from insufficient socio-emotional skills, as well as providing recommendations for supporting such skills.

7.2.1 Background and definition of the concept

Defining socio-emotional skills is not unambiguous, and the field of concepts is broad. (Halle & Darling-Churchill 2016, CASEL 2013). Socio-emotional skills can be divided into two main categories: **intrapersonal skills** and **interpersonal skills**. Intrapersonal skills are related to identifying and regulating your emotions ("I'm annoyed, but I won't give it more thought until I get back home") and everyday skills that help you achieve longer-term goals, such as doing your homework, although you don't feel like doing your homework at all, or not eating sweets, although you would like to. Interpersonal skills include listening skills, attentive conversational skills, negotiation and problem-solving skills, and helping others (Domitrovitch et al. 2017).

In socio-emotional development, self-awareness means that the child has the ability to identify their own feelings, thoughts, and goals, as well as how these affect their behaviour. Self-control is the child's ability to regulate their own feelings in various situations, as well as the ability to set goals and work towards them. In addition, self-control includes the ability to manage stress. Social consciousness means the ability to put oneself in another's place, show empathy and respect others. Interpersonal skills include the ability to form and maintain relationships with different people and collaborate with them, as well as the ability to communicate skilfully. Responsible decision-making includes the ability to

understand cause-and-effect relationships, as well as problem-solving skills and good reflection skills. (CASEL 2013.)

7.2.2 Skills development

For a child to be successful in life, they must learn to identify and control their feelings, care about other people, make considered choices, behave ethically and responsibly, form positive friendships, and avoid negative behaviour (Zins et al. 2007). Studies have shown that good socio-emotional skills reinforce positive behaviour in children, increase success at school, strengthen the ability to create healthy relationships with peers and adults, and reduce risky behaviour (Epstein et al. 2000, Trentacosta & Fine 2010). Children with limited social, emotional, cognitive and behavioural skills have been found to have difficulty building social relationships (Denham et al. 2014).

A child's socio-emotional skills begin to develop immediately after birth, along with other aspects of development, such as linguistic and cognitive development. The various aspects of development are closely interlinked. The social and emotional skills of children aged 3–6 develop more rapidly than at any other stage of life. This creates either a solid or fragile foundation for later interpersonal relationships and learning (Webster-Stratton & Stoolmiller 2008).

Socio-emotional skills develop in interaction with the child's environment and their characteristics. Development takes place within an ecological framework, where the child is affected by various environments, such as family, early childhood education and school, as well as leisure development environments. Interaction situations in immediate developmental environments play a role in determining how a child's emotional and interaction skills develop. (Bronfrenbrenner & Ceci 1994). The family is the primary and most permanent social development environment for a child, with parents and guardians playing a primary role in supporting and strengthening children's interaction and learning (Laible et al. 2015).

For the most part, children learn socio-emotional skills through daily family interactions (De Mulder et al. 2000) and through the parents' parenting skills and modelling (O'Neil & Parke 2000, Parke et al. 2002). A warm, supportive, and positive parenting atmosphere supports a child's socio-emotional development (Denham et al. 1997). Sensitive parenting – that is, parenting that responds to a child's needs

with sensitivity – helps children learn self-regulation and empathy. Learning is also affected by a secure attachment relationship between the parent and the child (McDowell & Parke 2009, Reich & Vandell 2014), reciprocity and the prioritisation of the child's perspective and needs, as well as processing emotional skills and emotional states with the child (Neitola 2011).

7.2.3 Problems and disorders

The learning of social skills can be hindered or prevented by the lack of a sufficiently good model, a punitive style of parenting, the mother's depression, the family's weak socio-economic status, an individual's psychological problems, environmental stressors or changes in social environments (Romano et al. 2005). A child's limited cognitive or psychological functioning may also cause socio-emotional disorders (Case-Smith 2013), as can the expectations placed on them being vague or too high. Deficiencies in skills are often detected in group situations in early education or at school, when not as much individual attention can be paid to a child or a young person as at home, for example.

Problems with a child's socio-emotional development are often identified based on the child's challenging behaviour. Socio-emotional difficulties can be related to withdrawal, attention-seeking or dominant behaviour, breaking boundaries, emotional difficulties (e.g. with self-regulation), interaction, cooperation skills, aggression or concentration, for example. However, it is good to distinguish the stages of defiance that are part of normal development from actual problems. Problems arise when the child's behaviour is clearly different from that of their peers and repeatedly causes significant harm to the child or their environment or considerably impairs the child's ability to function in daily life.

Children and young people with deficient socio-emotional skills are more prone to becoming depressed and experiencing anxiety. They are at greater risk of drifting into substance abuse and harmful relationships, and they achieve poorer learning and study results at school (Domitrovich et al. 2017, Durlak et al. 2011, Taylor et al. 2017, Moffitt et al. 2011). In addition, insufficient socio-emotional skills can lead to exclusion (Kupersmidt & DeRosier 2004, Ladd 2005, Laine et al. 2010), and they also predict behavioural problems, especially aggression (Arsenio et al. 2009).

According to a survey conducted in 2010 (n = 61 groups of children), in an ordinary early childhood education unit group, about 15% of children had problems with socio-emotional development (Pihlaja et al. 2010). The result is consistent with the results of other researchers (Alijoki 2006, Lummelahti & Kaakkuriniemi 1990). In a study by Alijoki (2006, 107), 6–22% of children (n = 270) had socio-emotional problems, depending on the type of preschool group. These results are also in line with international studies. In an American study, parents estimated that less than one-fifth (18.4%) of children had socio-emotional problems, and teachers estimated that around one-tenth (10.5%) of children had socio-emotional problems (Barbarin 2007, n = 5,992).

7.2.4 Studies and recommendations

Children learn and practise social skills everywhere and all the time in various growth environments. A child learns from example and through interaction with their environment. Therefore, no single method alone is enough to support a child's social skills. Instead, these skills must be supported through continuous everyday interaction between the child and an adult. In such circumstances, the adult must have the competences and practical ways to strengthen the child's learning and practising of skills. It can be beneficial for the child to participate in a peer group, for example, where they are taught emotional, friendship, interaction and cooperation skills, as well as problem-solving skills. However, the child's environment should then be able to appropriately reinforce the skills that they have just learned and that are being refined, and support the practice of the skills. Primarily parents, but also other adults working with the child (early childhood education and school staff, club and hobby instructors), should be provided with practical means to support these skills.

Home – parents and guardians

The most effective parenting programmes have proven to be those that include the teaching of positive and constructive interaction between the child and an adult, as well as consistent upbringing, how to share emotions and how to calm down. In addition, such programmes teach parents how to calm down and other effective ways to support children's cognitive, social and problem-solving skills, for example. Practising the skills at home increases the effectiveness of the parenting programme. (Kaminski et al. 2008, Temcheff 2018). In group parenting support

programmes, peer support has been perceived as important in strengthening parenting skills and alleviating guilt and shame (Laakso et al. 2011).

The most internationally researched evidence-based programmes are the group-based Incredible Years® (Leiten et al. 2018, Gardner & Leijten 2017), PMTO (Parent Management Training Oregon Model) and Triple-P (Positive Parenting Program). Of these, the Incredible Years programme is in use in Finland. There is also evidence of its effectiveness in other Nordic countries and Finland (Karjalainen et al. 2019). (See the Early Intervention resource for more information.) The web-based Strongest Families programme, which is used in Finland, has been found in Finnish studies to be effective in reducing children's behaviour problems (Sourander et al. 2018). (See the Early Intervention resource for more information.)

Difficulties in parent-child interaction, superficial and inconsistent guidance on social skills, behaviour and relationships, as well as many deficiencies in family resources, can severely impede a child's development of social competence. However, parents usually have the ability to assess their child's social ability, as well as having the desire to succeed in their educational role. In addition to an informal support network, services for local families and children and multifaceted cooperation between families and children and the professionals working with them, as well as regulations and support actions for families in society, are important in supporting parenting. (Neitola 2018)

Early childhood education and school

Other childhood developmental environments, such as early childhood education and school, also play an important role in teaching and supporting socio-emotional skills. Children who have difficulty in learning social skills and regulating their emotions need close and clear practise to learn how to cope with their peer group (Joseph & Strain 2003).

Studies have found that teachers' group management skills – that is, actions through which teachers create an environment that supports both informational and socio-emotional learning – have a significant impact on improving school performance and socio-emotional skills (Korpershoek et al. 2016) and reducing aggression, mental health problems and substance abuse, for example (Durlak et al. 2011, Greenberg et al. 2003, Zins et al. 2004).

Regular reinforcement of socially acceptable behaviour by a teacher (Sanchez et al. 2018), as well as routines and using sanctions to set limits, play a major role in reducing behavioural problems, especially in children who already have these problems (Korpershoek et al. 2016). Programmes that improve a teacher's group management skills increase the teacher's use of positive classroom management competences and constructive interaction between teacher and student (Nye et al. 2018). Changing the teacher's ways of working and improving the quality of teacher-child interaction can be used to impact the child's behaviour and support their socio-emotional development. (Korpershoek et al. 2016.) A change in a teacher's ways of working also reduces the teacher's stress and increases their feeling of control over their work. (Nye et al. 2018.)

Various programmes have been developed for teaching socio-emotional skills to children and young people. There is ample research evidence of their effectiveness (Weissberg et al. 2017, Durlak et al. 2011). The results from these studies showed that the curricula implemented at early childhood education units, schools and secondary schools (n = 231) promote the development of socio-emotional skills. Pupils who participated in these curricula had a more positive attitude towards schooling and assignments in the future, and they also performed better at school.

Several studies have found that curricula supporting socio-emotional skills:

- Improve the self-confidence and self-esteem of children and young people
- Make their attitudes towards school and study more positive
- Increase their prosocial behaviour (e.g. ability to cooperate and willingness to help others), improve school performance (Bierman & Motamedi 2017, Rimm-Kaufman & Hulleman 2017, Jagers et al. 2017)
- and reduce aggression and other problem behaviour, as well as perceived stress.

(Durlak et al. 2011)

According to surveys, there are many different programmes in use in Finland that support children's social and emotional skills, both in early childhood education and at school. According to the TEA data collection (Wiss et al. 2014) at the Finnish Institute for Health and Welfare (THL), the KiVa school anti-bullying action

programme was the most commonly used programme in comprehensive schools (87% of schools). The Lions Quest programme, which promotes the life skills of children and young people, was used by less than half (42%) of comprehensive schools, and more than one fifth of schools used the Step by Step programme to promote children's emotional and interaction skills. The Friends programme, which supports the mental wellbeing of children and young people and prevents depression and anxiety, was in place in 15% of comprehensive schools, and the Together at School programme for primary school children was in place in 7% of schools to support children's emotional and interaction skills. In addition, less than a third of schools reported having a school or municipal method of their own. Similarly, one-third of schools reported using some other method to promote pupils' and students' emotional and interaction skills and mental health. (Wiss et al. 2013; see also Chapter 9.)

According to a study commissioned by the Finnish National Agency for Education in 2017 (Määttä et al. 2017), the Step by Step method is used most widely to support children's socio-emotional skills in early childhood education, accounting for 55%. The second most widely used method was the 'Tunnemuksu ja Mututoukka' programme (27%), and the third most widely used method was Incredible Years (10%). It is noteworthy that in addition to well-known methods, respondents named a wide range of materials and operating models, such as FunFriends, Papilio, Tunteesta Tunteeseen [*From one emotion to another*], Ville Vilkastuksen tunneseikkailu [*Ville Vilkastus' adventures in emotions*] and the KUMMI 13 consultation model for early childhood education units, as well as the use of books, play, music, exercise and images. (Määttä et al. 2017.)

Of the teaching methods and materials used in early childhood education and comprehensive schools to strengthen socio-emotional skills, there is the strongest evidence of effectiveness of the Step by Step and Incredible Years programmes (see the Early Intervention resource for more information). There is little evidence of the effectiveness of other programmes used in early childhood education and schools.

7.2.5 Actions and treatments for behavioural disorders

The Finnish Current Care Guideline (2018) state that behavioural disorders can be prevented and behavioural problems reduced by promoting a child's emotional, interaction and problem-solving skills and by eliminating or mitigating factors

that predispose the child to behavioural disorders. In addition, emotional and interaction skills programmes implemented in schools or early childhood education for children aged under 11 who are at increased risk of behavioural disorders are likely to reduce their antisocial behaviour. In addition, well-targeted and carefully implemented teaching of emotional and interaction skills to the whole group (universally) in schools reduces the behavioural problems of children and young people. (Behavioural Disorders: Current Care Guideline, 2018.)

Programmes with research evidence of effectiveness in early childhood education and school environments are typically structured and specifically targeted at the active teaching of emotional, interaction and problem-solving skills. In some programmes, changes are made to the entire learning environment so that expectations for children's behaviour are consistent and clear. Favourable behaviour is consistently supported through reinforcement by the entire early childhood education or school community. Effective programmes usually include adequate training and support for the teachers or other school professionals who are implementing the programmes, as well as monitoring activities to ensure methodological consistency. (Behavioural Disorders: Current Care Guideline, 2018.)

Both the British NICE recommendation (2006) and the Finnish Current Care Guideline (2018) include recommendations for teaching emotional and problem-solving skills to children aged 3–7 in the school environment for the treatment of children at risk for behavioural disorders if there are many children at risk in the group. According to the recommendations, these programmes should focus on increasing children's understanding of their own and others' feelings, teaching self-control, promoting their positive self-image and developing problem-solving skills. (NICE 2006; Behavioural Disorders: Current Care Guideline, 2018.)

The Current Care Guideline (2018) also states that there is the strongest research evidence for the treatment of children's behavioural disorders using structured parenting guidance, which supports a positive relationship between the child and the parent and reinforces positive behaviour. The most effective actions are multifaceted and psychosocial which are targeted at young people, their parents and their networks. (Behavioural Disorders: Current Care Guideline 2018.) The World Health Organization (WHO) also recommends parenting skills training for the primary treatment of behavioural problems (WHO 2010a).

The Current Care Guideline (2018) recommends cognitive-behavioural treatment for school-age children or young people individually or in groups to reduce behavioural symptoms. There is research evidence of the effectiveness of actions based on social learning or conditionality that include developing interaction skills (e.g. assertiveness, anger management), emotional skills (e.g. identifying, naming, expressing and regulating emotions) and problem-solving skills (e.g. identifying problems, finding alternative solutions, assessing consequences). According to the recommendation, parental guidance is most effective for children under school age. It may be worthwhile including an element directed at the child. Need-based psychosocial actions targeted at young people, their parents and their expanding operating environments are probably most effective for young people. (Behavioural Disorders: Current Care Guideline, 2018.)

With regard to supporting children's social and emotional skills in early childhood education, the Finnish National Agency for Education (Määttä et al. 2017) recommends that training related to identifying and reinforcing socio-emotional skills is needed in basic and continuing education for early childhood education professionals. The training should also support changes in the operating culture of early childhood education, meaning that it should provide early childhood education professionals with ideas, tools and instruments for developing pedagogical practices, work approaches and the operating culture of early childhood education units to better support children's socio-emotional development. The methods should focus on both children with special needs and the development of early childhood education practices as a whole. The use of methods in early childhood education must develop the operating culture in such a direction that the methods are used more systematically and as complete programmes rather than isolated pieces of content. (see also Chapter 9.)

According to the Act on Early Childhood Education and Care (540/2018), the purpose of early childhood education is to develop the child's cooperation and interaction skills, promote their ability to act in a peer group and guide them towards ethically responsible and sustainable action, respect for other people and membership of society. According to the National Curriculum Guidelines on Early Childhood Education and Care in Finland (Finnish National Agency for Education, 2018), a group of children in early childhood education is a key operating environment to practise skills that enable a child to learn to behave in a way that is favourable for themselves and their environment. The purpose of early

childhood education is to guide children to adopt lifestyles that promote health and wellbeing. Children are offered opportunities to develop their emotional skills and aesthetic thinking. Children's emotional skills are strengthened as they learn to identify, acknowledge and name emotions (Act on Early Childhood Education and Care [540/2018] & Finnish National Agency for Education, 2018).

According to the National Core Curriculum for Basic Education, basic education must develop pupils' emotional and interaction skills (Finnish National Agency for Education, 2018). The Student Welfare Act (1287/2013) also obligates schools to take care of communal student welfare proactively. Studies show that this is partly supported by the teaching of socio-emotional skills (Schick & Cierpka 2013, Weissberg et al. 2017).

Guidelines based on meta-analysis (Epstein et al. 2008) recommend the following primary actions to reduce a child's behavioural problems at school:

1. Modifying the learning environment to support the pupil's strengths, preferences or skills, as well as to match their learning skills.
2. Teaching and reinforcing appropriate behaviour using operating methods that focus on both the group as a whole and the individual pupil, thus also reinforcing a positive relationship of trust between the pupil and the teacher and a positive learning atmosphere.

Socio-emotional skills programmes should be based on scientific information. They should include pedagogical methods that help children and the adults who guide them to learn and apply knowledge, skills and attitudes in practice in a way that promotes individual development and satisfactory interaction relationships. Such an approach promotes effective and ethical working methods. Socio-emotional skills include the ability to understand and control emotions, to set and achieve positive goals, to feel and show a desire to care for others and show care for others, and the ability to create and maintain positive relationships and make responsible decisions for the community. (CASEL 2013.)

ADDITIONAL INFORMATION: Guides, instructions and methods

Further reading:

- Webster-Stratton, C. Ihmeelliset vuodet – ongelmanratkaisuopas 2–8 -vuotiaiden lasten vanhemmille [*The Incredible Years: A trouble-shooting guide for parents of children aged 2–8 years*]. Profami 2010.
- Webster-Stratton, C. Kuinka edistää lasten sosiaalisia ja emotionaalisia taitoja [*How to Promote Children's Social and Emotional Competence*]. Profami 2011.
- Kauppila, R. Vuorovaikutus- ja sosiaaliset taidot: vuorovaikutusopas opettajille ja opiskelijoille [Interaction and social skills: An interaction guide for teachers and students]. 2005 (Available printed in Finnish)

Methods:

- Incredible Years group management method (see the Early Intervention resource for an assessment [2016])
- Incredible Years groups for parents (see the Early Intervention resource for an assessment [2016])
- Incredible Years: Dino small group (see the Early Intervention resource for an assessment [2016])
- Digitally-Assisted Parent Training Programme (Voimaperheet [2016])
- The Steps method

Assessment portals:

- Early Intervention -portal

7.3 Security through safety skills

Authors: Tiina Tenhunen, Oulu University Hospital; Minna Andell, City of Turku; Mirja Ylenius-Lehtonen, City of Turku; and Kaija Lajunen

7.3.1 A feeling of safety

Several international agreements and the Finnish legislation guarantee children the right to grow up in a safe environment (see Chapter 4 for more information). A **feeling of safety** begins to build in infancy; according to some researchers, even during pregnancy (Latva & Moilanen 2016). A basic sense of security is key to a child's development (Bowlby 1988, Erikson 1982, Winnicott 1965). A basic sense of security is based on the predictable behaviour of the person caring for the child. The child can count on the availability and comfort of a caring person when they feel hungry, tired or uncomfortable. Based on their experiences during the first year of their life, the baby develops unconscious psychological structures, or patterns of behaviour, that tend to guide their future behaviour and activities. Our later experiences also shape how we react in various future situations (Sinkkonen & Kalland 2016, Pietikäinen 2019).

The attachment relationship between a child and their parent has been modelled by dividing the bond into secure attachment, insecure avoidant attachment, insecure ambivalent attachment and disorganised attachment. A disorganised attachment relationship arises from long-term violence and neglect of care, as well as from a lack of permanent caring interpersonal relationships, mostly in foster-placed and adopted children. (Sinkkonen & Kalland 2016, Sinkkonen 2004.) The attachment relationship can be so disturbed that the child can be diagnosed with an attachment disorder. In such a case, indifference and withdrawal may occur as symptoms during the child's early years. The child may also be uninhibited, meaning that they are not shy in the company of strangers and that their physical closeness to strangers may be exceptionally intrusive. Although these symptoms ease with most children within a year of having been placed in stable conditions, some children may continue to display such symptoms over the long term despite the change in their living conditions. (Raaska et al. 2016.)

Achieving a sense of security and losing this sense of security gradually and completely are significant events at all stages of life. Most people adapt and recover

well even after difficult experiences, but some experience short-term symptoms. After major accidents, 10–40% of people on average have post-traumatic stress disorder (PTSD) symptoms that last for more than six months, and a third of those diagnosed continue to have symptoms for many years. Significant negative childhood experiences, such as violence, can cause a child to have concentration and memory problems. Experiences of safety and insecurity are therefore also significantly linked to learning ability. (Haravuori et al. 2016.) Negative childhood experiences can also cause physical illness, as well as lifelong adverse effects on health and wellbeing (Centers for Disease Control and Prevention, Adverse Childhood Experiences [ACEs] 2019a). (See also Chapters 2, 8 and 10.)

Children's experiences of safety have been studied, especially in children placed outside the home (Laakso 2019, Whittaker 2016). An Australian (Moore & McArthur 2017) interview study of children aged 4–17 (n = 121) found that children's experience of being safe and feeling safe were two different matters for them. Both experiences were equally important to children, and they felt that adults often ignored this difference. According to the children, adults are sometimes too focused on making things safer instead of checking whether the child feels safe. Similar features were observed, although the children's experiences of safety were very personal; that is, subjective. One thing that children and young people had in common was the opportunity to influence matters that affected them. Children considered insecurity to mean the presence of people, things and experiences deemed unsafe. (Moore & McArthur 2017.) (See also Chapter 13.4.)

Children are exposed to violence and sexuality on a daily basis through the media. Their growing environment can also expose them to violence and sexuality. These may undermine their sense of security. According to the EU Kids Online survey conducted in 2010, around 25% of children and young people aged 9–16 (n = 25,142) had seen sexual or pornographic material during the previous 12 months. Older teenagers were significantly more likely to have been exposed to such material than younger children. Of children and young people aged 11–16, 21% had been exposed to other potentially harmful material (hate, pro-anorexia, self-harm, drug use, suicide). Of the parents, 40% did not know that their child had been exposed to sexual images online, and around 50% were not aware that their child had received sexual or otherwise inappropriate messages. (Livingstone 2011.)

In Finland, children start using the internet early, some even at the age of two (Kupiainen et al. 2011, Suoninen 2013). The sexual harassment experienced by Finnish children on the internet has been studied by means of online surveys in 2011 and 2018 (Save the Children Finland 2016 and 2018). This is discussed in more detail in Chapter 11. In addition, a significant proportion of Finnish children experience emotional and physical violence at home and other physical threats or violence against them by parents or guardians (Fagerlund et al. 2013, Halme 2018). These phenomena are described in more detail in Chapter 3 and Chapters 8–10.

According to a recommendation by the World Health Organization (WHO) (2014), safe and caring relationships with parents and other adults are in a key role regarding children's healthy development. The recommendation emphasises that the prevention of violence against children, as well as the prevention of neglect of care, should focus on promoting family health and safe family environments. This support should be provided throughout childhood and adolescence into potential parenthood. (WHO 2014.) The Health 2015 public health programme sees symptoms and diseases related to insecurity as threats to the health of Finnish children. One of the goals of the programme was to reduce such symptoms (Ministry of Social Affairs and Health 2001). The National Strategy for Children 2040 highlights increasing children's safety as a significant factor affecting their wellbeing (Finnish Government 2019).

7.3.2 Factors increasing the risk of violence and neglect of care and factors protecting against this risk

Studies have found a number of factors that protect children from emotional, physical and sexual violence and neglect, as well as factors increasing these risks. (see also Chapter 2.)

Children are protected from violence and neglect of care by the following factors, for example:

- Good social skills
- A strong and caring attachment relationship between parent and child
- A parent's good parenting skills and knowledge of children's development

- The parent knows where and with whom the child is at all times
- Permanent family relationships
- Strong social relationships, support both within and around the family
- Concrete support – such as flexible work arrangements, job security, child care leave and high-quality early childhood education from an early age – from society for parents and communities
- High-quality welfare services, equality in society and stronger laws to protect children.

(WHO 2018; Centers for Disease Control and Prevention 2019b.)

A child's disability, mental illness, behavioural disorder, previous sexual abuse experiences, foreign descent, belonging to a sexual minority and placement outside the home increase the risk of being subjected to violence and neglect. Inadequate parenting skills, a parent's hostile state of mind and other personal problems, family members' poor interaction skills, domestic violence, lack of social support from the family, stress experienced by a parent and an accepting attitude towards physical discipline also increase the risk. For society, cultural and social values that accept the physical abuse of children, socio-economic inequalities, limited access to early childhood education services, lack of services for children and their families who have experienced violence and easy access to alcohol and other intoxicants increase the risk of violence and neglect against children. (Sethi et al. 2013, WHO 2013, WHO 2018, Fortson 2016, Halme 2018, Centers for Disease Control and Prevention 2019.) Factors that protect against violence and factors that increase the risk of violence are discussed in more detail in Chapters 2, 8 and 13.

Children who have been exposed to harmful experiences and whose integrity and boundaries have been violated are also in particular need of stronger safety skills and the security provided by a protective adult. One model for addressing security and safety skills is provided in the guide 'Tunne- ja turvataitoja lapsille' [*Emotional and safety skills for children*] (Lajunen et al. 2015). See also Chapters 7.2, 8, 10 and 13.

7.3.3 What is safety skills education?

Safety skills education aims to promote interpersonal security. This is sought by focusing on safety and by strengthening the child's experiences of security and action, as well as by strengthening the cooperation of adults and the 'safety net' provided by adults. Although children are provided with means to take care of themselves, the responsibility for children's safety remains with adults.

The goal of safety skills education is to support factors that protect children and prevent all forms of violence against children and neglect of care, in relationships both between children and between adults and children. The prevention of violence against children is complex because of a wide range of risk factors. Internationally, various programmes and operating models have been developed for safety skills education, especially for use in basic education. Some programmes only address the prevention of sexual violence against children, while others only address its prevention as part of broader safety skills education (social and emotional skills and sexuality education).

Safety skills education programmes have been widely used in some countries, such as in the United States since the 1990s, where they have been called 3R programmes (Recognising, Resisting and Reporting). The programmes range from short one-off sessions to programmes including several sessions. In addition to regular teaching, the programmes often include discussions, videos, plays, multimedia presentations, colouring books, dolls, exercises and role-playing. They are aimed at children and young people aged 5–18, and the content is modified in accordance with the participants' age group. (Walsh et al. 2015, Krugman 2007, Letourneau 2017.)

In Finland, safety skills education is included in the national core curricula for pre-primary and basic education (Finnish National Agency for Education 2014 & 2018b), and learning materials are available that support safety skills education (e.g. Lajunen et al., 2015). There are no separate safety skills education programmes in use in early childhood education or educational institutions in Finland, unlike in the United States.

Safety skills education strengthens children's and young people's own resources and means of survival. Safety skills include, for example, the ability to identify situations that threaten security, the ability to identify good and bad touching,

the ability to distinguish between good and bad secrets, and the ability to respect personal boundaries, both your own and those of others. Through safety skills education, children and young people learn to defend themselves and their boundaries in situations of bullying, sexual violence, harassment, grooming and other forms of violence and subjugation. Children learn that they have the right to grow up and live safely, even online (see Chapter 11). Children and young people learn safety instructions for threatening situations: say 'no' firmly, leave the situation if necessary, and tell a safe adult about the situation. Responsibility for children's safety always lies with adults, and therefore in safety skills education, children are guided to share their concerns with a safe adult. Parents can be involved in safety skills education through homework. (Lajunen et al. 2015.) Cooperation between home, early childhood education, school and hobby communities is important in safety skills education. The situation in Finland is discussed in more detail in Section 7.3.4 (see also Chapters 8 and 10).

7.3.4 Safety skills education in international studies and recommendations

In international studies, safety skills education programmes have been found to increase children's knowledge of sexual violence, cause children to improve safety through their behaviour, encourage children to tell about violence, reduce adverse effects (guilt, self-blame, shame) and create a more sensitive environment for helping victims. There is also some evidence that the knowledge and skills acquired do not decrease over time. (Finkelhor 1995, Finkelhor 2007, Finkelhor 2014, Walsh 2015, Fryda & Hulme 2015, Mikton & Butchart 2009.) The importance of safety skills education in preventing violence against children and its risks has been emphasised in several WHO recommendations (WHO 2002; WHO 2010b; WHO 2016; WHO 2018). There is still little research-based information about whether such programmes have reduced sexual violence against children. This is partly because of the multidimensional nature of the phenomenon.

Most of the existing safety skills education programmes are intended for children and young people aged 5–18. The programmes have been criticised for assigning children with the responsibility for preventing sexual violence. It is therefore important for parents to be involved in safety skills education programmes for young children in particular. It has been recommended that safety skills education

be started at the age of three (Kenny et al. 2008) and that sexuality education be provided starting from the birth of the child (WHO 2010b).

International studies have found that safety skills education programmes have not caused any negative psychological effects, such as fear or anxiety, even in young children (Finkelhor 2007, Walsh 2015). Safety skills education programmes have also been developed for adults. Their purpose is to train adults to prevent, minimise and immediately address any sexual violence of a child. Programmes are estimated to have improved parents' knowledge and attitudes, but research-based information about their impacts on violence prevention is not available. (Martin & Silverstone 2013, Martin & Silverstone 2016, Rudolph et al. 2018). (See also Chapter 10.)

7.3.5 Situation in Finland

Laws, regulations, programmes and international agreements

Content related to safety skills education is included in several national and international agreements and guidelines concerning Finland. The principles of emotional and safety skills education are in line with the principles of the UN Convention on the Rights of the Child (see Chapter 4 for more detailed information). In accordance with the 2007 Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse, also known as the Lanzarote Convention (The Statutes of Finland No. 1037/2011), each party must take the necessary legislative or other actions to ensure that children are provided with information about the risks of sexual exploitation and sexual violence, as well as about how they can protect themselves, in primary and secondary education in accordance with their level of development (see Chapters 4 and 10 for more detailed information).

In addition, the 2011 Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention (Government Decree 53/2015), mentions the promotion of the implementation safety skills and sexuality education materials in health education, as well as in other subjects as far as applicable. The actions included in the implementation plan are a continuation of the 2010–2015 **National Action Plan to Reduce Violence Against Women**, and one of the recommended action was to prepare safety skills education materials for children and young people (see also Chapter 10.3). **The National Action Programme for the Promotion of Sexual**

and Reproductive Health for 2014–2020 emphasises the teaching of non-violent behaviour. According to the programme, safety skills education should start no later than at pre-school age (Klemetti & Raussi-Lehto 2013; see also Chapter 10.3 for more detailed information). Improving children's and young people's safety in daily life is mentioned as one of the goals in Finland's Internal Security Strategy (Hyvä elämä – turvallinen arki [*A Safe and Secure Life*]), which was published in 2017. The programmes mentioned above are described in more detail in Chapter 10.2 ('Prevention of sexual violence against children').

According to a Position Statement by the European Network of Ombudspersons for Children (ENOC) (2017), every child has the right to comprehensive relationship and sexuality education (ENOC General Assembly 2017). The European Court of Human Rights (ECHR) recently deemed inadmissible a complaint filed about compulsory sexuality education in public schools for children aged 4–8. In its decision (No. 22338/15), the ECHR stated that the aim of sexuality education is to prevent the sexual exploitation of children, which poses a threat to their physical and mental health, and that children should be protected against this threat at all ages.

The Family Federation of Finland has produced a sexuality education recommendation for consideration in local municipal early childhood education plans. According to the recommendation, children are provided with education and guidance on safety skills, as well as on their right to control their body and their attitudes towards their own body and the bodies of others, even if the child does not ask about such issues. Children should be taught the most important safety skills, which are the rules of touching, the so-called swimsuit rule and safety instructions (the "three-point rule"): 1. say no, 2. leave the situation, 3. tell an adult you trust. (Ingman-Friberg & Cacciatore 2016.)

7.3.6 Taking a safe growth environment into consideration in maternity and child health clinic and in school and student health care services

Professionals working in maternity and child health clinic services, as well as professionals working in school and student healthcare services, play a significant role in public health counselling, as they can reach almost all children, young people and families (Hakulinen et al. 2018). They also play a key role in reducing risk factors related to violence against children and neglect of care. Maternity and

child care clinic services are responsible for supporting parenthood and other aspects of families' wellbeing and promoting children's home and other growth and development environments and families' healthy lifestyles. In addition, they are responsible for identifying and supporting the need for special support and examinations for the child and the family at an early stage, as well as referrals to the necessary examinations and treatment.

To assess the need for special support and to implement special support, additional visits and home visits must be organised, if necessary, and a wellbeing and health plan must be prepared in cooperation with the family in need of support, in accordance with the age of the child. To assess the need for special support and to organise support, it may also be necessary to cooperate with various municipal parties. (Ministry of Social Affairs and Health, Healthcare Act 1326/2010, Government Decree 338/2011.) The rationale and implementation guidelines for the decree include more detailed information about assessing the need for special support and useful tools for addressing and assessing the employee's concerns. More detailed guidelines have been provided in national recommendations (Hakulinen-Viitanen et al. 2012, Klemetti & Hakulinen 2013, Ministry of Social Affairs and Health 2004, Quality Recommendation for School Health Care 2004) regarding the identification of the need for health counselling and support (e.g. screening for domestic violence). These guidelines further specify the regulations, but are not mandatory for the municipalities.

Based on laws and guidelines, Finland has good opportunities to provide health advice to ensure a safe growth environment for children, assess a child's need for special support and ensure early intervention when concerns have arisen. In Finland, clinical practice guidelines for nursing have been prepared concerning effective methods for identifying violence against children in social welfare and healthcare (Nursing Research Foundation, 2015). The guidelines are used in child health clinic services, for example.

According to a study on maternity and child health clinic services and school healthcare services (Hakulinen et al. 2017), extensive health examinations targeted at specific age groups in these services offer an opportunity to gain a broad understanding of a family's living conditions and the family situation, as well as on the interaction between the child and the adults. Of the nurses, 62% felt that the need for support was identified at an early stage, and 55% thought that help could

be provided early enough. The corresponding figures for physicians were 71% and 75%. Around 10% of the respondents felt that there was not enough time to carry out the examination, and around 25% did not have time to read previous customer reports. However, 54% of nurses were always able to organise an additional visit when needed, and 39% were able to do so almost always. (Hietanen-Peltola et al. 2017.)

According to a Finnish dissertation study (Poutiainen 2016), nurses had become concerned about the health and wellbeing of the child and/or the family during around 25% of health examinations at child health clinic services or in school healthcare services. However, the nurses did not always have a clear understanding of what the concern was about; it was more of an intuitive understanding. In school healthcare services, it was not always clear to the nurses who should react to absences, for example – a teacher or a nurse? Nurses had expressed their concerns about the low number of counsellors and school psychologists, as well as having felt uncertain about the effectiveness of further treatment practices, particularly for mental health problems. (Poutiainen 2016.)

Violence against children and neglect of care can be a difficult topic to discuss, even for a professional. It must also be possible to ask about it directly, if necessary; questionnaires can serve as good discussion openers. When concerns arise, the further specification and harmonisation of instructions are needed to clarify the division of responsibilities between various authorities, for example. Guidelines on how nurses can also support factors that protect against violence in a family should be further specified and harmonised. For example, to support addressing and discussing the topic, questionnaires concerning the parents' experiences of violence in childhood can be used. Examples of such questionnaires include the Adverse Childhood Experiences (ACEs) Questionnaire (ACES-IQ) and Safe Environment for Every Kid (SEEK). See also Action 1 in this chapter. More information about this topic is provided in Chapters 2, 6 and 8.

Nurses in child health clinic and school health care services have information about the importance of a safe growth environment. This is evident in research results and studies (Poutiainen 2016) on the identification of needs for support. If intuitive concerns that have arisen during a health examination cannot be further specified based on discussion, the use of validated research methods for identifying the risk of violence and neglect of care (e.g. the BriefCAP form) may bring further clarity to

the situation. This may make it easier to target support actions. There is preliminary research evidence of the usability of the above-mentioned form in Finland (e.g. Ellonen et al. 2019), but its broader usability requires further research.

The child's sense of security is also significantly affected by the situation of their family members and the people close to them. The easy availability and timeliness of healthcare (healthcare, substance abuse care, mental health services) and social welfare services also provide security for the child (see Chapter 6 for more on this topic). Violent behaviour in the child's immediate environment should also be addressed effectively (see more on this in Chapters 8–9). In maternity and child health clinic services should also have written safety skills education materials and training for parents nationwide. A guide for parents has been produced at Jyväskylä University of Applied Sciences (Torvinen & Huhtala 2012). Multiculturalism must also be considered when planning the changes to the content of maternity and child health clinic services. Maternity and child health clinic services for asylum seekers have been discussed in the Terttu project report of the Finnish Institute for Health and Welfare (THL) (Castaneda et al. 2019). Nationally consistent operating models, methods and materials for addressing the security issue should be prepared for professionals of maternity and child health clinic services . This will ensure that children and families are treated equally regardless of their place of residence. To implement the aspects mentioned above concerning maternity and child health clinic services, it would be advisable to establish a working group for more detailed planning.

Teachers and other staff in schools and educational institutions should be provided with more training, during both basic and continuing education, on the importance of children's safe growth environments, the risks of violence against children and factors that protect children from violence, as well as on identification and guidelines. Training should also be increased on strengthening the mental health skills of the family and parents. Professionals need to be aware of the diverse and long-term effects of negative childhood experiences on an individual's health and wellbeing (Centers for Disease Control and Prevention 2019a). The same need for more effective training also concerns other professionals working with children. Professionals in the field should be fully informed about new, significant research findings and recommendations. Increased knowledge among professionals directly correlates with the more effective prevention of sexual violence (WHO 2002).

Jyväskylä University of Applied Sciences (JAMK) conducted a three-credit pilot training related to strengthening the emotional and safety skills of professionals in 2012–2013 (Valkama & Lajunen 2014). Key themes included the rights of the child, supporting the child's self-esteem and self-confidence, strengthening safety through safety skills education, experiences of violence and their effects, talking with the child, addressing concerns and operating methods when concerns have arisen. The participants included social welfare, healthcare, education and teaching professionals. The feedback received was encouraging, and JAMK has continued to develop the training.

7.3.7 National guidelines and materials for safety skills education

In 2018, the Finnish National Agency for Education published the updated national core curriculum for early childhood education and care. Municipal curricula will be based on the national curriculum. The grounds for the national curriculum include several aspects concerning safety skills education, such as "the purpose of early childhood education is to strengthen skills related to children's wellbeing and safety", "children are also guided to respect and protect their own and others' bodies" and "the goal is to support children's sense of security, provide them with capabilities to ask for and seek help and act safely in various situations and environments". Promoting safety also includes safety education. (Finnish National Agency for Education 2018.)

Learning safety skills is also part of the national curriculum for pre-primary education in Finland (Finnish National Agency for Education 2014). In the National Core Curriculum for Basic Education (2014), safety skills education is one of the learning objectives in various study modules: in environmental studies in primary school and in health education in lower secondary school. One of the themes of the National Core Curriculum for General Upper Secondary Schools (2015) is wellbeing and health, and this theme includes topics related to safety skills education. This theme concerns multiple subjects.

Learning materials have been published for teachers in early childhood education and basic education and for teachers working multi-professionally with children: 'Turvataitoja lapsille' [*Safety skills for children*] (Lajunen et al. 2012) and 'Tunne- ja turvataitoja lapsille' [*Emotional and safety skills for children*] (Lajunen et al., 2015). Since 2000, many guides intended for emotional and safety skills education for

children and young people have also been published in Finland (Juvonen 1994, Kemppainen & Pakkanen 2002, Herttua-Ruuskanen 2003, Helama 2005, Aaltonen 2012, Valkama & Ala-Luhtala 2014).

- 'Turvataitoja nuorille – Opas sukupuolisen häirinnän ja seksuaalisen väkivallan ehkäisyyn' [*Safety skills for young people – A guide to preventing sexual harassment and abuse*] published by Aaltonen in 2012 is intended for lower secondary school and secondary school teachers, counsellors and nurses. It provides comprehensive information about key phenomena, such as sexual violence, sexual harassment and dating violence. (Aaltonen 2012).
- The Onerva Mäki School has developed material for children with special needs (Lahtinen et al. 2014).
- Material for people with an intellectual disability and people on the autism spectrum has been developed in the Senso project of the Honkalampi Foundation (Honkalampi Foundation 2019).
- In the Rinnekoti Foundation's Clearly About Sex project, which was completed in 2017, plain-language sex education material was prepared to support professionals and the relatives of people with an intellectual disability in providing sexuality education (Rinnekoti Foundation 2019).
- To support sexuality education for young people, good material has been produced that is freely available online. The My Space, Not Yours! website of the Viola Association features a collection of links to materials produced by various operators.

7.3.8 Conclusions and discussion

Based on survey data collected in individual schools in Finland in the early 2000s, experiences of safety skills education in Finland are positive (Muhonen & Sihvonen 2002, City of Turku 2003). The learning materials have now been in use for more than a decade. In the experience of educators, children have been enthusiastic about 'safety lessons', during which they are able to talk about things that are important to them and learn from one another. Emotional and safety skills

education has been found to be most effective when implemented in collaboration with homes, in a process-like manner and collectively across all groups of children in growth and learning environments. Parents have found that safety skills education supports their own educational work. Homework has also sparked and supported a thematic discussion between children and adults in families. (Andell et al. 2014)

In the early days of the development of emotional and safety skills education, concerns were raised from time to time that the teaching of safety skills fuels children's fears. Such concerns have proved unnecessary, based on both studies and practical experience. In fact, children's feeling of safety has been strengthened by experiencing what it feels like to be able to influence situations and by knowing how to act. Emotional and safety skills education has proven to be safe when the working methods have been child-oriented, inclusive of the child, collaborative and supportive of children's survival and empowerment. In a child-focused approach, the starting point has been the children's current issues and interests and their own experiences. The focus on children has also manifested itself in the ways of working, through ways of expression, learning and creating that are natural to children, for example.

It is the trainers' experience that the teaching of safety skills varies by municipality and region in Finland. It also seems that up-to-date information about safety skills education has not reached all professionals in the field of teaching and education. Apart from limited qualitative surveys, there is very little research data in Finland on the extent to which safety skills education is provided and how it affects children, parents, the risks of violence and the prevention of crime.

Safety skills education should engage parents in learning and in teaching the child through shared homework, for example. In addition, parents should prepare their own safety skills material that is appropriate to the child's age, in the common language that is used by the parent and the child. Discussions between the parent and the child also offer an opportunity for the relationship to develop in a more conversational and thoughtful direction. Multiculturalism and the needs of children with special needs should also be taken into account when preparing safety skills education material in early childhood education and schools. In addition, safety skills education should also be taken into account to a significant extent when

drawing up child-specific early childhood education plans and when making a personal education plan for a child with special needs (HOJKS).

Integrating emotional and safety skills education into community events (such as parents' evenings and combined parent-child evenings) creates space for broader discussion and allows for a change in the values of the community, as well as enabling common agreements on children's curfews and digital media rules. Providing teachers with training on safety skills education is very important. The study modules in degree programmes at universities and other higher education institutions should include the study of safety skills and mental health skills, and the subject should also be included in continuing education (Valkama & Lajunen 2014).

Public awareness of the importance of a safe growth environment for a child's development can also be increased through communication campaigns and by addressing various topics by means of public discussion. More emphasis should be placed on children's and young people's need for care and attention well into adolescence, rather than focusing on independence and self-reliance. Parents need information about how and at what stage to support the independence of each young person. Spending too much time alone in relation to the level of development can increase a child's insecurity. Studies have also found that being alone, as well as being left without sufficient control, exposes a child to the risk of sexual violence (Black 2001).

The time spent alone by a primary school pupil after school could be reduced by providing high-quality and easily accessible free morning and afternoon club activities. Most municipalities currently have afternoon club activities, but there have not been places available for everyone who wants to attend. Both morning and afternoon activities were offered in 63% of municipalities. In the 2016–2017 school year, around 55% of Year 1 pupils and 27% of Year 2 pupils participated. Overall, parents and children alike were left with a positive impression of the activities. (Holappa 2018.) Time spent alone after school could also be reduced by increasing hobbies and planning a 'complete school day'. The complete school day can also include joint activities for parents and children.

Parents currently also have the opportunity to apply for partial child care leave to reconcile combining work and family life. When making decisions (e.g. the family

leave reform) and agreements concerning parents' work responsibilities, such as working hours, the safety of the child's daily life should be taken into account in the social debate.

7.4 Safe body-emotion education and sexuality education

Authors: Raisa Cacciatore, Family Federation of Finland; Kirsi Porras, Family Federation of Finland; Mirjam Kalland, University of Helsinki

7.4.1 Introduction

Experiences and events in early development have lifelong impacts. Children need support and sexuality education to form a positive body image and strengthen their self-esteem. The perception, understanding and sensitivity of children and young people vary according to their characteristics, age and developmental level. They are a very varied group of individuals in terms of knowledge, skills, learning ability and backgrounds. A child's and young person's positive body image and self-esteem are vulnerable. The sexual development and health, safety and rights of all children and young people must be protected and supported throughout their growth and development.

Children and young people growing up, particularly in vulnerable situations, may be left without the necessary support. The help and support received by these children and young people must be strengthened in their own growth environments. The media reach younger and younger children. Pornographic content is increasingly accessible to children and young people on smart devices at a younger age than before. It is possible for children to become victims of sexual harassment and sexual violence also through social media messaging services, for example, some of which may only be intended for communication within a closed group. Social media and online gambling also enable children to be approached in surprising, aggressive and manipulative ways. (see Chapter 11.)

Globalisation and the immigration of new population groups from different cultures and religions have also increased in Finland. These changes require effective strategies to ensure safe sexual development for children and young people from different cultures. Comprehensive, age-appropriate and developmentally appropriate sexuality education in early childhood education and schools offers an opportunity to reach most children and young people equally.

7.4.2 The significance of sexuality education

The rapidly changing growth environment for children and young people increases the need for sexuality education. According to the World Health Organization (WHO 2010b), **sexuality education** refers to learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education begins in early childhood and continues through youth and adulthood. For children and young people, it aims to support and protect sexual development. All children and young people have the right to an age-appropriate sex education. (WHO 2010b.)

UNESCO has also published new recommendations on sex education, taking into account changes in growth environments and young people's own activity in private communication of a sexual nature ('sexting'). According to UNESCO's recommendations, young people need non-judgemental, emotionally attuned, empathetic support for their sexual development, which also takes into account the needs of both homosexual and transgender young people and the particular risk of harassment (UNESCO 2018).

Other international regulations and recommendations also require sexuality education from an early age (Convention on the Rights of the Child 1989, Council of Europe Lanzarote Convention 2011, Recommendation by the European Network of Ombudspersons for Children 2017). The European Court of Human Rights (ECHR 19 December 2017) has stated that sexuality education at public schools and early childhood education units is necessary even for young children, beginning with early childhood education. According to the ECHR, children must attend sexuality education classes at early education units and school, and they have the right to receive this education even if their parents oppose it. The rationale was that sexuality education prevents sexual violence against people of all ages. The ECHR emphasised that the goal of sexuality education is the prevention of sexual violence and other forms of violence, which pose a serious threat to the physical and mental

health of children of all ages. All children must be protected from this threat, regardless of their parents' culture and views. The ECHR also stated that one of the goals of sexuality education is to prepare children for the realities of society. This justifies sexuality education in public schools and early education units from early childhood and even for very young children. (ECHR 2018.)

According to a statement issued by the European Network of Ombudspersons for Children (ENOC) in 2017, national guidelines should include, as binding obligations, sections concerning sexuality educations, beginning with early childhood education. After its conference in 2017, ENOC released a Position Statement on a "Comprehensive Relationship and Sexuality Education: The right of children to be informed".

Nationally, the Finnish Institute for Health and Welfare selected the inclusion of sexuality education in early childhood education and basic education as one of the key development themes of the National Action Programme for the Promotion of Sexual and Reproductive Health for 2014–2020 (Klemetti & Raussi-Lehto 2013). In 2018, the Finnish National Agency for Education published a guide on the prevention of and intervention in sexual harassment at schools and educational institutions (Granskog et al. 2018). However, it must be kept in mind that there are challenges in using terminology related to violence, bullying and harassment. The use of legal terms in different sources and publications often varies on a general level.

In 2010, the World Health Organization (WHO) Regional Office for Europe and the Federal Centre for Health Education (BZgA) in Germany jointly published the Standards for Sexuality Education in Europe for policymakers and the authorities and experts in the fields of education and healthcare. The standards included guidelines for age-appropriate and developmentally appropriate sexuality education and safety skills from the birth of a child into their adulthood. The standards and their implementation instructions have also been translated and published in Finnish. According to the standards, sexuality education begins in early childhood and continues through youth and adulthood, with the goal of supporting and protecting the sexual development of children and young people. (THL et al. 2010.)

7.4.3 Body-emotion education for young children

Body knowledge and curiosity are natural for children. The healthy development of children must be systematically supported and protected. Children's sexuality education, or body-emotion education, means answering the child's questions and teaching the child to appreciate their body and respect the bodies of others, as well as talking with the child about self-determination and how to express emotions appropriately. In this way, the child learns that they can ask an adult and that they will always receive a proper, age-appropriate answer. Important and age-appropriate information about the dignity of their body , as well as a positive attitude towards their body and protection skills and rights, or safety skills, must be taught to the child, beginning in early childhood.

According to a situation-analysis and needs assessment survey carried out by the Family Federation of Finland in 2013 and 2014 (n = 507 early childhood education professionals, 614 parents), sexuality education for young children is hindered (Ingman-Friberg & Cacciatore 2016) by the following factors:

1. **Lack of information, fears, myths and misconceptions.** The following misconceptions were identified: all sexuality education harms the child, is intimidating, facilitates victimisation, encourages behaviour that is not age-appropriate, marks the end of the right kind of childhood or innocence, is too private information for early childhood education, means teaching about adult sex or can only be provided if the child asks something. According to the survey results, both professionals and parents had these misconceptions.
3. **Lack of training and guidance.** Based on the survey, professionals had very different types of perceptions of the role of sexuality education in early childhood education, and it was implemented in very different ways in different units. More than half of the early childhood education professionals who responded had not been provided with training in safety education.

4. **Lack of courage to speak.** It can be difficult for professionals to talk about and thereby agree with each other or with parents on issues related to children's sexuality or sexuality education. The reasons mentioned included lack of tradition (only major problems are discussed), taboos, lack of words, lack of definitions (uncertainty about what is meant by children's sexuality and sexuality education).

7.4.4 Safety skills can be taught, practised and learned in early childhood education and at school

Increasing knowledge and competences about children's sexuality education is necessary for early childhood education staff, teachers and parents alike. Finland needs national binding guidelines and training for professionals to ensure that the sexuality education, support and assistance for children and young people is systematic and equal and that it is implemented equally, regardless of the place of residence. Early childhood education, pre-primary and primary education play a key role teaching age-appropriate knowledge, vocabulary, positive attitudes and safety skills. The content of age-appropriate sexuality education is described in the WHO Standards for Sexuality Education in Europe (THL et al. 2010). This information can also be found in several guides, guidelines and materials.

The National Core Curriculum for Pre-primary Education (Finnish National Agency for Education, 2014) states the following: "In pre-primary education, children receive information on their right to a safe life, appreciative treatment and physical inviolability." (under "I grow and develop", "General objectives of instruction linked to the entity", p. 38). The goal is, among other things, to "support the growth of children into humanity and provide them with knowledge and skills necessary in life". Safety skills and physical inviolability are mentioned in the National Core Curriculum for Basic Education for Years 1–6. Sexuality is mentioned in the National Core Curriculum for Basic Education for Years 3–6 under "Me as a human being": "Sexual development and human reproduction are discussed in an age-appropriate manner." (in Section 14.4.5 "Environmental studies", "Key content areas related to the objectives of environmental studies in grades 3–6", C1 "Me as a human being", p. 241.

Often, sex education topics are only addressed in Biology in grades 5–6. Information and communication technology is also discussed, but without

mentioning sexuality. The National Core Curriculum for Basic Education for Years 7–9 includes a good amount of sexuality education content and material. (Finnish National Agency for Education, 2014.) As sexuality education is part of health education in lower secondary school, the extent to which the topic is discussed may vary between teachers. Teachers need adequate training and professional support for providing the emotional, interaction and safety skills required in today's world.

Children and young people need safety skills in all their relationships, including friendships. It is important to provide vocabulary in safety skills and safety skills education that enables the child to speak openly about sexuality and their body. Even young children and primary school pupils can be taught the names of body parts, the memory rule of the 'swimsuit area' as a private area, the rules of touching and instructions for difficult situations. Age-appropriate sexuality education also covers not only self-protection, but also the teaching of skills needed to take care of others. Children learn safety skills only by practising repeatedly with support from an adult. Safety skills emphasise a positive attitude: the child is important, and so are other people, everyone has the right of self-determination and everyone must learn how to respect their own body and the bodies of others. Violence and its threat would be easier to detect and prevent if children learned safety instructions before school age. A child must have the reassurance that they can say 'no', even to an adult, and that they can leave situations and discuss them with a reliable adult. It is important to tell the child that unwanted touching is never a secret.

Skills provide the child with an operating model, but do not remove their fear or paralysis in a threatening situation or their subordinate position in relation to adults and the exercise of power. An important message that encourages a child or young person to speak is that a professional introduces the topic and provides the appropriate words. In this way, keeping silent cannot prevent the identification and exposure of cases. (Ingman-Friberg & Cacciatore 2016.)

7.4.5 Children, young people and porn

The purpose of the age limit determined in the Criminal Code of Finland is to protect underage children and young people from sexual abuse and violations of sexual self-determination. Children aged under 16 are considered to need special protection in terms of sexual and mental development and growth. According to the law, the age of consent is 16 years. However, the restrictive provision described

in chapter 20 of the Criminal Code enables a young person to date and engage in sexual acts with another young person if the "act does not violate the sexual self-determination of the subject and where there is no great difference in the mental and physical maturity of the parties".

Technology makes it easier and easier to find information and entertainment on the internet. This means it is easier for children and young people to access sites containing pornography on a computer or a smartphone, for example. Some young people watch porn, boys often more than girls. There are indications that boys who are thrill-seekers, who have reached puberty sooner than other boys or who have a poor or problematic relationship with their family use porn more often than other young people. (Valkenburg 2016; see also Chapter 10–11.)

There is very little research on what kind of porn young people watch or how young people end up watching porn and whether there is a difference between boys and girls in terms of at what age they have started watching porn and what kind of porn young people are watching. The impact of online porn on young people has been studied, particularly from the perspective of whether it affects the sexual attitudes, beliefs and behaviour, as well as the sexual aggression, of a developing young person. In addition, researchers have considered how pornographic material (images and videos) available to young people on the internet affects young people's perceptions of themselves, their body image and social development. Researchers have also discussed the impact of watching porn on a young person's brain function. (Owens et al. 2012.) However, young people's experiences of porn can be very individual: some may consider porn to be part of solo sex that builds their sexuality and relieves pressure.

Nowadays, young people's media use and its impacts on daily life are extensive. For young people, the various media channels also serve as channels for positive interaction and for getting the help they need. This is a complex social phenomenon where an individual media product, such as porn, does not alone have an impact on young people's overall wellbeing. If a young person is provided with timely and high-quality sexuality education, the risk of unwanted use of media products that are not age-appropriate or developmentally appropriate is more controlled, even in terms of future impacts. It is also important to take into account the responsibility of the child's and young person's parents and other adults for guiding them in terms of media literacy and usage skills.

7.4.6 Sexual harassment and violence experienced by children and young people

According to a survey conducted by the Family Federation of Finland (2013), professionals may often be unaware of what is normal sexual behaviour for children and what is worrying. A behavioural symptom with sexual undertones may lead to punishment for bad behaviour instead of help. In a survey conducted by the Family Federation of Finland in 2013 and 2014, nearly 50% of the early childhood education professionals (n = 507) had witnessed sexual acts conducted by children that may have been related to inappropriate acts that the children had seen or experienced. In addition, 29% of the respondents reported that there were no instructions available in the workplace on how to address bullying that has sexual undertones. However, such bullying had been witnessed by 10% of the respondents in the groups of children that they supervise. The majority (88%) of the professionals who responded to the survey were concerned that children receive too much information in their environment that is not appropriate in terms of their age and level of development. (Family Federation of Finland 2013.)

When assessing a child's worrying sexual behaviour, it is good for professionals to keep in mind that the behaviour can arise from a variety of reasons. It is therefore a good idea to stay calm and look at what the child's worrying behaviour might be about and whether the issue needs to be further clarified. It is also a good idea to consult experts in the field and file reports with child protection services and the police if there is reason for suspicions of sexual harassment or violence.

Over the past ten years, around 100 reports of suspected sexual abuse/violence against young children have been filed with the police each year concerning children aged 0–4 and around 200 reports concerning children aged 5–9 (Statistics Finland, Statistics on offences and coercive measures). The obligation under Chapter 5, Section 25 of the Child Protection Act (417/2007) to report suspicions of sexual offences immediately to the police and not only to the child protection authorities was added to the act in 2012, which may have increased the number of reports. Even a suspicion of a crime is enough to raise the obligation to report. Reports are recorded on a victim-by-victim basis. A single report may include many acts, or acts conducted by several perpetrators against the same child.

According to the results of the 2019 School Health Promotion Study, it is common for children and young people to experience sexual harassment. Around 5% of boys and girls in Years 4 and 5 (aged 10–11) had experienced sexual harassment, such as comments, suggestions or the showing of visual material, over the previous 12 months. A smaller proportion (less than 2%) had also experienced sexual touching or pressure to allow sexual touching. Correspondingly, 32% of girls aged 14–15 (Years 8 and 9) and 8.2% of boys in lower secondary school reported having experienced sexual suggestions or harassment. In upper secondary schools and vocational institutes (first-year and second-year students) around 33% of girls and around 6% of boys reported having experienced sexual suggestions or harassment. No data is available on the experiences of young people who are not attending education. (Finnish Institute for Health and Welfare 2019.) According to the same survey, 4% of boys and 10% of girls in basic education and 3% girls and 10% of boys in upper secondary schools reported having experienced sexual violence. (Finnish Institute for Health and Welfare 2019; see also Chapters 3 and 11.)

Children and young people with special needs often receive less sex education but are overrepresented in terms of experiences of sexual violence (Cooke 2000, Broadi et al. 2017). Every child, regardless of their background, has an equal right to comprehensive and high-quality sexuality education. Children and young people with disabilities may have to resort to assistants to take care of their health and body in their daily lives, which also exposes them to violence and neglect of care. Their opportunities to defend themselves and seek help are often more limited than those of others. In addition, they are dependent on adults more closely and for longer than others. Intellectual disability also often means poorer opportunities to identify and prevent sexual violence, as well as meaning lower self-esteem and taught obedience. (See also Chapter 13.2)

International studies suggest that a child or young person placed outside the home is at greater risk of experiencing sexual violence than other children. A young person placed in an institution is at particularly high risk (Euser et al. 2013). In addition, a child who has experienced sexual violence prior to custody is at greater risk of being subjected to and/or re-experiencing sexual violence. A child may have difficulty perceiving their boundaries and defending the integrity of their body, and they may also be unable to seek affection and attention in an age-appropriate manner. A child or young person who has been placed in foster care may have fewer support networks and friends, and they do not always dare to report events

to the authorities either. Particular attention should therefore be paid to the symptoms of a child in foster care, and their safety skills should be strengthened in all growth environments. (Euser et al. 2013.) See Chapter 13.4 for more detailed information.

According to studies conducted in Finland, children and young people belonging to gender and sexual minorities that do not meet gender norms have an increased risk of experiencing bullying, harassment and sexual violence at home, at school and in public places (Alanko 2014, Halme 2018, Ikonen & Helakorpi 2019). For this reason, they need safety skills and sexuality education tailored to their needs. See Chapter 13.5 for more information.

7.4.7 Conclusions and discussion

The younger the child, the more important it is for the family and parents to have a positive attitude towards age-appropriate sexuality and safety skills education. There is a great need for additional counselling for parents speaking a foreign language and coming from a different culture, as they may have very limited knowledge of age-appropriate sexuality education. It is difficult for many parents to ask and talk about the topic with professionals or their own children. Parents may also have misconceptions and ignorance. Comprehensive sexuality education for young children can be called body-emotion education, which describes the content of children's sexuality education more clearly. Both professionals and parents may find it challenging to address the issue, as they want to protect children from fears of violence, and even professionals may not have the appropriate competences to teach safety skills. The role of early childhood education is to support parents in their educational work and secure the child's growth and development in cooperation with the parents.

Written and online materials distributed to parents through various channels are important sources of information. Parents often need words and phrases that they can use to answer children's questions or to tell children how to act in various situations. Parents easily avoid a topic that is perceived to be confusing, and participation in parents' evenings, themed events or other events for parents can be challenging, especially for parents with an immigrant background, for example.

One good way to share information and get support for parents, children and young people is through online services and websites that provide easy and quick access to information, briefings and videos. Examples of campaigns targeted at children and parents include an online article by the *Pikku Kakkonen* children's programme of the Finnish Broadcasting Company (YLE) and the Family Federation of Finland: *Pikku Kakkonen* gives names to all parts of the body and teaches the swimsuit rule (YLE Pikku Kakkonen, 5 June 2019). Save the Children Finland has published *My Body is Mine*, an animated series for children, as well as a related guide for adults. The series has been rated to be suitable for children aged 12 and above, but children aged 9–11 can watch it together with an adult. The materials are not intended to replace body-emotion education or sexuality education. They have been prepared from the perspective of child protection. (Save the Children Finland 2019.)

Examples of projects and websites intended to prevent sexual violence:

- 'Hyvä kysymys' [*Good Question*] website (Family Federation of Finland 2019)
- My Space, Not Yours! project 2015–2019 (Viola Association; in Finnish)
- SeriE project 2018–2020 (Finnish Foundation for Supporting Ex-offenders and Sexpo Foundation; in Finnish)
- SERITA project 2017–2019 (Oulu Mother and Child Home and Shelter and Vuolle Settlement Association; in Finnish)
- Välitä! website for work against sexual violence (Tampere Settlement Association)

The current national core curricula for early childhood education, pre-primary education and basic education enable the provision of sexuality education, from early childhood education to the end of basic education. The words 'sexuality', 'sexual health' and 'sexual education' are not included in the national core curriculum for early childhood education (Finnish National Agency for Education 2018) or the national core curricula for pre-primary and basic education (2014). This makes it easy to ignore the topic in practice, and the content of sexuality education varies depending on the teacher or educator. Traditionally, sexuality education begins as part of other education with content related to biology, reproduction and puberty when children are aged 11–12. The term 'safety education', which is mentioned in many places in the curricula, can be interpreted to mean safety related to transport and the avoidance of accidents. In so doing, children's right to learn about sexual safety and rights is ignored.

Table 8. Safety skills education. Objectives and actions for 2020–2025.

SAFETY SKILLS EDUCATION		
Overall objective: Every child and young person has the right to feel safe.		
Objective 1: Strengthening parents' knowledge of safety skills education and their ability to support children's socio-emotional skills		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Identifying the most suitable evidence-based indicators for screening and identifying parents' harmful childhood experiences (e.g. ACEs-IQ and SEEK). A similar study is conducted on indicators that assess the socio-emotional skills of young children (e.g. SDQ and BITSEA).	Parents' harmful childhood experiences, as well as problems with the socio-emotional development of young children, are poorly recognised. Referrals to child psychiatric outpatient clinics have increased by 22% between 2011 and 2015 (Huikko et al. 2017).	Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare (THL) Municipalities Higher education institutions
Indicators: By 2025, a study of suitable indicators has been carried out and recommendations have been prepared for their use. National studies concerning child health clinic services and school health care/THL's results concerning the working methods used in the services in 2020–2025.		

Objective 2: Strengthening the ability of professionals working with children to identify and reinforce children's socio-emotional skills		
Actions	**Justification**	**Responsible parties and operators**
Action 2. A study will be carried out in 2020–2025 on the content of and need for continuing education in universities, vocational institutes and universities of applied sciences concerning studies related to the identification and systematic strengthening of the socio-emotional skills of early childhood education teachers and social welfare operators (Ministry of Education and Culture).	The majority of children participate in early childhood education, and practically all children in Finland participate in pre-primary and basic education because of compulsory education.	Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health, THL Higher education institutions and vocational institutes
Indicators: A study on the content of and need for continuing education has been carried out by 2025.		

Objective 3: Ensuring safe sexual development for all children and young people equally		
Actions	**Justification**	**Responsible parties and operators**
Action 3. Including an obligation to provide age-appropriate and developmentally appropriate sexuality education in national guidelines (national core curricula for early childhood education, pre-primary education and basic education), taking vulnerable groups into account in particular (see Chapter 13).	The national core curricula enable the provision of sexuality education in early childhood education, pre-primary education and basic education, but do not include a specific obligation to provide sexuality education.	Finnish National Agency for Education, Ministry of Education and Culture
Indicators: By 2025, age-appropriate and developmentally appropriate sexuality education has been included as a specific obligation in the national core curricula for early childhood education, pre-primary education and basic education.		

Actions	**Justification**	**Responsible parties and operators**
Action 4. Increasing the knowledge and competences of early childhood education, pre-primary education and basic education staff concerning age-appropriate safety skills and sexuality education through further training. Particular attention will be paid to the special needs of children and young people in vulnerable situations.	Children and young people in vulnerable situations experience more discrimination, harassment and violence than other children and young people. They are easily excluded from safety skills education, advice and support, and it may be particularly difficult for them to identify that they have experienced violence (see also Chapter 13).	Finnish National Agency for Education, Ministry of Education and Culture Higher education institutions and vocational institutes Trade unions
Indicator: Further training on age-appropriate safety skills and sexuality education has been provided to early childhood education, pre-primary education and basic education staff between 2020 and 2025.		

Actions	Justification	Responsible parties and operators
Action 5. A study will be conducted on the safety-related practices of operators who organise voluntary friend/support person activities for children and young people. • How is safety reflected in their operational structures? • Has the safety action plan been recorded in the annual report? Is it available on the association's website, for example? • How is safety reflected in recruitment and is training provided to support persons? • How are support persons' activities monitored?	Parties that organise voluntary support activities for children and young people have different practices for organising their activities and ensuring safety. According to various regulations and international agreements (e.g. the UN Convention on the Rights of the Child), the child has the right to a safe growth environment.	THL, Ministry of Social Affairs and Health Municipalities and organisations The action is supported by: OmaKamu (voluntary friends for children and young people) Federation of Special Welfare Organisations (EHJÄ) Harjula Settlement Association Häme Settlement Association All Our Children City of Vantaa support person and support family activities City of Helsinki support person activities for children and young people Save the Children Finland
Indicator: By 2022, a study has been carried out on the safety-related practices of operators who organise voluntary friend/support person activities for children and young people.		

[1] In this action plan, 'vulnerable groups' refers to children with intellectual and other disabilities, ethnic groups, linguistic and cultural minorities, children in foster care and children belonging to sexual and gender minorities.

SOURCES

Aaltonen J. 2012. Turvataitoja nuorille – Opas sukupuolisen häirinnän ja seksuaalisen väkivallan ehkäisyyn [*Safety skills for young people. A guide to preventing sexual harassment and abuse*]. http://urn.fi/URN:ISBN:978-952-245-611-3

Action plan for the Istanbul Convention for 2018–2021. Publ*ications 2017:16. Ministry of Social Affairs* and Health. http://urn.fi/URN:ISBN:978-952-00-3970-7

Act on Child Custody and Right of Access 361/1983. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1983/en19830361

Act on Early Childhood Education and Care 540/2018. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/2018/en20180540.pdf

Alanko K. 2013. Mitä kuuluu sateenkaarinuorille Suomessa? [*How are young LGBTIQ people doing in Finland?*] Youth Research Network. Online publications 72. Seta, Seta publications 23.

Alijoki A. 2006. Erityistä tukea tarvitsevien lasten polut esiopetuksesta alkuopetukseen: tukitoimet ja suoriutuminen *[The Different Paths of Children with Special Needs from Pre-school to Elementary School – Forms of Support and Achievement*]. University of Helsinki. Faculty of Behavioural Sciences. Department of Applied Sciences of Education. Dissertation. http://urn.fi/URN:ISBN:952-10-2984-6

Andell M, Ylenius-Lehtonen M, Lajunen K & Lahtinen P. 2014. Tunne- ja turvataitokasvatus tunne- ja turvataitojen edistäjänä [*Emotional and safety skills education as a means to promote emotional and safety skills*]. In: S. Valkama. & R. Ala-Luhtala (eds.). Tunne- ja turvataidot osaamiseksi [*Turning emotional and safety skills into competence*]. Publications of Jyväskylä University of Applied Sciences 194.

Arsenio WF, Adams E & Gold J. 2009. Social Information Processing, Moral Reasoning and Emotion Attributes: Relations with Adolescents' Reactive and Proactive Aggression. Child Development. 80; 6:1739–1755.

Barbarin OA. 2007. Mental Health Screening of Preschool Children: Validity and Reliability of ABLE. American Journal of Orthopsychiatry 77; 3: 402–418.

Bierman KL. & Motamedi M. 2017. SEL Programs for Preschool Children. In: JA. Durlak, CE. Domitrovich, RP. Weissberg. & TP. Gullotta (eds.). Handbook of social and emotional learning: research and practice. New York & London: The Guilford Press, 135–150.

Black D, Heyman RE & Smith Slep AM. 2001. Risk factors for child sexual abuse. Aggression and Violent Behavior 6: 203–229.

Bowlby J. 1988. A Secure Base. London: Routledge.

Broadi N, McColgan N D & Turchi R.M. 2017. Child Abuse in Children and Youth with Special Health Care Needs. Pediatrics in Review 38; 10: 463-470; DOI: 10.1542/pir.2016-0098.

Bronfenbrenner U. & Ceci SJ. 1994. Nature-nurture reconceptualised in developmental perspective: The bioecological model. Psychological Review, 101; 4: 568–586.

Cacciatore R, Korteniemi-Poikela E & Kaltiala R. 2019. The Steps of Sexuality – A Developmental, Emotion-Focused, Child-Centered Model of Sexual Development and Sexuality Education from Birth to Adulthood. International Journal of Sexual Health. 31; 3: 319–3*38.* https://doi.org/10.1080/19317611.2019.1645783

Case-Smith J. 2013. Systematic Review of Interventions to Promote Social-Emotional Development in Young Children With or at Risk for Disability. American Journal of Occupational Therapy 67; 4: 395–404.

Castaneda A, Larja L, Nieminen T, Jokela S, Suvisaari J, Rask S, Koponen P & Koskinen S. 2015. Ulkomaalaistaustaisten psyykkinen hyvinvointi, turvallisuus ja osallisuus [*Mental health, safety and social inclusion among people of foreign origin*]. Ulkomaista syntyperää olevien työ ja hyvinvointi -tutkimus 2014 (UTH) [*Survey on work and wellbeing among people of foreign origin 2014 (UTH)*]. Finnish Institute for Health and Welfare, Discussion Papers 18/2015. http://urn.fi/URN:ISBN:978-952-302-535-6

Castaneda AE, Rask S, Koponen P, Mölsä M & Koskinen S (eds.). 2012. Maahanmuuttajien terveys ja hyvinvointi. Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa [*Migrant health and wellbeing – A study on persons of Russian, Somali and Kurdish origin in Finland*]. Finnish Institute for Health and Welfare Reports 61/2012. http://urn.fi/URN:ISBN:978-952-245-739-4

Centers for Disease Control and Prevention (CDC). 2019a. Adverse Childhood Experiences (ACEs). https://www.cdc.gov/violenceprevention/acestudy/index.html
Centers for Disease Control and Prevention (CDC). 2019b. Child abuse and neglect prevention. https://www.cdc.gov/violenceprevention
Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417
City of Turku, Department of Education. 2003 Turvataitokasvatus Aunelan koulussa. Kokeilu lukuvuosina 2001–02 ja 2002–03 [*Safety skills education at the Aunela School. Experiments in 2001–2002 and 2002–2003*].
Collaborative for Academic, Social, and Emotional Learning. 2013. CASEL guide: Effective social and emotional learning programs: Preschool and elementary school edition. Chicago, IL: Author.
Collins R, Strasburger V, Brown J, Donnerstein E, Lenhar A & Ward M. 2017. Sexual Media and Childhood Well-being and Health. American Academy of Pediatrics. 140: 162–166.
Conduct disorders (children and young people). 2018. Current Care Guideline. Working group set up by Finnish Medical Society Duodecim, the Finnish Child Psychiatric Association, the Finnish Youth Psychiatric Association and the Youth Psychiatry Section of the Finnish Psychiatric Association. Helsinki: Finnish Medical Society Duodecim. Available at https://www.kaypahoito.fi/hoi50118
Convention on the Protection of Children against Sexual Exploitation and Abuse (the 'Lanzarote Convention', Finnish Treaty Series 88/2011). Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/2011/20110088
Cooke P. 2000. Summary of final report on disabled children and abuse. Ann Craft Trust, University of Nottingham.
DeMulder EK, Denham S. Schmidt M & Mitchell J. 2000. Q-sort assessment of attachment security during the preschool years: links from home to school. Developmental Pyschology. 36; 2: 274-82.
Denham SA, Bassett HH, Zinsser K & Wyatt TM. 2014. How pre-schoolers' social–emotional learning predicts their early school success: developing theory-promoting, competency-based assessments. Infant and Child Development, 23; 4: 426–454.
Denham SA, Mitchell-Copeland J, Strandberg K, Auerbach K & Blair K. 1997. Parental Contributions to Pre-schoolers' Emotional Competence: Direct and Indirect Effects. Motivation and Emotion. 21: 65. https://doi.org/10.1023/A:1024426431247
Domitrovich CE, Durlak JA, Staley KC & Weissberg RP. 2017. Social-emotional competence: An essential factor for promoting positive adjustment and reducing risk in school children. Child Development. 88: 408-416.
Durlak JA, Weissberg RP, Dymniki AB, Taylor RP & Schellinger KB. 2011. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. Child Development. 82: 405–432.
Ellonen N, Rantanen H, Lepistö S, Helminen M & Paavilainen E. 2019. The use of the Brief Child Abuse Potential Inventory in the general population in Finland. Scandinavian Journal of Primary Health Care.
ENOC General Assembly. 2017. http://enoc.eu/wp-content/uploads/2017/10/ENOC-position-statement-on-CRSE.pdf
Epstein JA, Griffin KW & Botvin GJ. 2000. Competence skills help deter smoking among inner city adolescents. Tobacco Control. 9: 33–39. doi:10.1136/tc.9.1.33.
Epstein M, Atkins M, Cullinan D, Kutash K & Weaver R. 2008. Reducing Behavior Problems in the Elementary School Classroom: A Practice Guide (NCEE # 2008-012). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. https://ies.ed.gov/ncee/wwc/Docs/PracticeGuide/behavior_pg_092308.pdf
Erikson EH. 1982. Lapsuus ja yhteiskunta [*Childhood and Society*]. Jyväskylä: Gummerus.
European Court of Human Rights (ECHR). 2018. Refusal to exempt primary school pupil from sex education did not breach Convention. Press release issued by the registrar of the Court. https://www.tagesschau.de/ausland/egmr-113.pdf
European Court of Human Rights (ECHR). "Sex Education in State Schools." Factsheet – Children's Rights. 2017. https://www.echr.coe.int/Documents/FS_Childrens_ENG.pdf
European Network of Ombudspersons of Children (ENOC). 2017. Comprenhensive Relationship and Sexuality Education (CRSE): the right of children to be informed. http://enoc.eu/?p=1795

Euser S, Alink L, Tharner A, Ijzendoorn M H V & Bakermans-Kranenbrug M. 2013. The Prevalence of Child Sexual Abuse in Out-of-Home Care: A Comparison Between Abuse in Residential and in Foster Care. Child Maltreatment 18; 4: 221–231.

Fagerlund M, Peltola M, Kääriäinen J. Ellonen N & Sariola H. 2013. Lasten ja nuorten väkivaltakokemukset [*Experiences of violence among children and young people*] 2013. Lapsiuhritutkimuksen tuloksia [*Results of the Child Victim Survey*]. Reports of the Police University College 110. http://urn.fi/URN:ISBN:978-951-815-270-8

Family Federation of Finland. 2013. Survey in 2013. http://www.vaestoliitto.fi/vanhemmuus/tietoa_vanhemmille/pienten_lasten_vanhemmat/lapsijaseksuaalisuus/mihin-sivustomme-perustuu/pusuhippaa-laakarileikkeja-ja-ha/

Family Federation of Finland. 2019. Asiantuntijalausuntoja oikeudenkäyntiin [*Expert statements for a trial*]. http://www.vaestoliitto.fi/seksuaalisuus/asiantuntijalausuntoja-oikeudenk/

Finkelhor D & Ormrod R. 2007. Prevention of sexual abuse through educational programs directed toward children. Pediatrics. 120: 640. DOI: 10.1542/peds.2007-0754.

Finkelhor D, Asdigian N & Dziuba-Leatherman J. 1995. Victimization prevention programs for children: A follow up. American journal of public health. 85: 1684–1689.

Finkelhor D, Vanderminden J, Turner H, Shattuck A & Hamby S. 2014. Youth exposure to violence prevention programs in a national sample. Child abuse & neglect 2014; 38: 677–686.

Finnish National Agency for Education. 2014. National Core Curriculum for Pre-primary Education 2014. https://www.oph.fi/sites/default/files/documents/esiopetuksen_opetussuunnitelman_perusteet_2014.pdf

Finnish National Agency for Education. 2015. National Core Curriculum for General Upper Secondary Schools 2015. https://www.oph.fi/sites/default/files/documents/172124_lukion_opetussuunnitelman_perusteet_2015.pdf (2019). Requirements for vocational qualifications. https://www.oph.fi/fi/koulutus-ja-tutkinnot/tutkintojen-perusteet

Finnish National Agency for Education. 2018a. National core curriculum for early childhood education and care. Regulations and guidelines 2018:3a. https://www.oph.fi/sites/default/files/documents/varhaiskasvatussuunnitelman_perusteet.pdf

Finnish National Agency for Education. 2018b. National Core Curriculum for Basic Education 2014. Available in English at: https://www.oph.fi/en/statistics-and-publications/publications/new-national-core-curriculum-basic-education-focus-school

Fortson B, Klevens J, Merrick M, Gilbert LK & Alexandar SP. 2016. Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Division of Violence Prevention, National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. Atlanta, Georgia.

Fryda CM. & Hulme PA. 2015. School-based childhood sexual abuse prevention programs: an integrative review. J Sch Nurs 31; 3: 167–82. DOI: 10.1177/1059840514544125.

Gardner F. & Leijten TP. 2017. Incredible Years parenting interventions: current effectiveness research and future directions. Current Opinion in Psychology, 15: 99–104. DOI: https://doi.org/10.1016/j.copsyc.2017.02.023

Government Decree on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth 338/2011. Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2011/20110338

Government Decree on the implementation of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence and on the implementation of the provisions of a legislative nature in the Convention and on the entry into force of the Act on the implementation of the provisions of a legislative nature in the Convention 53/2015. (Istanbul Convention) Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053

Granskog P, Haanpää S, Järvinen J, Lahtinen M, Laitinen K & Turunen-Zwinger S. 2018. Opas seksuaalisen häirinnän ennaltaehkäisemiseksi ja siihen puuttumiseksi kouluissa ja oppilaitoksissa [*Guide on the prevention of and intervention in sexual harassment at schools and educational institutions*]. Finnish National Agency for Education. Tutorials and manuals 2018:4a. https://www.oph.fi/sites/default/files/documents/190023_opas_seksuaalisen_hairinnan_ennaltaehkaisemiseksi_ja_siihen_puuttumiseksi_ko.pdf

Greenberg MT, Weissberg RP, O'Brien MU, Zins JE, Fredericks L, Resnik H & Elias MJ. 2003. Enhancing school-based prevention and youth development through coordinated social, emotional and academic learning. American Psychologist, 58; 6–7: 466–474. https://doi.org/10.1037/0003-066X.58.6-7.466

Hakulinen-Viitanen T, Hietanen-Peltola M, Hastrup A, Wallin M & Pelkonen M. 2012. Laaja terveystarkastus. Ohjeistus äitiys- ja lastenneuvolatoimintaan sekä kouluterveydenhuoltoon [*Extensive health check – Guidelines for maternity and child health clinic and school health care services*]. Finnish Institute for Health and Welfare Handbooks 22. http://urn.fi/URN:ISBN:978-952-245-708-0

Hakulinen T, Hietanen-Peltola, M, Vaara S, Merikukka M & Pelkonen M. 2017. Laajoista terveystarkastuksista hyötyvät sekä perheet että neuvolahenkilöstö – ammattilaisten kokemuksia [*Extensive health checks benefit both families and health clinic staff – Experiences of professionals*]. Finnish Institute for Health and Welfare Research Overviews 33/2017. http://urn.fi/URN:ISBN:978-952-302-951-4

Hakulinen T, Hietanen-Peltola M, Vaara S, Merikukka M & Pelkonen M. 2018. Ajanmukaiset käytänteet ja pitkät perinteet neuvolassa ja kouluterveydenhuollossa: Palvelujen seurantatutkimus 2016–2017 [*Up-to-date practices and long traditions: Follow-up study of maternity and child health clinic and school health care services 2016–2017*]. Finnish Institute for Health and Welfare Reports 11/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-190-4

Halle TG. & Darling-Churchill KE. 2016. Review of measures of social and emotional development. Journal of Applied Developmental Psychology, 45, 8–18. http://dx.doi.org/10.1016/j.appdev.2016.02.003

Halme N, Hedman L, Ikonen R & Rajala R. 2018. Lasten ja nuorten hyvinvointi 2017: Kouluterveyskyselyn tuloksia [*Wellbeing of children and young people 2017: Results of the School Health Promotion Study*]. Finnish Institute for Health and Welfare Discussion Papers 15/2018. http://urn.fi/URN:ISBN:978-952-343-115-7

Haravuori H. et al. 2016. Traumaattiset kokemukset [*Traumatic experiences*]. In: Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*]. Duodecim Medical Publications Ltd.

Health Care Act 1326/2010. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326.

Helama S. 2005. Pidän huolta itsestäni. Opas erityisryhmien käyttöön [*I take care of myself. A guide for special groups*]. Kerava: Association of Finnish Local and Regional Authorities and Central Union for Child Welfare.

Herttua-Ruuskanen M. et al. 2003. Pidän huolta itsestäni. Turvataitokasvatuksen materiaalia noin 12-vuotiaalle [*I take care of myself. Safety skills education material for children aged around 12*]. Kotka safety education working group.

Holappa A.-S. 2018. Aamu- ja iltapäivätoiminnan tila ja kehittämistarpeet [*Status and development needs of morning and afternoon activities*]. Aamu- ja iltapäivätoiminnan kehittämistyöryhmän raportti 2018 [*Report of the working group for the development of morning and afternoon activities 2018*]. Reports and reviews 2018: 12. Finnish National Agency for Education. https://www.oph.fi/sites/default/files/documents/aamu_ja_iltapaivatoiminnan_tila_ja_kehittamistarpeet.pdf

Honkalampi Foundation. 2019. Sosiaaliset tarinat seksuaalikasvatuksessa ja ohjauksessa [*Social stories in sexuality education and guidance*]. http://www.sensonet.fi/etusivu/

Huikko L, Kovanen M, Torniainen-Holm M, Vuori R, Lämsä R, Tuulio-Henriksson A & Santalahti P. 2017. Selvitys 5–12-vuotiaiden lasten mielenterveyshäiriöiden hoito- ja kuntoutuspalvelujärjestelmästä Suomessa [*A survey to evaluate the referral of 5–12-year-old children with mental health issues to specialised medical care services and rehabilitation in Finland*]. Finnish Institute for Health and Welfare Reports 14/2017. http://urn.fi/URN:ISBN:978-952-302-987-3.

Hyvä elämä – turvallinen arki [*A Safe and Secure Life*]. 2017. Valtioneuvoston periaatepäätös sisäisen turvallisuuden strategiasta [*Government Resolution on the Internal Security Strategy*]. Publications of the Ministry of the Interior 15/2017. http://urn.fi/URN:ISBN:978-952-324-138-1

Ikonen R. & Halme N. 2018. Lasten ja nuorten kokema seksuaalinen häirintä ja väkivalta [*Sexual harassment and violence experienced by children and young people*]. Kouluterveyskyselyiden 2017 tuloksia [*Results of the 2017 School Health Promotion Surveys*]. Finnish Institute for Health and Welfare Research Overviews 6/2018. http://urn.fi/URN:ISBN:978-952-343-091-4

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi: Kouluterveyskysely 2019 [*Wellbeing of Children and Y People: 2019 School Health Promotion Study*]. Finnish Institute for Health and Welfare Statistical Reports 33/2019. http://urn.fi/URN:NBN:fi-fe2019091528281

Ingman-Friberg S. & Cacciatore R (eds.). 2016. Keho on leikki, avain luonnolliseen seksuaalikasvatukseen alle kouluiässä [*The body is play, the key to natural sexuality education under school age*]. Family Federation of Finland. Duodecim.

Jagers RJ, Harris A & Skoog A. 2017. A review of classroom-based SEL programs at the middle school level. In: JA Durlak, CE Domitrovich, RP Weissberg & TP Gullotta (eds.). Handbook of social and emotional learning: research and practice. The Guilford Press. New York & London: The Guilford Press, 167–180.

Joseph, G. E.. & Strain, P. S. 2003. Comprehensive Evidence-Based Social-Emotional Curricula for Young Children: An Analysis of Efficacious Adoption Potential. Topics in Early Childhood Special Education 23; 2: 62–73.

Juvonen A. 1994. Skidikantti – Lapsen tie objektista subjektiksi [*Skidikantti – A child's path from being an object to becoming a subject*]. Helsinki: Central Union for Child Welfare.

Kaminski JW, Valle LA, Filene JH & Boyle CL. 2008. A meta-analytic review of components associated with parent training program effectiveness. Journal of Abnormal Child Psychology. 36; 4: 567-89. DOI: http://doi.org/10.1007/s10802-007-9201-9

Karjalainen P, Kiviruusu O, Santalahti P & Aronen ET. 2019 Group-based parenting program to improve parenting and children's behavioural problems in families using special services: A randomized controlled trial in a real-life setting. Children and Youth Services Review. 96: 420–429.

Kasvun tuki. A source of information for effective early support [*Early Intervention. A source of information about effective early support*]. 2017. www.kasvuntuki.fi

Kemppainen K. & Pakkanen M. 2002. Tenavien TurvaTaito [*Children's Safety Skills*]. Kotka safety education working group.

Kenny M, Capri V, Reena R, Thakkar-Kolar, Ryan E & Runyon M. 2008. Child sexual abuse: From prevention to self-protection. Child Abuse Review. 17: 36-53.

Klemetti R. & Hakulinen-Viitanen T. 2013. Äitiysneuvolaopas. Suosituksia äitiysneuvolatoimintaan [*Maternity clinic manual. Recommendations for maternity clinic services*]. Finnish Institute for Health and Welfare. http://www.julkari.fi/bitstream/handle/10024/110521/THL_OPA2013_029_verkko.pdf?sequence=3&isAllowed=y

Klemetti R. & Raussi-Lehto E. 2013. Edistä, ehkäise, vaikuta – Seksuaali- ja lisääntymisterveyden toimintaohjelma 2014-2020–2020 [Promote, prevent, influence – Action programme for the promotion of sexual and reproductive health in 2014–2020]. Finnish Institute for Health and Welfare Handbooks 33/2013. http://urn.fi/URN:ISBN:978-952-302-174-7

Korpershoek H, Harms T, de Boer H, van Kuijk M & Doolaard S. 2016. A meta-analysis of the effects of classroom management strategies and classroom management programs on students' academic, behavioural, emotional, and motivational outcomes. Review of Educational Research. 86: 643–680. DOI: 10:3102/003465 4315626799

Kouluterveydenhuollon laatusuositus [*Quality recommendation for school healthcare*]. 2004. Handbook of the Ministry of Social Affairs and Health 2004:8. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/72398/Opp200408.pdf?sequence=1

Krugman S.D, Lane W.G & Walsh C.M. 2007. Update on child abuse prevention. Curr Opin Pediatr. 2007. 19; 6: 711-8.

Kupersmidt J B. & DeRosier M E. 2004. How peer problems lead to negative outcomes: An integrative mediational model. In: J. B. Kupersmidt & K. A. Dodge (eds.), Children's peer relations: from development to intervention. Washington, DC: American Psychiatric Association, 119–138.

Kupiainen R et al. 2011. Online habits of Finnish children. Use, risks and data misuse. EU Kids Online. Nordicom-Information 33; 4: 51–57.

Laakso M-L, Lajunen K, Aro T, Eklund K & Poikkeus A-M. 2011. Ylivilkkaiden lasten vanhempien kokemuksia Perhekoulu-interventiosta [*Experiences of parents of hyperactive children from Family School intervention*]. Kasvatus [*Education*]. 2: 118–130.

Laakso R. 2019. 'Ne näki musta'. Huostassa olevien lasten hyvinvointi ja sijaishuoltoon liittyvät kokemukset. [*'They could tell by looking at me.' Welfare of children in care and experiences related to foster care*]. Finnish Institute for Health and Welfare Reports 1/2019. http://urn.fi/URN:ISBN:978-952-343-267-3

Ladd G.W. 2005. Children's peer relations and social competence: a century of progress. New Haven, CT: Yale University Press.
Lahtinen P, Ristimäki E & Oikari H. 2014. Onerva Mäki -koulun tunne- ja turvataitomateriaali. [*Onerva Mäki School's emotional and safety skills material*]. https://www.voppi.fi/oppimisen%20tuki/turvataitokasvatus/
Laible D, Thompson RA & Froimson J. 2015. Early socialization. The influence of close relationships. In: J. E. Grusec & P. D. Hastings (eds.), Handbook of socialization. Theory and research. New York: The Guilford Press, 35–59.
Laine K, Neitola M, Auremaa J & Laakkonen E. 2010. Longitudinal study on the cooccurrence of peer problems at daycare centre, in preschool and first grade of school. Scandinavian Journal of Educational Research. 54; 5: 471–485.
Lajunen K, Andell M & Ylenius-Lehtonen M (eds.). 2015. Tunne- ja turvataitoja lapsille – Tunne- ja turvataitokasvatuksen oppimateriaali [*Emotional and safety skills for children – Learning material for emotional and safety skills education*]. Finnish Institute for Health and Welfare Handbooks 39/2015. http://urn.fi/URN:ISBN:978-952-302-467-0
Lajunen K, Andell M, Jalava L, Kemppainen K, Pakkanen M & Ylenius-Lehtonen M. 2012. Turvataitoja nuorille [*Safety skills for young people*]. Stakes.
Lapsen aika. Kohti kansallista lapsistrategiaa 2040 [*Child's Time. Towards a National Strategy for Children 2040*]. 2019. Finnish Government publication series 2019:4. http://urn.fi/URN:ISBN:978-952-287-698-0
Latva R. & Moilanen I. 2016. Prenataaliset riskitekijät [*Prenatal risk factors*]. In: Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*], Duodecim Medical Publications Ltd. Tallinn 2016.
Leijten P, Gardner F, Landau S, Harris V, Mann J, Hutchings J, Beecham J, Bonin E-M & Scott S. 2018. Research Review: Harnessing the power of individual participant data in a meta-analysis of the benefits and harms of the Incredible Years parenting program. Journal of Child Psychology and Psychiatry 59; 2: 99–109.
Letourneau E. et al. 2017. Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming. Child maltreatment. 22; 2: 100–111. DOI: 10.1177/1077559517692439
Livingstone S. et al. 2011. Risks and safety on the internet: The perspective of European children. https://core.ac.uk/download/pdf/17195.pdf
Lummelahti L. & Kaakkuriniemi P. 1990. Erityistä hoitoa ja kasvatusta tarvitsevien lasten kuntoutuspalvelut [*Rehabilitation services for children with special care and education needs*]. Research reports 29. University of Jyväskylä. Department of Special Education.
Martin E. K. & Silverstone P. H. 2013. How much child sexual abuse is "below the surface" and how we help adults identify it early? Front Psychiatry. 4:58.
Martin E. K.. & Silverstone P. H. 2016. An evidence-based education program for adults about child sexual abuse ("Prevent it!") that significantly improves attitudes, knowledge and behavior. Front Psychol 7:1177. DOI: 10.3389/fpsyg.2016.01177
McDowell D. J.. & Parke R. D. 2009. Parental correlates of children's peer relations: An empirical test of a tripartite model. Developmental Psychology, 45; 1: 224–235.
Mikton C. & Butchart A. 2009. Child maltreatment prevention: a systematic review of reviews (2009). Bull World Heath Organ. 87; 5: 353–361. DOI 10.2471/BLT.08.057075.
Ministry of Social Affairs and Health. 2001. Health 2015 public health programme. Publications of the Ministry of Social Affairs and Health 2011:4. Helsinki.
Ministry of Social Affairs and Health. 2004. Lastenneuvola lapsiperheiden tukena [*Child health clinic services as support for families with children*]. Publications of the Ministry of Social Affairs and Health 2004:13. Helsinki.
Ministry of Social Affairs and Health. 2009. Neuvolatoiminta, koulu- ja opiskeluterveydenhuolto sekä ehkäisevä suun terveydenhuolto [*Maternity and child welfare clinics, school and student healthcare and preventive oral healthcare*]. Grounds and application directives for Decree 380/2009. Publications of the Ministry of Social Affairs and Health 2009. 20. http://urn.fi/URN:ISBN:978-952-00-2942-5

Moffitt T. E, Arseneault L, Belsky D, Dickson N, Hancox RJ, Harrington H & Caspi A. 2011. A gradient of childhood self-control predicts health, wealth, and public safety. Proceedings of the National Academy of Sciences of the United States of America. 108: 2693–2698.

Moore T. & McArthur M. 2017. "You feel it in your body": How Australian children and young people think about and experience feeling and being safe. Children & Society. 31: 206–218.

Muhonen A. & Sihvonen P. 2002. Ei pelottelua, vaan valmiuksia itsesuojeluun. Vanhempien näkemyksiä Turvataito-hankkeen suunnitteluun lasten seksuaalisen hyväksikäytön ehkäisemiseksi. [*Not intimidation, but capacity for self-defence. Parental views on the planning of the Safety Skills project to prevent the sexual abuse of children*]. Final project. Jyväskylä University of Applied Sciences. Social Services and Health Care.

My Space, Not Yours! project (2015–2019). Viola – Free from Violence Association. http://www.violary.fi/myspace/

Määttä S, Koivula M, Huttunen K, Paananen M, Närhi V, Savolainen H & Laakso M-L. 2017. Lasten sosioemotionaalisten taitojen tukeminen varhaiskasvatuksessa. [*Supporting children's socio-emotional skills in early childhood education*]. Situation report. Reports and reviews 2017:17. Finnish National Agency for Education.

Naisiin kohdistuvan väkivallan vähentämisen ohjelma [*Action Plan to Reduce Violence against Women*]. 2010. Ministry of Social Affairs and Health. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/72156/URN%3ANBN%3Afi-fe201504223100.pdf

Neitola M. 2011. Lapsen sosiaalisen kompetenssin tukeminen – vanhempien epäsuorat ja suorat vaikutustavat [*Supporting the social competence of a child – parents' indirect and direct influences*]. (Doctoral dissertation). Annales Universitatis Turkuensis C 324. Turku: University of Turku.

Neitola M. 2018. Parents as Teachers and Guides of Their Children's Social Skills. Journal of Early Childhood Education Research. 7; 2: 392–414.

NICE. 2006. Parent-training/education programmes in the management of children with conduct disorders. NICE Technology Appraisal Guidance 102. London.

Nursing Research Foundation. 2015. Lasten kaltoinkohtelun tunnistamisen tehokkaat menetelmät sosiaali- ja terveydenhuollossa [*Effective methods for identifying child maltreatment in social and healthcare*]. Nursing Research Foundation (NRF). https://www.hotus.fi/wp-content/uploads/2019/03/kaltoinkohtelu-hs.pdf

Nye E, Melendez-Torresb G.J. & Gardner F. 2018. Mixed methods systematic review on effectiveness and experiences of the Incredible Years Teacher Classroom Management programme. Review of Education. DOI: 10.1002/rev3.3145.

O'Neil R. & Parke R. D. 2000. Family-peer relationships: the role of emotion regulation, cognitive understanding, and attentional processes as mediating processes. In: K. Kerns (ed.), Family & peers: linking two social worlds. Westport, CT: Greenwood Publishing Group, 195–225.

Owens E, Behun R, Manning J & Reid R. 2012. The Impact of Internet Pornography on Adolescent: A Review of the Research. Sexual Addiction & Compulsitivity. 19: 99–122. Routledge.

Parke R. D., Simpkins S. D., McDowell D. J., Kim M, Killian C, Dennis J, Flyr M. L. & Simpkins-Chaput S. 2002. Relative contributions of families and peers to children's social development. In: C. Hart & P. K. Smith (eds.), Handbook of social development. London: Blackwell, 156–177.

Pietikäinen J, Paavonen J & Kiviruusu O. 2019. Äidin lievätkin masennusoireet vaikuttavat lapsen tunne-elämään – tukea saatava raskausajasta vauvavuoden loppuun asti [*Even mild depressive symptoms experienced by a mother affect the child's emotional life – support is available from pregnancy until the end of the baby year*]. Finnish Institute for Health and Welfare blog, 19 September 2019. https://thl.fi/fi/-/aidin-lievatkin-masennusoireet-vaikuttavat-lapsen-tunne-elamaan-tukea-saatava-raskausajasta-vauvavuoden-loppuun-asti

Pietikäinen JT, Kiviruusu O, Kylliäinen A, Pölkki P, Saarenpää-Heikkilä O, Paunio T & Paavonen EJ. 2019. Maternal and paternal depressive symptoms and children's emotional problems at the age of 2 and 5 years: a longitudinal study. Journal of Child Psychology and Psychiatry. https://doi.org/10.1111/jcpp.13126

Pihlaja P, Rantanen ML & Sonne V. 2010. Varhaiserityiskasvatuksen haasteita ja vahvuuksia. Vastauksia monitahoarvioinnilla Varsinais-Suomessa [*Challenges and strengths of special early childhood education. Answers through multisource assessment in Southwest Finland*]. Publications 1/2010. Vasso.

Post-Traumatic Stress Disorder. Current Care Guideline. Working group set up by the Finnish Medical Society Duodecim and the Finnish Psychiatric Association. Helsinki: Finnish Medical Society Duodecim. 2014. Available in Finnish (English abstract) at: https://www.kaypahoito.fi/hoi50080

Poutiainen H. 2016. Mikä herättää terveydenhoitajan huolen? Huolen tunnistamisen ja toimimisen haasteet lastenneuvolassa ja kouluterveydenhuollossa [*What arouses concern in public health nurses? Challenges to recognising need of support and acting in child health clinic and school health care services*]. Doctoral dissertation. University of Helsinki.

Pupil and Student Welfare Act 1287/2013. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2013/20131287

Raaska H. et al. 2016. Lapsuudessa ja nuoruudessa alkavat sosiaalisen vuorovaikutuksen häiriöt [*Disorders of social interaction beginning in childhood and adolescence*]. In: Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*]. Duodecim Medical Publications Ltd, Tallinn.

Reich SM. & Vandell DL. 2014. The interplay between parents and peers as socalizing influences in children's development. In: P. K. Smith. & C. H. Hart (eds.), The Wiley Blackwell Handbook of Childhood Social Development, 2nd edition. Oxford, UK: John Wiley and Sons, 263–245.

Rimm-Kaufman, S.E.. & Hulleman, C.S. 2017. SEL in elementary school settings: identifying mechanisms that matter. In: Durlak, C. E. Domitrovich, R. P. Weissberg & T. P. Gullotta (eds.). Handbook of social and emotional learning: research and practice. New York & London: The Guilford Press, 151–166.

Rinnekoti Foundation. 2019. Selkeästi seksistä [*Sex in clear terms*]. https://www.rinnekoti.fi/meista/tutkimus-ja-kehitys/kehittaminen/selkeasti-seksista-2016-2018/

Romano E, Tremblay RE, Boulerice B & Swisher R. 2005. Multilevel correlates of childhood physical aggression and prosocial behavior. Journal of Abnormal Child Psychology. 33: 565–578.

Rudolph J, Zimmer-Gembeck MJ, Shanley DC & Hawkins R. 2018. Child sexual abuse prevention opportunities: parenting, programs and the reduction risk. Child Maltreatment. 23; 1: 96–106.

Sanchez AL, Cornacchio D, Poznanski B, Golik A, Chou T & Comer JS. 2018. The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. Journal of the American Academy of Child & Adolescent Psychiatry. 57; 3: 153–165.

Save the Children Finland. 2011. Lasten ja nuorten kokema seksuaalinen häirintä ja väkivalta netissä [*Children's experiences of sexual harassment and abuse on the internet*]. https://s3-eu-west-1.amazonaws.com/pelastakaalapset/main/2016/02/01123848/Lasten-kokema-seksuaalinen-hairinta20111.pdf

Save the Children Finland. 2018. Lasten ja nuorten kokema seksuaalinen häirintä ja siihen liittyvä kiusaaminen digitaalisessa mediassa [*Children's experiences of sexual harassment and bullying in digital media*]. https://s3-eu-west-1.amazonaws.com/pelastakaalapset/main/2018/08/31131602/Sexting_raportti_web-002.pdf

Save the Children Finland. 2019. My Body is Mine material. https://www.pelastakaalapset.fi/ajankohtaista/kampanjat/kehoni-on-minun/

Schick A. & Cierpka M. 2013. International evaluation studies of Second Step, a primary prevention programme: a review. Emotional and Behavioural Difficulties. 18: 241–247.

School Health Promotion Surveys. https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely

Sethi D. (ed.) et al. 2013. European report on preventing child maltreatment. Copenhagen: WHO Regional Office for Europe; 2013. http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

Sinkkonen J. & Kalland M. 2016. Vanhemmuus, kiintymyssuhde ja perhe [*Parenting, attachment relationships and family*]. In: Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*]. Duodecim Medical Publications Ltd, Tallinn.

Sinkkonen J. 2004. Kiintymyssuhdeteoria – tutkimuslöydöksistä käytännön sovelluksiin [*Attachment theory – From research findings to practical applications*]. Duodecim Medical Journal. 120; 15: 1866–73.

Sourander A, McGrath P, Ristkari T, Cunningham C, Huttunen J, Hinkka-Yli-Salomäki S, Kurki M & Lingley-Pottie P. 2018. Two-Year Follow-Up of Internet and Telephone Assisted Parent Training for Disruptive Behavior at Age 4. J Am Acad Child Adolesc Psychiatry, 57: 658–668.

Suoninen A. 2014. Lasten mediabarometri 2013 [*Children's media barometer 2013*]. Finnish Youth Research Society online publications 75. http://www.nuorisotutkimusseura.fi/images/julkaisuja/lastenmediabarometri2013.pdf

Taylor RD, Oberle E, Durlak JA & Weissberg RP. 2017. Promoting positive youth development through school-based social and emotional learning interventions: a meta-analysis of follow-up effects. Child Development. 88: 1156–1171.

Temcheff C. E, Letarte M.-J., Boutin S. & Marcil K. 2018. Common components of evidence-based parenting programs for preventing maltreatment of school-age children. Child Abuse & Neglect, 80, 226–237.

Torvinen A.. & Huhtala H. (2012). Opas turvalliseen lapsuuteen [*Guide to Safe Childhood*]. Printed by: Kopijyvä Oy. Website of the 'Turning emotional and safety skills into competence' project: https://www.jamk.fi/fi/tutkimus-ja-kehitys/projektit/tunne--ja-turvataidot/etusivu/

Torvinen A. & Huhtala H. 2012. Opas turvalliseen lapsuuteen [*Guide to a safe childhood*]. https://www.jamk.fi/globalassets/tutkimus-ja-kehitys--research-and-development/tki-projektien-lohkot-ja-tiedostot/tuta/materiaalia/opas-turvalliseen-lapsuuteen.pdf

Trentacosta C. J. & Fine S. E. 2010. Emotion knowledge, social competence, and behavior problems in child-hood and adolescence: A meta-analytic review. Social Development, 19, 1–29. DOI: 10.1111/j.1467-9507.2009.00543.x

UNESCO: International technical guidance on sexuality education. An evidence-informed approach. 2018.

United Nations Convention on the Rights of the Child 1989. Convention on the Rights of the Child. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Valkama S. & Ala-Luhtama R. (eds.). 2014. Tunne- ja turvataidot osaamiseksi [*Turning emotional and safety skills into competence*]. Publications of Jyväskylä University of Applied Sciences 194.

Valkama S. & Lajunen K. 2014. Koulutus ammattihenkilöiden tunne- ja turvataitojen osaamisen vahvistamiseksi [*Training to strengthen the emotional and safety skills of professionals*]. In: Valkama S. & Ala-Luhtala R. (eds.). Tunne- ja turvataidot osaamiseksi [*Turning emotional and safety skills into competence*]. Publications of Jyväskylä University of Applied Sciences.

Valkenburg P. 2016. Adolescents and Pornography: A Review of 20 Years of Research. The Journal of Sex Research, 53; 4-5: 509–531. Routledge.

Vandenbosch L. 2015. Antecedents of adolescents' exposure to different types of sexually explicit Internet material: A longitudinal study. Computers in Human Behavior. 50: 439–448.

Vandenbosch L. 2015. Antecedents of adolescents' exposure to different types of sexually explicit Internet material: A longitudinal study. Computers in Human Behavior. 50–330. 439–448.

Vehkaoja S, Cacciatore R & Ingman-Friberg S. 2019. Uteliaana seksuaalisuudesta. Tavallinen ja huolestuttava käytös alle kouluikäisillä lapsilla [*Curious about sexuality. Normal and disturbing behavior in children under school age*]. Family Federation of Finland. http://www.vaestoliitto.fi/@Bin/8e3781cd21a78c7a36c46d998d1c5ad3/1606121992/application/pdf/9351263/Uteliaana%20seksuaalisuudesta%20-tietovihko.pdf

Viitala R. 2014. Jotenkin häiriöksi. Etnografinen tutkimus sosioemotionaalista erityistä tukea saavista lapsista päiväkotiryhmässä [*Something of a disturbance. Ethnographic study of children receiving special socio-emotional support in an early childhood education unit group group*]. Jyväskylä Studies in Education, Psychology and Social Research 501. Doctoral dissertation. http://urn.fi/URN:ISBN:978-951-39-5785-8

Walsh K, Zwi K, Woolfenden S & Shlonsky A. 2015. School-based programmes for the prevention of child sexual abuse. Cochrane website. https://www.cochrane.org/CD004380/BEHAV_school-based-programmes-for-the-prevention-of-child-sexual-abuse

Webster-Stratton C, Reid MJ & Stoolmiller M. 2008. Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. Journal of Child Psychology and Psychiatry. 49; 5: 471–488.

Weissberg R P., Durlak J A., Domitrovich C E. & Gullotta T P. 2017. Social and emotional learning. Past, present, and future. In: J. A. Durlak, C. E. Domitrovich, R. P. Weissberg & T. P. Gullotta (eds.), Handbook of social and emotional learning. Research and practice. New York: The Guilford Press, 3–19.

Whittaker J K. et al. 2016. Therapeutic residential care for children and youth: A consensus statement of the International work group on therapeutic residential care. Residential treatment for children and youth, 33; 2: 89–106.
Winnicott DW. 1965. On Security. The Family and Individual Development. London, Tavistock.
Wiss K, Saaristo V, Ståhl T, Peltonen H & Laitinen K. Terveyden ja hyvinvoinnin edistäminen peruskouluissa 2013 [*Promoting health and wellbeing in comprehensive schools*]. Finnish Institute for Health and Welfare Research Overviews 12/2014. http://urn.fi/URN:ISBN:978-952-302-232-4
World Health Organization (WHO). 2002. World report on violence and health. https://www.who.int/violence_injury_prevention/violence/world_report/full_fi.pdf
World Health Organization (WHO). 2010a. Mental Health Gap Action Programme. World Health Organization.
World Health Organization (WHO). 2010b. World Health Organization (WHO) Regional Office for Europe and BZgA. Standards for Sexuality Education in Europe. Finnish Institute for Health and Welfare. Helsinki. http://urn.fi/URN:NBN:fi-fe201205085324
World Health Organization (WHO). 2013. Guidelines for medico-legal care for victims of sexual violence. https://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/
World Health Organization (WHO). 2014. Investing in children: the European child maltreatment prevention action plan 2015–2020. http://www.euro.who.int/__data/assets/pdf_file/0009/253728/64wd13e_InvestChildMaltreat_140439.pdf
World Health Organization (WHO). 2016. INSPIRE: Seven Strategies for Ending Violence Against Children. https://apps.who.int/iris/bitstream/handle/10665/207717/9789241565356-eng.pdf;jsessionid=A80A3CFB557105237600E61E16C35935?sequence=1
World Health Organization (WHO). 2018. European status report on preventing child maltreatment. http://www.euro.who.int/__data/assets/pdf_file/0017/381140/wh12-ecm-rep-eng.pdf?ua
YLE Pikku Kakkonen and Family Federation of Finland. Pikku Kakkonen gives names to all parts of the body and teaches the swimsuit rule. Online article, 5 June 2019. https://yle.fi/aihe/artikkeli/2019/06/05/pikku-kakkosessa-annetaan-kaikille-kehon-osille-nimi-ja-opetellaan
Zins J E, Bloodworth M R, Weissberg R P & Walberg H J. 2007. The scientific base linking social and emotional learning to school success. The Journal of Educational and Psychological Consultation, 17: 191–210.
Zins J E, Bloodworth M R, Weissberg R P & Walberg H. 2004. The scientific base linking social and emotional learning to school success. In: J. E. Zins, R. P. Weissberg, M. C. Wang & H. J. Walberg (eds.), Building academic success on social and emotional learning: What does the research say? New York: Columbia University, Teachers' College Press, 3–22.

8 Domestic violence in the family from the perspective of children and young people

Corresponding authors: Tuovi Hakulinen, Finnish Institute for Health and Welfare (THL); Riikka Riihonen, City of Valkeakoski; and Taina Laajasalo, THL
Co-authors: Vasilisa Järvilehto, Hospital District of Helsinki and Uusimaa (HUS); Pia Keiski, Tampere University of Applied Sciences (TAMK); Sanna Koulu, University of Lapland; Anna Nikupeteri, University of Lapland; Ulla Korpilahti, THL; Tiina Muukkonen, Federation of Mother and Child Homes and Shelters (ETKL); Eija Paavilainen, Tampere University (TUNI); and Minna Säävälä, Family Federation of Finland

8.1 Introduction

'Domestic violence' refers to incidents where someone uses violence against their current or former partner, their own child or their partner's child, their parent, or some other close friend or relative. Every child has a right to a safe childhood. Children's right to protection from violence is one of the most important human rights. According to section 2 of the Child Welfare Act (417/2007), the primary responsibility for a child's wellbeing rests with the child's parents and guardians, who are also responsible for protecting the child from both physical and emotional violence. Furthermore, the public authorities interacting with children and families must also support parents and guardians in their child-rearing duties and must endeavour to provide families with assistance at the earliest possible stage (Health Care Act 1326/2010, Government Decree 338/2011, Child Welfare Act 417/2007).

Local authorities are obliged to monitor and promote the wellbeing of children and young people under section 12 of the Health Care Act, section 12 of the Child Welfare Act, and section 9 of the Social Welfare Act (1301/2014). Act 190/2019 amending the Child Custody and Right of Access Act (the 'Child Custody Act' 361/1983), effective as of 1 December 2019, introduces new provisions to the Child Custody Act relating to the responsibility of a child's caregivers to protect the child from violence, among other things. These amendments also strengthen the child's right to participate in dealing with matters affecting them in the family and in the event of separation and divorce.

8.2 Emotional violence and neglect

Authors: Taina Laajasalo, Finnish Institute for Health and Welfare (THL); Eija Paavilainen, Tampere University (TUNI); Vasilisa Järvilehto, Hospital District of Helsinki and Uusimaa (HUS); and Pia Keiski, Tampere University of Applied Sciences (TAMK)

Emotional violence is a broad phenomenon involving persistent, non-physical, harmful interactions with the child by the caregiver, which include both commission and omission (Glaser 2011).

Research literature uses terms such as 'emotional abuse', 'emotional violence', 'psychological maltreatment' or 'psychological abuse'. In English-language research literature, 'emotional abuse' has become established as the most common of the above. However, there are still considerable differences between disciplines and professions in the ways in which concepts and terms are used and understood.

The concepts used in this Non-Violent Childhoods Action Plan are 'emotional violence' and 'neglect'. This is to draw attention to the fact that the kind of emotional violence that leaves no direct marks is also part of the range of violent behaviours despite the fact that it is often overshadowed by other forms of violence. Article 19 of the United Nations (UN) Convention on the Rights of the Child obliges the States Parties to protect the child from all forms of violence (UN 1989).

8.2.1 Definitions

Emotional violence is defined as a repeated pattern or extreme incident(s) of caretaker behaviour that thwarts the child's basic emotional, care and nurturing needs and conveys that a child is worthless, defective, damaged goods, unloved, unwanted, or endangered (American Professional Society on the Abuse of Children 2017).

Various sources (Glaser 2011, Office of the Ombudsman for Children 2015) consider emotional violence and maltreatment to include behaviours such as:

- scaring, terrorising and threatening; spurning and rejecting; isolating, ignoring and favouritism; harsh and inconsistent discipline;
- emotional unavailability and unresponsiveness; neglecting mental health, medical and educational needs;
- name-calling, humiliation, belittling, ridiculing and hurting a child's feelings;
- exposure to violence between parents; witnessing domestic violence (see Chapter 8.4, Children witnessing intimate partner violence);
- bullying and hazing by adults or other children, including via information and communications technologies (ICTs);
- failure to recognise a child's individuality and the psychological boundary between parent and child; inability to recognise and distinguish between the child's reality, mental world, thoughts and wishes from those of the parent;
- failure to provide a child's age-appropriate social adaptation, which may include parental overprotection of the child, isolating the child from their natural social environment, and preventing the child from learning social and other skills.

The definitions of emotional violence include acts and behaviours (or lack thereof) that may be intentional but also unconscious or unintentional. The patterns of behaviour and action form a continuum, with one end representing good parenting, which may occasionally involve isolated incidents that are harmful to a child while being mild in severity. The middle of the continuum consists of various

dysfunctional or harmful parenting and child-rearing methods. The other extreme involves actions that are highly detrimental to the child's growth and development and defined as emotional violence. This continuum approach is illustrated in Table 9 (adapted from Wolfe & McIsaac 2011).

A growing body of research has made it possible to identify a broader spectrum of various forms of emotional violence that are particularly detrimental to children. The most essential of these include stalking a child or the child's parent (Nikupeteri 2016), alienating a child from one of the parents (Harman et al. 2018) and witnessing domestic violence (Tsavoussis 2014, Holt et al. 2008).

8.2.2 Prevalence

Emotional violence is probably the most common form of violence against children (e.g. Cecil et al. 2017, Fagerlund 2014). However, its prevalence is difficult to estimate because of the considerable differences in the ways in which the concept is defined in different studies. A 2011 study by Munro and colleagues, for example, indicated that the prevalence of neglect varied between 28% in Australia and 88% in Norway, while the prevalence of emotional abuse ranged from six per cent in the United States to 43% in Canada.

The 2019 School Health Promotion Study indicates that just under a third (28%) of young people in grades 8 and 9 of compulsory basic education (aged 14–15) and at general upper secondary school (aged 16–19) reported having experienced emotional violence by their parents over a 12-month period, defined as silent treatment, berating, throwing objects, or threats of hitting or spanking. Almost one in five (17%) primary school children in grades 4 and 5 (aged 10–11) had experienced the above-mentioned forms of emotional violence over a period of one year. It must be noted, however, that the experiences of violence among the respondents who answered in the affirmative to the question about emotional violence vary considerably in terms of frequency and degree of severity. Moreover, the responses given by different age groups are not directly comparable because the level of understanding of question wordings may vary by age group as well as individually. Threats of violence as a form of emotional violence used by parents seem to have increased slightly over the last ten years (Hyvärinen 2017). This may be attributable to the decreasing use of corporal punishment by parents or increased awareness of the phenomenon.

8.2.3 Identification

It is in the nature of emotional violence that it is more difficult to bring up, identify and measure when compared with other forms of violence and neglect (e.g. Rees 2010). It may be challenging for public authorities to establish because no physical signs of emotional violence can be detected in medical examinations, for example. There are also indications that victims of emotional violence themselves have difficulty recognising even later in life that they have been victimised (Goldsmith & Freyd 2005). By way of example, a conceptual framework has been developed in the UK for the recognition, assessment and management of emotional abuse (FRAMEA), but no information is as yet available on its usability or effectiveness (Glaser 2011).

When a family's situation is being looked into within healthcare and social welfare services, the first step is to carry out a comprehensive assessment and an analysis of risk factors. The aspects considered in this context include social and environmental circumstances, parental risk factors, parent–child interactions, and concerns relating to domains of child functioning. Children can only provide information on certain areas of emotional violence due to their limited ability to understand and describe any emotional violence that they may have experienced. If parent–child interactions raise any concerns among healthcare and social welfare staff, these should be clearly described. It should be borne in mind that any concerning interactions need to be persistent or recurrent in order to qualify as an indication of emotional violence and maltreatment. (See also Chapter 10.6.)

Intervention starts with reinforcing positive parenting by means such as supporting group-based parenting. It is also possible to use time-limited therapeutic interventions, which are chosen on the basis of an overall assessment of the family's situation and can be implemented at the primary level. A multidisciplinary and multi-sectoral team approach is usually required if the concerns are related to social and environmental circumstances or parental risk factors. If these interventions fail to bring about adequate change in the family situation, it is necessary to consider new approaches. In the most extreme cases, these would also include removing the child from a harmful environment. (Glaser et al. 2011.)

At times, it is difficult to distinguish between isolated insensitive interactions, poor and dysfunctional parenting skills, and actual emotional violence (Glaser et al. 2011). Emotional violence can be distinguished from otherwise dysfunctional parenting styles and poor parenting on the basis of its frequency, severity and higher potential harm to the child (Wolfe & McIsaac 2011; Table 9).

Table 9. Comparison between functional and dysfunctional parenting styles and emotional violence (adapted from Wolfe & McIsaac, 2011).

	Positive styles	Poor and dysfunctional styles	Emotionally abusive/ neglectful styles
Stimulation and emotional expressions	• Provides a variety of sensory stimulation and positive emotional expressions • Expresses joy at child's effort and accomplishments	• Shows rigid emotional expression and inflexibility in responding to child • Seems unconcerned with child's developmental and psychological needs	• Expresses conditional love and ambivalent feelings towards child • Shows little or no sensitivity to child's needs
Interactions	• Engages in competent, child-centred interactions to encourage development • Friendly, positive interactions that encourage independent exploration	• Often insensitive to child's needs; unfriendly • Poor balance between child independence and dependence on parent	• Emotionally or physically rejects child's attention • Takes advantage of child's dependency status through coercion, threats, or bribes
Consistency and predictability	• Demonstrates consistency and predictability to promote and maintain a good child–parent relationship	• Often responds unpredictably to child's behaviour, sometimes with emotional discharge	• Responds unpredictably to child, accompanied by emotional discharge
Rules and limits	• Makes age-appropriate rules for safety and health	• Makes unclear or inconsistent rules for safety and health	• Sporadic or capricious rules for child • Exploits or corrupts child for parent's benefit
Disciplinary practices	• Occasionally scolds and interrupts undesirable child activity • Teaches child through behavioural rather than psychological control methods	• Frequently uses coercive methods and minimises child's competence • Uses psychologically controlling methods that confuse or upset child	• Uses cruel and harsh control methods that frighten child • Violates minimal community standards on disciplinary methods, at least on occasion
Emotional delivery and tone	• Expresses emotions in a way that is firm and clear but not frightening	• Uses verbal and non-verbal pressure, often to achieve unrealistic expectations	• Frightening, threatening, denigrating and insulting

When in doubt or concerned, child and family services professionals should deal with various concerns together with the client, while considering aspects such as the child's age, developmental stage and context. It is only possible to assess the effects of parental actions on the child when observations and information have been gathered. It would be important for the professional to ask about and assess parental motivations behind harmful or dysfunctional behaviour and to assess whether the parent is capable of self-assessing their own behaviour from the child's perspective.

It is also necessary to discuss alternative ways of dealing with challenging situations with the parent/caregiver and to assess whether the parent is willing to change their own behaviours that are harmful to the child. In order to form a reliable overview of the situation, it is also advisable to collect information about the child from other professionals interacting with the family (such as school, early childhood education and care, social welfare services). This will provide information about the situation that raised concerns and about the extent and effects of the behaviour involved. (NICE 2009; see also Chapters 2 and 6.)

The diversity of situations can be illustrated by an example. Using the 'time out' as a parenting method satisfies the elements of emotional violence if it involves isolating, humiliating and shaming the child. Conversely, when used with careful consideration, a 'time-out' is one component of the evidence-based family interventions also used in Finland. A time-out can help the child learn to control their feelings over time (see also American Psychological Association 2015).

8.2.4 Consequences

Emotional violence and neglect are broad and variable phenomena, which also have varying definitions. As they often co-occur with other forms of violence (e.g. Cecil et al. 2017), researching their consequences is challenging. Evidence gained from cohort and other longitudinal studies, for example, suggests that emotional violence, neglect and maltreatment have a harmful impact on a child's socio-emotional and cognitive development that will resonate well into childhood, youth and adulthood.

At the level of meta-analysis and reviews, research evidence shows that emotional violence and neglect increases the risk of mental disorders, drug-use, suicide

attempts, risky sexual behaviour, etc. among children and young people (Norman 2012, Naughton et al. 2013). Similar to other types of maltreatment, the effects of emotional violence are also visible as abnormalities in neuroimaging studies (e.g. Teicher & Samson 2016).

Moreover, there are indications that emotional violence experienced in childhood may even predict various psychological issues in children more strongly than sexual or physical abuse (e.g. Cecil et al. 2017). Its consequences are inter-generational. Childhood emotional violence increases risk of insensitive parenting and violence against and neglect of one's own child (Hughes & Cossar 2016, Keiski 2018). Individual resilience and other protective factors have a bearing on how the consequences will manifest.

8.2.5 Methods of prevention

There is already a relatively large body of research evidence indicating that parenting support can reduce the risk of physical violence against children in particular (e.g. Chen & Chan 2016). However, no evidence is yet available on interventions that would have specifically measured cessation of emotional violence and neglect. According to Keiski (2018), psychodynamic group interventions intended for mothers especially support the development of self-knowledge among female perpetrators of violence (before/after measurements, n = 128). This may promote adoption and use of non-violent solutions for conflict resolution among women (Keiski, 2018). The same risk factors, such as poverty and parental substance misuse, contribute to the use of both physical and emotional violence and are often coincident (Black, Slep & Heyman 2001, Schumacher et al. 2001). It is therefore fair to assume that the same interventions and approaches are in all likelihood effective in tackling a number of different forms of violence against children and neglect.

There is research evidence from the United States on the effectiveness of universal support available to everyone. Broad support of parenting skills (incl. positive attention, warmth) and dissemination of parenting information to the entire population (such as via the media and staff employed in various services) resulted in fewer out-of-home placements and fewer cases of violence and neglect (Prinz et al. 2009).

It is likely that infancy home visits would reduce the risk of emotional violence against children in families with several psychosocial risk factors. In the United States, a programme based on home visits to at-risk families involved providing mothers with information about, among other things, child development, parenting, interactions and healthy behaviours, such as cutting down on substance use. Long-term follow-up revealed that home visits reduced the risk of childhood violence and neglect. The group participating in the intervention showed positive progress in child–parent interactions and children's cognitive and socio-emotional development. (Olds et al. 1997, Olds et al. 1998, Olds et al. 2004, Olds et al. 2007.)

Finnish maternity and child health clinic services have a long tradition of home visits, which should be strengthened and developed. Furthermore, in keeping with legislation (Government Decree 338/2011), the periodic health checks organised by maternity and child health clinic services also include discussions with all parents on age-appropriate supportive parenting and the safety and emotional atmosphere of the family as a whole. These discussions are conducted with the aid of materials developed by NGOs, among other things.

Research evidence indicates that parenting groups based on cognitive-behavioural principles can influence parenting skills and emotional control among parents with anger-management issues (e.g. Sanders et al. 2004). There is also research evidence suggesting that the group-based 'Incredible Years' parenting programme helps change abusive parenting practices to a more positive approach (Letarte et al. 2010).

Emotional violence can indeed be prevented and reduced by supporting parents in different ways. It is possible to increase positive interactions, consistency and predictability of everyday parenting situations; to strengthen parents' emotional control and mentalising abilities (the ability to reflect on one's own and other people's perspectives and experiences); to increase awareness of the harmful effects of emotional violence; and to help parents understand their own life history and its impact on parenthood. However, further research is still needed on the various forms of preventing emotional violence and neglect.

8.3 Physical violence

Authors: Tuovi Hakulinen, Finnish Institute for Health and Welfare (THL); Minna Säävälä, Family Federation of Finland; Ulla Korpilahti, THL; Tiina Muukkonen, Federation of Mother and Child Homes and Shelters (ETKL); Sanna Koulu, University of Lapland; Anna Nikupeteri, University of Lapland; and Riikka Riihonen, City of Valkeakoski

Children can be victims, witnesses or perpetrators of physical violence. This section discusses physical violence experienced by children.

8.3.1 Definitions

According to the World Health Organization (WHO), **physical violence** against a child, also known as physical child abuse, refers to "the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity" (WHO 2006). Physical violence often involves someone using an object or part of their body to physically harm a child or control the child's actions in a way that is likely to cause harm (UNICEF 2014).

Chapter 21 section 5 of the Criminal Code of Finland (89/1889) specifies that a "person who employs physical violence on another or, without such violence, injures the health of another, causes pain to another or renders another unconscious or into a comparable condition" is guilty of assault. Examples of physical violence include slapping, spanking, punching, hitting, beating, kicking, pushing, shaking, biting, strangling, scalding, burning, poisoning, suffocating, assaulting with a weapon or object, and killing (WHO 2006, UNICEF 2014). At its worst, physical violence – such as shaking a baby in an attempt to stop them from crying – can lead to serious injuries, or even death (Salokorpi et al. 2015, Choudhary et al. 2018).

Corporal punishment, also known as corporal or disciplinary violence, refers to an action where a parent or some other adult (or an older child, such as a sibling) aims to intentionally cause a child pain or discomfort in order to punish the child or otherwise control their behaviour. While these situations often involve conscious, deliberate and intentional violence (incl. slapping, hair-pulling), some incidents

take place despite no intention of being violent, on impulse or in a surge of emotion, or while being intoxicated, for example. Corporal punishment can result in serious consequences and, at worst, it can lead to killing a child (Ministry of the Interior 2012, Ministry of Justice 2013, Lehti 2017). As a general rule, this Action Plan and chapter simply use 'violence' as the term to describe different types of violence against children and young people, unless it is appropriate to use 'corporal punishment' in a specific context (see also Chapter 1).

Sibling violence is defined as violence by one full or half-sibling against another. In addition to physical abuse, violence between siblings may also be emotional or sexual. Sibling violence is the most common form of domestic violence. (Victim Support Finland, 2018.)

Youth dating violence takes a wide range of forms. While 'dating violence' may cover all dating couples, the term is mostly used for relationships between young people and young adults. (Aaltonen 2012, Niemi 2010.) Dating violence does not only include physical abuse, but also other forms of violence, such as emotional and sexual violence. Such violence typically starts little by little, but it tends to recur and become increasingly brutal. (Kovanen 2014.)

8.3.2 Prevalence of violence against children

Globally, over half of all children experience violence (WHO 2016). According to Statistics Finland (2017), 27% of victims of domestic violence in Finland are underage. Twelve per cent of parents who participated in a pilot study on families with four-year-old children (NEVA; n = 348) reported physical violence (incl. hair-pulling and filliping) inflicted on a child. Abuse classified as serious physical violence (shaking, slapping or hitting) was reported by four per cent of parents. (Hietamäki 2018a and b.)

Based on estimates by university hospital paediatricians, about ten cases of shaken baby syndrome leading to severe injuries are identified in Finland every year among young children aged under 12 months. For every severe shaking injury, there may be several victims of milder shaking, whose minor symptoms will often remain unidentified. The 2017 National Crime Victim Survey indicates that people aged between 15 and 24 accounted for a quarter of victims of physical violence aged between 15 and 74 (Danielsson & Näsi 2018).

In Finland, some parents are still using violence as a child-rearing method (Peltonen et al. 2014, Ellonen et al. 2017a, Halme et al. 2018), although it is prohibited under the Child Custody and Right of Access Act (the 'Child Custody Act' 361/1983). Protection of children against violence and maltreatment was highlighted in Act 190/2019 amending the Child Custody Act. Its revised section 1 emphasises that children must be protected against all forms of physical and emotional violence, maltreatment and exploitation. Penalties for corporal punishment are imposed by virtue of the same sections of the Criminal Code of Finland (39/1889) as for assaults on adults.

While attitudes towards corporal punishment of children have become more negative, it is still relatively common. A third (35%) of parents have reported using some form of corporal punishment as a child-rearing method over the last 12 months (Ellonen et al. 2017b).

Based on various studies (Näsi 2016, Fagerlund et al. 2014), violence against children and young people seems to have decreased slightly in Finland over the last few years. Nevertheless, one in ten young people have experienced violence over a 12-month period, while the figure for boys is close to one in five. The number of those who have experienced physical violence in their lifetime is much higher. While fewer individuals than before seem to be experiencing threats of violence, these individuals tend to accumulate violent experiences more frequently and the acts of violence are more likely to lead to some degree of injury. (Fagerlund et al. 2014.)

Likewise, the risk of dying as a result of intentional violence has decreased significantly among children and young people over the last fifty years (Näsi 2016). Since 2015, the annual number of children aged under 15 who have died as a result of an intentional act of violence, murder or manslaughter has ranged between zero and two (Lehti 2019). Child homicides are often preceded by parents' mental disorder or separation (Piispa et al. 2012). Intoxicating substances, most commonly alcohol, have also played a role in these situations. Research (Lehti 2019) indicates that the perpetrator has usually been the child's mother. Efforts to prevent familicides – where a suicidal parent first kills the family children and possibly their partner and finally commits suicide – also include legislative actions. By way of example, physicians are obliged to report to the police any intentions by patients to harm other people that may emerge during appointments.

8.3.3 Prevalence of violence against young people

After the age of ten, people are more frequently exposed to violence by friends, siblings, dating partners, and adults other than their parents, or strangers (UNICEF 2014). Among primary school pupils (aged 7–12) responding to the 2019 School Health Promotion Study, 13% reported having experienced physical violence; the figure was slightly higher for boys (15%) than girls (11%). Among lower secondary school pupils (aged 13–15), 12% reported having experienced physical violence; the figure was lower for boys (9%) than girls (15%). Respondents with experiences of physical violence accounted for seven per cent of students at general upper secondary schools and vocational institutions (aged 16–19+); the figure was lower for boys (5%) than girls (9%). Young people had clearly experienced physical violence less frequently than emotional violence (14%/37%). One in ten of all survey respondents had seen or heard physical violence in the family. (Ikonen & Helakorpi 2019; see also Chapter 3.)

The findings of the Child Victim Survey included in the 2013 National Crime Victim Survey do not appear to indicate any correlation between parents' educational and financial status and the prevalence of children's experiences of violence (Fagerlund et al. 2014). According to the 2016 Youth Crime Survey, 19% of girls and 14% of boys aged 15 to 16 reported physical violence by a sibling over the last 12 months (Näsi 2016).

Boys are at higher risk than girls of facing serious physical violence by caregivers (Lysenko et al. 2013, McKee et al. 2007) and peers (Krug et al. 2005). Besides home, young people can face violence in public places, at school and other institutions, and in their hobbies and other leisure-time settings. According to the 2016 Youth Crime Survey, an average of about 10% of young people had experienced physical violence over the last 12 months (including 13% of boys and 8% of girls). Both the victim and the perpetrator were boys in 59% of violent incidents. By way of example, 10% of young people aged 15 to 16 had experienced threats or acts of violence due to language, skin colour, religion or political orientation during their lifetimes, while the figure for the last 12-month period stood at four per cent. (Näsi 2016.)

Most of the violence experienced by young people is perpetrated by their peers. Among those aged 15 to 16, for example, the most typical scenario was being subjected to violence by a sibling, while the next most common perpetrators were

friends and other peers known to the victims. (Näsi & Tanskanen 2017.) Three per cent of both girls and boys reported violence by a current or former dating partner (Näsi 2016). Parents seldom inflict physical violence on young people. Young people placed in foster families or child welfare institutions experience violence by adults other than their parents clearly more frequently when compared with their peers (Fagerlund et al. 2014; see also Chapters 3 and 13.4).

8.3.4 Harm, injuries and consequences

Some children frequently witness and experience violence in different contexts during their lives (WHO 2016). The most common place for children to witness and experience violence is the home. The harmful effects of corporal punishment are amplified by its occurrence in relationships of trust, often in attachment relationships, as well as by its recurrence. Repeated violence is especially detrimental to children's health and social development (Finkelhor et al. 2011, Turner et al. 2016).

Violence can inflict direct physical injuries of varying degrees on children, such as skeletal fractures, head injuries, soft-tissue injuries, burns or scalds, or even death. Long-term consequences of childhood exposure to violence include mental disorders and psychiatric illnesses. Experiences of violence and fear trigger neurological and endocrine functions in the body, leading to chronic toxic stress. Prolonged toxic stress is known to cause physical and psychological morbidity in adulthood. (Van der Feltz-Cornelis et al. 2017, Oh et al. 2018.) Frequent experiences of violence increase the risk of long-term physical conditions (such as diabetes or heart disease) and communicable diseases (WHO 2016).

It has been found that those with childhood experiences of violence have higher incidence of social problems, substance use and high-risk behaviours later in life (Norman et al. 2012, Saukkonen et al. 2016, Gershoff & Grogan-Kaylor 2016). Childhood violence is also associated with exposure to violent experiences in teen years or adulthood and with susceptibility to violent behaviour towards one's own child or partner (Artz et al. 2014, Peltonen et al. 2014, Abajobir et al. 2017, Bartlett et al. 2017, Ellonen et al. 2017b). (See also Chapters 2, 10 and 12.)

8.3.5 Risk factors

There is no single reason or determinant for violence (WHO 2013). Rather, the phenomenon involves a wide variety of underlying individual, communal, cultural and social factors, which either increase or reduce children's risk of becoming victims of physical violence and neglect. Identified risk factors include non-nuclear family types; high-risk parental substance use and mental health problems; parent–child interaction problems; and child behavioural disorders (Dubowitz et al. 2011, Hentilä et al. 2010, Stith et al. 2009). Risk factors are cumulative by nature: the more risk factors that a child or a family has, the more likely it is for the child to become a victim of violence (Masten & Wright 1998, Nursing Research Foundation 2015). On the other hand, violence may occur without the existence of any observable risk. (See also Chapter 2.)

Special groups include children with disabilities or neuropsychiatric symptoms, or those born in another country. A study conducted in Sweden showed that disabled children were twice as likely to experience violence at home than healthy children (Ministry of Social Affairs and Health 2010). Although research suggests that children with disabilities have a heightened risk of being abused, few acts are reported to the authorities. Children with disabilities are not necessarily capable of expressing any abuse that they may have experienced, while few caregivers will spontaneously disclose their own acts to the authorities. In such cases, suspicions of child abuse may arise through reports made by relatives or neighbours, for example, or during maternity and child health clinic services appointments, in other healthcare services, at school or in some other context. In terms of statistics, the population includes fewer disabled than healthy children, which is a partial explanation for the small number of suspected cases of abuse against children with disabilities in investigation processes. Parents of special needs children, such as those with disabilities or chronic illnesses, face more stress in everyday childcare than others and will therefore require more support and services to support their resources. (See also Chapters 2 and 13.2.)

8.3.6 Prevention of physical violence

In Finland, maternity and child health clinic services and school healthcare services play a unique role in identifying physical violence and neglect against children, as these services reach almost all underage children and their parents. Ensuring that professionals are able to spend enough time with each client family will prevent

problems from arising and help professionals identify and intervene in problems early on.

Parents are also invited to attend their children's regular health checks. All families are provided with information about the rights of the child and Finnish law as part of their appointments with child health clinic services and school health care services. By way of example, they are informed of the fact that corporal punishment is prohibited by law in Finland. Parents also receive support and guidance on providing a safe growth environment and using non-violent and consistent parenting methods. Information is targeted at those from immigrant backgrounds, in particular, because some of the families come to Finland from countries where corporal punishment is not prohibited by law or common child-rearing practices. (Ministry of Social Affairs and Health 2010, Korpilahti 2018.)

As part of health checks, maternity and child health clinic and school health care services promote the resources of the entire family in order to support up parenthood and child protective factors. Health checks involve strengthening parents' knowledge and skills in supportive parenting, providing a safe growth environment for the child, and the importance of nurturing their parenthood and intimate relationship. Health counselling covers topics such as parental coping, physical activity, rest and sufficient sleep, as well as social support. (Hakulinen-Viitanen et al. 2012, Hakulinen et al. 2019.)

Regular health checks carefully administered by maternity and child health clinic services and school health care services make it possible to identify families with extensive support needs (Poutiainen et al. 2015, 2016). Children and their families can be provided with the help and support that they need without delay.

Alongside statutory health checks and any supplementary appointments that may be required, public health nurses at maternity and child health clinic services also make home visits during pregnancy and after childbirth, as well as in special family circumstances (Government Decree 338/2011, Hakulinen et al. 2018). There is evidence of the significant role of home visitation in reducing violence against children and neglect in both selected and universal settings (Prinz et al. 2009). Research suggests that home visitation is effective, at least with low-income women expecting their first child, when the nurses have worked with a view to improving peri- and postnatal infant health and women's financial circumstances. As a result

of the intervention, the target group's emergency room visits and violence against children and neglect decreased over a 15-year follow-up period. (Mikton et al. 2009, Olds et al. 2007.) Intimate partner violence in the families participating in a study by Eckenrode et al. (2000) limited the effectiveness of interventions.

In order to support discussions between parents, in maternity and child health clinic services make use of the resource questionnaires about the family's protective and stress factors. Their aim is to lower the threshold of addressing the issue of violence and to facilitate interviews with parents and other caregivers. For screening purposes, in maternity and health clinic services also use a domestic violence enquiry and assessment form (see the form in English, THL 2019a) in order to identify the risk factors of domestic violence and to assess any experiences or use of violence among all health clinic client families at the earliest possible stage. Both parents are separately asked about violence both during pregnancy and after childbirth. The form can also be revisited during subsequent maternity and child health clinic services appointments as required.

If domestic violence is identified, the client concerned must be provided with immediate help in keeping with the regional service chain. The domestic violence enquiry and assessment form is used more frequently by maternity and child health clinic services than in school health care services. In 2012, 69% of health centres in Continental Finland made use of the form at maternity clinic services, while the figures for those using the forms at child health clinic services and in school health care services stood at 59% and 10%, respectively (Hakulinen-Viitanen et al. 2014).

Parenting support provided for the general population has been shown to reduce the risk of physical abuse against children and neglect (Prinz 2016). With regard to its universal models, there is research evidence on the effectiveness of the 'Triple-P' Positive Parenting Programme combined with a media and informational campaign: violence against children and neglect, out-of-home placements and abusive injuries decreased two years after the intervention (Prinz et al. 2009). In other respects, there is little research evidence on the benefits of universal violence interventions, or the research designs have been deficient.

8.3.7 Intervention in violence against children

Early identification of and intervention in physical and emotional violence and neglect against children and young people are outlined in a clinical guideline entitled 'Efficient methods for identifying child maltreatment in social and healthcare' (Nursing Research Foundation 2015). However, no screening tool is as yet in place for identifying the existence or risk of physical and emotional violence and neglect against children.

Multiple parental adverse childhood experiences (ACEs) like violence and neglect have been found to increase the risk for various health hazards. The number of parental ACEs is linked to experiences of domestic violence, among other things. (Hughes et al. 2017) In 2017–2018, parents were screened for childhood adversity by Welsh health visiting services using an 'Adverse Childhood Experiences (ACE)' questionnaire. The mothers (n = 321) participating in the pilot study (Hardcastle & Bellis 2019) felt that being asked about ACEs was extremely positive. ACEs were reported by a total of 53% of the participating mothers, 43% of whom stated that this was the first time they had told public authorities about these experiences. Two thirds of mothers reported that they had received more tailored help and support as a result of the screening process. Public health nurses reported greater trust in relationships with clients after the ACE enquiry. (Hardcastle & Bellis 2019.)

In Finland, a research and development project carried out by the Southern Ostrobothnia Hospital District from 2016 to 2018 assessed a form entitled 'Brief Child Abuse Potential Inventory' (BCAP or BriefCAP) intended for identifying child abuse and assessing its risk in support of multidisciplinary work in services catering for families with children. Based on preliminary research evidence, there are indications that the tool may be suitable for assessing the wellbeing and risk conditions of families with children and as a basis for discussions with families (Ellonen et al. 2017a, Ellonen et al. 2019, Lepistö et al. 2016 & 2017, Milner & Crouch 2017). Further study is required to determine whether the form is suitable for use in Finland.

It is common for experiences of violence to surface as a child shares them spontaneously with a safe and familiar adult. Such an adult may be a professional carer, a teacher, a public health nurse, or some other individual involved in the child's life. Everyone working with children is obliged to notify child welfare services and the police if they learn that a child has experienced violence. However,

although some children will share their experiences on their own initiative, professionals must also have the courage to ask about violence if they have some reason to suspect that a child might be a victim. Such indications of violence may include bruises, scalds or burns or other such injuries to the child's body, especially when recurrent, patterned, clustered or found in unusual areas. In such cases, the professional needs to ask the child openly how they occurred.

It is also possible to ask the child about their everyday life, home conditions and social relationships. The situation for the discussion should be calm and the adult must not ask the child any leading questions. If any experiences of violence are revealed, the adult must explain to the child in an age-appropriate manner how they are going to deal with the matter for the child's benefit. It is also necessary to explain to the child that violence is against the law and it must not be inflicted on children. In suspected cases of child abuse, it is important to take accurate notes. This applies to documenting both any physical injuries and the details shared by the child. (See also Chapter 2.)

When violence against a child surfaces or is suspected, the parents should be referred to the necessary help and support services, while also taking the steps required by the Child Welfare Act (contacting the police and child welfare services). Violence against a child will trigger two official processes, one involving criminal proceedings and the other relating to child welfare services. Alongside these processes, healthcare services should also initiate a support process. The child needs to receive both justice for their violent experiences and help for their situation. Help should also be offered to the parents or other caregivers. The psychosocial support offered aims to help the child to deal with their violent experience and encourage the parents to provide safe parenting. It is important to provide the child with direct support while building up the parents' resources and giving them information about violence and its consequences. Consulting the police and other types of inter-agency cooperation are necessary in order to prevent parallel official processes from obstructing each other and placing unnecessary burdens on the child and their family. (See also Chapter 6.)

If a child welfare notification concerns a suspicion of violence against a child, child welfare services are required to assess whether the child is safe or in need of immediate protection. In the event that there is any suspicion of physical injury due to violence, the child needs to receive an immediate medical evaluation. In

many suspected cases of abuse, it is also necessary to obtain an emergency referral for specialised medical care, where the child will be evaluated by a paediatrician, a paediatric surgeon or some other appropriate practitioner. The child may also require hospitalisation. Evaluation should be done in multidisciplinary cooperation (see also Chapter 6.3). The partners involved include the notifying party, healthcare services and the police, which may subsequently be complemented with a forensic psychiatry or psychology unit. (Muukkonen & Tulensalo 2015.)

If there is any suspicion of physical injury caused by violence, the child needs to receive a medical evaluation. The child's age and the nature of injuries have a bearing on whether such evaluation will be made in primary healthcare or in specialised medical care. The child may also require hospitalisation. In many cases, a child forensic psychiatry unit is already consulted over the phone when a suspicion first arises and, once it is reported to the police, it will be dealt with at an official meeting in the early stages of the investigation. The current psychiatric forensic evaluation process for children allows the child to be heard and receive a physical examination within one to two weeks of the suspicion being raised and, in some cases, as soon as within the first 24 hours.

In cases of violence, children will especially need to experience that they are being heard. When violence against a child surfaces, it is important to intervene and to treat the child in a considerate manner, repeatedly explaining to them in clear and age-appropriate terms how adults are planning to proceed in the situation and what this will entail personally for the child. In such a situation, a child of any age will require immediate support from an adult, preferably an attachment figure, unless this is also the perpetrator of violence. The first course of action from the child's point of view is to stabilise everyday life as quickly as possible. This involves establishing where the child should live and providing the parents with support in helping the child regulate their emotions as well as in other respects. It is important to maintain daily routines, such as the daily schedule and going to school.

From 2014 to 2016, the Finnish Police, the National Prosecution Authority and public healthcare and social welfare services cooperated on a project to develop a Children's Advocacy Centre (LASTA) model (Sinkkonen & Mäkelä 2017). Its purpose is to improve inter-agency cooperation in suspected cases of assault on a child. The operating model was also put into practice in three regions from 2016 to 2019 as part of the programme to address reform in child and family services

(LAPE) launched by the Government of the then-Prime Minister Juha Sipilä. Multi-sector cooperation between public authorities has also been developed in the areas of early intervention and support by university hospital units of forensic psychology/psychiatry for children and young people, which conduct interviews and evaluations of children and families in suspected cases of violence as executive assistance for the police. The methods and models of multi-sector cooperation are discussed in further detail in Chapter 6 of this plan. Good practices in support of multi-sector efforts to intervene and assist in cases of violence against children are also being developed and introduced into practice as part of the Barnahus project launched in 2019 (THL 2019b).

The Federation of Mother and Child Homes and Shelters has developed 'Safety10' ('Turva10') questionnaires for different age groups in support of broaching safety issues with children. It is hoped that these will be introduced for use by professionals working with children in settings such as family centres. For further information, please visit ensijaturvakotienliitto.fi/en.

8.3.8 Supporting children and families who have experienced violence

While responsibility for organising help and assistance for children who have experienced violence mostly rests with child welfare services or other family services provided as part of social welfare services, all parties interacting with children and families can help them survive violence. In many cases, families who have experienced violence have a wide variety of stressors, such as psychosocial stress, parents' mental disorders, loneliness, poverty, difficulty finding employment, intimate relationship issues and children's own developmental support needs. It is important to take account of the cultural and individual factors and living conditions that contribute to the safety and security of children's growth environments, as clients of child and family services are increasingly diverse.

Significant symptoms of depression and anxiety have been found to be considerably more prevalent among some immigrant groups when compared with the Finnish population as a whole (Castaneda et al. 2012). In particular, many parents from refugee backgrounds have underlying experiences of violence and traumatic events (Castaneda et al. 2015, Skogberg et al. 2019). Moreover, the child-rearing practices of families from different backgrounds may conflict with legislation in place in Finnish society for cultural and other such reasons.

Immigrant and asylum-seeking parents will therefore require parenting support and information and guidance on child-rearing practices (see also Chapter 13.3). Support for families should start with assessing and intervening in these underlying factors and organising help and support.

Parents must also be provided with treatment for any mental disorders or, where necessary, they should be referred for treatment. In addition, they must be offered help with positive parenting practices. In many cases, family interactions have gradually spiralled into increasingly negative patterns. This means that an intervention aiming to promote positive parenting should be sufficiently intensive and it should preferably also include home visitation. Most parents who have resorted to violence are nevertheless capable of adopting positive parenting practices when provided with adequate external support and help. As family interactions become more positive, the parent–child relationship will grow closer, thus preventing continued violence.

Research suggests that (trauma-related) psychological symptoms are common following exposure to a traumatic event, such as a violent incident (Margolin & Gordis 2000). Most post-traumatic symptoms occur for the first time within a few weeks of a traumatic experience. Such symptoms include heightened alertness (such as sleeping difficulties), flashbacks of the traumatic event as intrusive thoughts or memories, avoidance of situations resembling the traumatic event, memory problems, separation anxiety and attention problems. However, the diagnostic criteria for post-traumatic stress disorder (PTSD) in adults fail to adequately identify children with prolonged trauma-induced symptoms, which means that a specific diagnostic assessment is required for children (De Young et al. 2011, Saigh et al. 2011).

Post-traumatic stress disorder (PTSD) is likely to develop as a result of multiple interacting factors. It is therefore not solely caused by the objectively assessed characteristics of a traumatic event or a perceived life threat. The majority of factors associated with prolonged post-traumatic symptoms are responsive to psychosocial support, including family functioning, child cognitive skills and several psychological factors (Ozer et al. 2003). Several studies have shown that parents' mental health problems are linked to their child's risk of developing PTSD (Trickey et al. 2012).

Research indicates that post-traumatic symptoms are most prevalent a few weeks or months following a traumatic experience. However, natural recovery is common, especially during the first year after the event. Social support received by a child promotes recovery from post-traumatic symptoms (McDermott et al. 2012). About two thirds of children who had been assaulted or involved in motor vehicle accidents experienced some kinds of post-traumatic symptoms and about 24% satisfied the diagnostic criteria of early PTSD within two to four weeks of the incident. However, only 12% satisfied the PTSD criteria at six months, even though no treatment had been offered. (Meiser-Stedtman et al. 2005.) It appears that recovery from PTSD symptoms without treatment becomes less common after a year following a traumatic event.

Many children who have experienced violence will recover with support from primary-level services. However, some will require psychotherapeutic help or specialised psychiatric services due to experiences of violence or neglect. There is some research evidence on the effectiveness of 'screen-and-intervene' approaches in reducing post-traumatic symptoms. In a 2011 study conducted by Berkowitz and colleagues, a programme of four to six sessions of psychoeducation, case management, and cognitive and behavioural procedures and techniques to facilitate family interaction, known as the Child and Family Traumatic Stress Intervention (CFTSI), clearly reduced post-traumatic symptoms in children at follow-up when compared with the control group. A more recent study indicated that the CFTSI method also reduced parental post-traumatic symptoms (Hahn et al. 2019). It would be advisable to promote the embedding of evidence-based, trauma-focused treatment models in Finland. Indeed, this aim is already being pursued by the recently launched Barnahus project. (See also Chapters 10 and 12.)

Examples of providing psychosocial support for children and families who have experienced violence

Based on the Convention on the Rights of the Child alone, all children in Finland are entitled to receive child psychiatry help for psychological symptoms in keeping with local care practices and integrated care pathways. In addition to child psychiatry, it is also possible to seek psychotherapeutic support for child patients by means such as a voucher from the local authority or hospital district, or as medical rehabilitation covered by the Social Insurance Institution of Finland (Kela).

If a suspicion of child abuse has been raised and official actions have been launched, and if an evaluation requested by the police as executive assistance is to be conducted by a child forensic psychiatry team, the Act on organising the investigation of sexual or assault offences against children (the 'Organising Act' 1009/2008) requires that the child's care needs be assessed as part of the above-mentioned evaluation period. Depending on the needs assessed during the evaluation period, the child and their family may be referred to a family counselling clinic, a child psychiatric clinic or third-sector services, for example. This means that an investigation into a suspicion by the authorities will also provide a route and continuum to multi-sectoral care and support.

Various parenting programmes aiming to provide parenting support for parents found or suspected to have abused their children have been shown to be effective in breaking the cycle of violence against children and neglect (Letarte et al. 2010, Vlahovicova et al. 2017). Those currently used in Finland include the Incredible Years and the Strongest Families programmes, which focus on concrete positive parenting strategies and consistent child guidance, i.e. promoting protective factors against violence. There are also other structured, evidence-based parenting support programmes, such as Parent–Child Interaction Therapy (PCIT) and the Positive Parenting Programme (Triple P). While all of the above-mentioned programmes were primarily developed to prevent and treat children's behavioural disorders, they can also be effective methods of preventing and reducing violence, as they are used to train parents in positive parenting skills. In order to meet the demand for interventions, Incredible Years instructors have been trained nationally as part of the programme to address reform in child and family services (LAPE).

In addition to the above-mentioned preventive programmes, a corrective working model has also been piloted in Finland in recent years to address situations where parents inflict physical violence on children. Combined Parent–Child Cognitive Behavioural Therapy (CPC-CBT) is a working method to build up safe child–parent interactions in families where violence has already taken place but family members are still living together. The pilot project partners include the South Savo Social and Health Care Authority (Essote) and non-profit associations VIOLA – Free from Violence and Vaasa and Central Finland Mother and Child Homes and Shelters. There is also international research evidence on the model's effects in terms of reducing children's post-traumatic symptoms and increasing positive parenting

practices (Kjelggren et al. 2013, Runyon et al. 2010). There are plans to pilot the model more widely as part of the Barnahus project over a period from 2020 to 2023.

Children, young people and their parents can also seek help for physical violence from the community care services offered in 22 locations as part of the anti-violence work carried out by the Federation of Mother and Child Homes and Shelters. These offer short- and long-term help for children and parents to deal with violent situations. This help is geared towards crisis resolution and support for survival from violence. Help provided for children always includes carrying out a safety assessment and preparing a safety plan, which helps parents look after their children's safety. Furthermore, help for violence issues and other concerns is also available through a wide variety of online services and digital channels. (Korpilahti et al. 2018.) Young people and their parents can also seek help for physical violence from Finnish Red Cross Youth Shelters, which are located in Espoo, Helsinki, Tampere, Turku and Vantaa. However, the current level of community care services does not as yet suffice to meet the number of children and young people exposed to violence.

A non-profit association, Lyömätön Linja Espoossa ('The Espoo Unbeatable Line'), has developed a programme entitled 'Alternative to Violence' ('Lyömätön tie – Väkivallan katkaisuohjelma®'), intended for men who have been violent towards their families or partners or are scared of or concerned about their own behaviour. The programme aims to prevent and stop violence in situations where children have been either directly or indirectly affected by a man's behaviour. (Lyomatonlinja.fi/en.) Another non-profit association, Maria Akatemia, in turn, organises group interventions for women who have used violence in situations where they have sought help voluntarily, also recognising their own domestic violence behaviours (Keiski 2018). Maria Akatemia organises group-based support across the country. In addition, the Miessakit Association's nationwide Lyömätön Linja service helps men/fathers put an end to violent behaviour.

8.3.9 Harm assessments relating to emotional and physical violence in court

As a result of legal proceedings involving cases of violence against children, the courts may grant a child damages to cover the costs of psychotherapeutic help, for example, when such violence has caused harm to the child. However, current

legislation does not automatically recognise the consequences of emotional or physical violence against children for their development. Unlike with sexual offences, the law does not at present recognise that emotional or physical violence is likely to cause physical, psychological or other such harm to a child. Government Proposal No. 167/2003 states that "feelings of distress, grief or fear, or equivalent unpleasant emotions that are considered part of life are not, according to case law, personal injuries eligible for damages under the Tort Liability Act" (412/1974). According to the same proposal, the eligibility of a disorder of mental health for compensation as a type of personal injury depends on whether such injury can be proven by medical means.

It is very difficult to prove and assess violence-related harm to a child, although research indicates that all forms of violence against children are harmful. The atmosphere of family interaction may already have involved violence against the child and neglect of varying degrees even prior to the case decided by the court. In many – but not all – assault cases, the perpetrator is an attachment figure, which highlights the importance of harm assessment, on the one hand, and its challenging nature, on the other. In practical terms, child victims of assault or emotional violence are at some disadvantage in this respect when compared with victims of sexual offences. The situation is particularly challenging for children and young people subjected to emotional violence. (See also Chapter 12.) While assessing harm is difficult, it is nevertheless important for a child victim of emotional or physical violence to have access to an individual harm assessment.

8.4 Children witnessing intimate partner violence

Authors: Tuovi Hakulinen, Finnish Institute for Health and Welfare (THL); Riikka Riihonen, City of Valkeakoski; and Taina Laajasalo, Finnish Institute for Health and Welfare (THL)

Exposure to violence between family members and witnessing violence are nowadays understood as a form of violence against children. Exposure to violence between family members may cover a wide variety of experiences, such as witnessing physical violence between parents or guardians, seeing the consequences of violence (e.g. bruising, broken objects), hearing sounds of or

discussions about violence, or becoming otherwise aware of its existence (Olofsson et al. 2011).

8.4.1 Definition and prevalence

Intimate partner violence refers to violence inflicted on a current of former dating partner or spouse, which may take on different forms.

The 2019 School Health Promotion Study indicates that a tenth (10%) of pupils in grades 4 and 5 of basic education had seen or otherwise witnessed physical violence between other family members over the last 12 months, while the figure for eighth- and ninth-graders stood at 11% (Ikonen & Helakorpi 2019, THL 2020). Women experience violence or threats by a current or former partner more frequently than men. The prevalence rates of intimate partner violence around the time of pregnancy range from 3% to 30%. Prevalence rates are lower in European and Asian countries (3.9%–8.7%) when compared with African and Latin American countries. (Van Parys et al. 2014.)

8.4.2 Harm, injuries and consequences

Intimate partner violence during pregnancy is associated with preterm delivery, infection, risk of miscarriage, abortion, placental abruption, serious foetal injury and perinatal death. Moreover, it causes depression, anxiety disorders, stress, suicide attempts and high-risk substance use in pregnant women, which all have effects on foetal development. (Van Parys et al. 2014.)

Intimate partner violence, especially when it becomes chronic, poses a serious risk to a child's emotional, psychological and physical development. Parental mental abuse increases risk for developing mood and anxiety disorders and affects brain morphology (Tomoda et al. 2011). Intimate partner violence is linked to children's depression, hostility, asocial behaviour and limbic irritability (Teicher et al. 2006). Witnessing intimate partner violence between parents leads to social learning, where children internalise models of violent behaviour in their close relationships (Ehrensaft et al. 2003). In other words, exposure to domestic violence has an overall impact on children's patterns of behaviour in their subsequent relationships, their ability to meet the demands of studies and work, and their attitudes towards the world around them.

Children exposed to domestic violence are also clearly more likely to experience other forms of intra-family violence and neglect when compared with their peers (Hamby et al. 2010). Some studies suggest that the consequences of exposure to violence may be similar, or even more serious, for children than being personally victimised (Salzman et al. 2005).

8.4.3 Post-separation domestic violence

Authors: Sanna Koulu, University of Lapland, and Anna Nikupeteri, University of Lapland

Domestic violence in the family does not always end at separation. A survey conducted on violence against women in Finland, for example, indicated that half of the men who had behaved violently during their intimate relationships continued their behaviours after breaking up or moving apart (Piispa 2006). Moreover, as is known in light of research, actual or intended separation involves a risk of escalating violence and separation may pose a threat of lethal violence (Ellis 2017, DeKeseredy et al. 2017, Piispa et al. 2012, Nikupeteri et al. 2017a).

Violence may begin in connection with separation or it may be a reason for separating (Eriksson 2017). One of the forms of post-separation violence is stalking (Laitinen et al. 2017, Nikupeteri 2016), which involves the risk of the behaviour escalating to homicide, such as familicide (Nikupeteri et al. 2017b, McFarlane et al. 1999). A specific challenge is created by the fact that stalking is often intertwined with necessary parental contacts with children. Contact visits between a stalking parent and a child provide an opportunity to continue stalking and violent behaviour towards the ex-partner and children (Thiara & Gill 2012, Radford & Hester 2015).

Stalking was criminalised in Finland by Act 879/2013 amending the Criminal Code of Finland (39/1889), which entered into force on 1 January 2014. Under its provisions, a sentence for stalking may be imposed on a person "who repeatedly threatens, observes, contacts or in another comparable manner unjustifiably stalks another so that this is conducive towards instilling fear or anxiety in the person being stalked" (Criminal Code of Finland, chapter 25, section 7(a)). In case law, stalking also frequently involves acts that can be deemed to constitute a menace or a violation of a restraining order. However, some stalking behaviours can remain

invisible. Stalking is characterised by the fact that it involves, on the one hand, threatening and distressing acts and, on the other, communications that may even seem innocuous. In the context of a stalking campaign, ordinary acts that may appear benevolent to an outsider infuse fear and insecurity in the victim, who may find isolated acts – such as tokens of affection – intrusive and menacing.

Children are exposed to post-separation stalking and violence even if the primary target were one of the parents. Parental stalking behaviour may also directly target the children. Post-separation parental stalking may manifest in children's everyday lives in different ways: as an atmosphere of fear and feelings of insecurity; acts disguised as love and caring; exploitation of children in stalking; and physical abuse and death threats. (Nikupeteri & Laitinen 2015.) In such situations, children take on various roles. Children in the same family act in different ways depending on how the stalking behaviour is manifested and what they know about it (Laitinen et al. 2018).

In order to protect children from post-separation parental stalking, it is necessary to identify and recognise the victims and to draw up a risk and threat assessment for each individual child. In addition to the adult targeted by stalking, protecting the victims also requires drawing up a safety plan for the children. (Nikupeteri et al. 2017a & b, Piispa & October 2017.) Identifying atypical forms of violence entails placing a parent's admirable behaviour, such as a parent caring for their children, or seemingly benevolent acts, such as giving gifts to the children, within the broader context of a stalking campaign (Katz et al. 2019).

8.4.4 High-conflict parental separation and alienation

Parents' protracted post-divorce arguments and conflicts pose a risk for child development. This is particularly the case when a child is used as a pawn in the conflict between divorcing or divorced parents. In such cases, the child will typically experience conflicting loyalties while picking up a dysfunctional model for dealing with conflicts and difficult emotions. When parents are fighting, their parenting involves less warmth, time and encouragement for the child, stricter discipline and more rejection of the child, which contributes to heightening the risk of creating psychological problems for the child (Kelly 2012).

A term occasionally raised in this context is 'parental alienation', especially in reference to difficult, protracted custody disputes. Parental alienation is nowadays considered one of the forms of domestic violence, which has considerable negative consequences, both for the child's psychosocial growth and development and for the parent being alienated (Harman et al. 2018). There is no single consensus definition for parental alienation. It can be described as a pattern of behaviour where an adult, generally one of the parents, aims to harm the interaction and attachment relationship between their child and the targeted parent. Typical behaviours include speaking ill of the other parent and restricting or completely preventing contacts between the child and that parent by various means (e.g. Harman 2018, Häkkänen-Nyholm 2010).

There is, as yet, only indicative data on the prevalence of parental alienation. Based on self-assessment of lower secondary school pupils, approximately five per cent of young people from divorced families in Finland have experienced alienating behaviours by the mother, while the corresponding figure for alienation by the father stands at four per cent (Aleneff 2015; n = 2,027 young people, with girls accounting for 87%). Assessment of suspected cases of parental alienation is complicated by the fact that no standardised indicators are as yet available for this purpose. In practical terms, a suspicion of alienation arises as a result of discussions with children and their families or concerns raised by one of the parents.

When carrying out practical work, it should be borne in mind that there are several alternative explanations for a child's absolute unwillingness to meet one of their parents, for example, and parental alienation is only one of them. If the child is in fact exposed to acts or threats of violence and one of the parents is trying to protect the child from the other parent's violent behaviour, the concept of parental alienation is inapplicable, even if the child is not allowed to meet one of their parents. It is important to distinguish such cases from parental alienation, but it is often very difficult and requires careful examination of the matter (Saini 2012).

8.4.5 Prevention and early identification of risk factors

Pregnancy is a high-risk period for intimate partner violence, especially if the pregnancy is unplanned or unwanted. Raising a young family is a demanding phase of life, since babies, as well as toddlers, are dependent on their parents. If the parents are not engaged in active parenting, leaving childcare exclusively to

one of the parents, or if no help is available from family and friends, the parent may become tired and eventually burn out. This, in turn, may lead to increasing strife in the intimate relationship. Intimate partner violence may also stem from a model of conflict resolution learned by a parent in their own childhood home. (Hakulinen 2019, Mikolajczak et al. 2018.)

Health checks carefully administered by maternity and child health clinic services and school health care services make it possible to identify families with extensive support needs, allowing the necessary help and support to be provided without delay (Poutiainen et al. 2015 & 2016). Home visits may also be an important way of identifying support needs. According to national recommendations (Hakulinen et al. 2012, Klemetti & Hakulinen-Viitanen 2013), regular health checks at maternity and child health clinic services and in school health care services should include broaching the subject of intimate partner violence separately with both parents. While it is justified to take up the subject systematically with all families, it also requires adequate time and skills (Savola et al. 2015, Siukola 2014).

In support of their safety promotion efforts, in maternity and child health clinic services make use of questionnaires about family resources to lower the threshold of addressing the issue and to facilitate interviews with parents and other caregivers. They also use the domestic violence enquiry and assessment form, which aims to lower the threshold of broaching the issue of violence so as to identify any risk factors and potential violence at an early stage. This makes it possible to provide the child and parents concerned with help and other support without delay (see THL 2019a):

- A questionnaire for identifying the factors that strengthen and burden parents expecting their first child https://thl.fi/documents/605877/747474/voimavaralomake_1_en.pdf
- A questionnaire for identifying the factors that strengthen and burden families with newborn baby https://thl.fi/documents/605877/747474/voimavaralomake_2_en.pdf

No data is available on the utilisation rates of the domestic violence enquiry and assessment form. However, it is known that an earlier form to identify intimate partner violence was used more frequently in extensive health checks by maternity and child health clinic services than in school healthcare services. In 2012, 69% of health centres in Continental Finland made use of the form at maternity clinic services, while the figures for those using the forms at child health clinic services and in school health care services stood at 59% and 10%, respectively (Hakulinen-Viitanen et al. 2014).

When identifying intimate partner violence, it is also important for maternity and child health clinic services and other child and family services to pay attention to any potential mental health and substance abuse problems (Sipilä et al. 2018, Holopainen & Hakulinen 2019). These may create a complex web of problems, placing children in a very vulnerable situation. Professionals at maternity and child health clinic services ask parents about their mood and how they are feeling while also discussing their health habits, such as sufficient rest, physical activity and other lifestyle choices. They encourage parents to seek help when needed and to also build up their support network. They talk with parents about the importance of nurturing their intimate relationship, including the significance of making time for the relationship, open communication and constructive arguing. (Hakulinen 2019, Hakulinen-Viitanen et al. 2012.)

Discussions at maternity and child health clinic services also cover the importance of preserving the parenthood of both parents, should the parents decide to separate. The key is to make sure not to break the child's connection with either parent. In many cases, building up post-separation co-parenting requires parenting support, which may be organised through mediation provided by family counselling clinics or other such services. The Evangelical Lutheran Church of Finland also provides family counselling free of charge, including couples therapy and divorce services, in 41 units across the country.

Separation or divorce is usually a major crisis for a family and shared parenting practices will take shape gradually after separation. It ought to be possible to give enough time and support for this process. During the process, either or both of the parents may require help for their own psychological symptoms or everyday problems. All services where staff see separating parents should always aim to ensure that the parents will keep their children's best interests in mind and work

together to find the most effective parenting practices and living arrangements for their children even after separation.

Professionals should be able to recognise protracted divorce disputes and refer the parents for adequate support at an early stage, should any indications of a custody dispute emerge. Drawn-out battles over custody will significantly affect the stress levels and wellbeing of both the children and the parents of the family. While children should, as a general rule, be allowed to meet both of their parents on a regular basis, a child's best interests may require limiting a parent's contact visits in certain exceptional circumstances. This may be the case, in particular, if the child is at risk of violence or a parent has a severe substance abuse problem, or if any other factors endangering the child's safety and development should arise. For the continued wellbeing of family members, it is essential to identify the risk of post-separation violence at an early stage and to protect the children from parental stalking and alienation and any other forms of post-separation violence. Responsibility for protecting children extends widely across different public authorities in early childhood education and care, schools and youth work, healthcare and social welfare services, as well as law enforcement and judicial authorities. The Federation of Mother and Child Homes and Shelters has a topical project running from 2019 to 2021 to develop multi-sectoral competencies and practices for demanding custody and visitation disputes with a view to guaranteeing children's best interests and improving their safety and security.

In divorce situations, child welfare officers play a particularly important role in terms of identifying various forms of violence, as children's custody and visiting rights are commonly organised by an agreement confirmed by a child welfare officer. There is an ongoing process of extending the scope for these agreements in 2019 through a partial reform of the Act on Child Custody and Right of Access by Act 190/2019. Various forms of post-separation violence and family dynamics need to be taken into account when confirming agreements and providing other assistance for families, while it is necessary to strengthen competencies among staff working in divorce services (child welfare officers and supervisors of visitation places in particular) in identifying various forms of violence. Divorce services should be developed in order to identify and prevent different forms of violence (see also Karhuvaara et al. 2013, Kinnunen 2016). Both initial and continuing education for

professionals in child and family services and education and care services should already include contents relating to domestic violence and its risk factors and how to identify and broach these.

It is advisable to encourage divorcing parents to draw up a parenting plan modelled after those used in Australia and England (Ministry of Social Affairs and Health 2019). A precondition for drawing up such a plan is that neither of the parents nor any of their children are at risk of violence. Finland should develop, study and introduce a parenting course for divorcing parents in keeping with the Danish model (University of Copenhagen 2019).

8.4.6 Shelters providing support in situations of intimate partner violence

In order to break the inter-generational cycle of violence and reduce human suffering, it is necessary to intervene in intimate partner violence witnessed by children (Sethi et al. 2013). Shelter services are available for individuals and families who have experienced acts or threats of violence (Finnish Treaty Series 53/2015). Shelters provide immediate crisis help, secure round-the-clock accommodation, and acute psychosocial support, counselling and guidance. Shelters do not require any specific referrals and provide their services free of charge for families. Shelter services are government-funded statutory special services for people who have experienced or are living at risk of domestic violence. Individuals and families who have experienced acts or threats of domestic violence can access shelter services throughout the country.

In 2018, the number of shelters increased from 23 to 27, with places for families rising from 143 to 179. The total number of shelter clients in 2017 was 4,333, including 2,274 adults and 2,051 children. Adult clients consisted of 2,139 women and 135 men. Client numbers grew by 23% on 2016 and by 42% compared to 2015. (Peltonen et al. 2018.) Shelters are intended to provide a short-term safe haven for the duration of crisis therapy. The duration of stay is always determined on a case-by-case basis. Shelters have 24-hour staff and people can come in on their own initiative without any specific referral or by referral from another body. Where necessary, they can also be admitted anonymously.

Shelter staff work with clients to determine their individual support needs while they are recovering from violence. Where necessary, staff will also cooperate with local authorities and other service providers. Local authorities are responsible for organising community care for their residents who have experienced intimate partner and domestic violence, as well as treatment after their shelter stay. The Social Welfare Act (1301/2014, section 11, subsection 1, paragraph 5) requires local authorities to provide social welfare services where there is a need for support due to intimate partner violence, domestic violence or other violence.

According to current practice, children or young people cannot decide to go to a shelter on their own and they can only be admitted as clients with one of their parents. In other words, children's right to receive such help depends on parental discretion. However, a child can also contact emergency child welfare services when they have experienced or witnessed violence, for example, and the child's situation can, where necessary, be secured irrespective of a parent's decision. As a general rule, however, children are completely dependent on their parents and other adults, even in situations where they are subjected to acts or threats of violence.

Denmark grants all children living in shelters with one of their parents a subjective statutory right to book five therapy sessions to help them deal with trauma. Organising government-guaranteed crisis support has also been suggested in Finland.

Table 10. Domestic violence in the family. Objectives and actions for 2020–2025.

DOMESTIC VIOLENCE IN THE FAMILY		
Overall objective: Every child and young person in Finland will have the right to be protected and live in safety and security, free from violence and neglect.		
Objective 1: Children and young people will have the right to a safe growth environment: Protective and risk factors for violence and addressing the issue		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Child and family services (maternity and health clinic services, early childhood education and care, schools and educational institutions incl. pupil and student healthcare and welfare services, social work, child welfare, child guidance and family counselling clinics, specialised medical care, NGOs and Church family counselling) will: • systematically address the prerequisites of children's safe growth and growth environment; • identify risk factors for violence together with families. Services will take account of the needs for culturally sensitive information among parents from immigrant and refugee backgrounds and support for good parenting. Maternity and child health clinic services will promote a safe and positive parenting approach by providing parents with psychoeducation on the subject in keeping with their child's age and developmental stage. Maternity and child health clinic services will make systematic use of the THL domestic violence enquiry and assessment form with both parents during different appointments. Efforts will continue to deploy the tools developed in support of addressing the issue with children, such as the Safety10 method developed by the Federation of Mother and Child Homes and Shelters.	Legislation and binding agreements, including: • Health Care Act (1326/2010); • Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991); • Basic Education Act (628/1998); • Child Welfare Act (417/2007). Children will have a universal right to feel safe and cared for.	Ministry of Social Affairs and Health, Ministry of Education and Culture, Finnish Institute for Health and Welfare (THL), Finnish National Agency for Education Municipalities NGOs, e.g. Central Union for Child Welfare, Federation of Mother and Child Homes and Shelters, Mannerheim League for Child Welfare, Family Federation of Finland
Indicators (assessment of services with existing indicators): • national follow-up study of maternity and child health clinic and school health care services 2020–2025: percentage shares of addressing issues and screening at health centers; • studies conducted by the Central Union for Child Welfare in 2020–2025 on parenting attitudes in Finland and attitudes towards corporal punishment and other such subjects.		

Action 2. Parents/guardians going through separation will be encouraged to plan co-parenting and draw up a parenting plan, for example, in primary-level municipal services for families with children (maternity and child health clinic services, social family work, early childhood education and care, schools, other educational institutions). • www.stm.fi/vanhemmuussuunnitelma (in Finnish) Parents should not be encouraged to draw up a parenting plan unless there is certainty that this will not endanger the safety and security of the children or a parent potentially subjected to violence. Divorce services will aim to provide individual and group-based support in order to arrange co-parenting and help families adjust to a new situation. Children may also be provided with age-appropriate divorce groups to deal with parental separation. **Action 3.** The competencies of child welfare officers, family social workers, child welfare and visitation place workers to identify and intervene in various forms of post-separation violence will be enhanced by means such as training courses and a guide for child welfare officers.	Marriage Act (234/1929) Social Welfare Act (1301/2014) Child Custody and Right of Access Act (361/1983, as amended by Act 190/2019) Istanbul Convention (Finnish Treaty Series 31/2015) Implementing the Child Custody Act requires continuing training on prevention and identification of and early intervention in post-separation violence.	Ministry of Social Affairs and Health, THL
Indicators: • surveys for child welfare officers on the number of parenting plans (not legal documents) in 2020–2025; • numbers of training sessions for child and divorce welfare officers and training participants in 2025; • results of the national follow-up study of maternity and child health clinic and school health care services for 2020–2025 on the extent to which parenting plans have been discussed with the parents of children and young adults during a separation.		

Action 4. A written regional description of the integrated care and service pathway will be drawn up to help identify and address violence. A written regional description will be drawn up of the integrated care and service pathway for children and families exposed to violence from primary level through to specialised medical services and its implementation will be monitored.	A common barrier to addressing the issue is uncertainty about appropriate procedures and about where to refer children and families at risk of or with experiences of violence. Gaps in integrated care and service pathways in terms of violence: • Procedures for identifying violence against children have been recorded in a policy at 38% of health centres, while 51% do not have a recorded policy and 11% have no policy at all. • Procedures for identifying intimate partner violence have been recorded in a policy at 60% of health centres, while 38% do not have a recorded policy and 2% have no policy at all. (Hakulinen et al., 2018.)	Hospital districts/regions Ministry of Social Affairs and Health, THL Municipalities
Indicators: • results of the national follow-up study of maternity and child health clinic and school health care services on identification of violence and integrated care and service pathways for 2020 to 2025; • jointly agreed, written policies on identification of violence against children and integrated care and service pathways in place by 2025.		

Action 5. Primary-level services will provide families with psychosocial support and care without delay: • additional appointments at maternity and child health clinic services and home visits; parenting groups based on evidence, symptoms or problems; peer support activities; • home services for families with children as part of social work; family work and other suitable services; • services provided by child guidance and family counselling clinics (parenting support, divorce counselling and children's psychosocial support). Positive parenting practices will be promoted at the municipal level by making use of evidence-based parenting support techniques, such as structured parenting programmes (Incredible Years, PCIT, Triple-P, Strongest Families). Some of these, such as the Incredible Years programme, are also suitable for early childhood education and care and schools. The family centre model will create closer multi-sector cooperation between professionals working with families and, when functioning effectively, will enable early identification of violence and provision of assistance. Where necessary, families will also have access to specialised services without undue delay through local child psychiatric outpatient units, child psychiatric home nursing, family work with child psychiatric orientation, etc.	Services should be made equally available throughout the country. Multidisciplinary and expert help provided directly at home is necessary. Everyday assistance is sometimes a priority over conversational help. Assistance should be easily available and provided as quickly as possible. Current research evidence supports the role of parenting support and structured parenting programmes mainly based on behavioural techniques in reducing violence and neglect against children and preventing re-traumatisation. The benefits of peer support are backed up by research evidence.	Ministry of Social Affairs and Health, THL Primary healthcare and specialised medical care; municipalities NGOs
Indicators: • Sotkanet Indicator Bank: data on provision of social work home services in municipalities in 2020–2025; • results of the THL national follow-up study of maternity and child health clinic and school health care services on the numbers of home visits and additional appointments in 2020–2025 and working methods used by staff in these services in 2020–2025; • monitoring of the establishment of practicable and evidence-based working methods included in recommendations as part of the service system: THL recommendations for maternity and child health clinic and school health care services, TOIMIA database, Itla Children's Foundation/Invest, Nursing Research Foundation, 2020–2025; • shelter services for families and numbers of children in shelters in 2020–2025 (THL statistics).		

Objective 2: Children and young people subjected to violence will receive help and support.		
Actions	**Rationale**	**Responsible parties and participants**
Action 6. Knowledge of different forms of violence, including emotional violence and neglect, will be improved among various parties involved in child and family services and in the criminal justice system, while also increasing awareness of the harmful effects and long-term consequences of violence. Competence will be enhanced by means such as training programmes provided by forensic psychology/psychiatry units for children and young people within the collaborative areas for healthcare and social welfare and the Barnahus project, including e-learning programmes. Barnahus e-learning programmes are intended for parties involved in child and family services, including: • healthcare professionals; • education and care professionals; • third-sector parties; • social counsellors and social workers operating in community, substitute and aftercare services in the child welfare sector.	The long-term consequences of violence and the forms and harmful effects of emotional violence, in particular, are not sufficiently known at different levels of the court system and within healthcare and social welfare or divorce counselling services.	Ministry of Social Affairs and Health, Ministry of Justice, Ministry of the Interior/Police National Police Board, THL Hospital districts/regions
Indicators: • numbers of training programmes implemented in 2020–2023 (e.g. completions of EPRAS, LAPE and Barnahus e-learning programmes), including numbers of completed Barnahus project e-learning programmes by region and occupational group; • Central Union for Child Welfare studies on parenting attitudes in Finland, including a study on parenting practices relating to emotional violence.		

Actions	Rationale	Responsible parties and participants
Action 7. All children and young people who have experienced violence will have guaranteed access to conversational support and psychological assessment (incl. assessment of trauma symptoms) and the required trauma care by a service unit for children and young people with adequate focus on violence issues (e.g. child guidance and family counselling clinic or child psychiatric outpatient unit). Other workers, including those in early childhood education and care and pupil welfare services, should also be capable of discussing violence with children or young people and help children and families protect themselves against violent experiences.	Legislation and binding agreements: • Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991) • Lanzarote Convention (Finnish Treaty Series 88/2011) • Istanbul Convention (Finnish Treaty Series 53/2015) • Child Welfare Act (417/2007) • Health Care Act (1326/2010). Children and young people subjected to violence should be able to receive a timely and high-quality assessment of their physical and mental injuries (Finnish Treaty Series 59–60/1991). Where necessary, children and young people have the right to receive specific assistance and support as well as mental health and victim support services (incl. Victim Support Finland) as determined by experts without undue delay caused by a potential police investigation or other enquiries relating to the violent incident.	Ministry of Social Affairs and Health, THL Hospital districts/regions Municipalities
Indicators: • estimates of access of children and young people with experiences of violence to care assessment and treatment by specific catchment area (Barnahus project) by 2025; • numbers of programmes organised within the Barnahus project on working models suitable for support and care of children exposed to violence and other training programmes and participants in 2020–2023; • progress made in children's wellbeing and functioning during and after support services provided by shelters in 2020–2025, based on an evaluation survey for children developed within a project run by the Federation of Mother and Child Homes and Shelters (ETKL).		

FURTHER INFORMATION/MATERIAL

Fagerlund M, Peltola M, Kääriäinen J, Ellonen N & Sariola H. 2014. Lasten ja nuorten väkivaltakokemukset [*Experiences of violence among children and young people*] 2013. Lapsiuhritutkimuksen tuloksia [*Results of the Child Victim Survey*]. Poliisiammattikorkeakoulun raportteja [*Reports of the Police University College*] 110. Police University College, Tampere.

Federation of Mother and Child Homes and Shelters (ETKL). Kannusta minut vahvaksi [*Encourage me and I'll grow strong*]! Kohti turvallista lapsuutta [*Towards a safe childhood*]. Available in English at: https://issuu.com/ensi-jaturvakotienliitto/docs/towards_safe_childhood_4270f47b2f4b86.

Federation of Mother and Child Homes and Shelters (ETKL). Kannustavan kasvatuksen nelikenttä [*Two-by-two matrix about supportive parenting*]. Available in Finnish at: https://virtuaalikirja.fi/ensijaturvakotienliitto/wp-content/themes/idea-ensi_ja_turvakotien_liitto/img/kannustava_nelikentta.pdf.

Federation of Mother and Child Homes and Shelters (ETKL). Vauvan turvaympyrä [*Baby's safety circle*]. Available in Finnish at: https://issuu.com/ensi-jaturvakotienliitto/docs/vauvan_turvaympyra_2018.

Federation of Mother and Child Homes and Shelters (ETKL). Väkivalta ja laiminlyönti kasvatuksessa [*Violence and neglect in parenting*]. Tunnista, puutu ja auta [*Identify, intervene and help*]. Available in Finnish at: https://virtuaalikirja.fi/ensijaturvakotienliitto/.

Finnish Institute for Health and Welfare (THL). 2017. Enhancing Professional Skills and Raising Awareness on Domestic Violence, Violence against Women and Shelter Services (EPRAS). Available in Finnish at: https://thl.fi/fi/tutkimus-ja-asiantuntijatyo/hankkeet-ja-ohjelmat/enhancing-professional-skills-and-raising-awareness-on-domestic-violence-violence-against-women-and-shelter-services-epras-.

Finnish Institute for Health and Welfare (THL). 2017. Lomakkeet neuvolatyöhön [*Forms for maternity and child health clinic services*]. Available in Finnish at: https://www.thl.fi/fi/web/lapset-nuoret-ja-perheet/tyon_tueksi/lomakkeet/lomakkeet_neuvolatyohon.

Finnish Institute for Health and Welfare (THL). 2017. Luo luottamusta – Suojele lasta – opas ja verkkovalmennus yhteistyöstä [*Create trust – Protect children – A guide and online training on cooperation*]. Available in Finnish at: https://thl.fi/fi/web/lapset-nuoret-ja-perheet/ajankohtaista/luo-luottamusta-suojele-lasta-opas-ja-verkkokoulutus-yhteistyosta.

Hakulinen T, Pelkonen M, Salo J & Kuronen M. 2015. Meille tulee vauva: Opas vauvan odotukseen ja hoitoon [*We're having a baby: A guidebook for expecting and looking after a baby*]. Available in English at: http://urn.fi/URN:ISBN:978-952-302-833-3.

Itla Children's Foundation (ITLA) & Finnish Mental Health Association. 2017. Kasvun tuki -tietolähde [*Early Intervention knowledge base*]. Available in English at: http://kasvuntuki.fi/en.

Office of the Ombudsman for Children (LAPS). 2015. UN Committee on the Rights of the Child. YLEISKOMMENTTI NRO 13 (2011): Lapsen oikeus olla joutumatta minkäänlaisen väkivallan kohteeksi [*General comment No. 13 (2011): The right of the child to freedom from all forms of violence*]. CRC/C/GC/13. 21 April 2011. Finnish translation 2015. English original available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f13&Lang=en.

Southern Ostrobothnia Hospital District (EPSHP), Regional State Administrative Agency for Western and Inland Finland, City of Seinäjoki, UpCode Word, Ministry of Education and Culture, MRC. 2018. Välittämisen koodi -palvelulla tukea elämänhallinnan haasteisiin [*The Code of Caring service in support of life skills challenges*]. Available in Finnish at: http://xn--vlittmisenkoodi-0kbe.fi/palvelu.

TOIMIA-tietokanta, THL [*THL TOIMIA database*]. 2017. SDQ, Vahvuudet ja vaikeudet -kysely [*Strengths and Difficulties Questionnaire (SDQ)*]. Available in Finnish at: http://www.thl.fi/toimia/tietokanta/mittariversio/147/.

University of Turku (UTU). Voimaperheet-toimintamalli [*The Strongest Families model*]. Available in Finnish at: https://sites.utu.fi/voimaperheet/.

SOURCES

Aaltonen J. 2012. Seurusteluväkivalta [*Dating violence*]. In: Aaltonen J. 2012. Turvataitoja nuorille. Opas sukupuolisen häirinnän ja seksuaalisen väkivallan ehkäisyyn. [*Safety skills for young people. A guide to preventing sexual harassment and abuse.*] Opas [*Handbooks*] 21. Finnish Institute for Health and Welfare, 120–131.

Abajobir A, Kisely S, Williams G, Clavarino A & Najman J. 2017. Substantiated Childhood Maltreatment and Intimate Partner Violence Victimization in Young Adulthood: A Birth Cohort Study. Journal of Youth and Adolescence. 46: 165–179.

Act amending the Act on Child Custody and Right of Access 190/2019. Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2019/20190190

Act on Child Custody and Right of Access 361/1983. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1983/19830361

Aleneff, M. 2015. Vieraannuttaminen ja nuorten elämänlaatu [*Parental alienation and young people's quality of life*]. Master's thesis. *University of Helsinki*. 2015.

American Professional Society on the Abuse of Children. 2017. Practice Guidelines for the Investigation and Determination of Suspected Psychological Maltreatment of Children and Young people. Available at: https://docs.wixstatic.com/ugd/4700a8_6e7b2888704a4ef4a3a655357dd3580f.pdf

American Psychological Association. 2015. Punishing a Child Is Effective If Done Correctly. https://www.apa.org/news/press/releases/2015/08/punishing-child.aspx

Artz S, Jackson M, Rossiter K, Nijdam-Jones A, Geczy I & Porteus S. 2014. A comprehensive review of the literature on the impact of exposure to intimate partner violence for children and youth. International Journal of Child, Youth and Family Studies 5; 4: 493–587. In Harm's Way: A Special Issue on the Impacts and Costs of Witnessing Intimate Partner Violence.

Bartlett J, Kotake C, Fauth R & Easterbrooks M. 2017. Intergenerational transmission of child abuse and neglect: Do maltreatment type, perpetrator, and substation status matter? Child Abuse & Neglect. 63: 84–94.

Berkowitz S et al. 2011. The Child and Family Traumatic Stress Intervention: secondary prevention for youth at risk of developing PTSD. Journal of Child Psychology and Psychiatry. 52:676–685.

Black D. A., Slep A. M. S & Heyman, R. E. 2001. Risk factors for child psychological abuse. Aggression and Violent Behavior. 6; 2–3:189–201. DOI: 10.1016/S1359-1789(00)00022–7.

Castaneda A, Larja L, Nieminen T, Jokela S, Suvisaari J, Rask S, Koponen P & Koskinen S. 2015. Ulkomaalaistaustaisten psyykkinen hyvinvointi, turvallisuus ja osallisuus [*Mental health, safety and social inclusion among people of foreign origin*]. Ulkomaista syntyperää olevien työ ja hyvinvointi -tutkimus 2014 (UTH) [*Survey on work and well-being among people of foreign origin 2014 (UTH)*]. Finnish Institute for Health and Welfare Discussion Papers 18/2015. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-302-535-6

Cecil C.A.M, Viding E, Fearon P, Glase, D & McCrory E.J. 2017. Disentangling the mental health impact of childhood abuse and neglect. Child Abuse & Neglect. 63:106–119.

Chen, M.. & Chan, KL. 2016. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. Trauma, Violence & Abuse. 17, 88–104.

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Choudhary AK, Servaes S, Slovis TL, Palusci VJ, Hedlund GL & Narang SK. et al. 2018. Consensus statement on abusive head trauma in infants and young children. Pediatr Radiol. 48;8:1048–65.

Danielsson P. & Näsi M. 2018. Suomalaiset väkivallan ja omaisuusrikosten kohteena 2017 [*Finns as victims of violence and offences against property 2017*]. Results of the National Crime Victim Survey. University of Helsinki, Institute of Criminology and Legal Policy. Katsauksia [*Reviews*] 31/2018. Available in Finnish at: https://helda.helsinki.fi/bitstream/handle/10138/260559/Katsauksia_31_Danielsson_N%C3%A4si_2018.pdf?sequence=1&isAllowed=y

DeKeseredy WS, Dragiewicz M & Schwartz MD. 2017. Abusive Endings. Separation and Divorce Violence against Women. University of California Press. Oakland, California 2017.

De Young AC, Kenardy JA, Cobham VE & Kimble R. 2011. Prevalence, comorbidity and course of trauma reactions in young burn-injured children. Journal of Child Psychology and Psychiatry. 53:56–63.

D Trickey, AP Siddaway, R Meiser-Stedman, L Serpell & AP Field. 2012. A meta-analysis of risk factors for post-traumatic stress disorder in children and adolescents. Clinical Psychology Review 32, 122–138. https://www.sciencedirect.com/science/article/pii/S0272735811001875

Dubowitz H, Kim J, Black M.M, Weisbart C, Semiatin J & Magder L.S. 2011. Identifying children at high risk for a child maltreatment report. Child Abuse & Neglect. 35:96–104.

Eckenrode J, Ganzel B, Henderson CRJ, Smith E, Olds DL, Powers J, Cole R, Kitzman H & Sidora K. 2000. Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation. JAMA. 284:1385–1391.

Ehrensaft M, Cohen P, Brown J, Smailes E, Chen H & Johnson J. 2003. Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study. Journal of Consulting and Clinical Psychology. 71:741–753. http://dx.doi.org/10.1037/0022-006X.71.4.741

Ellis D. 2017. Marital Separation and Lethal Male Partner Violence. Violence Against Women. 23; 4:503–519. DOI: 10.1177/1077801216644985.

Ellonen N, Lepistö S, Helminen M & Paavilainen E. 2017b . Cross-Cultural Validation of the Child Abuse Potential Inventory in Finland: Preliminary Findings of the Study among Parents Expecting a Baby. Journal of Social Service Research. 43; 3:308–318.

Ellonen N, Lucas S, Tindberg Y & Janson S. 2017a. Parents' Self-Reported Use of Corporal Punishment and Other Humiliating Upbringing Practices in Finland and Sweden – A Comparative Study. Child Abuse Rev. 26: 289–304.

Ellonen N, Rantanen H, Lepistö S, Helminen M & Paavilainen E. 2019. The use of the Brief Child Abuse Potential Inventory in the general population in Finland. Scandinavian Journal of Primary Health Care.

Eriksson M. 2017. Children's voices, children's agency and the development of knowledge about children exposed to intimate partner violence. In: Husso M, Virkki T, Notko M, Hirvonen H, Eilola J. (eds.): Interpersonal violence: differences and connections. Abingdon, Oxon. Routledge, 2017, 140–152.

Fagerlund M, Peltola M, Kääriäinen J, Ellonen N & Sariola H. 2014. Lasten ja nuorten väkivaltakokemukset [*Experiences of violence among children and young people*] 2013. Lapsiuhritutkimuksen tuloksia [*Results of the Child Victim Survey*]. Poliisiammattikorkeakoulun raportteja [*Reports of the Police University College*] 110. Police University College, Tampere.

Finkelhor D, Turner H, Hamby S & Ormrod R. 2011. Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. U.S. Department of Justice. Office of Justice Program. Office of Juvenile Justice and Delinquency Prevention. Juveline Justice Bulletin. 1–12.

Finnish Institute for Health and Welfare] (THL), authors Kaljunen L, Pelkonen M, Hakulinen-Viitanen T & Hakulinen T. and Pelkonen M. 2019a. Lasta odottavan ja vauvaperheen arjen voimavarat -lomakkeet [A questionnaire for identifying the factors that strengthen and burden parents expecting their first child; A questionnaire for identifying the factors that strengthen and burden families with newborn baby]. Available in English at: https://thl.fi/documents/605877/747474/voimavaralomake_1_en.pdf and https://thl.fi/documents/605877/747474/voimavaralomake_2_en.pdf

Finnish Institute for Health and Welfare (THL). 2019b. Barnahus project. Available in English at: https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/barnahus-project

Finnish Institute for Health and Welfare (THL). 2020. Results of the School Health Promotion Study. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely/kouluterveyskyselyn-tulokset

Finnish Treaty Series 53/2015. Valtioneuvoston asetus naisiin kohdistuvan väkivallan ja perheväkivallan ehkäisemisestä ja torjumisesta tehdyn Euroopan neuvoston yleissopimuksen voimaansaattamisesta sekä yleissopimuksen lainsäädännön alaan kuuluvien määräysten voimaansaattamisesta annetun lain voimaantulosta [*Government Decree on the implementation of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence and on the entry into force of the Act on the implementation of the provisions of a*

legislative nature in the Convention]. Convention text available in Finnish and English at: https://www.finlex.fi/data/ss/2015/ss20150053.pdf

Finnish Treaty Series 59/1991. Laki lapsen oikeuksia koskevan yleissopimuksen eräiden määräysten hyväksymisestä annetun lain voimaantulosta [*Act on the adoption of certain provisions of the Convention on the Rights of the Child*]. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910059

Finnish Treaty Series 60/1991. Asetus lapsen oikeuksia koskevan yleissopimuksen voimaan saattamisesta sekä yleissopimuksen eräiden määräysten hyväksymisestä annetun lain voimaantulosta [*Decree on the implementation of the Convention on the Rights of the Child and on the entry into force of the Act on the implementation of some of its provisions*]. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060

Gershoff E. & Grogan-Kaylor A. 2016. Spanking and child outcomes: Old controversies and new meta-analyses. Journal of Family Psychology. 30; 4:453–469.

Glaser, D. 2011. How to deal with emotional abuse and neglect – Further development of a conceptual framework (FRAMEA). Child Abuse & Neglect. 35:866–875.

Goldsmith R. & Freyd J. 2005. Awareness for Emotional Abuse. Journal of Emotional Abuse. 5:95–123.

Government Proposal No. 167/2003 to Parliament for an Act amending the Tort Liability Act and for certain related acts. Available in Finnish at: https://www.finlex.fi/fi/esitykset/he/2003/20030167.pdf

Hahn H, Putnam K, Epstein C, Marans S & Putnam F. 2019. Child and family traumatic stress intervention (CFTSI) reduces parental posttraumatic stress symptoms: A multi-site meta-analysis (MSMA). Child Abuse & Neglect. 92:106–115.

Hakulinen-Viitanen T, Hietanen-Peltola M, Bloigu A & Pelkonen M. 2014. Äitiys- ja lastenneuvolatoiminta sekä kouluterveydenhuolto [*Maternity and child health clinic services and school health care*]. Valtakunnallinen seuranta 2012 [*National follow-up 2012*]. Finnish Institute for Health and Welfare, Reports 12/2014. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-302-159-4

Hakulinen-Viitanen T, Hietanen-Peltola M, Hastrup A, Wallin M & Pelkonen M. 2012. Laaja terveystarkastus – Ohjeistus äitiys- ja lastenneuvolatoimintaan sekä kouluterveydenhuoltoon [*Extensive health check – Guidelines for maternity and child health clinic services and school health care*]. Finnish Institute for Health and Welfare Handbooks 22/2012. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-245-708-0

Hakulinen T, Hietanen-Peltola M, Vaara S, Merikukka M & Pelkonen M. 2018. Ajanmukaiset käytänteet ja pitkät perinteet neuvolassa ja kouluterveydenhuollossa [*Up-to-date practices and long traditions*]. Palvelujen seurantatutkimus 2016–2017 [*Follow-up study of maternity and child health clinic and school health care services 2016–2017*]. Finnish Institute for Health and Welfare Reports 11/2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-190-4

Hakulinen T, Laajasalo T & Mäkelä J. (eds.) 2019. Vanhemmuuden ja parisuhteen tuen vahvistaminen – teoriasta käytäntöön [*Strengthening parenthood and intimate relationships – From theory to practice*]. Finnish Institute for Health and Welfare Directions 9/2019. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-357-1

Hakulinen T. 2019. Vanhemmuuden ja parisuhteen tukeminen äitiys- ja lastenneuvolassa [*Supporting parenthood and intimate relationships at maternity and child health clinic services*]. In: Hakulinen T, Laajasalo T & Mäkelä J. (eds.). 2019. Vanhemmuuden ja parisuhteen tuen vahvistaminen – teoriasta käytäntöön [*Strengthening parenthood and intimate relationships – From theory to practice*]. Finnish Institute for Health and Welfare Directions 9/2019, 20–29.

Halme N, Hedman L, Ikonen R & Rajala R. 2018. Lasten ja nuorten hyvinvointi 2017: Kouluterveyskyselyn tuloksia [*Wellbeing of children and young people 2017: Results of the School Health Promotion Study*]. Finnish Institute for Health and Welfare Discussion Papers 15/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-115-7

Hamby, Finkelhorn, Turner & Omrod. 2010. The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. Child Abuse Negl. 2010, 34, 734–741. Available at: https://www.sciencedirect.com/science/article/pii/S0145213410002127?via%3Dihub

Hardcastle K. & Bellis MA. 2019. Asking about adverse childhood experiences (ACEs) in health visiting. Findings from a pilot study. Public Health Wales NHS Trust. Available at: http://www.wales.nhs.

uk/sitesplus/documents/888/Asking%20about%20ACEs%20in%20Health%20Visiting%20-%20Pilot%20Evaluation%20Report.pdf
Harman J.J, Kruk E & Hines D.A. 2018. Parental alienating behaviors: An unacknowledged form of family violence. Psychological Bulletin. 144;12:1275. DOI: 10.1037/bul0000175
Health Care Act 1326/2010. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326
Hentilä S, Ellonen N, Paavilainen E, Kääriäinen J & Koivula T. 2010. Pieniin lapsiin kohdistuvan kaltoinkohtelun tilanteet vanhempien kuvaamana [*Situations of violence against children described by their parents*]. Janus. 18;3:260–276.
Hietamäki J. 2018a. Lähisuhdeväkivalta [*Intimate partner violence*] 2017. Finnish Institute for Health and Welfare Statistical Reports 40/2018. Available in Finnish (English summary) at: http://urn.fi/URN:NBN:fi-fe2018112949455
Hietamäki J. 2018b. Lähisuhdeväkivallan kokemukset ja tuen tarve lapsiperheissä [*Domestic violence experiences and support needs in families with children*]. In: October M (ed.). 2018. Lasten, nuorten ja aikuisten kokemuksia väkivallasta [*Experiences of violence among children, young people and adults*]. Results of the surveys and population studies by the Finnish Institute for Health and Welfare. Finnish Institute for Health and Welfare Discussion Papers 28/2018, 15–21. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-160-7
Holopainen A. & Hakulinen T. 2019. New parents' experiences of postpartum depression: a systematic review of qualitative evidence. JBI Database System Rev Implement Rep 2019, 17(9), 1731–1769. Available at: https://journals.lww.com/jbisrir/Fulltext/2019/09000/New_parents__experiences_of_postpartum_depression_.3.aspx
Holt S, Buckley H & Whelan S. 2008. The impact of exposure to domestic violence on children and young people: a review of the literature. Child Abuse & Neglect. 32;8:797–810.
Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L & Dunne MP. 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2;8:e356–e366. doi: 10.1016/S2468-2667(17)30118-4.
Hughes M. & Cossar J. 2016. The Relationship between Maternal Childhood Emotional Abuse/Neglect and Parenting Outcomes: A Systematic Review. Child Abuse Review. 25:31–45. Available at: http://dx.doi.org/10.1002/car.2393
Hyvärinen S. 2017. Piiskasta jäähypenkkiin – Suomalaisten kasvatusasenteet ja kuritusväkivallan käyttö [*From spanking to naughty chair – Parenting attitudes and use of corporal punishment in Finland*]. Central Union for Child Welfare. Available in Finnish at: https://www.lskl.fi/materiaali/lastensuojelun-keskusliitto/Piiskasta-jaahypenkkiin-1.pdf
Häkkänen-Nyholm H. 2010. Lapsen vieraannuttaminen vanhemmasta erotilanteessa [*Alienation of a child from a parent as part of separation*]. Duodecim. 26:499–505.
Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi – Kouluterveyskyselyn tulokset 2019 [*Wellbeing of children and young people – Results of the 2019 School Health Promotion Study*]. Finnish Institute for Health and Welfare. Finnish Institute for Health and Welfare Statistical Reports 33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281
Ikonen R. & Halme N. Väkivalta Kouluterveyskyselyssä [*Violence in the School Health Promotion Study*]. 2018. In: October M (ed.). Lasten, nuorten ja aikuisten kokemuksia väkivallasta [*Experiences of violence among children, young people and adults*]. Results of the surveys and population studies by the Finnish Institute for Health and Welfare. Finnish Institute for Health and Welfare Discussion Papers 28/2018, 22–26. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-160-7
Karhuvaara M, Kaitue S & Ruuhilahti S. 2013. Lähisuhdeväkivallan kartoittaminen ja siihen puuttuminen lastenvalvojan työssä [*Assessing and intervening in domestic violence as part of child welfare officer's work*]. Finnish Institute for Health and Welfare, Helsinki. Available in Finnish at: https://www.julkari.fi/bitstream/handle/10024/110522/THL_OPA2013_030_verkko.pdf?sequence
Katz E, Nikupeteri A & Laitinen M. 2019. When coercive control continues to harm children: Post-separation fathering, stalking, and domestic violence. Article manuscript. 2019.
Keiski Pia. 2018. Perheväkivaltaa käyttäneen naisen minuus. Realistinen synteesi perheväkivaltakäyttäytymisen vähenemiseen tähtäävän intervention vaikutuksista. [*The self-image of female perpetrators of domestic violence. A realistic synthesis of the effects of anti-domestic violence interventions*.] Doctoral dissertation. University of Tampere.

Kelly J. 2012. Risk and Protective Factors Associated with Child and Adolescent Adjustment Following Separation and Divorce: Social Science Application. In: Parenting Plan Evaluations – Applied Research for the Family Court.

Kinnunen J. 2016. Kun väkivalta ei päättynytkään eroon [*When violence didn't end with divorce*]. Tutkimus lastenvalvojien työkäytännöistä eron jälkeisen väkivallan ja vainon tilanteissa [*A study on child welfare officers' working practices in cases of post-separation violence and stalking*]. Professional Licentiate thesis. Lapin yliopisto [*University of Lapland*], Rovaniemi.

Kjellgren, C, Svedin, CG & Nilsson D. 2013. Child Physical Abuse – Experiences of Combined Treatment for Children and their Parents: A Pilot Study. Child Care in Practice. 19:275–290.

Klemetti R. & Hakulinen-Viitanen (eds.). 2013. Äitiysneuvolaopas [*Maternity clinic manual*]. Suosituksia äitiysneuvolatoimintaan [*Recommendations for practices*]. Finnish Institute for Health and Welfare Handbooks 29/2013.

Korpilahti U. (ed.). 2018. Kansallisen lasten ja nuorten turvallisuuden edistämisen ohjelman tavoite- ja toimenpidesuunnitelma vuosille 2018–2025: Osa I [*National Action Plan for Safety Promotion among Children and Youth – Target and Action Plan 2018–2025: Part I*]. Finnish Institute for Health and Welfare Discussion Papers 11/2018. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-952-343-082-2

Kovanen T. 2014. Väkivalta nuorten seurustelusuhteissa [Violence in youth dating relationships]. In: Kovanen T. & Pitkänen M. (eds.). Rispektii – Näkökulmia nuorten kohtaamaan perhe- ja lähisuhdeväkivaltaan [*Respect – Perspectives on domestic and intimate partner violence experienced by young people*]. Federation of Mother and Child Homes and Shelters. PDF document available in Finnish at: https://issuu.com/ensi-jaturvakotienliitto/docs/rispektii_n__k__kulmia_nuorten_koht_d7a71e691d1cf9

Krug EG, Dahlberg LL, Mercy JA, Zwi AB & Lozano R. (eds.). 2005. World report on violence and health – WHO report. Physicians for Social Responsibility – Finland & Finnish Centre for Health Promotion, Jyväskylä. English original available at: http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf

Laitinen M, Kinnunen J & Hannus R. (eds.). 2017. Varjosta valoon [*From the shadows into the light*]. Eron jälkeisen vainon tunnistaminen, katkaisu ja uhrien selviytymisen tukeminen [*Identifying and stopping post-separation stalking and supporting victim survival*]. Federation of Mother and Child Homes and Shelters, Helsinki.

Laitinen M, Nikupeteri A & Hurtig J. 2018. Häiritsevä tieto ja toimijuus – lapset vanhempien eron jälkeisessä vainossa [*Disturbing knowledge and agency – children and parental stalking*]. In: Valkonen J. (ed.). 2018. Häiritsevä yhteiskuntatutkimus [*Disturbing social science*]. Lapland University Press, Rovaniemi, 23–50.

Lehti M. 2017. Henkirikoskatsaus [*Homicide Review*] 2017. Institute of Criminology and Legal Policy. Reviews 19. *University of Helsinki*. Available in Finnish at: https://helda.helsinki.fi/bitstream/handle/10138/175210/Katsauksia_19_Lehti_2017.pdf?sequence=1

Lehti M. 2019. Homicide Review 2019. Institute of Criminology and Legal Policy. Reviews 34. Helsinki.

Lepistö S, Ellonen N, Helminen M, Paavilainen E. 2016. The family health, functioning, social support and child maltreatment risk of families expecting a baby. Journal of Clinical Nursing. 26:2439–2451.

Lepistö S, Ellonen N, Helminen M & Paavilainen E. 2017. Lapsiin kohdistuvan väkivallan arvioiminen [*Assessment of violence against children*]. Journal of Social and Public Policies 8; 2:212–221. Available in Finnish at: https://www.julkari.fi/bitstream/handle/10024/132355/YP1702_Lepistoym.pdf?sequence=4&isAllowed=y

Letarte M.J, Normandeau S & Allard J. 2010. Effectiveness of a parent training program "Incredible Years" in a child protection service. Child Abuse & Neglect. 34;4:253–261.

Lysenko LJE, Barker D & Jaffee SR. 2013. Sex Differences in the Relationship between Harsh Discipline and Conduct Problems. Social Development. 22;1:197–214.

Margolin G. & Gordis EB. 2000. The Effects of Family and Community Violence on Children. Annual Review of Psychology. 51:445–479.

Marriage Act 234/1929. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1929/19290234

Masten A. & Wright MO. 1998. Cumulative Risk and Protection Models of Child Maltreatment. Journal of Aggression, Maltreatment & Trauma. 2:7–30.

McDermott B, Berry H & Cobham V. 2012. Social connectedness: A potential aetiological factor in the development of child posttraumatic stress disorder. Australian and New Zealand Journal of Psychiatry 46:109–117. Available at: https://journals.sagepub.com/doi/full/10.1177/0004867411433950

McFarlane JM, Campbell JC, Wilt S, Sachs CJ, Ulrich Y & Xu X. 1999. Stalking and Intimate Partner Femicide. Homicide Studies 1999, 3; 4:300–316.

McKee L , Roland E, Coffel N, Olson AL, Forehand A & Massari C et al. 2007. Harsh Discipline and Child Problem Behaviors: The Roles of Positive Parenting and Gender. Journal of Family Violence. 22; 4:187–196.

Meiser-Stedman R, Yule W, Smith P, Glucksman F & Dalglaish T. 2005. Acute stress disorder and posttraumatic stress disorder in children and young people involved in assaults or motor vehicle accidents. American Journal of Psychiatry 612:1381–1383.

Mikolajczak M, Brianda ME, Avalosse H & Roskam I. 2018. Consequences of parental burnout: Its specific effect on child neglect and violence. Child Abuse & Neglect. 80:134–145.

Mikton C, MacMillan HL, Dua T & Betancourt TS. 2009. Interventions to prevent child maltreatment and associated impairment. Lancet 373:250–266. Available at: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70233-5/fulltext

Milner J. & Crouch J. 2017. Child Physical Abuse Risk Assessment: Parent and Family Evaluations. Chapter 3 in: Campbell J, Messing J. Assessing Dangerousness, Third Edition: Domestic Violence Offenders and Child Abusers. EBook collection, AN: 1488360.

Ministry of Justice. 2013. 8-vuotiaan lapsen kuolemaan johtaneet tapahtumat [*Events leading to the death of an eight-year old child in Helsinki in May 2012*]. Oikeusministeriön julkaisuja: Selvityksiä ja ohjeita [*Publications of the Ministry of Justice: Reports and guidelines*] 32/2013. Available in Finnish (English abstract) at: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/76480/8-vuotiaan_lapsen_kuolemaan_johtaneet_tapahtumat.pdf?sequence=1

Ministry of Justice. 2017. Reform of the Child Welfare Act. Työryhmän mietintö [*Working group report*]. Mietintöjä ja lausuntoja [*Reports and statements*] 47. Available in Finnish at: http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/80751/OMML_47_2017_Lapsenhuolto.pdf

Ministry of Social Affairs and Health. 2010. Älä lyö lasta – Lapsiin kohdistuvan kuritusväkivallan vähentämisen toimintaohjelma 2010–2015 [*Don't hit the child! National action plan to reduce corporal punishment of children 2010–2015*]. Publications of the Ministry of Social Affairs and Health 2010:7. Available in English at: http://urn.fi/URN:ISBN:978-952-00-3176-3

Ministry of Social Affairs and Health. 2019. Vanhemmuussuunnitelmasta tukea eron jälkeiseen vanhemmuuteen [*Parenting plan in support of post-separation parenthood*]. Available in Finnish at: https://stm.fi/documents/1271139/4816712/Vanhemmuussuunnitelma+osa+1+Tietoa+vanhemmille

Ministry of the Interior. 2012. Selvitys perhe- ja lapsensurmien taustoista vuosilta 2003–2012 [*Report on the circumstances of family and child killings 2003–2012*]. Sisäinen turvallisuus [*Internal security*]. Publications of the Ministry of the Interior 35. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-245-728-8

Mullen P, Martin J, Anderson J, Romans S & Herbison G. 1996. The long-term impact of the physical, emotional, and sexual abuse of children: A community study. Child Abuse & Neglect. 20:7–21.

Munro E. R, Bron R, Sempik J, Ward H & Owen C. 2011. Scoping review to draw together data on child injury and safeguarding and to compare the position of England with that in other countries. Research Report DFE-RR083. London: Department for Education.

Muukkonen T. & Tulensalo H. 2015. Lastensuojelun tehtävät, kun lapsen epäillään kokeneen väkivaltaa [*Duties of child protection in suspected child abuse*]. Duodecim. 131;10:973–8. Available in Finnish (English summary) at: https://www.duodecimlehti.fi/lehti/2015/10/duo12268

National Institute of Health and Care Excellence (NICE). 2009. Child maltreatment: when to suspect maltreatment in under 18s. Available at: http://guidance.nice.org.uk/CG89

Naughton AM, Maguire SA & Mann MK. et al. 2013. Emotional, Behavioral, and Developmental Features Indicative of Neglect or Emotional Abuse in Preschool Children: A Systematic Review. JAMA Pediatr. 167: 769–775.

Niemi J. 2010. Seurusteluväkivalta nuorten kokemana [*Dating violence experienced by young people*]. University of Tampere. Department of Social Research. Sociology. Master's thesis. Available in Finnish at: https://tampub.uta.fi/bitstream/handle/10024/81555/gradu04280.pdf?sequence=1

Nikupeteri A. & Laitinen M. 2015. Children's Everyday Lives Shadowed by Stalking: Post-separation Stalking Narratives of Finnish Children and Women. Violence and Victims 2015 30(5), 830–845.

Nikupeteri A, Ervasti P, Marttala P & Laitinen M. 2017b. Vaino lasten ja nuorten arjessa [*Stalking in the everyday lives of children and young people*]. In: Laitinen M, Kinnunen J, Hannus R. (eds.). 2017. Varjosta valoon [*From the shadows into the light*]. Eron jälkeisen vainon tunnistaminen, katkaisu ja uhrien selviytymisen tukeminen [*Identifying and stopping post-separation stalking and supporting victim survival*]. Federation of Mother and Child Homes and Shelters, Helsinki, 102–125.

Nikupeteri A, Lappi C, Lohiniva-Kerkelä M, Kauppi A & Laitinen M. 2017a. Potentiaalisesti tappava parisuhde [*Potentially fatal partnership*]? Erotilanteen uhkaavuus ja uhrien suojaamisen edellytykset sukupuolistuneen väkivallan viitekehyksessä [*The threat of death related to separation and prerequisites for protecting the victims in the frame of gendered violence*]. Law Journal. 46; 3:290–309.

Nikupeteri A. 2016. Vainottuna [*Being Stalked*]. Eron jälkeisen vainon tunnistaminen ja uhrien kohtaaminen [*Recognizing Post-Separation Stalking and Helping its Victims*]. Lapin yliopisto [*University of Lapland*], Rovaniemi.

Norman ER, Munghsetseg B, De R, Butchart A, Scott J & Vos T. 2012. The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. PLOS Medicine 9: 11. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3507962/

Norman et al. 2012. The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. PLoS Med. 9;11:e1001349.

Nursing Research Foundation (NRF). 2015. Lasten kaltoinkohtelun tunnistamisen tehokkaat menetelmät sosiaali- ja terveydenhuollossa [*Efficient methods for identifying child maltreatment in social and healthcare*]. Clinical guideline. Summary version available in English at: https://www.hotus.fi/wp-content/uploads/2019/03/maltreatment-hs-sum-eng.pdf

Näsi M. & Tanskanen M. 2017. Nuorisorikollisuus [*Youth crime*]. In: Rikollisuustilanne [*Crime Trends in Finland*] 2016. Rikollisuuskehitys tilastojen ja tutkimusten valossa [*Crime trends in the light of statistics and research*]. Katsauksia [*Reviews*] 22/2017. University of Helsinki Faculty of Social Sciences, Institute of Criminology and Legal Policy, 201–218. Available in Finnish (English summary) at: https://helda.helsinki.fi/bitstream/handle/10138/191756/Katsauksia_22_Rikollisuustilanne_2016_2017.pdf?sequence=2&isAllowed=y

Näsi M. 2016. Nuorten rikoskäyttäytyminen ja uhrikokemukset [*Juvenile criminal behaviour and victims' experiences*] 2016. University of Helsinki Faculty of Social Sciences, Institute of Criminology and Legal Policy, Reviews 18/2016. Available in Finnish at: https://helda.helsinki.fi/bitstream/handle/10138/169509/Katsauksia_18_N%c3%a4si_2016.pdf?sequence=1&isAllowed=y

Oh DL, Marques SS, Kota K, Ipsen A, Purewal S & Bucci M. 2018. Systematic Review of Pediatric Health Outcomes Associated with Adverse Childhood Experiences (ACEs). Pediatrics. 141(1 Meeting Abstract) 309.

Olds, J, Kitzman H, Hanks C, Cole R, Anson E, Sidora & Arcoleo K et al. 2007. Effects of Nurse Home Visiting on Maternal and Child Functioning: Age Nine Follow-up of a Randomized Trial. Pediatrics. 120: 832–845.

Olds D, Eckenrode J, Henderson C, Kitzman H, Powers J & Cole R et al. 1997. Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-Year Follow-up of a Randomized Trial. JAMA. 278:637–643.

Olds D, Henderson, C, Cole R, Ekckenrode J, Kitman H & Luckey D et al. 1998. Long-term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior: Fifteen-Year Follow-up of a Randomized Controlled Trial. JAMA, 280:1238–1244.

Olds D, Robinson J, Petitt I, Luckey D & Holmberg J et al. 2004. Effects of Home Visits by Paraprofessionals and by Nurses: Age Four Follow-up Results of a Randomized Trial. Pediatrics. 114:560–568.

Olofsson N, Lingqvist K, Gådin KG, Bråmäck L & Danielsson I. 2011. Physical and psychological symptoms and learning difficulties in children of women exposed and non-exposed to violence: a population-based study. International Journal of Public Health. 2011, 56;1:89–96.

Ozer EJ, Best SR, Lipsley TL & Weiss DS. 2003. Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis. Psychological Bulletin. 129, 52–73.

Peltonen J, Ewalds H & Kaipanen S. 2018. Turvakotipalvelut [*Shelters for victims of domestic violence*] 2017. Finnish Institute for Health and Welfare Statistical Reports 15/2018. Available in Finnish (English summary) at: http://www.julkari.fi/bitstream/handle/10024/136435/Turvakotipalvelut_2017_raportti_FINAL%2c%20FI%2c%20SV%2c%20EN%201.6.2018_.pdf?sequence=1&isAllowed=y

Peltonen K, Ellonen N, Pösö T & Lucas SD. 2014. Mothers' self-reported violence toward their children: A multifaceted risk analysis. Child Abuse & Neglect 38: 1923–1933.

Piispa M. & October M. 2017. Vaikuttava työkalu toistuvaan parisuhdeväkivaltaan puuttumiseen [*An effective tool for intervention in repeated intimate partner violence*]. Yhteiskuntapolitiikka [*Journal of Social and Public Policies*]. 82; 3: 304–312. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe201706277480

Piispa M, Taskinen J & Ewalds H. 2012. Selvitys perhe- ja lapsensurmien taustoista vuosilta 2003–2012 [*Report on the circumstances of family and child killings 2003–2012*]. Publications of the Ministry of the Interior 35/ 2012. Available in Finnish at: https://www.julkari.fi/bitstream/handle/10024/90812/URN_ISBN_978-952-245-728-8.pdf?sequence=1

Piispa M. 2006. Parisuhdeväkivalta [*Intimate partner violence*]. In: Piispa M, Heiskanen M, Kääriäinen J, Sirén R. 2005. Naisiin kohdistunut väkivalta [*Violence against women in Finland*] 2005. National Research Institute of Legal Policy Publications 225:41–81.

Poutiainen H, Hakulinen T, Mäki P & Laatikainen T. 2016. Family characteristics and parents' and children's health behaviour are associated with public health nurses' concerns at children's health examinations. International Journal of Nursing Practice. 22:584–595.

Poutiainen H, Levälahti E, Hakulinen-Viitanen T & Laatikainen T. 2015. Family characteristics and health behaviour as antecedents of school nurses' concerns about young people's health and development: A path model approach. International Journal of Nursing Studies. 52:920–929.

Prinz R. 2016. Parenting and family support within a broad child abuse prevention strategy. Child maltreatment prevention can benefit from public health strategies. Child Abuse and Neglect. 51: 400–406.

Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ & Lutzker JR. 2009. Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial. Prevention Science. 10;1:1–2. Available at: https://www.ncbi.nlm.nih.gov/pubmed/19160053

Radford L. & Hester M. 2015. More Than a Mirage? Safe contact for children and young people who have been exposed to domestic violence.

Rantanen H. & Paavilainen E. 2018. Vanhemman voinnin arviointi ja perheen varhainen tukeminen lasten kaltoinkohtelun ehkäisytyössä [*Preventing child maltreatment – Parent welfare assessment and early support for families*]. Available in Finnish at: https://www.tuni.fi/sites/default/files/media/file/vanhemmanvoinninarviointi_fi_final2019.pdf

Rees CA. 2010. Understanding emotional abuse. Arch Dis Child. 2010;95(1):59–67.

Runyon M K, Deblinger E & Steer R A. 2010. Group Cognitive Behavioral Treatment for Parents and Children At-Risk for Physical Abuse: An Initial Study. Child & Family Behavior Therapy. 32:196–218.

Saigh PA. 2011. The psychological adjustment of a sample of New York City preschool children 8–10 months after September 11. Psychological Trauma. 3:109–116.

Saini M. et al. 2012. Empirical studies of alienation. In: K. Kuehnle. & L. Drozd (eds.). Parenting plan evaluations: Applied research for the family court. New York, 399–441.

Salokorpi N, Sinikumpu JJ & Serlo W. 2015. Ravistellun vauvan oireyhtymä: Vaikeasti tunnistettava kaltoinkohtelu [*Shaken baby syndrome – a challenging form of child abuse*]. Finnish Medical Journal. 70; 21:1487–1494.

Salzman KM, Holden GW & Holahan CJ. 2005. The psychobiology of children exposed to marital violence. Journal of Clinical Child and Adolescent Psychology. 34;1:129–39. Available at: https://www.ncbi.nlm.nih.gov/pubmed/15677287

Sanders MR, Pidgeon AM, Gravestock F, Connors MD, S. Brown S & Young R. 2004. 2004. Does Parental Attributional Retraining and Anger Management Enhance the Effects of the Triple P–Positive Parenting Program With Parents at Risk of Child Maltreatment? Behav Ther. 35;3:513–535.

Saukkonen S, Aronen ET, Laajasalo T, Salmi, V, Kivivuori J & Jokela M. 2016. Victimization and psychopathic features in a population-based sample of Finnish young people. Child Abuse & Neglect. 60: 58–66.

Savola T, Piispa M & Hakulinen-Viitanen T. 2015. Äitiys- ja lastenneuvolan asiakkaiden kokemukset parisuhdeväkivallan puheeksi ottamisesta [*Experiences of clients in maternity and child healthcare clinics discussing intimate partner violence*]. Journal of Nursing Science. 72; 2:104–116.

Schumacher J, Smith A & Heyman R. 2001. Risk factors for child neglect. Aggression and Violent Behavior. 6: 231–254.

Sethi D, Bellis M, Hughes K, Ruth Gilbert R. Mitis F & Galea G. (eds.). 2013. European report on preventing child maltreatment. World Health Organization (WHO), Regional Office for Europe. Available at: http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf

Sinkkonen M. & Mäkelä J. 2017. LASTA-hanke: Kokemuksia viranomaisten yhteistyön ja tietojenvaihdon koordinoinnista lapseen kohdistuneissa pahoinpitely- tai seksuaalirikoksen epäilytilanteissa [*LASTA project: Experiences of coordinating inter-agency cooperation and information exchange in cases of alleged physical or sexual child abuse*]. Finnish Institute for Health and Welfare Reports 2/2017. Available in Finnish (English abstract): http://urn.fi/URN:ISBN:978-952-302-850-0

Sipilä M, Hakulinen T, Helminen M, Seppänen J, Paavilainen E & Koponen P. 2018. Alcohol abuse, psychological distress, and suicidal thoughts are associated with intimate partner violence among parents' with children. Mental Health & Prevention. 12:76–81.

Siukola R. 2014. Miten puutun lähisuhdeväkivaltaan [*How to intervene in domestic violence*]? Esimerkkinä päihde- ja mielenterveystyö [*Substance abuse and mental health services as an example*]. Finnish Institute for Health and Welfare Handbooks 34/2014. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-178-5

Skogberg N, Mustonen K-L, Koponen P, Tiittala P, Lilja E, Ahmed Haji Omar A, Snellman O & Castaneda AE (eds.). Turvapaikanhakijoiden terveys ja hyvinvointi [*Asylum seekers' health and wellbeing*]. Tutkimus Suomeen vuonna 2018 tulleista turvapaikanhakijoista [*A survey among newly arrived asylum seekers to Finland in 2018*]. Finnish Institute for Health and Welfare Reports 12/2019. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-351-9

Social Welfare Act 1301/2014. Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2014/20141301

Statistics Finland, 2018. Official Statistics of Finland (OSF): Statistics on offences and coercive measures (e-publication). ISSN=2342-9151. Helsinki: Statistics Finland, 2018. Available in English at: http://www.stat.fi/til/rpk/index_en.html

Stith SM, Liu T, Davies LC, Boykin EL, Alder MC, Harris JM, Som A, McPherson M. & Dees JEMEG. 2009. Risk factors in child maltreatment: A meta-analytic review of the literature. Aggression and Violent Behavior. 14; 1:13–29. Available at: https://www.sciencedirect.com/science/article/pii/S1359178908000608

Teicher M, Samson J, Polcari A & McGreenery C. 2006. Sticks, Stones, and Hurtful Words: Relative Effects of Various Forms of Childhood Maltreatment. American Journal of Psychiatry. 163:993–1000. Available at: http://dx.doi.org/10.1176/ajp.2006.163.6.993

Teicher M. & Samson J. 2016. Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. Journal of Child Psychology and Psychiatry.

The Criminal Code of Finland 39/1889. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1889/18890039001

Thiara RK. & Gill AK. 2012. Domestic violence, child contact and post-separation violence issues for South Asian and African-Caribbean women and children: a report of findings. NSPCC: London, 2012. Available at: https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/search2?CookieCheck=44158.4069047917&searchTerm0=C1360

Tomoda A, Sheu Y-S, Rabi K, Suzuki H, Navalta C, Polcari A &Teicher M. 2011. Exposure to parental verbal abuse is associated with increased gray matter volume in superior temporal gyrus. Neuroimage. 1;54:280–6. Available at: http://dx.doi.org/10.1016/j.neuroimage.2010.05.027

Tsavoussis A, Stawicki S. P, Stoicea N & Papadimo, T. J. 2014. Child-Witnessed Domestic Violence and its Adverse Effects on Brain Development: A Call for Societal Self-Examination and Awareness. Frontiers in public health, 2:178. doi:10.3389/fpubh.2014.00178.

Turner HA, Shattuck A, Finkelhor D & Hamby S. 2016. Polyvictimization and Youth Violence Exposure Across Contexts. Journal of Adolescent Health. 58:208–214.

United Nations (UN). 1989. Convention on the Rights of the Child. Available at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

United Nations Children's Fund (UNICEF). 2014. Hidden in Plain Sight: A statistical analysis of violence against children. UNICEF, New York, 2014. Available at: http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

University of Copenhagen. 2019. Digital hjaelp til skilsmissefamilier [*Digital divorce help*]. Available in Danish at: https://www.samarbejdeefterskilsmisse.dk/client/default.aspx?CAID=1050&ReturnUrl=%2fclient%2fdefault.aspx%3fCAID%3d1050%26ChangedCourse%3dtrue&ChangedCourse=true

Valtioneuvoston asetus neuvolatoiminnasta, koulu- ja opiskeluterveydenhuollosta sekä lasten ja nuorten ehkäisevästä suun terveydenhuollosta [*Government Decree on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth*] 338/2011. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2011/20110338

Van der Feltz-Cornelis CM, Potters EC, Van Dam A, Koorndijk RPM, Elfeddali I & Van Eck Van der Sluijs JF. 2017. Adverse childhood experiences (ACE) in outpatients with anxiety and depressive disorders and their association with psychiatric and somatic comorbidity and revictimization. Cross-sectional observational study. Journal of Affective Disorders. 246:458–464.

Van Parys A-S, Verhamme A, Temmerman M & Verstraelen H. 2014. Intimate Partner Violence and Pregnancy: A Systematic Review of Interventions. PLOS One. 9:1. Available at: https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0085084&type=printable

Victim Support Finland 2018. Sisarusten välinen vakava väkivalta [*Serious violence between siblings*]. Riku-lehti [*RIKU magazine*] 3/2018. Available in Finnish at: https://www.riku.fi/fi/riku-lehti/riku-lehti+32018/sisarusten+valinen+vakava+vakivalta/

Vlahovicova K, Melendez-Torres GJ, Leijten P, Knerr W & Gardner F. 2017. Parenting Programs for the Prevention of Child Physical Abuse Recurrence: A Systematic Review and Meta-Analysis. Clinical Child and Family Psychology Review 2017, 2;3:351–365. Available at: https://link.springer.com/article/10.1007/s10567-017-0232-7

Wolfe D A . & McIsaac C. 2011. Distinguishing between poor/dysfunctional parenting and child emotional maltreatment. Child Abuse & Neglect. 35:802–813.

World Health Organization (WHO). 2013.

World Health Organization (WHO). 2016. INSPIRE: Seven Strategies for Ending Violence Against Children. Available at: http://apps.who.int/iris/bitstream/10665/207717/1/9789241565356-eng.pdf?ua=1

9 Violence, bullying and harassment in early childhood education, educational institutions and guided hobbies

Corresponding author: Christina Salmivalli, University of Turku (UTU)
Co-authors: Marjo Rissanen, Finnish National Agency for Education; Pia Kola-Torvinen, Finnish National Agency for Education; Marke Hietanen-Peltola, Finnish Institute for Health and Welfare (THL); Ulla Korpilahti, THL; Jenni Helenius, Mannerheim League for Child Welfare (MLL); Marie Rautava, Mannerheim League for Child Welfare (MLL); and Kirsi Porras, Family Federation of Finland

9.1 Introduction

From quite an early age, children participate in activities in guided environments outside the home – and this increases gradually with age. Adults are responsible for ensuring that children and young people can play, learn and engage in hobbies in safe environments where they are not subjected to violence, bullying or harassment. Such experiences threaten children's right to safety and integrity, as well as many other rights defined in the UN Convention on the Rights of the Child. For example, if a learning environment is not safe, children's right to learning, participation, and positive development in general (in line with the UN Convention of the Rights of the Child; Finnish Treaty Series 59–60/1991) is jeopardised. For this reason, it is important to examine violence and bullying also from a human rights perspective (see also Chapter 4).

Bullying among school-age children and youth has been a subject of public debate for a long time. There is a great deal of research-based information about bullying and violence. However, aggressive and hurtful behaviour among children occurs even at the early childhood education stage. This is often related to incomplete socio-emotional skills and specific interactions. However, systematic bullying and/or isolation of a particular child also occurs among young children. It is important to recognise and address this at an early stage.

Violence, bullying and harassment also occur during children's and young people's free time, in connection with hobbies, for example. Children and young people may also experience hurtful behaviour, harassment or violence from trusted adults who are responsible for guiding and instructing them and ensuring the safety of their growth and operating environment (e.g. instructor, teacher or coach). A young person may also be subjected to bullying, harassment or discrimination during practical or apprenticeship training. As yet, there is very little research-based information about these phenomena and situations.

This chapter examines violence, bullying and harassment experienced by children and young people in early childhood education, educational institutions (basic education, upper secondary school education and vocational education), morning and afternoon activities and guided hobbies. In terms of hobbies, however, we will limit the discussion to sports and exercise hobbies, as these are the fields in which these issues have first been detected. We will also exclude violence or a threat of violence against children and young people in the environments mentioned above that is caused by an outsider (e.g. a stranger in a school area).

WHO (e.g. Etienne et al. 2005) defines **violence** as deliberate use of physical power or authority or a threat to use physical power or authority in an effort to dominate and control another person. In addition, violence leads or is very likely to lead to death, physical or mental damage, disrupted development or unmet basic needs. Violence may also be psychological (e.g. name-calling, disparagement, contempt, degradation, financial control and isolation from other relationships). The use of power, authority and control are key to all forms of violence. (Etienne et al. 2005.)

Bullying means repeatedly causing harm to the same individual who cannot defend or protect themselves because they have less power, authority or other resources than the perpetrator(s) (Salmivalli 2003). Violence is not always bullying,

but bullying can always be deemed to be violence, because it involves the use of authority or power to dominate and harm another person. Bullying can be physical, verbal or indirect (e.g. systematic exclusion from a group), and it can occur face to face or by means of technology, such as on social media. Recently, special attention has been paid to prejudice-based bullying, which means bullying based on skin colour, nationality, ethnic background, gender, sexual orientation or disability (see Chapter 13). Prejudice-based bullying can be physical, verbal or indirect.

According to Finnish law, **sexual harassment** is verbal, non-verbal or physical undesirable behaviour of a sexual nature that intentionally or actually violates a person's mental or physical integrity. Gender-based harassment is undesirable behaviour related to a person's gender, gender identity or gender expression. Examples of gender-based harassment include demeaning talk about various genders or their representatives. The purpose of various types of harassment is to create a threatening, hostile, demeaning, humiliating or anxiety-inducing atmosphere for the victim. Sexual harassment and sexual violence are discussed briefly in this chapter. These phenomena are discussed in more detail in Chapters 10 and 11.

Experiences of violence, bullying and harassment may have very serious and long-lasting traumatic impacts, and violence does not need to be physical or brutal in order to be harmful. For example, frequent bullying exposes the victim to mental health problems, in particular, to depression and self-destructive behaviour (Ttofi et al. 2011). The probability of serious impacts increases when the bullying continues for a long time and takes many different forms. In addition, the risk of serious impacts increases if several peers participate in the bullying (Van der Ploeg et al. 2015) and the victimised child is left isolated, without supporters (Sainio et al. 2011).

Loneliness is risk factor for bullying, as well as being a consequence of bullying. A sense of belonging is a fundamental human need (Baumeister & Leary 1995). A feeling of belonging to a group of friends is extremely important for the development of an individual in childhood and especially in youth. The loneliness and rejection related to bullying increase the negative consequences of bullying. Factors protecting against the consequences of bullying include reciprocal friendships or a peer group at school or outside school where a child can feel appreciated. (See e.g. Salmivalli 2003, 22).

9.2 Violence, bullying and harassment in early childhood education

Author: Pia Kola-Torvinen, Finnish National Agency for Education

Early childhood education is a significant environment for children to learn and be taught social and emotional skills. Socio-emotional skills and cultural competence are increasingly important in today's society. They include the ability to listen to, identify and understand various views and to reflect on your own values and attitudes. Interaction skills, as well as the ability for self-expression and the ability to understand others, play a key role in terms of identity, functional capacity, wellbeing and later success at school and in society. Children often gain their first experiences of being part of the peer group in early childhood education. Socio-emotional skills and their guidance, as well as the atmosphere of the group, are significant in terms of the prevalence of bullying and the resolution of disputes.

Anti-bullying work must be started as early as possible, and it should be systematic even in early childhood education. Key elements in this respect include strengthening the group's operating culture, teaching socio-emotional skills to children and strengthening these skills, and promoting positive peer relationships and group-work skills. (Kirves & Stoor-Grenner 2010.) (See also Chapter 7.2.)

9.2.1 The Act on Early Childhood Education and Care and the national core curriculum for early childhood education and care

According to section 10 ('The environment of early childhood education and care') of the Act on Early Childhood Education and Care (540/2018), children must be protected from violence, bullying and harassment. Bullying is not acceptable in any form in early childhood education. The government proposal (HE 40/2018) concerning the Act on Early Childhood Education and Care addresses the prevention of bullying, harassment and violence in early childhood education through increased awareness, more active actions to identify and prevent bullying and more systematic intervention. In addition, children's socio-emotional growth must be supported by a safe and relevant early childhood education environment. (Government proposal 40/2018.)

The national core curriculum for early childhood education and care addresses the prevention of bullying, harassment and violence multiple times throughout the document. Bullying must be identified and addressed in early childhood education, and it must be prevented consciously and systematically as part of the operating culture for early childhood education. In preventing bullying, it is essential to support children's peer relationships and the wellbeing of the growth community. Personnel play a key role in supporting the practising and development of children's social and emotional skills. All situations of harassment, bullying or violence must be discussed with the child's guardians to find solutions together. (Finnish National Agency for Education 2019.)

The purpose of early childhood education is to develop children's socio-emotional skills, promote their participation in peer-group activities and teach them to respect others. Adults help children identify and resolve conflicts constructively. Activities based on cooperation offer opportunities to practise interaction and expression skills in various situations with different types of people. Adults help children practise understanding others' standpoints, examine issues from various perspectives and resolve conflict situations constructively. Children's emotional skills are strengthened as they learn to identify, acknowledge and name emotions. (Finnish National Agency for Education 2019.)

Skills related to self-care, health and safety are important for children below the school age. The purpose of early childhood education is to strengthen children's skills in terms of wellbeing and safety, as well as teaching them to respect and protect their own and others' bodies. (Finnish National Agency for Education 2019.)

9.2.2 How is bullying manifested in early childhood education?

Arguments and conflict situations between children are common in early childhood education. Children learn interaction and problem-solving skills through dispute resolution. It is important that skills related to arguing and disagreeing are taught to children as part of ordinary relationships with support from early childhood education staff (Repo 2015, 16). Employees' pedagogical expertise is needed to tell the difference between passing arguments and conflicts and bullying and the potential for longer-term bullying.

Laaksonen and Repo (2016) define bullying in early childhood education as a conscious, hurtful and harmful interaction process within a group that will lead to the exclusion of one or several group members over time. The phenomenon is the same as that found among school-age children: some children are repeatedly subjected to hurtful action. A child below the school age does not know how to independently discuss problems and situations of bullying with their peers. Bullying must always be addressed by adults. It is important that an adult address isolated instances of bullying, as well as longer-term bullying, whenever such instances are detected, from beginning to end. (Laaksonen & Repo 2016.)

The Ministry of Education and Culture's (2018) 'Prevention of school bullying and promotion of undisturbed conditions' report states that bullying among children under the school age is very similar to bullying among older children. Various forms of indirect bullying, such as exclusion from a group, are also common among small children, particularly during play. In addition, various forms of aggressive behaviour are typical of young children. These forms of aggressive behaviour – such as biting, throwing stones or sand, or interfering in others' play – are less common or almost non-existent in older children's behaviour. (Ministry of Education and Culture 2018, 16).

The forms of bullying are usually divided into direct and indirect bullying. In direct bullying, the perpetrator targets their negative acts directly at the child who is being bullied, by hitting or pushing them or calling them names – in other words, physically or verbally. The characteristics of indirect bullying include exclusion from the group or saying mean things about a child 'behind their back', for example. Indirect bullying harms the relationships of the child who is being bullied. For example, other children are encouraged to take a negative attitude towards them. (Repo 2015.)

In her dissertation study (2015), Repo divided the forms of bullying that she had identified in early childhood education into physical, verbal and psychological bullying – this division is in line with what was described above. Physical bullying includes hitting, kicking, pinching or throwing sand or stones. Verbal bullying includes name-calling, disparagement and commenting on appearance (e.g. clothing), as well as taunting, which is common among children. Psychological bullying includes threatening, manipulation, blackmailing, mocking, exclusion from play, 'silent treatment' and changing the rules of play. Sourander's research group

(Ilola et al. 2016) noticed that physical bullying was more common among four-year-old boys, while verbal bullying was more common among four-year-old girls.

Bullying is a phenomenon related to groups as well as individuals. A study conducted at the University of Turku (Ilola et al. 2016) found that problems arising from bullying are common among young children, even as young as four-year-olds. It was often the case that the same children had both experienced bullying and bullied others. According to a Swiss study (2006), timid and reclusive children are more likely to experience bullying than others among children aged 5–7. Children who were inclined to bully their peers were popular playmates in their groups and often sought to achieve a dominating position in the group. Children who both bullied others and experienced bullying were more impulsive than others and were left without friends more often. (Perren & Alsaker 2006.)

A study by Laaksonen (2014) examined the peer relationship skills of children in the early childhood education age group and the significance of such skills in terms of bullying among peers. The study showed that the bullies had relatively good peer relationships skills, but that they were lacking in skills of taking others into consideration (compromising and avoiding hurtful behaviour) and maintaining interaction and supporting others (managing conflicts and providing support). The difficulties experienced by the victims of bullying were evident in their ability to approach other children and join their play, as well as to provide support and feedback to other children. According to a study by Repo (2015), the situations of bullying involving children who needed support for their development and learning were different from those involving other children. The children who needed support used more direct forms of bullying, such as pushing, kicking and throwing sand and stones. Other children used indirect forms of bullying, such as exclusion from play or the group or manipulation.

In addition to addressing conflicts and bullying among children, attention should also be paid to the punishment or intervention methods used by adults, as their methods are not always pedagogically justified. According to Repo (2015), unjustified methods include time-outs on a bench, exclusion from play or trips, or denial of dessert or bread during a meal. In her dissertation, Mirja Köngäs (2019) also highlights the same type of rule-oriented behaviour from adults that may be manifested as inappropriate behaviour towards children.

More research is needed on the factors affecting group cohesion and a sense of belonging and the related pedagogical practices in order to better identify and prevent problems arising from bullying and the risk factors that lead to bullying. Research-based information, as well as customised training based on such information, would enable personnel to better identify bullying among young children and to better prevent bullying through both structural and pedagogical solutions.

Means to prevent bullying in early childhood education

Several studies (e.g. Repo 2015, Pihlaja & Viitala 2018) suggest that in the prevention of bullying, special attention must be paid to warm interaction and approval between adults and children, the atmosphere prevailing in a group of children and support for children's socio-emotional skills, as well as to the operating culture and pedagogical quality of the early childhood education unit. Early childhood education supports children's learning of emotional and friendship skills and good manners. The systematic observation of play, as well as supporting children to join others' play, help adults prevent bullying. Varied playgroups offer opportunities for children to create a diverse range of peer relationships. Peer groups and a feeling of belonging are key in terms of children's learning and participation.

Children learn best when they feel good and safe. Bullying or exclusion from a group cause children to feel insecure and isolated. Problems in social relationships often trigger a circle of negative interaction. For example, a child who is repeatedly rejected by others begins to act in a way that maintains and contributes to their exclusion. To maintain positive relationships with their peers, children must be provided with guidance and help with practising their social skills. In situations of bullying in particular, it is a good idea to look at various inclusive pedagogical solutions and thereby guide children to adopt alternative and acceptable ways to interact with one another. (Repo 2015, 14–15.)

Means to prevent bullying in early childhood education can be found through the development of the quality of interaction, pedagogical solutions and the operating culture. The Prevention of Bullying among Children before School Age project (Kirves & Stoor-Grenner 2010) highlights the following means to prevent bullying in early childhood education:

- Cooperation with guardians and shared values between parents and early childhood education personnel
- Strengthening inclusion among young children
- Employees' commitment to the group and deliberate pedagogical activities for groups of children
- Identifying and disrupting circular processes of negative interaction
- Guiding, observing and participating in children's play
- Supporting peer relationships, social skills and aggression management
- Working towards more equal early childhood education
- Strengthening leadership
- Continuing professional development (CPD) for early childhood education personnel.

The home and guardians play a paramount role in the development of children's interaction and social skills and their emotional wellbeing. In early childhood education, cooperation with the guardians is an important part of preventing and addressing bullying. Bullying, as well as means to prevent it, must also be discussed with the guardians. In addition, the prevention of bullying has been found to require a confidential and appreciative relationship between a child and an adult (Pihlaja & Viitala 2018), as well as consistent and systematic work against bullying (Repo 2015).

A survey conducted at the University of Jyväskylä (Määttä et al. 2017) found that a diverse range of methods are already being used in early childhood education to support children's socio-emotional development. In practice, socio-emotional skills are supported in early childhood education through various emotional skill programmes and materials, as well as supporting a positive atmosphere and positive interaction, prosocial activities, group activities, the use of play and fairy tales and children's participation in and commitment to activities.

Although early childhood education is already seeking to support children's socio-emotional skills, more systematic methods are needed, along with research-based information about the practices used in early childhood education units to support children's socio-emotional development. In addition to using methods related to individuals' skills and actions, attention should also be paid to what are known

as socio-ecological interventions. Their purpose is to change a group's activities in such a way that fewer situations of bullying and exclusion emerge. In addition, more detailed analysis is needed about how structural factors related to quality, such as employee retention, group formation principles and practices related to transferring children from one group to another, are linked to the sense of belonging to a group. To support their work, early childhood education personnel need, both in their initial training and continuing professional development (CPD), information about methods that have been proven to be effective and that support children's development in the best possible way (see also Chapter 7.3).

It is the task of early childhood education personnel to help children join and belong to groups, group activities and playgroups. Attention should be paid especially to lonely children and children with special needs. The report from Prevention of Bullying among Children before School Age project (Kirves & Stoor-Grenner 2010) suggests that a plan to address and prevent bullying should be prepared for early childhood education and that this plan should be included in the early childhood education curricula of municipalities. However, preparing a plan is not enough. More discussion and training is needed on early childhood education practices towards conscious and consistent education and teaching, including cooperation with guardians.

According to the national core curriculum for early childhood education and care (Finnish National Agency for Education 2019), local curricula must determine means and ways to prevent and address bullying, violence and harassment, as well as monitoring the implementation of the actions. As yet, there is no information about the extent to which this has been achieved in local early childhood education curricula. According to the most recent assessment by the Finnish Education Evaluation Centre (Repo et al. 2019), some early childhood education managers find that the prevention of bullying is deficient in terms of a systematic approach and guidelines. However, 85% of the personnel fully or partly agreed with the statement that their group/unit has operating practices in place to prevent bullying.

There is little research on preventing or addressing bullying in early childhood education. The actions suggested in the literature are based more on common sense than on research-based information. It is known that problems involving bullying begin at an early age and their systematic prevention should be started earlier. However, there is no evidence-based information about effective

actions. This has been noted also a working group established by the Ministry of Education and Culture (2018). In their report, the working group suggested that a development and research project to prevent bullying should be started in early childhood education. Such a project was included in the Programme of Prime Minister Sanna Marin's Government in 2019 ('We will develop a programme for preventing bullying in early childhood education and care', p. 179). It is also noteworthy that means to address inappropriate behaviour have not been determined in the Act on Early Childhood Education and Care, unlike in all other acts on education (e.g. the Basic Education Act 628/1998).

The bullying of young children involves ethical issues. Young children must not be labelled as 'bullies' or 'victims' (and the same goes for older children). It is good to remember that not all conflicts or disagreements between small children and their peers are bullying. The early identification of bullying behaviour is important, but any ethical issues, as well as unintentional harmful impacts on children's development, learning and group dynamics, should also be taken into account. It is important to identify and prevent bullying at an early stage as part of day-to-day early childhood education pedagogy. In addition, ethical aspects should be taken into account more strongly in anti-bullying training for personnel. (Repo & Repo 2016.)

Internationally, Finland is one of the leaders in studying and preventing bullying. For example, the KiVa antibullying program is in place in more than 900 schools in basic education in Finland, as well as having been implemented in 20 other countries (see the KiVa website). For Finland to be the world's safest country, Finland should also lead the way in studying and preventing bullying in early childhood education, and not just in schools.

9.3 Violence, bullying and harassment at schools and educational institutions

Authors: Marjo Rissanen, Finnish National Agency for Education; Pia Kola-Torvinen, Finnish National Agency for Education; Ulla Korpilahti, Finnish Institute for Health and Welfare (THL); Marke Hietanen-Peltola, Finnish Institute for Health and Welfare (THL)

9.3.1 The law and the National Core Curriculum for Basic Education: Growth into humanity, education and culture

Basic education lays the foundation for the pupils' learning and education. It is built on common values and a common concept of learning. The value base for basic education highlights the pupils' growth into humanity, which means the pursuit of truth, goodness, beauty, justice and peace. Education and culture refer to individuals' and communities' ability to reach solutions that are based on ethical thinking, empathy and knowledge. An educated and cultured individual seeks to do what is right based on an appreciation of themselves, others and the environment. Values should be evident in practice in the operating cultures and day-to-day lives of schools. (Finnish National Agency for Education 2014, 14–16.)

In the National Core Curriculum for Basic Education, school is seen as a learning community that develops through dialogue. Collaboration and experiences of inclusion that strengthen the community are at the core of development. The purpose of the structures and practices of a learning community is to promote wellbeing and safety, as well as creating favourable conditions for learning. Communal pupil and student welfare services are an integral part of the development of a school's safe operating culture based on an appreciation of benevolence and friendliness. Bullying, violence, racism and other forms of discrimination are not tolerated. Instead, inappropriate behaviour is addressed immediately. (Finnish National Agency for Education 2014, 27.)

The Basic Education Act (628/1998) and the Basic Education Decree (852/1998), as well as the National Core Curriculum for Basic Education (2014), lay a strong foundation for the development of schools' operating cultures and the promotion of pupils' participation in developing such cultures. According to the Basic Education Act, schools must have a pupil association to "promote joint action, influence and participation of the pupils in matters relating to pupils". A provider of education has an obligation to promote the stronger inclusion of pupils, as well as ensuring that pupils can participate in their school's activities and development. According to the National Core Curriculum for Basic Education, pupils must be able to participate in the preparation of the curriculum and the related plans, as well as the school's rules. (Basic Education Act, section 47a; Finnish National Agency for Education, 2014, 35.) A school's community-based operating culture includes the participation of the pupils, homes and personnel alike. The National Core

Curriculum for Basic Education also guides schools to engage in cooperation with external parties, such as parishes and organisations, to promote pupils' wellbeing.

Pupils are entitled to a safe learning environment. The Student Welfare Act (1287/2014, section 13) obligates providers of education to prepare a plan to protect students against violence, bullying and harassment. However, the mere existence of a plan is not enough. The plan must also be implemented and its implementation, as well as compliance with the plan, must be monitored. As members of a school community, also pupils are responsible for their own behaviour, which should reflect an appreciative attitude towards other pupils and the adults at the school. Following common rules is also part of growing and becoming a member of society. (National Core Curriculum for Basic Education, 34.)

In other words, the goal of education and learning is an educated and cultured individual who is capable of appreciative and respectful interaction with others. The ability to see another person's perspective – that is, the ability to feel empathy – is key in appreciating and respecting others. An empathic person can relate to another person's experience while also being able to separate their own empathic experience from the other's experience. Sympathy as an experience differs from empathy: sympathy means that a person does not share another person's emotional experience, even though they feel compassion towards the other person's experience. To identify another person's emotions, a person must have sufficient self-knowledge, as well as having a developed emotional life that enables them to understand another. (Itkonen 1996, 61–62; Itkonen 1999, 173; Parviainen 2002, 325–330.)

According to the National Core Curriculum for Basic Education (2014), transversal competence covers seven goals:

- Thinking and learning to learn
- Cultural competence
- Interaction and self-expression
- Taking care of oneself and managing daily life
- Multiliteracy, ICT competence
- Working life competence and entrepreneurship
- Participation, involvement and building a sustainable future.

(National Core Curriculum for Basic Education 2014)

From the perspective of violence, bullying and harassment, the goal of everyday self-care skills in particular is highlighted. According to this goal, a school community is responsible for guiding the pupils to understand that through their actions, everyone has an impact on their own and others' wellbeing, health and safety. Pupils are encouraged to take care of themselves and others, practise skills that are meaningful in terms of their daily lives and increase wellbeing in their environment. (Finnish National Agency for Education 2014, 20–24.)

The promotion of emotional and interaction skills plays a key role in the work against violence, bullying and harassment at educational institutions. In basic education, systematic programmes (e.g. Hyvän mielen koulu [*Feeling good at school*] and Lions Quest) are in place to practise self-knowledge, interaction and safety skills and the tolerance of others and diversity, as well as participation in group activities. Mental health skills – such as self-esteem, personal strengths, friendship and emotional skills, coping skills, awareness skills and daily life skills – can be practised at school. Mental health skills are also taught as part of environmental studies in primary school and as part of health education in particular in lower secondary school. Mental health promotion is part of all education and the daily lives of schools. (Pesonen et al. 2018, 2; see also Chapter 7.2.)

9.3.2 Student welfare

Student welfare supports the wellbeing of pupils and students at schools and educational institutions. It is primarily preventive and communal, i.e. targeted at the school community rather than individuals. Student welfare aims to achieve an operating culture that supports wellbeing, as well as for early need-based support for those who need it. Student welfare work is guided by the Student Welfare Act (1287/2013, Ministry of Social Affairs and Health 2015), which concerns children and young people, as well as other students, from the beginning of pre-primary education to the end of secondary education. Bullying and harassment can be prevented through student welfare work, as well as providing victims and perpetrators of bullying with support and help.

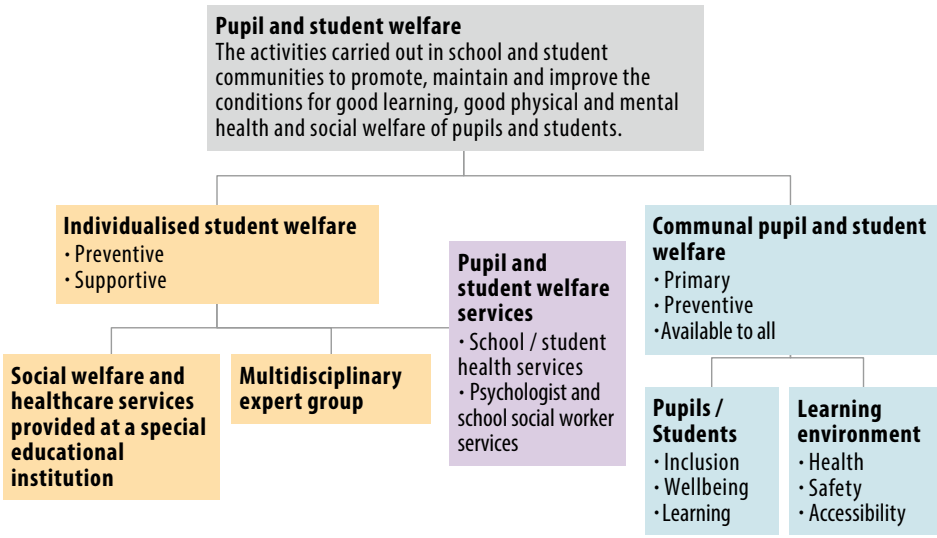


Figure 17. (Source: Hietanen-Peltola et al., 2019.)

Communal student welfare promotes the wellbeing of the entire community, as well as affecting the culture of the educational institution. Communal student welfare is carried out by all employees working in an educational institution as part of their daily work. According to the law, the personnel of an educational institution are the ones primarily responsible for the wellbeing of the community. The student welfare group plans, implements, assesses and develops student welfare work, which is carried out in line with the student welfare plan. Communal work must be goal-oriented, in addition to being based on information about the school's situation and the wellbeing of pupils/students (Perälä et al. 2015). Communal

work can be targeted at the educational institution as a whole or a specific group, level or year. The actions related to the prevention of bullying and harassment are planned based on needs, and their effectiveness, such as the prevalence of bullying and harassment, are monitored by a school welfare group. Interventions can be targeted at selected learning groups or classes, if needed. To support the work of school welfare groups, the Finnish Institute for Health and Welfare has published guides for both basic education and secondary-level educational institutions (Hietanen-Peltola et al. 2018; Hietanen-Peltola et al. 2019).

Checks on the health and safety of the educational institution environment, as well as the wellbeing of the community, collect comprehensive information about the conditions at the educational institution. According to the Health Care Act (1326/2010, sections 16 and 17), multiprofessional checks must be carried out every three years. A check also assesses the wellbeing of the community, such as the prevalence of bullying, harassment and violence, as well as the related plans and the work carried out to prevent and address bullying, harassment and violence. Further actions and their monitoring, as well as the responsible parties, are agreed upon if necessary. The school welfare group plays an important role in implementing inspections and further actions relating to the wellbeing of the community. The Finnish Institute for Health and Welfare published a guide in 2015 that supports the implementation of checks (Hietanen-Peltola & Korpilahti 2015).

Individual student welfare include services provided to an individual pupil or student, such as school and student healthcare services provided by a public health nurse or physician, services provided by a school social worker or a school psychologist, social welfare and healthcare services provided at special schools and the work carried out by a multidisciplinary expert group concerning an individual. The work targeted at individuals is both preventive and corrective. Individual student welfare is always voluntary for the student, and professionals participate in such work with the consent of the student or their guardian.

Bullying and harassment are included as themes in regular health examinations for all pupils and students. During the appointments, the purpose is to offer them an opportunity to share their experiences confidentially. Nationally consistent background information questionnaires are used in some health examinations; the questions involve (but are not limited to) queries concerning bullying and sexual harassment. The information provided in the questionnaires is discussed in

more detail during the appointment. (Ministry of Social Affairs and Health 2009, Hakulinen-Viitanen et al. 2012.)

The victimised, the perpetrators as well as those involved in other ways are provided an opportunity to discuss the issue with student welfare professionals. In practice, this means a school social worker, school/student healthcare professionals or a psychologist, depending on the preference of the young person. Experiences of bullying or harassment are often discovered when examining a pupil's or student's symptoms, complaint or concerns. If necessary, support appointments can be arranged, in addition to cooperation with other student welfare professionals specialised healthcare, to determine the pupil's/student's need for support and provide the necessary support.

9.3.3 Bullying in basic education

The goals for learning and education included in the National Core Curriculum for Basic Education (2014) highlight pupils' appreciation of themselves and others. However, bullying among children occurs in all years of basic education. According to the 2019 School Health Promotion Study (THL), 7.2% of Year 4 and Year 5 pupils had experienced bullying on a weekly basis. Of Year 8 and Year 9 students, 5.5% had experienced bullying on a weekly basis. Of Year 4 and Year 5 pupils in basic education, 2% had participated in bullying. Of Year 8 and Year 9 students, 3% reported that they had engaged in bullying on a weekly basis. On the positive side, the number of pupils and students who have experienced bullying or have bullied others has decreased in Finland since 2010. Nevertheless, bullying continues to be alarmingly common. (Ikonen & Helakorpi 2019, 7.)

One of the problems is that children and young people do not tell adults about the bullying, violence and harassment that they have experienced. According to a Finnish study (Blomqvist et al. 2020), only 55% of pupils who had frequently experienced bullying in basic education had told someone about the issue. Of these pupils, 34% had told someone at home, 32% had told a friend, 21% had told a teacher, 13% had told some other adult and 12% had told a sibling about the bullying. The pupils who are most likely to tell an adult (either at home or at school) about the bullying include girls, younger pupils and pupils who have experienced bullying for the longest time, as well as pupils who felt that they had received support from other pupils and pupils who felt that the teacher takes

bullying seriously. In the 2019 School Health Promotion Study (THL), 51.5% of Year 4 and Year 5 pupils and 43% of Year 8 and Year 9 students felt that they had an opportunity to discuss their concerns with an adult at school.

The most common forms of bullying include verbal bullying and the related public humiliation, as well as systematic exclusion from a group and spreading malicious rumours. Physical bullying is more common in primary school than lower secondary school. Online bullying is relatively less common than traditional forms of bullying. Nearly all pupils who had been bullied online had also experienced other forms of bullying. In fact, online bullying is a fairly reliable sign that a child or young person is also being subjected to other forms of bullying. (Salmivalli et al. 2013.)

Sexual and gender-based harassment can also be manifested as a form of bullying. However, according to the School Health Promotion Study (THL 2019), sexual harassment is much more common in public spaces, on the telephone and online than at school (see also Chapter 12). Nevertheless, 4% of Year 8 and Year 9 students in basic education have experienced sexual harassment at school. (Ikonen & Helakorpi 2019). In 2018, the Finnish National Agency for Education published a guide on the prevention of and intervention in sexual harassment at schools and educational institutions. The guide includes instructions for providers of education, principals, teachers, student welfare staff and other personnel at educational institutions, as well as for pupils, student and guardians (Finnish National Agency for Education 2018).

Teachers may also act inappropriately towards pupils and students. In an assessment by the Finnish Education Evaluation Centre (Julin & Rumpu 2018), less than 3% of Year 3 pupils in basic education and 16.2% of Year 8 students reported having been bullied repeatedly by a teacher. Of Year 8 students, 6.8% reported having experienced violent behaviour by a teacher, and 6.6% reported having experienced sexual harassment. In the assessment, 26.7% of Year 8 students reported having experienced inappropriate treatment by a teacher. (Julin & Rumpu 2018.)

The results of the School Health Promotion Study (THL 2017, 2019) show that young people with a physical disability, young people with a foreign background, young people belonging to a gender or sexual minority and young people in foster care experience bullying significantly more often than others (Ikonen & Helakorpi

2019; Kanste et al. 2018). Bullying based on the factors mentioned above is called **prejudice-based bullying**. As many as 40% of young people with a physical disability and 26–35% of young people born abroad have experienced prejudice-based bullying. However, these numbers also include discrimination experienced during free time, such as racist comments or other offensive behaviour related to minority status (Halme et al. 2017, Kanste et al. 2018; see also Chapter 13). According to the law (the Equality Act [609/1986] and the Non-discrimination Act [1325/2014]), the equality and non-discrimination action plans of educational institutions must consider the needs, wellbeing and safety of all children and young people (including children and young people in a vulnerable situations[19]).

In basic education, systematic work against bullying has been carried out since the beginning of the 1990s. The evidence-based KiVa antibullying program, which was developed at the University of Turku, has been in extensive use at Finnish schools since the autumn of 2009. Schools have been provided with practical tools to prevent bullying and to intervene in cases of bullying that come to attention. To prevent bullying, lessons are held for Year 1, Year 4 and Year 7 pupils to increase their awareness of bullying and the participation of a group in bullying. This happens through group discussions, learning-by-doing activities and online games. Socio-emotional skills are practised and group formation exercises are conducted during the lessons. The purpose is also to increase empathy towards the victims of bullying and provide safer ways to support and help the victims, as well as providing capabilities to take action and find help when victimised. The materials related to these lessons were revised during 2018 to increase discussion on responsible online behaviour and the tolerance of diversity, as well as addressing sexual and gender-based harassment more effectively. In addition to providing preventive materials, the KiVa programme offers practical guidelines for addressing cases of bullying and an app (KiVappi) for recording such cases. (Salmivalli et al. 2018a, 2018b; Sainio et al. 2018b.) (See also Chapters 7 and 11.)

Project B-Stop is an operating model developed for addressing cases of long-lasting bullying and severe cases of bullying. The operating model brings along more expertise in youth work, family work and mediation to basic education.

19 In this plan, children in 'vulnerable situations' refers to children with intellectual and other disabilities, ethnic, linguistic, sexual and gender minorities, and children in foster care.

The model does not replace the methods in place at educational institutions for preventing and addressing bullying. Instead, the B-Stop operating model supports and reinforces these methods. The B-Stop model provides a new perspective on escalated conflict situations, makes multiprofessional cooperation more effective and strengthens methods that have been found to be effective in other contexts. (Children of the Station 2019).

The long-term results of the School Health Promotion Study (THL) show that the proportions of the victims and perpetrators of bullying increased somewhat in Finland between 2000 and 2008/2009. The study was carried out in southern and eastern Finland and in Lapland in 2008 and in the rest of Finland and in the Åland Islands in 2009. The combined results from 2008 and 2009 describe the situation in Finland as a whole. The prevalence of victims and perpetrators of bullying began to decrease after 2009 and is currently the lowest since 2000. This is probably at least partly explained by the fact that the KiVa programme was introduced extensively in Finnish schools providing basic education in 2009. In 2009, the programme was adopted by 1,840 schools. A few years later, it was implemented in most schools (90%) providing basic education. The schools implementing the KiVa programme collect information about experiences of bullying by conducting an annual online survey for pupils. In the data accumulated between 2009 and 2017, the proportions of the perpetrators and victims of bullying are directly related to the number of years the school has been implementing the KiVa programme. Each additional year has reduced the prevalence of bullying problems (Herkama et al. 2017; see Figure 18).

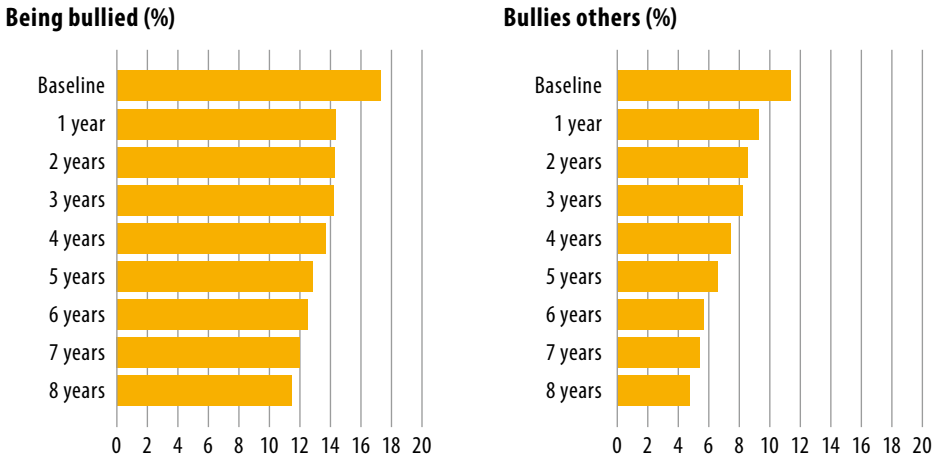


Figure 18. The percentage of victims and perpetrators of bullying (criterion: 2–3 times per month, cf. once a week or more often in the School Health Promotion Study THL) at the schools that implement the KiVa programme is directly related to for how many years the programme has been implemented. (Herkama et al., 2017.)

According to a study by Haataja (2016), experiences of bullying had decreased the most in classes where the teacher was committed to delivering KiVa lessons, had prepared the lessons well and had implemented them systematically. Support from the school's management is also important in promoting anti-bullying work. (Haataja 2016, 7, 15, 49–50; Publications of the Ministry of Education and Culture 2018, 25). Sainio and her colleagues (2018a) studied schools implementing the KiVa programme for eight years and found that the schools would need more support for the high-quality implementation of the programme over the long term. However, programme practices vary considerably between schools, and many types of actions, including questionable ones, are implemented under the programme. More resources are needed to support the implementation of evidence-based actions to prevent bullying, for instance in the form of training and consultation.

9.3.4 Children's socio-emotional wellbeing in morning and afternoon activities

Morning and afternoon activities for schoolchildren are defined in the Basic Education Act and are provided in line with the national core curriculum for morning and afternoon activities (Finnish National Agency for Education 2011) for Year 1 and Year 2 pupils, as well as for pupils who attend special education. Morning and afternoon activities are established activities, and afternoon activities are currently provided in almost all municipalities in Finland.

In 2018, the Finnish National Agency for Education conducted three surveys targeted at parties involved in morning and afternoon activities: children and their guardians (n = 6,513), instructors of morning and afternoon activities (n = 2,671) and managers responsible for these activities (n = 223). The survey for guardians and children focused on children's peer relationships, inclusion and aspects related to meeting or not meeting their needs. In light of the children's responses, morning and afternoon activities are for most of them nice environments where they have enough friends and where they know they will be included in play and become seen and accepted by the group members. The children also mentioned that they have the courage to share their thoughts and feelings most of the time. They trust that the adults will notice if they are feeling bad and that the adults will ensure that no one will be left alone against their will. The children disagreed with the statement that they feel invisible in the activities and agreed with the statement that the adults will notice if they are feeling bad. (Holappa et al. 2018.) (See also Chapter 5.)

The overall score was good, but the responses from the children and parents (n = 6,513) also highlighted problems related to children's loneliness and bullying. Of the children, 6.7% felt that they did not have enough friends, while 6.2% felt that they could not trust that they would be included in other children's play and 7.6% felt that they could not trust that the adults would ensure that everyone would be included in play. Of the children who responded to the survey, 5.8% felt that they did not enjoy the morning and afternoon activities. In addition, 10% of the children felt that they were invisible in their group, at least occasionally, and 11% felt that the adults would not notice if they were feeling bad. The problems arising from bullying and being left isolated were highlighted by the children and parents in particular. The parents hoped that to reduce bullying, the instructors would be provided with more expertise in supporting children's social skills. They also hoped

for smaller group sizes, individual and even more peaceful activities and more adults in relation to the number of children in the group and the amount of their special needs. (Holappa et al. 2018).

Problems related to socio-emotional learning and wellbeing usually begin, become stronger and/or become chronic during primary education. In the future development of morning and afternoon activities, it would be a good idea to think about how to better identify children who feel excluded and how their social and emotional wellbeing could be supported as early as possible. There are numerous intervention programmes for this purpose that, as part of morning and afternoon activities, would be very likely to produce beneficial impacts that are significant in terms of the future of the children. (Holappa et al. 2018.)

9.3.5 School club activities support the growth of comprehensive school pupils

School club activities refer to activities mentioned in the Basic Education Act and defined in the National Core Curriculum for Basic Education. The principles of providing such activities are recorded in local curricula and the school's annual curricula. School club activities take place outside lessons, are free of charge for the participants and are based on the school's goals related to education, instruction and guidance. (Finnish National Agency for Education 2014, 42.) From 2008, the Finnish National Agency for Education has granted special support to providers of education for school club activities.

The purpose of club activities is to:

- Provide pupils with more opportunities to familiarise themselves with various pastimes
- Enable pupils to apply the knowledge and skills they have learnt at school and engage in creative activities and diverse interaction
- Promote pupils' participation and opportunities for involvement
- Reinforce cooperation between home and school in educating children as well as cooperation with the society around the school. (Finnish National Agency for Education 2014.)

In particular, club activities are targeted at Year 7 to Year 9 pupils who do not engage much in hobbies, and regions that have little to offer to children and young people in terms of hobby activities. The goal is to create a diverse range of leisure activities that support children's and young people's growth and become a permanent part of their afternoons. In implementing school club activities, it has been discovered that support from a friend is significant for children with no previous experiences of hobby activities. A friend provides support in a situation that could otherwise be difficult for a child to enter and adapt to.

School club activities should be examined as part of low-threshold hobby activities from the perspectives of early intervention and the prevention of exclusion. The prevalence of bullying in school club activities has not been studied, but it can be assumed that the same types of phenomena are found in school club activities as in children's and young people's leisure activities in general.

9.3.6 Anti-bullying work in secondary-level education

Supporting young people's growth into humanity, education and culture is one of the goals of learning and education in secondary-level education and vocational institutes and upper secondary schools. The requirements for vocational qualifications (Finnish National Agency for Education 2019) and the National Core Curriculum for General Upper Secondary Schools (2015) highlight young people's and their guardians' participation in the planning, development and assessment of activities and in learning social skills. (Finnish National Agency for Education 2015 and 2019.) According to the regulations (section 4 of 1287/2013 and section 99 of 531/2017), individual student welfare services are an integral part of the operating culture of an educational institution. The goal is to support trust based on students' experiences of being heard, as well as of inclusion and fair treatment.

Secondary-level educational institutions must prepare a plan concerning disciplinary action and a plan to protect students from violence, bullying and harassment (Act on General Upper Secondary School Education [714/2018], section 40). According to the guidelines provided by the Finnish National Agency for Education (2016), educational institutions must also have institution-specific rules. According to the Vocational Education and Training Act (531/2017, section 80), education providers must prepare a plan concerning disciplinary action and procedures. According to the Criminal Code of Finland (39/1889), students aged

over 15 will be held legally responsible if they commit acts in connection with situations of bullying at schools or educational institutions, for example, that are punishable according to law, such as petty assault, defamation, extortion, illegal threat or sexual harassment.

According to the results of the School Health Promotion Study (THL 2019), 1% of upper secondary school students and 3% of students in vocational education experience bullying regularly and repeatedly. In all age groups, boys reported experiences of bullying more commonly than girls. Bullying based on appearance, gender, skin colour, language, disability, family or religion had been experienced by 11% of upper secondary school students and 13% of students in vocational education at school or during their free time in 2017. In the 2019 School Health Promotion Study (THL), 45–47% of upper secondary school students and students in vocational education reported that they had a good communicative relationship with their parents. (Ikonen & Helakorpi 2019.)

The number of victims of bullying in secondary-level education is markedly lower than in basic education. In addition, fewer upper secondary school students than Year 8 students reported having experienced inappropriate behaviour by a teacher (Julin & Rumpu 2018). Of upper secondary school students, 7.5% reported having experienced bullying by a teacher, slightly more than 1% reported having experienced inappropriate behaviour by a teacher and slightly more than 1% reported having experienced sexual harassment by a teacher (the corresponding figures for Year 8 students were 16.2%, 26.7% and 1.4%).

The Opintokamu [*Well-being for Secondary Education*] programme has been available free of charge for both Finnish-language and Swedish-language secondary-level educational institutions since the autumn of 2019. The programme includes a voluntary course that can be included in secondary-level studies, an annual survey and tools for personnel to promote group formation and wellbeing among students. These tools include a communication-enhancing game for small groups to discuss challenges and problems (e.g. bullying) related to students' lives, under the supervision of an adult. The course also deals with bullying and social relationships in general, as well as providing students with means to overcome problems. For personnel, the programme offers tools to address bullying. The programme was developed at the University of Turku, with funding from the Ministry of Education and Culture. During its first year, the programme was adopted by 240 education institutions.

9.4 Violence, bullying and harassment in guided hobby activities

Authors: Jenni Helenius, Mannerheim League for Child Welfare (MLL); Marie Rautava, Mannerheim League for Child Welfare (MLL); Kirsi Porras, Family Federation of Finland; Ulla Korpilahti, Finnish Institute for Health and Welfare (THL)

9.4.1 Prevalence of bullying and harassment in sports and exercise hobbies

Operators providing exercise and sports club activities for children and young people must be aware of violence, harassment and bullying as phenomena, as well as being able to identify their forms and immediately address any issues. In their operations, sports organisations and clubs, as well as other parties organising exercise and sports activities for children and young people, must strengthen an atmosphere of being heard and encouraged where sensitive issues can also be talked about. The organising parties must have clear instructions for the prevention of all forms of harassment and violence, and they must also ensure appropriate training for instructors, coaches and other people responsible for the activities.

There is little research on bullying in children's exercise and sports hobbies in Finland. In 2016, the LIITU study on children's and young people's exercise behaviour examined bullying and discrimination in children's and young people's exercise hobbies more extensively for the first time. According to the LIITU study, sports hobbies are the third most common place for bullying, after school and the internet. Around 20% of children aged 11, 13 and 15 (n = 6,411; response rate 61%) reported having experienced bullying or discrimination in their sports hobbies. According to the study, the proportion of children and young people who had experienced bullying or discrimination because of their skin colour, sexual orientation, disability or religion can be considered significant. (Kokko & Mehtälä 2016.)

According to a survey conducted by the Mannerheim League for Child Welfare for Year 4 to Year 9 students (2018), hurtful treatment, bullying and harassment occur in all sports hobbies, in both individual and group sports and among both girls and boys. Of the respondents (n = 1,304), 13% had experienced hurtful treatment, bullying or discrimination in their hobby group during the preceding 12 months.

There was no difference in the prevalence of hurtful treatment between primary school pupils and lower secondary school students. Of the respondents, 5% had experienced bullying or hurtful behaviour regularly, at least once a month. In practice, this means that on average, in every hobby group of 25 children there is at least one child who is experiencing bullying on a regular basis. (Markkanen 2018.)

According to the survey conducted by the Mannerheim League for Child Welfare (2018), bullying and hurtful behaviour were slightly more common in group sports than in individual sports. Of the children and young people who had sport as a hobby, around 25% felt that they had to behave in a certain way in their hobby group to avoid bullying. Of the children and young people, around 20% had given up their sports hobby because they had been left without friends or had felt like an outsider in the hobby group. Of the children and young people who had sport as a hobby, 6% reported having experienced hurtful treatment by coach or a team official. Of the respondents, 2% had experienced repeated bullying by a coach or another adult member of the team organisation. Only part of the bullying is reported to adults, as nearly 50% of the children and young people who had experienced hurtful treatment or bullying reported that the coaches were not aware of the issue. (Markkanen 2018.)

According to the results of the survey conducted by the Mannerheim League for Child Welfare (2018), 2% of children and young people who had sport as a hobby had experienced sexual harassment during the preceding 12 months. Experiences of sexual harassment were equally common among girls and boys. In most cases of sexual harassment, the person reported as the perpetrator was a member of the hobby group (47%) or other young person with the same sport as a hobby (39%). Of the children and young people who had experienced sexual harassment, one-third reported their coach as the perpetrator, and one-fifth reported a spectator of a training session or sports event or another adult as the perpetrator. (Markkanen 2018.)

Of the respondents to a survey for coaches (n = 104) (Mannerheim League for Child Welfare 2019), the coaches who had detected bullying in their group reported that the perpetrator had been a peer in most cases and that the perpetrator had been another coach or a parent or guardian in isolated cases. The bullying detected by coaches mainly consisted of mean comments, ugly gestures and social exclusion. (Helenius 2019.)

Of the parents (n = 397) who responded to the survey conducted by the Mannerheim League for Child Welfare in 2018 and 2019, 30% reported that their child had experienced bullying by peers. According to the parents, 4% of competing children and 1% of non-competing children had experienced bullying by a guardian or parent, and 18% of competing children and 2% of non-competing children had experienced bullying by a coach. Group formation is important in preventing bullying. Around 50% of the parents reported that the hobby group allows time for the children to get to know one another under the supervision of an adult. According to the parents, 15% of the children who had considered quitting had experienced loneliness, a feeling of not belonging or bullying in their sports group. Of the children who were known by the coaches to have considered quitting, 7% had experienced loneliness, a feeling of not belonging or bullying in their sports group. (Helenius 2019.)

According to the LIITU study (Kokko & Mehtälä 2016) and various surveys conducted by the Mannerheim League for Child Welfare (2018–2019), it is important for sports clubs to prepare guidelines for preventing and addressing bullying, violence and harassment. In addition, coaches should be provided with training on how to build safe operating methods for sports groups. All coaches, including volunteers, working with children and young people in sports clubs must be requested to provide a criminal record extract.

9.4.2 Criminal complaints

Slightly more than 70 criminal complaints concerning sexual offences in sports and exercise activities where the victim was aged under 16 were filed in Finland in 2016 and 2017. The most commonly reported sexual offence was sexual abuse of a child, with 45 cases in total in 2016 and 2017, followed by public obscenity (32 cases), sexual harassment (28) and illicit viewing (23). The most common venue related to a criminal complaint was a public swimming pool. Of the 145 criminal complaints, 48 were related to competition and hobby activities. (Turpeinen 2018.) Based on the research results, it is advisable to develop systematic ways to process cases of sexual offences for the sports community.

9.4.3 Material and channels for help

Some sports federations and the Olympic Committee have prepared guides on the prevention of bullying, violence and sexual harassment. The martial arts have a common anti-bullying website that also features a guide on the prevention of bullying (kamppailijaeikiusaa.fi, 2014). The Equestrian Federation of Finland has published a guide on the prevention of bullying, violence and harassment (2016). In 2017, the Olympic Committee updated its guide (Lupa välittää – lupa puuttua. Seksuaalinen häirintä urheilussa [*Licence to care – Licence to intervene. Sexual harassment in sport*] on preventing and addressing sexual harassment. The guide provides clubs with guidelines on building anti-harassment operating methods and addressing sexual harassment. In 2019, this was supplemented by a quick guide (Olympic Committee 2017, 2019).

A joint project (Trygga relationer inom idrott [*Safe relationships in sport*]) of the Mannerheim League for Child Welfare, Folkhälsan, the Football Association of Finland, the Finnish Floorball Federation and the Ministry of Education and Culture is running from 2017 to 2022. Its purpose is to support the skills of children's and young people's sports hobby instructors to create a safe group atmosphere and identify and prevent hurtful treatment and bullying. The websites of the Mannerheim League for Child Welfare and Folkhälsan provide material for building a safe hobby group. Survey templates are also available for studying the views of children, young people and guardians on the atmosphere of the sports club. In addition, the websites feature a road map for discussing the values of a sports club, including practices related to addressing bullying and harassment. (Folkhälsan 2019, Mannerheim League for Child Welfare 2019a.)

'Et ole yksin' [*You Are Not Alone*] is a support service to reduce and prevent inappropriate behaviour and harassment in sports hobbies. Support, help and advice are provided nationwide on the phone and via chat for children and young people aged under 18 who have sport as a hobby, as well as to their parents and guardians, support persons at sports clubs, people who have already quit their hobby and professionals working with young people. The support service is funded by the Family Federation of Finland, the Veikkaus gaming company and various sports federations. Its goal is to ensure the safety of sport as a hobby for everyone. The Family Federation of Finland is the producer in charge of the service, including its website. The project strengthens children's and young people's autonomy and increases parents' and coaches' awareness of the prevention of

inappropriate behaviour, violence and harassment experienced by young people. For representatives of sports federations, training is provided on preventing, identifying and addressing inappropriate behaviour. In addition, online courses and easy-to-use materials are produced for sports clubs to prevent, identify and address inappropriate behaviour. (Family Federation of Finland 2019a.)

The Helpline for Children and Young People is a nationwide service provided by the Mannerheim League for Child Welfare for people aged under 21. The service is available every day of the year. It also includes an online letter service and a chat service. The helpline is free of charge and can be contacted anonymously to discuss any topic. (Mannerheim League for Child Welfare 2019b.) The Helpline for Boys is a helpline and online service provided free of charge by the Family Federation of Finland for boys and young men aged under 20 (Family Federation of Finland 2019ab).

Help and support for preventing and addressing violence, harassment and bullying in guided hobby activities is available through the following guides and services, for example:

- Kamppailija ei kiusaa -verkkosivusto ja opas [Martial artists are not bullies] website and guide in Finnish (Various martial arts federations 2015)
- Yhtä jalkaa – Ratsastuksen reilu peli [At the same pace – fair game in equestrian sports] guide in Finnish (Equestrian Federation of Finland 2016)
- Lupa välittää – lupa puuttua [Licence to care – licence to intervene] guide in Finnish (Olympic Committee 2017, 2019)
- Turvallinen ja viihtyisä harrastusryhmä [Safe and pleasant hobby groups] website in Finnish (Mannerheim League for Child Welfare 2019a)
- Trygg idrott [Safe sport] website in Swedish (Folkhälsan 2019); Et ole yksin [You are not alone] support service in Finnish (Family Federation of Finland 2019a)
- Lasten ja nuorten puhelin ja netti [Helpline and online service for children and young people] in Finnish (Mannerheim League for Child Welfare 2019b)
- Poikien puhelin [Helpline for boys] in Finnish (Family Federation of Finland 2019b).

Table 11. Violence, bullying and harassment in early childhood education, educational institutions and guided hobbies (sports and exercise activities). Objectives and actions for 2020–2025.

VIOLENCE, BULLYING AND HARASSMENT IN EARLY CHILDHOOD EDUCATION, EDUCATIONAL INSTITUTIONS AND GUIDED HOBBIES (SPORTS AND EXERCISE ACTIVITIES)		
Overall objective: Violence, bullying and harassment experienced by children and young people in various operating environments will decrease.		
Objective 1: (early childhood education): The prevention of bullying in early childhood education units will be systematic and based on expertise in evidence		
Actions	**Justification**	**Responsible parties and operators**
Action 1. The following aspects of local early childhood education curricula will be assessed and monitored: • How bullying, violence and harassment are prevented and addressed and how the implementation of actions is monitored.	According to the national core curriculum for early childhood education and care (2018), local curricula describe how bullying, violence and harassment are prevented and addressed and how the implementation of actions is monitored. As yet, there is no information about the extent to which these aspects have been recorded in local early childhood education curricula and what actions they include.	Finnish National Agency for Education
Indicators: By 2025, local early childhood education curricula will include aspects related to preventing and addressing violence, bullying and harassment and monitoring the implementation of actions (assessment based on a sample in line with a separately agreed upon plan).		

Actions	**Justification**	**Responsible parties and operators**
Action 2. Support material will be developed for providers of early childhood education, service providers and personnel on how to prepare an early childhood education curriculum that covers preventing and addressing violence, bullying and harassment and monitoring the implementation of actions.	There is no support material for providers of early childhood education or operators in the field on how to supplement an early childhood education curriculum in line with the suggested actions. According to an assessment conducted by the Finnish Education Evaluation Centre (Repo et al. 2019), some early childhood education managers find that the prevention of bullying is deficient in terms of a systematic approach and guidelines.	Finnish National Agency for Education
Indicators: Support material for supplementing local early childhood education curricula to the extent described above will be available in 2025.		

Actions	Justification	Responsible parties and operators
Action 3. A research and development project will be started to collect information about violence and bullying in early childhood education, and an evidence-based action plan will be prepared to prevent violence and bullying.	There is little research on bullying and its prevention in early childhood education. It is known that problems involving bullying begin to show at an early age and that their systematic prevention should be started earlier, but there is no evidence-based information about effective actions. The development of a programme to prevent bullying is included in the Programme of Prime Minister Sanna Marin's Government (2019, p. 179).	Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health, THL
Indicators: The research and development project will have been started by 2025.		

Objective 2: (schools and educational institutions): Children and young people will be provided with better opportunities to discuss/share their experiences of violence, bullying and harassment		
Actions	**Justification**	**Responsible parties and operators**
Action 4. Addressing the threat and experiences of bullying, violence and harassment will be ensured in all contacts with school and student healthcare, as well as with services provided by school social workers and psychologists. Suitable work practices and tools will be developed for this purpose, and training and guidance will be provided. Special attention will be paid to children and young people in a vulnerable situations in addressing bullying, violence and harassment and developing tools, training and guidance (see Chapter 13)	Many children and young people do not tell anyone about the bullying, violence and harassment that they have experienced. Overall, many pupils feel that they do not have any opportunities to discuss their concerns with adults at school. (THL, 2019) The results of the School Health Promotion Study show that children and young people in a vulnerable situations experience more bullying than others. (THL, 2019) Schools and educational institutions have a statutory obligation to engage in equality and non-discrimination planning related to their operations.	Finnish Institute for Health and Welfare, Finnish National Agency for Education
Indicators: Pupils will have more opportunities to tell adults at school about violence, bullying and harassment and will feel that they receive better support in these issues from adults at the school. Prevalence of pupils who have told an adult at school about bullying – trend data from School Health Promotion Studies (THL)and KiVa surveys between 2020 and 2025 will be examined.		

Actions	Justification	Responsible parties and operators
Action 5. The knowledge base on violence, bullying and harassment experienced by young people will be expanded to cover practical training periods and work practice programmes.	As yet, no information is available about violence, bullying and harassment experienced during practical training periods and work practice programmes.	Finnish Institute for Health and Welfare, Finnish National Agency for Education
Indicators: Questions concerning violence, bullying and harassment during practical training periods and work practice programmes for lower secondary school students and secondary-level students in surveys/studies examining the issue.		

Objective 3: (guided hobbies): Bullying and harassment in guided hobby activities will decrease		
Actions	**Justification**	**Responsible parties and operators**
Action 6. Sports clubs and other parties providing guided exercise activities must systematically implement guidelines for work against hurtful treatment, bullying and harassment. Such guidelines cover training for instructors and coaches on identifying situations related to bullying, harassment and exclusion in hobby environments, as well as addressing such situations in an age-appropriate manner.	According to studies (LIITU 2016, Mannerheim League for Child Welfare 2018–2019), bullying, harassment and inappropriate treatment occur in exercise activities for children and young people. Sports organisations' and sports clubs' expertise in and tools for preventing and addressing the problem are partly deficient. Work to this effect has been started by the Olympic Committee, the Family Federation of Finland and sports federations (e.g. the You Are Not Alone service), but more expertise is needed. The issue can be addressed in part through the development of criteria for state subsidies (federations' rules).	Ministry of Education and Culture, Olympic Committee, sports federations, sports clubs, Family Federation of Finland, child welfare organisations

Actions	Justification	Responsible parties and operators
Action 7. The prevalence of bullying and sexual harassment in guided sports and exercise activities will be examined regularly through nationwide studies, so that the impacts of actions can be assessed	The actions related to Action 6 must be monitored and their effectiveness must be assessed. The development of the phenomenon must be monitored on a more general level through more extensive studies over the long term. (NB! A three-year research project supported by the Ministry of Education and Culture is in progress at the University of Jyväskylä.)	Finnish National Agency for Education, Finnish Institute for Health and Welfare, universities and research institutes Olympic Committee, Finnish Centre for Integrity in Sports (SUEK)
Indicators (Actions 6 and 7): • The preparation of guidelines (level of completion and selection of sports) will be assessed by 2025 • Sports federations' rules and actions concerning the prevention of bullying and sexual harassment in 2020–2025 • Systematic nationwide monitoring will have begun during 2020–2025.		
Objective 4: Aggregated information will be available about the effectiveness of methods to prevent violence, bullying and harassment experienced by children and young people in early childhood education and educational institutions		
Actions	**Justification**	**Responsible parties and operators**
Action 8. The level of evidence related to working methods to promote the socio-emotional development of children and young people and prevent bullying in early childhood education, schools and education institutions will be assessed.	In many countries, independent third-party assessments are available of the level of evidence concerning the effectiveness of various methods. So far in Finland, the Early Intervention service of the Itla Children's Foundation has mainly assessed methods targeted at families – the same types of assessments are now needed for the methods used in early childhood education, schools and educational institutions.	Early Intervention resource/Itla Children's Foundation
Indicator: The Early Intervention resource will publish assessments of the working methods implemented in schools, educational institutions and early childhood education units between 2020 and 2025.		

Objective 5: The significance of implementation support for measures to prevent violence, bullying and/or harassment in educational institutions will be examined		
Actions	**Justification**	**Responsible parties and operators**
Action 9. A study will be carried out on the significance of implementation support for actions to prevent violence, bullying and/or harassment in educational institutions and the related results (e.g. decrease in bullying).	Even effective actions and models are not always implemented appropriately. As yet, there is no research in Finland on the significance of implementation support (e.g. supporting schools in integrating anti-bullying models into their practices). Such research produces information that can be used to optimise the support provided (what type of support and how much is needed to implement methods effectively and what factors affect the implementation).	INVEST flagship project/psychology group/University of Turku
Indicator: 1–3 research publications will have been released on the topic mentioned in this action by 2025.		

SOURCES

Act on Early Childhood Education and Care (540/2018). Available in English at: https://finlex.fi/en/laki/kaannokset/2018/en20180540

Act on General Upper Secondary School Education (714/2018). Available in English at: https://finlex.fi/en/laki/kaannokset/2018/en20180714

Basic Education Act (628/1998). Available in English at: https://finlex.fi/en/laki/kaannokset/1998/en19980628

Basic Education Decree (Finnish Treaty Series 852/1998). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/1998/19980852

Baumeister R. & Leary M. 1995. The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. Psychological Bulletin. 117; 3: 497–529.

Blomqvist K, Saarento-Zaprudin S & Salmivalli C. 2019. Telling adults about one's plight as a victim of bullying: Student and context-related factors predicting disclosure. Scandinavian Journal of Psychology. 61; 1:151-159. https://onlinelibrary.wiley.com/doi/pdf/10.1111/sjop.12521

Children of the Station. 2019. Project B-Stop – Intervention in cases of bullying https://www.asemanlapset.fi/en/children-station/project-b-stop-intervention-cases-bullying

Convention on the Rights of the Child (Finnish Treaty Series 60/1991). United Nation Convention on the Rights of the Child 1989: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Criminal Code of Finland (39/1889). Available in English at: https://www.finlex.fi/fi/laki/kaannokset/1889/en18890039.pdf

Equestrian Federation of Finland. 2016. Yhtä jalkaa. Ratsastuksen Reilu Peli -opas [*At the Same Pace – Fair Game in Equestrian Sports* guide]. (In Finnish). https://www.ratsastus.fi/site/assets/files/2169/reilun_pelin_tyokirja_nettiin.pdf

Family Federation of Finland. 2019a. Urheiluharrastuksen on oltava turvallista [*Sports hobbies must be safe*]. (In Finnish) You Are Not Alone website. https://etoleyksin.fi/

Family Federation of Finland. 2019b. Helpline for Boys. (In Finnish). http://www.vaestoliitto.fi/vaestoliitto/mita_vaestoliitto_tekee/palvelut/puhelinneuvonta/poikien_puhelin/

Finnish Government. 2018. Government proposal to Parliament for an Act on Early Childhood Education HE 40/2018. Available in Finnish https://www.finlex.fi/fi/esitykset/he/2018/20180040

Finnish Institute for Health and Welfare (THL). Results of the 2017 and 2019 School Health Promotion Studies (THL). Finnish Institute for Health and Welfare website 2019. (In Finnish). www.thl.fi/kouluterveyskysely/tulokset

Finnish National Agency for Education. 2011. National core curriculum for morning and afternoon activities 2011. Finnish National Agency for Education. Regulations and guidelines 2011:1. (In Finnish). https://www.oph.fi/sites/default/files/documentss/131412_po_aamu_ja_iltapaivatoiminnan_perusteet_2011.pdf

Finnish National Agency for Education. 2014. Available from website in Finnish: National Core Curriculum for Basic Education. Finnish National Agency for Education. (In Finnish) https://www.oph.fi/sites/default/files/documents/perusopetuksen_opetussuunnitelman_perusteet_2014.pdf

Finnish National Agency for Education. 2015. National Core Curriculum for General Upper Secondary Schools 2015. (In Finnish) https://www.oph.fi/sites/default/files/documents/172124_lukion_opetussuunnitelman_perusteet_2015.pdf
Short (brochures)version (Core curriculum for general upper secondary schools in a nutshell, Finnish National Board of Education. 2020) is available in English at: https://www.oph.fi/en/statistics-and-publications/publications/core-curriculum-general-upper-secondary-schools-nutshell

Finnish National Agency for Education. 2016. Short (brochures) version (New national core curriculum for basic education: focus on school culture and integrative approach.) Available in English at: https://www.oph.fi/en/statistics-and-publications/publications/new-national-core-curriculum-basic-education-focus-school

Finnish National Agency for Education. 2016. Järjestyssääntöjen laatiminen [*Preparation of school rules*]. Regulations and guidelines 2016:2. (In Finnish) https://www.oph.fi/sites/default/files/documents/175407_jarjestyssaantojen_laatiminen.pdf. [Read 22 September 2019.]

Finnish National Agency for Education. 2018. Opas seksuaalisen häirinnän ennaltaehkäisemiseksi ja siihen puuttumiseksi kouluissa ja oppilaitoksissa [*Guide on the prevention of and intervention in sexual harassment at schools and educational institutions*] Regulations and guidelines 2020:4a. (In Finnish). https://www.oph.fi/fi/tilastot-ja-julkaisut/julkaisut/opas-seksuaalisen-hairinnan-ennaltaehkaisemiseksi-ja-siihen
Short (summary) version (Prevention of and intervention in sexual harassments at schools and educational institutions – Summary. Finnish National Agency for Education. Guides and handbooks 2018:4c)is available in English at: https://www.oph.fi/en/statistics-and-publications/publications/prevention-and-intervention-sexual-harassments-schools-and

Finnish National Agency for Education. 2019. National core curriculum for early childhood education and care 2018. Regulations and guidelines 2018:3c.
Available in English from online store: https://www.oph.fi/en/statistics-and-publications/publications/national-core-curriculum-early-childhood-education-and

Finnish National Agency for Education. 2019. Vocational education, eGrounds online service. Available in English at: https://eperusteet.opintopolku.fi/#/en/selaus/kooste/ammatillinenkoulutus?hakutyyppi=perusteet

Folkhälsan. 2019. Trygg idrott för alla [*Safe Sport for Everyone*]. (In Swedish) https://folkhalsan.fi/tryggidrott/

Haataja, A. 2016. Implementing the KiVa Antibullying Program: What Does It Take? University of Turku. Publications of the University of Turku B 420.

Hakulinen-Viitanen T, Hietanen-Peltola M, Hastrup A, Wallin M & Pelkonen M. 2012. Laaja terveystarkastus – ohjeistus äitiys- ja lastenneuvolatoimintaan sekä kouluterveydenhuoltoon [*Extensive health check – Guidelines for maternity and child health clinic and school health care services*]. Finnish Institute for Health and Welfare Handbooks 22/2012. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-245-708-0

Halme N, Kuusio H, Kanste O, Rajala R, Klemetti R & Seppänen J. 2017. Ulkomaista syntyperää olevien nuorten hyvinvointi Kouluterveyskyselyssä vuonna 2017 [*Wellbeing among young people of foreign origin in the 2017 School Health Promotion Study*]. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-910-1

Health Care Act (1326/2010). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326

Herkama S, Saarento S & Salmivalli C. 2017. KiVa antibullying program: Lessons learned and future directions. The Wiley Handbook of Violence and Aggression, 3, 1–12.

Hietanen-Peltola M. & Korpilahti U. 2015. Terveellinen, turvallinen ja hyvinvoiva oppilaitos: Opas ympäristön ja yhteisön monialaiseen tarkastamiseen [*Healthy and safe educational institutions that promote wellbeing: Guide on multidisciplinary inspections of environments and communities*]. Finnish Institute for Health and Welfare Directions 7/2015. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-505-9

Hietanen-Peltola M, Laitinen K, Autio E & Palmqvist R: Yhteisestä työstä hyvinvointia - opiskeluhuoltoryhmä perusopetuksessa [*Wellbeing through collaboration – Student welfare groups in basic education*]. Finnish Institute for Health and Welfare Directions 9/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-137-9

Hietanen-Peltola M, Laitinen K, Järvinen J & Fagerlund-Jalokinos S. 2019. Toisella asteella toimien: opas oppilaitoksen opiskeluhuoltoryhmälle [*Taking action in secondary-level education: Guide for student welfare groups in educational institutions*]. Finnish Institute for Health and Welfare Directions 10/2019. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-374-8

Holappa A-S, Hyvönen S, Junttila N, Keskinen N, Kola-Torvinen P & Palve-Kaunisto L. 2018. 2018. Aamu- ja iltapäivätoiminnan tila ja kehittämistarpeet [*Status and development needs of morning and afternoon activities*]. Finnish National Agency for Education. Reports and reviews 2018:12. Available in Finnish at: https://www.oph.fi/sites/default/files/documents/aamu_ja_iltapaivatoiminnan_tila_ja_kehittamistarpeet.pdf

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi: Kouluterveyskysely 2019 [*Wellbeing of children and young people: 2019 School Health Promotion Study*]. Finnish Institute for Health and Welfare Statistical Reports: 33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281

Ilola A-M, Lempinen L, Huttunen, J, Ristkari T & Sourander A. 2016. Bullying and victimisation are common in four-year-old children and are associated with somatic symptoms and conduct and peer problems. Acta Pediatrica. 105: 522-528.

Itkonen M. 1996. Itseyteni ja toiseutesi – opettajuutemme jäljitetty maa. Esseistinen montaasi kasvatusfilosofian perusteiksi [*My self and your otherness – Tracing the land of our teacherhood. An essayistic montage of education philosophy*]. Doctoral dissertation. Rauma Department of Teacher Education. University of Turku. Mielen sisältö 2 [*Content of the Mind 2*]. Jyväskylä: Jyväskylä University Printing House.

Itkonen M. 1999. Esteettinen kasvatus. Filosofisia lähtökohtia [*Aesthetic education. Philosophical viewpoints*]. Helsinki: Kirjayhtymä

Julin. & Rumpu. 2018. Työrauhan ja turvallisen oppimisympäristön arviointi perusopetuksessa ja lukiokoulutuksessa [*Assessment of peaceful and safe learning environments in basic education and upper secondary school education]*. Finnish Education Evaluation Centre. Publications 6:2018.

'Kamppailija ei kiusaa' [*Martial artists are not bullies*] website (eri kamppailulajien lajiliitot Suomessa). 2014. Available from website in Finnish: Materials, guide for martial arts instructors. https://www.kamppailijaeikiusaa.fi/materiaalit

Kanste O, Sainio P, Halme N & Nurmi-Koikkalainen P. 2018. Erilaisia toimintarajoitteita kokevien nuorten hyvinvointi ja kasvuympäristön turvallisuus [*Wellbeing and safety of growth environments among young people with various functional limitations*]. Finnish Institute for Health and Welfare Tutkimuksesta tiiviisti 2018: 24. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-156-0

Kirves L. & Stoor-Grenner M.. 2010. Kiusaavatko pienetkin lapset [*Can young children be bullies?*] Helsinki: Mannerheim League for Child Welfare and Folkhälsan.

Kirves L. & Stoor-Grenner M. 2010. Kiusaamisen ehkäisy varhaiskasvatuksessa. Kiusaamisen ehkäisyn ja puuttumisen suunnitelman laatiminen [*Prevention of bullying in early childhood education. Preparing a plan to prevent and address bullying*]. Helsinki: Mannerheim League for Child Welfare and Folkhälsan.

KiVa website. https://www.kivaprogram.net/

Kokko S. & Mehtälä A (eds.). 2016. Lasten ja nuorten liikuntakäyttäytyminen Suomessa [*Exercise behaviour among children and young people in Finland*]. Results of the LIITU study 2016. National Sports Council. Available in Finnish at: https://www.jyu.fi/sport/vln_liitu-raportti_web_28012019-1.pdf

Krug EG, Dahlberg LL, Mercy JA, Zwi AB & Lozano R. 2005. World report on violence and health – WHO report, 21.

Köngäs M. 2018. "Eihän lapsil ees oo hermoja." Etnografinen tutkimus lasten tunneälystä päiväkotiarjessa [*'Do children even have nerves?' An ethnographic study on children's emotional intelligence in daily life at early childhood education units*]. University of Lapland, Rovaniemi. 2018.

Laaksonen, V. 2014. Lasten vertaissuhdetaidot ja kiusaaminen esikoulun vertaisryhmissä [*Children's peer relationship skills and bullying in peer groups in pre-primary education*]. Jyväskylä University Printing House. Jyväskylä 2014.

Laaksonen V. & Repo L. 2016. Kaveritaitoja. Tietoa ja harjoituksia toimivan ryhmän rakentamiseksi [*Friendship skills. Information and exercises to build a well-functioning group*]. Folkhälsan. Materials.

Laki lapsen oikeuksia koskevan yleissopimuksen eräiden määräysten hyväksymisestä (59/1991). Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910059

Mannerheim League for Child Welfare. 2018. "Jos siel ois joku kaveri." Lasten ja nuorten kokemuksia liikuntaharrastuksista ["*Maybe I'll find a friend there." Children's and young people's experiences of exercise hobbies*]. Available in Finnish at: https://dzmdrerwnq2zx.cloudfront.net/prod/2018/03/27130820/Jos-siel-ois-joku-kaveri.-Lasten-ja-nuorten-kokemuksia-liikunta-ja-urheiluharrastuksista-27.3.pdf

Mannerheim League for Child Welfare. 2019. . "Tämän ikäisenä pitää vielä harrastaa monipuolisesti erilaisia asioita." Vanhempien ja valmentajien näkemyksiä turvallisesta harrastusryhmästä [*'At this age, you still need to have varied hobbies.' Parents' and coaches' views on safe hobby groups*]. Available in Finnish at: https://dzmdrerwnq2zx.cloudfront.net/prod/2019/03/07091017/Raportti-vanhempien-ja-valmentajien-urheilukyselyist%C3%A4-6.3.20191.pdf

Mannerheim League for Child Welfare. 2019a. Safe and pleasant hobby groups. Available in Finnish at: www.mll.fi/ammattilaisille/muille-ammattilaisille/turvallinen-ja-viihtyisa-harrastusryhma/

Mannerheim League for Child Welfare. 2019b. Helpline for Children and Young People (and online service). Available in Finnish at: https://www.nuortennetti.fi/apua-ja-tukea/lasten-ja-nuorten-puhelin/

Ministry of Education and Culture (2018). Prevention of school bullying and promotion of undisturbed conditions in early childhood education, pre-primary and primary education and secondary education. Final report. Publications of the Ministry of Education and Culture 2018:16. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-263-562-4

Ministry of Social Affairs and Health. 2015. Uusi oppilas- ja opiskelijahuoltolainsäädäntö – soveltamisohje [*New student welfare legislation – Application guidelines*]. Kuntainfo 13a/2015. Available in Finnish at: http://stm.fi/artikkeli/-/asset_publisher/uusi-soveltamisohje-oppilas-ja-opiskelijahuoltolainsaadannon-toteuttamisen-tuek-1

Ministry of Social Affairs and Health 2009. Neuvolatoiminta, koulu- ja opiskeluterveydenhuolto sekä ehkäisevä suun terveydenhuolto [*Maternity and child welfare clinics, school and student healthcare and preventive oral healthcare services*]. Grounds and application directives for Decree 380/2009. Publications of the Ministry of Social Affairs and Health 2009: 20. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-00-2942-5

Ministry of the Interior 2017. Hyvä elämä – turvallinen arki. Valtioneuvoston periaatepäätös sisäisen turvallisuuden strategiasta [*A Safe and Secure Life. Government Resolution on the Internal Security Strategy*] 5.10.2017. Publications of the Ministry of the Interior 15/2017. Available in English at: http://urn.fi/URN:ISBN:978-952-324-162-6

Määttä S, Koivula M, Huttunen K, Paananen M, Närhi V, Savolainen H & Laakso M-L. 2017. Tilannekartoitus lasten sosioemotionaalisten taitojen tukemisesta varhaiskasvatuksessa [*Situation report on supporting children's socio-emotional skills in early childhood education*]. Finnish National Agency for Education. Reports and reviews 2017:17. Available in Finnish at: https://www.oph.fi/fi/tilastot-ja-julkaisut/julkaisut/lasten-sosioemotionaalisten-taitojen-tukeminen-varhaiskasvatuksessa

Olympic Committee 2017. Lupa välittää – lupa puuttua. Sukupuolinen ja seksuaalinen häirintä urheilussa [*Licence to care – Licence to Intervene. Gender-based and sexual harassment in sport*]. Available in Finnish at: https://storage.googleapis.com/valo-production/2017/06/lupa-valittaa-lupa-puuttua-2017.pdf

Olympic Committee 2019. Lupa välittää – lupa puuttua. Sukupuolinen ja seksuaalinen häirintä urheilussa [*Licence to care – Licence to Intervene. Sexual and gender-based harassment in sport*]. Pikaopas (Quick guide; available in Finnish) https://www.olympiakomitea.fi/uploads/2019/10/64dcb932-lupa-valittaa-lupa-puuttua.pdf

Opintokamu.fi [*study buddy*] online service. 2018. OPINTOKAMU® . Työkaluja opiskelijoiden hyvinvoinnin edistämiseen toisella asteella [*OPINTOKAMU®. Tools for promoting students' wellbeing in secondary education*]. University of Turku, Ministry of Education and Culture and the Opintokamu programme. Available in Finnish at: https://www.opintokamu.fi/fi/

Parviainen J. 2002. Kinesteettinen empatia [*Kinesthetic empathy*]. In: L. Haaparanta. & E. Oesch (eds.). Kokemus [*Experience*]. 8–9 January 2001. Tampere. Presentations at a colloquium for researchers. Acta philosophia Tamperensia. 1: 325–348.

Perren S. & Alsaker F. 2006. Social behavior and peer relationships of victims, bully-victims, and bullies in kindergarten. Journal of Child Psychology and Psychiatry. 47: 45–57.

Pesonen A, Nurmi R & Hannukkala M. 2018. Hyvän mielen koulu. Mielenterveystaitojen vahvistaminen yläkoulussa [*Feeling good at school. Strengthening mental health skills in lower secondary education*]. Handbook. MIELI Mental Health Finland.

Pihlaja P. & Viitala, R. 2018. Special early childhood education. Jyväskylä: PS-kustannus.

Programme of Prime Minister Antti Rinne's Government, 6 June 2019. Finnish Government. 2019. Inclusive and competent Finland – a socially, economically and ecologically sustainable society (2019). Publications of the Finnish Government 2019:23. Helsinki. Available in English at: http://urn.fi/URN:ISBN:978-952-287-760-4

Repo L. & Repo J. 2016. Integrating bullying prevention in early childhood education pedagogy. In: O. N. Saracho (ed.). Contemporary Perspectives on Research on Bullying and Victimization in Early Childhood Education. Contemporary Perspectives in Early Childhood Education. Charlotte: Information Age Pub (IAP), 273–294.

Repo L, Paananen M, Eskelinen M, Mattila V, Lerkkanen M-K, Gammelgård L, Ulvinen J, Marjanen J, Kivistö A. & Hjelt H. 2019. Varhaiskasvatuksen laatu arjessa – Varhaiskasvatussuunnitelmien toteutuminen päiväkodeissa ja perhepäivähoidossa [*Quality of early childhood education in daily life – Implementation of early childhood education curricula in early childhood education units and family day care*]. Assessment report, theme or system assessment. Publication 15:2019. Tampere: PunaMusta.

Repo L. 2015. Pienet lapset ja kiusaamisen ehkäisy [*Young children and the prevention of bullying*]. Jyväskylä: PS-kustannus.

Sainio M, Herkama S, Turunen T, Rönkkö M, Kontio M, Poskiparta E. & Salmivalli C. 2019. Sustainable antibullying program implementation: School profiles and predictors. Scandinavian Journal of Psychology, Early online. https://doi.org/10.1111/sjop.12487

Sainio M, Veenstra R, Huitsing G & Salmivalli, C. 2011. Victims and their defenders: A dyadic approach. International Journal of Behavioral Development. 35: 144–151.

Sainio M, Novak J, Kaukiainen A, Willför-Nyman U, Annevirta T, Pöyhönen V & Salmivalli C. 2018. KiVa Koulu: Opettajan opas yläkoululle [*KiVa antibullying program: Teacher's manual, Unit 3*]. From Research to Practice. Publication series 4 of the Department of Psychology. University of Turku. 4th revised edition.

Salmivalli C, Poskiparta E, Tikka A & Pöyhönen V. 2018a. KiVa Koulu: Opettajan opas alakoulun 1. luokalle [*KiVa antibullying program*: *Teacher's manual, Unit 1*]. From Research to Practice. Publication series 2 of the Department of Psychology. University of Turku. 4th revised edition.

Salmivalli C, Pöyhönen V & Kaukiainen A. 2018. KiVa Koulu: Opettajan opas alakoulun 4. luokalle [*KiVa antibullying program: Teacher's manual, Unit 2*]. From Research to Practice. Publication series 3 of the Department of Psychology. University of Turku. 3rd revised edition.

Salmivalli C, Sainio M & Hodges E. V. E. 2013. Electronic Victimization: Correlates, Antecedents, and Consequences among Elementary and Middle School Students. Journal of Clinical Child and Adolescent Psychology. 42: 442-453.

Salmivalli C. 2003. Koulukiusaamiseen puuttuminen: Kohti tehokkaita toimintamalleja [*Addressing bullying at school. Towards effective operating models*]. Juva: PS-kustannus.

Student Welfare Act (1287/2013). Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2013/20131287

Ttofi M, Farrington D, Lösel F & Loeber R. (2011). Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies. Journal of Aggression, Conflict, and Peace Research, 3, 63-73.

Turpeinen A. Poliisin tietoon tulleet seksuaalirikokset liikunnassa ja urheilussa 2016–2017 [*Sexual offences in exercise and sport reported to the police in 2016–2017*]. Police University College 2018.

Van der Ploeg R, Steglich C, Salmivalli C & Veenstra R. 2015. The intensity of victimization: Associations with children's psychosocial wellbeing and social standing in the classroom. PLOS ONE. 10: e0141490.

Vocational Education and Training Act (531/2017). Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2017/20170531

10 Prevention of sexual violence against children and young people and minimisation of harmful effects of child sexual abuse

Corresponding author: Minna Joki-Erkkilä, Pirkanmaa District Hospital
Co-authors: Anna-Mari Salmivalli, Turku University Hospital (TYKS); Tiina Tenhunen, Oulu University Hospital (OYS); Marja Darth, Kuopio University Hospital (KUH); Heli Lehrbäck, Häme Police Department; Ulla Korpilahti, Finnish Institute for Health and Welfare (THL); and Tuovi Hakulinen, THL

10.1 Introduction

This chapter aims to present national objectives and measures, based on research evidence, in order to prevent and minimise the harmful effects of sexual violence on mental, physical, sexual and reproductive health in children aged between 0 and 17.

10.1.1 Definitions of key terms and concepts used in this chapter

The concepts used in this chapter of child sexual abuse prevention and harm minimisation in children aged under 18 are defined as follows:

- **Child** refers to minors who have not reached puberty while **adolescent or young person** is used for those who have reached puberty.

- **Sexual violence** refers to any act, whether actual or attempted, that causes or may cause physical, sexual, mental or financial harm or distress.
- 'Sexual abuse' or child sexual abuse are also used in the same sense as 'sexual violence'.
- Terms 'aggravated sexual abuse of a child' and 'rape' are only used for the criminal offences and in reference to matters falling under the Criminal Code of Finland (39/1889).
- In this plan, the criminal offence of **sexual harassment** is discussed in Chapter 11, Sexual harassment, solicitation and sexual violence in digital media, and **legal considerations relating to the rights of the child** are dealt with in Chapter 4, Rights of the child.
- The 'LASTA model' ('Children's Advocacy Centre') refers to an operating model for suspected offences against children, which was piloted in Turku. This model includes coordinated inter-agency cooperation between healthcare services, the police, public social welfare authorities and prosecutors, and compilation of background information in suspected cases.
- Running from 2019 to 2023, the **Barnahus project** aims to develop further the existing forensic child and adolescent psychiatry/psychology units, taking account of the experiences gained from the LASTA model. The objectives, compliant with the Barnahus standards, are to build up interprofessional cooperation to cover investigation screening practices; to develop the regional integrated care pathways available for children who have experienced violence and the roles of the parties involved; advance multi-sectoral cooperation and coordination; and improve training available for all relevant parties involved in the criminal process, including content of support and treatment needed by children and families who have experienced violence.
- Over the period from 2020 to 2022, the **programme to address reform in child and family services (LAPE)**, aims to reform services intended for children, young people and families by improving their child- and family-oriented approach and enhancing their effectiveness, cost-efficiency and coordination, while also modernising the organisational culture.

- **The Sexual Assault Support Centres (Seri Support Centres)** are support centres for sexual violence victims aged over 16, operating within specialised medical care, which provide clients with comprehensive services under one roof. Seri Support Centres collect forensic samples, document injuries, carry out comprehensive situation assessments, provide support for surviving the next few days and psychological support in recovering from a traumatic experience, and draw up plans for further treatment.

Over the last 25 years, sexual offences against children have become subject to intense scrutiny at both international and national levels. Sexual violence against children is often a type of hidden crime that goes unreported. Service systems and inter-agency cooperation must function with a low threshold and early enough to prevent long-term harmful effects of sexual violence and minimise the mental, social and physical harm involved. Investigating sexual violence against children and young people and their referral for treatment call for multidisciplinary, multi-sectoral and cross-sectoral cooperation.

According to Article 1 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the 'Istanbul Convention' Finnish Treaty Series 53/2015), one of its purposes is to protect women against all forms of violence, and prevent and eliminate violence against women. In the Istanbul Convention, 'women' includes girls under the age of 18. Sexual violence is often a form of gender-based violence. In Finland, the Convention also applies to men and boys. Women are exposed to a higher risk of sexual violence than men in all age groups (Istanbul Convention, Finnish Treaty Series 53/2015).

The purpose of Directive 2012/29/EU of the European Parliament and of the Council establishing minimum standards on the rights, support and protection of victims of crime (the 'Victims' Directive') is to ensure that victims of crime receive appropriate information, support and protection and are able to participate in criminal proceedings. The Victims' Directive calls on the Member States to ensure that victims are recognised and treated in a respectful, sensitive, tailored, professional and non-discriminatory manner in all contacts within the context of criminal proceedings, such as referrals to victim support services. With regard to

children, the Directive emphasises treating the child's best interests as a primary consideration and taking due account of the child's age, maturity, views, needs and concerns. The Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse, also known as the 'Lanzarote Convention' (Finnish Treaty Series 88/2011), and the Istanbul Convention (Finnish Treaty Series 53/2015) oblige Finland to adopt comprehensive and coordinated national policies to prevent and combat violence. These policies are implemented by way of effective cooperation among all relevant agencies, institutions and organisations (Istanbul Convention, Finnish Treaty Series 53/2015). The Lanzarote Convention (Finnish Treaty Series 88/2011) obliges Finland to develop services provided for child victims of sexual violence.

Finland is likewise committed to preventing sexual violence against children in accordance with international agreements, such as the Convention on the Rights of the Child, the Lanzarote Convention and the Istanbul Convention. According to the Istanbul Convention (Finnish Treaty Series 53/2015), the Parties undertake, among other things, to take the necessary steps to include teaching material on issues such as gender-based violence against women and the right to personal integrity, adapted to the evolving capacity of learners, in formal curricula and at all levels of education. Under its provisions, Finland undertakes to support research in the field of all forms of violence covered by its scope. Its aim is to gain information about the phenomenon; to promote changes in the patterns of behaviour of women and men; to promote and conduct awareness-raising campaigns and programmes; to train professionals; and to set up or support preventive intervention and treatment programmes for perpetrators, giving due consideration for the safety of and support for victims.

Under the Lanzarote Convention (Finnish Treaty Series 88/2011), Parties undertake to take the necessary legislative or other measures in a number of matters relating to child sexual abuse, such as ensuring that investigations and criminal proceedings are carried out in the best interests and respecting the rights of the child. This means ensuring that criminal proceedings are carried out without unjustified delay and that interviews with the child are conducted appropriately, while setting up multidisciplinary structures to provide the necessary support for victims and their close relatives.

In most cases, sexual offences involving children are different from acts committed against adults. Sexual violence against children seldom involves the use of force. It is more common for the perpetrator to manipulate the child so as to gain the child's trust and conceal abuse. The perpetrator is usually known to the child. Sexual violence often continues for several weeks, even years, and the acts tend to become more serious over time. The perpetrator typically prepares the child by sexualising the relationship gradually over time (a practice known as 'grooming') (Hinkkanen, 2009). At present, much of sexual violence also takes place on the internet, which is discussed further in Chapter 11 of this plan.

Serious adverse childhood experiences (ACEs) have an impact that resonates well into adulthood. Childhood sexual victimisation increases susceptibility to a number of physical and mental disorders, especially relating to behaviour and sexual and reproductive health. (ACE Study.) As the number of adverse experiences increases, so does the likelihood of harmful outcomes. These involve a wide range of symptoms, which vary individually. In some victims of sexual violence, harmful effects may manifest soon after the event, or they may take considerably longer to emerge, while others may present with no visible symptoms. Nevertheless, sexual abuse is a clear risk factor for morbidity in adulthood. (Copeland et al. 2018, ACE Study; see also Chapters 2, 11 and 12.)

Whenever a suspected offence against a child or an adolescent is confirmed, it is important to assess their psychosocial care needs, refer them for support and arrange for a physical examination. Under the Istanbul Convention (Finnish Treaty Series 53/2015), the Parties undertake to take the necessary legislative and other measures with a view to setting up referral centres for victims of sexual violence in sufficient numbers to provide medical and forensic examination, trauma support and counselling for victims, and to protecting them from any further acts of violence. There is currently insufficient information on the timing of interventions for the psychological symptoms of child sexual abuse in accordance with the child's best interests in Finland (Peltonen 2013).

With regard to preventing and minimising harmful effects, sufficiently early and effective intervention must be enhanced as part of the operations of relevant public authorities. It is necessary to ensure that healthcare support services are adequately resourced and professionals are trained to both identify and assist victims and refer them to the appropriate services (Istanbul Convention, Finnish Treaty Series 53/2015).

In practical terms, the human resources available to child and adolescent psychiatry are not sufficient to respond to the psychological issues of children and young people requiring specialised medical care, which leads to delays in care needs assessment or access to treatment. It should be noted that, as regards mental health services for children and young people, in situations where assessment of care requires a specialist consultation , imaging investigation or laboratory tests, the assessment and required tests must be carried out within six weeks of the referral to the hospital or other specialised medical care unit. The necessary need of assessment or treatment of an individual aged under 23 must begin within three months of ascertaining the need of care, taking into consideration the urgency of the case, unless otherwise required on medical, therapeutic, or other comparable grounds. (Health Care Act 1326/2010, section 53.) Moreover, this demanding and time-consuming patient group has not been taken into account in human resources available in on-call medical departments, which increases the workloads of on-call doctors.

In addition to support services for crime victims, it is also necessary to take young perpetrators of sexual offences into account in harm minimisation efforts. Tertiary prevention interventions targeting juvenile sexual offenders should aim to prevent recidivism and escalation of harmful behaviours by means of effective treatment and referral arrangements, which are as such effective interventions to prevent sexual violence. Furthermore, sexual offenders should be screened for sexually transmitted infections (STIs) and provided with a treatment when required (Communicable Diseases Act 1227/2016).

Creating pathways for inter-agency cooperation in prevention of sexual violence against children and young people calls for multidisciplinary, multi-sectoral and cross-sectoral collaboration and change in operating models. The Istanbul Convention (Finnish Treaty Series 53/2015, Article 7) imposes an obligation to place the rights of the victim at the centre of all measures. These policies are implemented by effective collaboration among all relevant agencies, institutions and organisations. The only way to accomplish this at all levels of public bodies is to increase cooperation and human resources. (See also Chapter 6.)

Investing in adolescent health and wellbeing as a preventive measure may lead to approximately threefold cost-savings in the immediate adolescence, later adulthood and inter-generational effects on sexual offence victims (Patton et al.

2016, Kosola 2018). In order to support child and young people's mental health, identify and intervene in sexual violence at an early stage and to prevent long-term harmful effects, the service systems catering for children, young people and families must operate efficiently with a low threshold and at a sufficiently early stage both through primary-level and specialised services in cooperation of healthcare, social welfare and educational services. Parties providing psychosocial support, treatment and physical examinations for sexually victimised children and young people should be experienced in the subject. Children and young people should have access to services under one roof, corresponding to those available for adults at Sexual Assault Support Centres.

10.1.2 Prevalence of sexual violence against children in Finland

The recorded numbers of cases of sexual violence against children and young people reported to the authorities in Finland can vary quite considerably from year to year. Individual criminal complaints may include series of incidents comprising several criminal acts. (Official Statistics of Finland 2018) A report published by the World Health Organization (WHO 2014a) shows that one in five women worldwide has reported having been sexually abused as a child.

According to two Finnish surveys conducted in 2013, prevalence rates of experiences of sexual violence in Finland vary between 4% and 20% among girls and between 1% and 9% among boys in grades 8–9 of compulsory basic education (aged 14–15) (Fagerlund 2014, Luopa 2014). In the 2018 School Health Promotion Study, experiences of sexual violence were reported most by female (11%) and male (4%) vocational students and least by students in grades 4 and 5 of basic education (2%) (Ikonen & Halme, 2018). In the most recent School Health Promotion Study, 10% to 13% of girls and 3% to 4% of boys reported having experienced sexual violence (Ikonen & Helakorpi, 2019). According to the 2014 Crime Victim Survey carried out by Fagerlund and her research team, prevalence rates of sexual violence had decreased on previous years, albeit the definition of abuse experiences used in the surveys had changed over the years. The survey indicated that the degree of severity of the acts had also declined in recent years. The majority of the young respondents felt that their sexual experiences did not amount to abuse. (Fagerlund et al. 2014.) The 2019 School Health Promotion Study suggests that as many as one fifth of pupils in grades 8 and 9 and students at upper secondary level had experienced sexual harassment over the last 12 months. According to a 2016 WHO

report, prevalence rates of childhood sexual abuse stand at 18% among girls and at 8% among boys. Girls have a higher risk of becoming sexual offence victims than boys, whereas boys account for a larger proportion of juvenile sexual offenders.

Estimates suggest that only a fraction of sexual violence against children is reported to the authorities because children will not disclose their experiences. International research indicates that, in the majority of sexual violence incidents, the child victim will not immediately share what happened because they are ashamed or afraid of threats made by the perpetrator, for example. According to some researchers, a child may adapt to sexual violence because the perpetrator has forced the child to keep the act secret. This causes the child to feel helpless and afraid that no-one would believe them if they disclosed it. If a child reports sexual violence, they should receive adequate support and protection in the situation, so as to ensure that they will not become anxious and consequently retract their story. (WHO 2013b.)

The Finnish Child Victim Survey (Fagerlund et al. 2014) indicates that the majority (80%) of children had reported telling someone, most commonly a friend, about having experienced sexual violence. Only about a quarter (26%) had told an adult about it and even fewer (12%) had reported it to a public authority. The most common reason for non-disclosure was that the victim had not believed that the incident was serious enough, or that they did not personally consider it to be sexual violence. Only a few respondents (14%) reported that lack of courage had prevented them from speaking up. (Fagerlund et al. 2014.) Sexual violence and harassment on the internet and their prevention are discussed further in Chapter 11 of this plan.

A Finnish study (Joki-Erkkilä et al. 2014, n = 130) found that suspected sexual violence against children and young people was often recurrent: 36% of the cases concerned an isolated incident, whereas 67% involved several acts of sexual violence. The study indicated that pre-trial investigations identified more than one victim in a third of the suspected offences (Joki-Erkkilä et al. 2014).

Only about 15% to 25% of suspected cases of child sexual abuse reported to the police between 2010 and 2013 were examined by forensic child and adolescent psychiatry and psychology units operating within the healthcare system (Julin, 2018). The majority of the suspected sexual violence victims examined between

2000 and 2009 in a Tampere University Hospital unit specialising in physical examinations of children and young people were aged under 10 (Joki-Erkkilä et al. 2014). It is possible that teenage victims have not been referred for examination by the police, even though the Official Statistics of Finland (OSF) indicate that a majority of sexual violence victims are aged between 13 and 25 (Statistics Finland 2019).

The recorded numbers of cases of child sexual abuse and its aggravated forms reported to the authorities vary from year to year. (Statistics Finland 2019; Table 12.) In 2018, the numbers of suspected cases of attempted or actual rape or aggravated rape of a child stood at 20 among girls and six among boys in the 5–9 age group, 115 among girls and three among boys aged 10 to 14, and 271 among girls and six among boys aged 15 to 17.

Table 12. Numbers of pre-trial investigations in suspected cases of sexual abuse of a child and aggravated sexual abuse of a child involving children aged under 15 in 2009–2017 (source: Statistics Finland, 2019).

Offence	2009	2010	2011	2012	2013	2014	2015	2016	2017
Sexual abuse of a child	892	1,033	1,197	1,295	1,222	1,169	1,124	1,115	1,069
Aggravated* sexual abuse of a child	70	68	174	253	251	308	258	268	273
*aged 0–4, girls/boys	11/7	10/4	26/8	28/6	28/1	21/4	16/11	24/7	15/3
*aged 5–9, girls/boys	19/3	22/0	45/13	28/5	25/6	46/2	33/7	42/8	40/10
*aged 10–14, girls/boys	19/4	24/5	60/6	116/7	119/7	166/1	107/8	201/14	123/14
Children under 18 in Finland, total	1,068,554	1,064,470	1,061,710	1,058,664	1,056,606	1,075,492	1,073,060	1,071,905	1,058,238

10.2 Prevention of sexual violence against children

Author: Tiina Tenhunen, Oulu University Hospital (OYS)

10.2.1 Protective factors against sexual violence and ways of supporting them in primary healthcare

Authors: Tuovi Hakulinen, Finnish Institute for Health and Welfare (THL), and Ulla Korpilahti, THL

Research evidence (Prinz, 2016, Harold & Sellers, 2018) suggests that it is possible to prevent the risk of sexual violence against children by supporting safe and nurturing parenting and the wellbeing of the parents' intimate relationship. One of the key objectives of the universal services provided for all families by maternity and child health clinic and school health services is to strengthen the resources of each individual family as a whole (Health Care Act 1326/2010, Government Decree 338/2011). Parents are provided with information and engaged in discussions about subjects such as nurturing parenting, the importance of nurturing their intimate relationship, and a safe and non-violent home environment as part of periodic health checks, home visits and various parenting groups (Ministry of Social Affairs and Health 2004, Ministry of Social Affairs and Health 2009, Klemetti & Hakulinen-Viitanen 2013). Guidelines for child health clinic health services (Ministry of Social Affairs and Health 2004), for example, advise that staff should have discussions with parents about sexuality in an intimate relationship and the child's right to physical integrity. Parents are encouraged to raise their children such that they develop a positive body image and appreciation as well as sexual autonomy.

As of 2011, some of the periodic health checks organised by health clinics and school health services (one at a maternity clinic, three at a child health clinic, and another three in school health care services) have been arranged as so-called extensive health checks for the entire family (Government Decree 338/2011). These checks involve discussing the health and wellbeing of the family as a whole with the parents as well as with the child, taking account of the child's age. Guidelines on extensive health checks (Hakulinen-Viitanen et al. 2012) advise that staff should engage parents in discussions about subjects such as the importance of a safe atmosphere and environment at home and good interactions between children and parents, supportive parenting practices, nurturing their intimate relationship,

constructive ways of resolving conflict, and the importance of a support network outside the home. More specific topics will be tailored on the basis of the support needs of individual parents. Where required, it is possible to arrange additional appointments for a family with the maternity and child health clinic as well as with school health care services, or to refer the family to appropriate support services, such as parents' groups or a family welfare worker's support at home, or to recommend turning to a psychologist or a family counselling clinic. Many parents, as well as children, benefit from psychoeducation and socio-emotional support provided at an early stage (Kalland et al. 2018, Liyama et al. 2018, Pierron et al. 2018).

Periodic health checks carefully administered by child health clinic and school health care services have been found to make it possible to identify the support needs of children and families (Poutiainen et al. 2015 & 2016). This, in turn, allows the necessary support and assistance to be provided early for those who need them. Maternity and child health clinic services also organise home visits to identify support needs and to enhance tailored support (Government Decree 338/2011). Home visits have been found to bolster parents' sense of competence and to reduce stress and ACEs, including the risk of violence against children and neglect (Heckman et al. 2017, Doyle et al. 2017). A national follow-up study (Hakulinen et al. 2018) indicates that home visits are offered both during and after pregnancy and in special family circumstances in keeping with Government Decree 338/2011.

According to a national follow-up study of maternity and child health clinic and school health care services (Hakulinen et al. 2018), extensive health checks bring out the kinds of family issues that had previously remained buried (Hakulinen et al. 2017, Hietanen-Peltola et al. 2019). However, the forms of support enabled by extensive health checks for children and families are yet to be fully put in place for reasons such as inadequate time resources reserved for appointments in maternity and child health clinic and school health care services. Moreover, there are regional variations in the availability of further treatment that families may require, while service chains are either fragmented or non-existent (Hakulinen et al. 2018, Hietanen-Peltola et al. 2019). Protective factors against violence and the means of preventive work with children and young people have also been discussed in Chapters 2, 6, 7 and 8 of this plan.

10.2.2 Risk factors for sexual violence

Author: Tiina Tenhunen, Oulu University Hospital (OYS)

Increased risk of sexual victimisation has been associated with a number of individual, parental and familial factors (Black 2001, WHO 2002, WHO 2013a, Assink 2019, Putnam 2003). It is difficult to distinguish between risks of intra-familial and extra-familial sexual violence because many studies do not separate these. Table 13 presents factors increasing the risk of sexual victimisation identified around the world. (See also Chapters 2, 6 and 8.)

Table 13. Factors increasing the risk of sexual victimisation (adapted from Black, 2001, WHO, 2002, WHO, 2013a, Assink, 2019, and Putnam, 2003).

Child/victim-related risk factors for sexual violence
female sex
history of past sexual victimisation or other form of maltreatment
psychological, physical or cognitive vulnerability
poor social skills
frequent use of the internet
isolation and inadequate supervision
substance use
criminal behaviour
multiple sexual partners

Familial and background-related risk factors for sexual violence
problems in child–parent interactions and parental care (low parental care and affection, poor parenting competence, parental overprotection)
non-nuclear family structure (especially having a non-biological male caregiver in the family)
parental/caregiver problems, such as intimate partner violence, psychological problems
social isolation of the family (such as lacking a social support network)
other problems in the family system
low level of parental education
history of past sexual victimisation of a family member
frequent house moves (six or more times)
low socio-economic status of the family; poverty

Societal risk factors
armed conflict

Finnish data (Laaksonen 2011, n = 12,922 adults) showed that childhood sexual abuse experiences were significantly more common among those who had grown up without both biological parents. The study also found a link between physical and emotional violence and neglect and parental alcohol abuse. (Laaksonen 2011.)

Increased risk of re-victimisation later in life after childhood sexual violence has been associated with other, concurrent forms of violence and neglect in the home, risky sexual behaviour, particularly in adolescence, post-traumatic stress disorder (PTSD), emotional dysregulation and maladaptive coping strategies for adversity. Understanding and attentive parental care has been identified as a protective factor for re-victimisation. (Scoglio 2019.) According to doctoral research carried out in Finland (Pezzoli 2019), multiple forms of childhood abuse and emotional and physical neglect increased the likelihood of sexual victimisation in adulthood. Notably, the study identified emotional violence and neglect as the strongest predictors of adult victimisation (Pezzoli 2019). In many cases, sexually victimised children are or have been subjected to other types of violence and neglect as well, including physical and emotional violence and neglect. Risk and protective factors for violence are discussed in further detail in Chapters 2, 8 and 13.

10.2.3 Research on sexual violence, its prevention and international recommendations

Author: Tiina Tenhunen, Oulu University Hospital (OYS)

According to the recommendations of the World Health Organization (WHO), a comprehensive view on the status of the child, family, community and society is pivotal to actions aiming to prevent sexual violence against children (WHO, 2018). In 2016, the World Health Organization and its partners published a strategy programme entitled 'INSPIRE – Seven Strategies for Ending Violence Against Children' to reduce and end violence against children (WHO 2016). The strategy recommendations focus on ensuring the implementation and enforcement of laws; strengthening norms and values, including changing attitudes; creating safe environments; supporting parents and caregivers; improving families' economic security; improving access to response and support services; and improving education and life skills. WHO recommendations emphasise that the focus of prevention should be on promoting family health and safe family environments, as safe, nurturing relationships with parents and other caregivers are central to

children's balanced growth and development. This support should be provided through childhood to adulthood and potential parenthood. (WHO 2014b.)

Violence prevention programmes and action plans should identify ways to minimise or mitigate the risks involved in the lives of victims and perpetrators while strengthening protective factors. There are several factors underlying the phenomenon that call for long-term and multi-sectoral efforts to address (WHO 2014a). No reliable research evidence is currently available on whether positive interventions to influence risk and protective factors can directly reduce sexual violence and maltreatment. It is therefore not possible to tell with certainty which factors are most effective in terms of preventing sexual violence (Mikton & Butchart 2019).

Efforts to prevent sexual violence have traditionally focused especially on protecting children and improving their safety skills. A 2017 Australian publication suggests that, in order to prevent sexual violence and protect children, we must first understand how children and young people perceive the concept of safety and what needs they have in this respect. In addition, we should also understand how children's and young people's ideas of safety inform their actions in unsafe situations. (Australian Royal Commission 2017.) Another Australian report focusing on the prevention of child sexual abuse brings together a number of theories on why such situations occur in the first place (Quadara et al. 2015).

It is possible to reduce the risk factors for sexual offences by teaching children to protect themselves. Research has not, however, been able to show conclusively that safety skills education reduces the rates of sexual offences as such. Therefore, some experts have recently suggested a shift in focus from protection to the risk factors underlying these offences to target the potential perpetrators. These are factors that contribute to the likelihood of young people becoming sexual offenders, for example. (Letourneau et al. 2017.) Some encouraging outcomes were obtained in Germany as a result of the Dunkelfeld project, officially known as 'Berlin Dissexuality Therapy' (BEDIT), which started in 2005 (Beier 2014). Its aim was to reach undetected paedophiles and hebephiles to offer them a one-year treatment programme to enhance behavioural control and reduce dynamic risk factors associated with offending behaviour. Details and practices relating to sexual offenders are discussed in further detail in Chapter 10.7 below.

Various WHO reports (2014a, 2014b, 2016, 2018) have emphasised the significant role of parenting, educating children and both parents' involvement in terms of preventing sexual violence. According to an operating model developed for industrialised countries by Schwarz (WHO, 2002), it would be advisable to provide preventive actions throughout childhood, from pregnancy through to early adulthood. The model includes discussions with parents about topics such as parenting skills, children's exposure to violence in the media, sexual violence against children as a phenomenon; discussions with young people about the links between sex, violence and coercion, among other things; and educating children about emotional intelligence and safety skills. In order to prevent sexual violence, it would also be advisable to invest in training healthcare professionals. Increasing staff awareness about sexual violence will improve their ability to identify and deal with cases in a sensitive, yet effective manner. Counselling, therapy and support groups have been found to help sexual violence victims, especially when either the violence or the recovery process has involved exacerbating factors.

In 2018, the UN Educational, Scientific and Cultural Organization (UNESCO) published a revised edition of its International technical guidance on sexuality education (UNESCO 2018). According to the guidance, sexuality education contributes to several outcomes associated with reducing the risk factors for sexual violence and is most impactful when also involving teachers and parents. Its short-term positive effects have been found to include increased knowledge of individuals' rights within sexual relationships; increased safe communication with parents about sex and relationships; and greater self-efficacy to manage risky situations. Longer-term effects include positive psychosocial and behavioural outcomes, as well as reduced risky sexual behaviour. Sexuality education is discussed further in Chapter 7 of this plan.

10.2.4 Situation in Finland, conclusions and discussion

Author: Tiina Tenhunen, Oulu University Hospital (OYS)

Over the last decade, a number of national recommendations and programmes for the prevention of sexual violence against children have been drawn up in Finland in keeping with international agreements, such as the Lanzarote and Istanbul Conventions.

Under the **Lanzarote Convention** (Finnish Treaty Series 88/2011), Parties undertake to take the necessary legislative or other actions in a number of matters relating to child sexual abuse. The Convention also includes obligations, among other things, to educate children on the means to protect themselves; to train professionals and organise awareness-raising programmes addressed to the general public; to increase cooperation between public authorities; and to ensure that actual and potential perpetrators have access to treatment. International agreements are discussed further in Chapter 10.1 above and in Chapter 4.4 in the chapter dealing with the rights of the child.

In 2010, the Ministry of Social Affairs and Health produced a multi-part **Action Plan to Reduce Violence against Women**. With regard to prevention of sexual violence, the Action Plan recommends the following actions: develop materials for safety education; increase training on safety education for teaching staff; launch a campaign against sexual violence targeted at young people; provide education for conscripts; revise legislation on immigrant integration to increase their basic knowledge about Finnish society; create operating models for gender-sensitive youth work; and conduct a study of rehabilitation programmes for violent offenders. The Action Plan also pays attention to victims in a particularly vulnerable situation, such as immigrants, disabled people, and sexual, gender and ethnic minorities. (Ministry of Social Affairs and Health 2010.)

Promote, prevent, influence – The action programme for the promotion of sexual and reproductive health in 2014–2020 puts forward several objectives and actions to prevent sexual violence and minimise its harmful effects and to educate children towards non-violence. The actions recommended in the section concerning prevention include developing competence and networking among healthcare, social welfare and education professionals, and creating local models to prevent and identify violence. The programme also emphasises non-violence education by means of supporting an anti-violent and sexually safe atmosphere at educational institutions and workplaces; educating children and parents on safety skills; providing information on sexual rights; and protecting children from contents that are violent and harmful to sexual health in the media and entertainment culture, including protective age limits. Education on safety skills should start at pre-school at the latest. According to the programme, efforts contributing to preventing long-term hazards resulting from sexual violence include recognising the violence as early on as possible, which would be needed in healthcare.

Everyone should be specifically asked about their experiences of violence. (Klemetti & Raussi-Lehto 2016.)

Prevention of sexual harassment and sexual offences against children and young people was also broached in the third Internal Security Programme, entitled **A Safer Tomorrow**, which was adopted by the Finnish Government in 2012. Its outcomes were assessed in further detail in the 2016 Government Report on Internal Security. One of the objectives of the programme was to set up a network to coordinate the distribution of information to young people and their parents as well as to professionals working with young people on sexual violence against children and young people and how to prevent it. The programme further recommended that all students on teacher education programmes, all teachers and all teacher education staff should receive basic training in human rights education. The programme also established the legislative amendments required to enable telecommunications interception in order to prevent and investigate child sexual abuse and the amendments required to enable telecommunications monitoring in order to prevent and investigate the offence of solicitation of a child for sexual purposes (known as 'grooming') specified in Chapter 20, section 8(b) of the Criminal Code. A strategy would also be drawn up for online youth work while stepping up the online presence of various authorities and improving their multidisciplinary cooperation online. Finland's Internal Security Strategy was published in 2017 in a document entitled 'A Safe and Secure Life', which includes the objective of improving the safety and security of children and young people in everyday life (Ministry of the Interior 2017).

The Action plan for the Istanbul Convention for 2018–2021 lists a number of concrete actions to implement the obligations of the Convention, such as to increase the competencies of professionals working with young people in preventing violence and the competencies of law-enforcement and judicial authorities in dealing with victims in a sensitive manner, for example. The Action plan also includes the following actions: increasing awareness of the subject, including support services available for victims of violence, through various events and campaigns; promoting the introduction of existing materials for use in education in equality, human rights and safety skills, and in sex education at educational institutions; developing community-based pupil and student welfare services; extending Sexual Assault Support Centres (Seri Support Centres) to cover Finland as a whole; and promoting raising awareness of equality and

non-discrimination issues among immigrants. Furthermore, efforts should be made to contribute to sufficient research on the phenomenon in Finland (such as contributing to research into dealing with sexual crimes in pre-trial investigations in order to develop authority activities). The implementation of the Istanbul Convention is evaluated by the Council of Europe on an annual basis. (Ministry of Social Affairs and Health 2017, Ministry for Foreign Affairs 2019.)

In 2018, the Finnish National Agency for Education published a **guide on prevention of and intervention in sexual harassments at schools and educational institutions**. The guide provides information on every learner's right to a safe learning environment. Schools and other educational institutions should have in place plans to protect students against violence, bullying and harassment, as well as on equality and non-discrimination. Educational institutions should also have in place clear operating models for combating sexual harassment and these should also be made available to pupils and students. Educational institutions are required to promote and monitor safety and wellbeing. The guide also includes guidelines for professionals at educational institutions, students and their parents or guardians. (See also Chapter 9.)

In February 2019, the Government of the then-Prime Minister Sipilä published a package of additional actions entitled **Preventing and combatting sexual crime**. The underlying motivation for this document was an increase in suspected cases of sexual violence against minors in the previous year (for further information, see Chapter 3). (Finnish Government 2019.) The package of additional actions includes several points aiming to prevent and combat crime committed by people with a migrant background by means such as improvements to the asylum process (Finnish Government 2019). The 2017 School Health Promotion Study indicates that immigrant children and young people also have an increased risk of becoming victims of violence or harassment (Ikonen & Halme 2018) and they require information about their right to everyday safety and security (see Chapter 13.3).

One of the actions listed in the Sipilä Government's package of additional actions states that, in order to be granted permanent residence, an individual would have to complete a basic course in the norms of Finnish society, which would include sexual rights education as part of integration, among other things. The package also suggested providing more education for integration trainers and a more multidisciplinary approach in integration training, as well as preparing different

language versions of the training material and other uniform material for trainers. It further proposed that the resources of the online 'net police' should be raised due to the increasing prevalence of violence and abuse perpetrated on the internet, and that the Criminal Investigation Act (805/2011) and the Coercive Measures Act (806/2011) should be updated to meet the need to cover the social media as well. This would make it possible to intervene in the distribution of material depicting child sexual abuse more effectively. The Government's package also includes organising round-table talks with parties such as telecom operators and platform service providers regarding crime prevention actions and enhancing anti-grooming actions, both by educating children and by training professionals working with them. (Finnish Government 2019; see also Chapter 11.)

In order to integrate asylum seekers, Finland has already launched an EU-based TRUST project in 2016. The project aims to meet the challenges involved in the asylum seeker situation by developing operating models to promote good relations between population groups at local and regional levels and by raising awareness of equality and other basic human rights among public authorities and asylum seekers, as well as to identify tensions between population groups at an early stage and to prevent conflicts. The project involves working with unaccompanied minors and partners providing them with various types of care. (Ministry of Justice 2016.)

The Anchor model developed in Finland is based on multi-agency cooperation and aims to intervene in criminal behaviour among minors at an early stage, assess a young client's life circumstances as a whole, and refer them to appropriate help and support services. A further objective is to intervene quickly in domestic and intimate partner violence. The target group consists of offenders aged 15 to 20, young people who have experienced or been exposed to domestic violence and radicalised young people, as well as adult victims and perpetrators of domestic violence. (Moilanen et al. 2019.)

The Finnish National Institute for Health and Welfare coordinates the Barnahus project, which was launched in cooperation between various experts and public bodies in June 2019, with funding from the Ministry of Social Affairs and Health. The project aims to embed practices conforming to the Barnahus quality standards as a permanent part of investigation processes in suspected cases of violence against children and in order to organise support and treatment for child victims. (THL 2019a.) The project aims to improve inter-agency cooperation by making use of the

LASTA model and form developed as part of the LASTA project run by the Finnish Institute for Health and Welfare between 2014 and 2016 (THL 2019b). (See also Chapter 6.)

Based on all of the above, it appears that the different programmes have dealt extensively with various means to prevent sexual violence in Finland, drawing on research knowledge. Multiple programmes have highlighted the development of cooperation and networking, the need to increase safety skills and non-violence education, training of professionals, awareness-raising campaigns, availability of treatment programmes for actual and potential perpetrators, and educating immigrants about equality and non-discrimination. Moving forward, it is therefore important to ensure that the responsibilities for putting the recommended actions into practice will be assigned to specific parties and laid out in concrete implementation plans.

10.3 Improving and monitoring the quality of physical examinations

Author: Minna Joki-Erkkilä, Tampere University Hospital (TAYS)

Act 1009/2008 on organising the investigation of sexual and assault offences against children requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. It also states that such examinations must be initiated and performed without undue delay.

The Lanzarote Convention (Finnish Treaty Series 88/2011) and the Istanbul Convention (Finnish Treaty Series 53/2015) oblige Finland to develop services provided for child victims of sexual violence. Likewise, the actions recommended in the 2010 Action Plan to Reduce Violence against Women include, among other things, improving help and support services for victims of violence; improving the position and support for victims of sexual violence; and enhancing the quality and efficiency of the criminal justice process.

10.3.1 Concentrating emergency examinations

The goal to improve the services for suspected victims of sexual crime (Istanbul Convention Finnish Treaty Series 53/2015), can be achieved by concentrating the physical examinations to specialised healthcare units. Elective, i.e. non-urgent, examinations of suspected child sexual abuse cases are mostly carried out in units specialised in peadiatric and adolescent gynaecological examinations. Based on practical consultation experience, there are national variations in the quality of emergency physical examinations in suspected child abuse cases. As individual on-call doctors seldom need to evaluate a suspected child sexual abuse case, they do not accumulate enough experience of required special skills.

The lack of experience, in turn, affects the ability to interpret the findings. In US studies, about half of physicians recognised anatomical changes relating to children's normal genital growth and development and the most common paediatric gynaecological conditions (Lentsch & Johnson 2000, Muram & Simmons 2008). Limited competence may lead to unnecessary suspicions of crime. The number of physical examinations considered sufficient to maintain a good level of competence is five per month (Adams et al. 2012), which is not currently being achieved by on-call doctors in Finland. In Finland, not all gynaecological or paediatric specialisation programmes include paediatric and adolescent gynaecological examinations. Inadequate competence in documenting physical findings is contrary to the child's best interests, especially in terms of suspected sexual offences, where findings are often minimal (see also Chapter 4).

Performing physical examinations on a regular basis, knowledge of current research (Adams et al. 2018, RCPCH 2008) and review of cases with an expert improve the quality of work (Adams et al. 2012). Experience of performing more than a hundred physical examinations increases diagnostic accuracy (Gavril et al. 2012). Video/photographic records of physical findings (Adams et al. 2018) and medical statements should be reviewed by physicians with expert knowledge (Joki-Erkkilä & Martiskainen 2014). All staff involved in conducting examinations should be especially trained to interact with victims of sexual violence in a sensitive manner (WHO Clinical Management of Rape Survivors 2004; Istanbul Convention, Finnish Treaty Series 53/2015; Victims' Directive 2012/29/EU).

In suspected child sexual abuse, the child's disclosure is the most significant type of evidence in criminal proceedings (Joki-Erkkilä et al. 2014). The presence or absence of findings documented in a medical statement based on a physical examination may play an important role in decisions made in criminal proceedings, if they are consistent with the victim's disclosure and the modus operandi (Joki-Erkkilä et al. 2014). An incompetent examination may result in a failure of due process for the victim and the suspect.

The most important factor influencing the success of evidence collection is the time interval from the alleged sexual offence (Adams et al. 1994, Christian et al. 2000, Thackeray et al. 2011, Girardet et al. 2011; Table 14). Urgently conducted emergency physical examinations play a significant role in evidence collection (Christian 2000, Joki-Erkkilä et al. 2014), since superficial injuries heal rapidly (McCann et al. 2007a & b). Identifying an acute injury, for example, helps to define the time frame within which the suspected offence was committed. Over time, forensic evidence of a sexual offence will either be washed away from the body (Joki-Erkkilä et al. 2015) or heal (McCann et al. 2007a & b). The shorter the interval from the alleged incident, the more urgent it is to collect forensic samples and document injuries. With regard to suspected sexual offences against prepubertal children, evidence collection is recommended within the minimum period of 72 hours of the offence (Christian et al. 2000, Palucshi et al. 2006). The recommended time period for collecting forensic samples from young people is one week (Young et al. 2006, Thackeray et al. 2011, Girardet et al. 2011). Based on experience, a forensic laboratory recommends a 10-day period of evidence collection. This is not a standard procedure nationwide, which creates inequality and problems with legal safeguards for child victims. Forensic evidence may provide strong proof in criminal proceedings (Gray-Eurom et al. 2002, McGregor et al. 2002). A solution already tried and tested in other parts of the world would be to train registered nurses to perform emergency examinations (Hornor et al. 2012). Reviews of emergency examinations, follow-up examinations and preparation of medical statements would still be left to physicians specialising in paediatric and adolescent gynaecological examinations.

Problems in collecting forensic evidence include delayed examinations (McCann 2007a & b, Christian et al. 2000); documentation problems, failure to analyse evidence (Hagemann 2014); failure to collect or incorrect collection of forensic samples, inadequate labelling of samples, use of insufficient examination techniques (Myhre et al. 2003, Adams et al. 2007, Boyle et al. 2008); inadequate

chain of custody of samples (Laitinen et al. 2014); and inappropriate interaction with the individual being examined.

Table 14. Factors to consider in healthcare in physical examinations of victims, taking account of the time interval from the suspected offence. It is to be noted that the definitions of 'acute' and 'urgent' differ from the regular classification of urgency used in healthcare (due to injuries healing naturally and fluids being washed away). (Adapted from Adams et al., 1994, Christian et al., 2000, Thackeray et al. 2011, Girardet et al., 2011.)

Interval from suspected incident	Urgency	Target of examination	
		Pre-puberty	At puberty
< 72 hrs or when there is injury, pain or bleeding	Acute	Sexual assault evidence kit	
		Documenting acute or residual injuries	
		Toxicology screen for treatment Forensic chemical analysis Prophylactic treatment for STIs and baseline tests (tetanus booster)	
			Pregnancy testing, emergency contraception
< 7 days	Acute = < 24 hours	Documenting acute or residual injuries	
		STI testing	
		(Sexual assault evidence kit)	Sexual assault evidence kit
			Pregnancy testing (emergency contraception)
< 2 weeks	Urgent ≤ 24 hours	Documenting residual injuries	
		STI testing	
			Pregnancy testing
> 2 weeks	Non-urgent	Documenting scars or anatomical architectural alterations	
		STI diagnosis and treatment	STI diagnosis and treatment or pregnancy confirmation and management

A specific challenge in the current practices is the fact that emergency examinations may only focus on collecting forensic samples while documenting acute or residual superficial injuries remains deficient due to incompetence or inadequate examination techniques, or because the examination is postponed to a later date or the identified injury does not require treatment. Moreover, referral of a suspected victim for psychological treatment may be overlooked in the haste of the moment and in the absence of clear, integrated care pathways.

10.3.2 Sexually transmitted infections and sexual violence

Under the Communicable Diseases Act (1227/2016), the spread and harmful effects of communicable diseases must be prevented systematically in the event of justifiably suspected exposure. However, the prevalence of STIs is low among children victimised before reaching puberty; a US study found that 6.7% of victims had chlamydia and 1.8% had gonorrhoea (Leder et al. 2013). The American Committee on Child Abuse and Neglect (Jenny et al. 2013) recommends that children be screened for STIs in the following cases:

- There is reason to suspect penetration of the genitalia or anus.
- Child has been abused by a stranger.
- Child has been abused by a perpetrator known to be infected with an STI or at high risk of STIs (intravenous drug abusers, men who have sex with men, or people with multiple sexual partners).
- Child has a sibling or other relative with an STI.
- Child lives in an area with a high rate of STI in the community.
- Child has signs or symptoms that may be caused by an STI.
- Child has been diagnosed with one STI, which justifies screening for other STIs.

Arranging for HIV post-exposure prophylaxis (PEP) and hepatitis B vaccination as part of emergency room visits in suspected high-risk cases will prevent serious diseases. Infectious diseases specialists recommend starting a course of PEP (Hiltunen-Back et al., 2019). In practice, prophylactic treatment is occasionally inadequate. The need for HIV PEP should be assessed for children and young people with the guidelines issued by infectious diseases specialists (Pre-exposure prophylaxis for HIV). PEP treatment should be started as soon as possible after potential infection, but no later than within 72 hours. After a course of PEP treatment, follow-up will be organised at infectious diseases outpatient clinics.

Pre-exposure prophylaxis should be started in cases where suspected vaginal or anal penetration took place without a condom, or where the condom did not remain intact during intercourse, if the alleged perpetrator meets one of the following groups of criteria (Bildjuschkin & Nipuli 2018):

- is HIV positive and has a poor response to treatment;
- is a man who has sex with men;
- buys or sells sex;
- is an intravenous drug abuser of foreign origin;
- comes from Sub-Saharan Africa (HIV prevalence rates).

The need of series of hepatitis B vaccines must be evaluated in cases of penetrative sexual violence. In accordance with the recommendation issued on 25 June 2019 by the Finnish Institute for Health and Welfare (THL), hepatitis B vaccination should, due to increased risk of exposure, be provided free of charge in cases of sexual violence for:

- sex partners of individuals with hepatitis B and asymptomatic HBsAg carriers;
- intravenous drug abusers and their close family and friends;
- sex workers;
- men who have sex with men.

10.3.3 Follow-up examinations by expert physicians

In suspected sexual offences against children and young people, physical follow-up examinations are recommended in acute and unclear cases (Finkel 2011, Gavril et al. 2012). Follow-up examinations have been found to improve the interpretation of trauma likelihood by 18% and increase the detection rate of STIs by seven per cent (Gavril et al. 2012). All children and young people examined within the healthcare system due to suspected sexual violence should also be assessed to determine the need for other examinations and treatment (see Objective 3, Action 5).

10.3.4 Conclusions and discussion

Expanding the role of Seri Support Centres for sexual assault victims (Istanbul Convention, Finnish Treaty Series 53/2015) to cover children and young people out of hours would improve competence and STI prevention and, consequently, enhance the quality of examinations as a result of concentration. Furthermore, concentrating examinations in competent units would increase the number of professionals specialising in the subject, therefore securing the availability of skilled staff for out-of-hours examinations in the future as well.

Training registered nurses to collect forensic samples and document injuries as part of emergency examinations would follow an international trend (IAFN 2019, Hornor et al. 2012; see Objective 3, Action 5), while reducing physicians' out-of-hours workload. On-call doctors would still be responsible for treating serious injuries and illnesses and assessing prevention needs. Subsequent follow-up examinations, harm assessments, referrals and medical statements would be dealt with by physicians in a unit responsible for in-hours examinations.

In Norway, the Norwegian Board of Forensic Medicine appointed by the Ministry of Justice evaluates the quality of medical statements by two experts – a medical examiner and a medical clinician with expert knowledge of the subject – who review the medical statements of the examining physician in virtually all suspected offences and issue written feedback with suggested revisions as required (justissekretariatene.no). Introducing a similar quality evaluation system in Finland would improve the quality of work and competence of inexperienced on-call doctors and those specialising in the field through systematic reviews and feedback (Joki-Erkkilä & Martiskainen 2014).

Should physical emergency and follow-up examinations of suspected child victims of sexual offences be conducted in an expert unit, this would secure the availability of competent staff with expert knowledge, capable of conducting high-quality examinations, interacting with victims in a discreet manner sensitive to their individual needs and characteristics, and providing support actions and referrals for further treatment without delay. Such expert units include Seri Support Centres treating children and young people or forensic child and adolescent psychiatry units, social paediatrics units or Barnahus units.

In the spring of 2019, the Finnish Government granted an appropriation for the purposes of planning and implementing the Barnahus model at the national level. The key objective is to guarantee a timely, child-sensitive, multi-sectoral and multidisciplinary investigation process of sexual and violent offences involving children, while ensuring adequate support and care for the children and families concerned. The development project will run through to 2023, at which point hospital districts will be responsible for ensuring that the model is permanently embedded in the relevant structures and will continue without additional government funding.

10.4 Improving cooperation between the police and healthcare services to ensure victims' examinations and access to treatment

Authors: Minna Joki-Erkkilä, Tampere University Hospital (TAYS), and Heli Lehrbäck, Häme Police Department

10.4.1 Background, current practices and development needs

Police pre-trial investigations of sexual offences against children and young people do not always require executive assistance in the form of physical examinations, forensic psychological interviews or harm assessments. However, it is very important to refer these children and young people to healthcare services. In most cases, the victims are pubertal young people. Healthcare services should provide each of these children and young people with a physical examination; prevention, screening and treatment for sexually transmitted infections (STIs); advice on their rights to self-determination and sexual health; a referral for psychosocial support; and an assessment of their needs for psychological care even before they might develop potentially more severe psychological symptoms or psychiatric illness. Failure to assess needs for psychological care may expose children and young people to psychological issues and subsequent re-victimisation.

While only some of the cases investigated by the police proceed to the prosecutor for consideration of charges, closing a case does not mean that the child concerned was not exposed to health-endangering effects as a result of the alleged events. The police have limited means to establish the health-related circumstances involved. From a preventive viewpoint, all child and adolescent victims of sexual offences should have access to an assessment of care needs, even if the offence were not legally considered to be at the more serious end of the scale. The police do not currently have a harmonised national operating model in place for referring children and young people to healthcare services as part of criminal investigations involving them.

The practices of specialised medical care for referring victims for psychosocial support and assessing their psychological care needs in the context of physical examinations may also be inadequate, while the integrated care pathways

for further treatment are often unclear. Moreover, not all children are referred for a physical examination as part of forensic psychological assessments. The psychological support provided for a child and their family during the investigation process may be inadequate and they may have to wait for an unreasonable length of time to access further treatment. As part of children's forensic psychological assessments, it is advisable to assess their needs for a physical examination in cooperation with medical doctors, even if this were not required as part of executive assistance.

Victims of sexual offences are at increased risk of developing psychological issues, such as behavioural disorders and self-destructive behaviours. Experiencing violence of sexual nature is conducive to bringing to the surface strong feelings of shame and guilt, which make it more difficult for victims to seek treatment and deal with the issue on their own initiative. The need for psychological support or psychoeducation is especially evident immediately after a suspected incident, although not all young people want it. It must be borne in mind that stabilising the symptoms relating to a traumatic crisis in a timely manner will help the victim deal with what happened at a later date.

The Child Welfare Act (417/2007) requires health centres and hospital districts to provide expert assistance in child- and family-specific child welfare and, where necessary, arrange an examination and healthcare and therapy services for the child. Parties providing psychosocial support and health services should be professional and well versed in the subject. The Istanbul Convention (Finnish Treaty Series 53/2015) and the Victims' Directive (2012/29/EU) impose obligations to protect victims, treat them in a sensitive manner and refer them to necessary support services. The key priorities in crisis treatment involving young children include sufficient stabilising support from parents and keeping everyday family life as normal as possible. As forensic child and adolescent psychiatry and psychology units focus on evaluating suspected offences, the amount of psychoeducation and support that they provide for parents, other caregivers or young people varies, which places the victims and families in an unequal position in terms of post-crisis recovery.

Local authorities are obliged to monitor the wellbeing of children and young people in their wellbeing plans under the Health Care Act (1326/2010, section 12) and the Child Welfare Act (417/2007, section 12), among other laws. Some sexual

offence victims are predisposed to hyper-sexualised behaviour, or such behaviour may expose them to re-victimisation. They may have an above-average number of sex partners and short-term sexual relationships. (Kaltiala-Heino 2004.)

Risky sexual behaviour may lead to STIs and unwanted pregnancies as early as in teen years. Active STI prevention, screening and treatment will reduce more serious physical sequelae and infections. Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016; see Actions 8 and 18 in the table of objectives and actions at the end of this chapter).

Childhood sexual victimisation is a significant predictor for risk-taking sexual behaviour, while it is also a very strong risk factor for mental disorders (Savioja et al. 2015). Victims of serious sexual offences are almost twice as likely to experience sexual re-victimisation (Barnes et al. 2009). Risk factors for re-victimisation include other concurrent forms of maltreatment in the home, risky sexual behaviour, post-traumatic stress disorder (PTSD), and challenges with emotional and behavioural regulation (Scoglio 2019). Detecting and tackling risk factors call for multidisciplinary cooperation between social welfare services, healthcare services and parties involved in investigating the offence. Professionals working with children and young people play an important role in preventing sexual violence and re-victimisation, disseminating information and changing attitudes.

Children placed outside the home require special attention, because they are at higher risk of cumulative traumatisation. Repeated traumatisation, in particular, is associated with subsequent morbidity in many studies (Herzog et al. 2018). The subject is also discussed in this plan's Chapter 13.4, Children in out-of-home child welfare placements.

Act 1009/2008 on organising the investigation of sexual and assault offences against children requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. The physical examinations of suspected child sexual abuse should be performed in spesialised units (Adams et al, 2016). The Lanzarote Convention (Finnish Treaty Series 88/2011) and the Istanbul Convention (Finnish Treaty Series 53/2015) oblige Finland to develop services provided for child victims of sexual violence.

Furthermore, as some of the suspected sexual offences remain unclear during the pre-trial investigation, concerns about the circumstances in which the children involved are growing up would require regular follow-up by healthcare services in certain, individually selected cases. Regular monitoring of unclear cases of suspected offences against children in social paediatrics units might prevent repeated and continued maltreatment. As an important preventive action, it is considered advisable to establish social paediatrics units in all university and central hospitals while also expanding the operations of the existing units to cover the monitoring of the physical health of suspected child victims of sexual offences as required. Physical examinations of sexual offence victims are always interventions as such.

10.4.2 Conclusions and discussion

In practical terms, the police may assume that social welfare staff will arrange the necessary health and social services for sexual offence victims, but practical experience has shown that this has not been done to a sufficient extent. Section 18 of chapter 4 of the Criminal Investigation Act (805/2011) obliges criminal investigation authorities to assess the needs of an injured party for special protection and to consider their personal characteristics as new grounds on which the authorities must offer to convey the injured party's contact details to providers of support services for the purpose of arranging crisis treatment or psychological support. The Victims' Directive (2012/29/EU) also reinforced the obligation of the police to refer crime victims to support services. Healthcare services, in turn, are responsible for meeting the identified support needs (Government Decree 338/2011).

At the national level, different public authorities should agree on integrated care pathways and cooperation models for referring children and young people for examinations, which calls for multidisciplinary and cross-sectoral cooperation. At present, the medical database of the Finnish Medical Society Duodecim contains integrated care pathways published for sexual violence victims in the Pirkanmaa Hospital District (PSHP) and the Northern Ostrobothnia Hospital District (PPSHP). (See also Chapter 6.) There are currently no integrated care pathways in place that would lead directly from the police and social welfare services to healthcare services. There is considerable need for such pathways, as most pre-trial investigations do not request executive assistance from healthcare services.

Parties providing personal psychosocial support for children and young people should be professional and well versed in the subject (Istanbul Convention, Finnish Treaty Series 53/2015). Under the Istanbul Convention, the needs of victims must be met and secondary victimisation must be prevented while relevant professionals must be provided with appropriate training. The programme to address reform in child and family services (LAPE) aims to introduce integrated service packages to child and family services (Ministry of Social Affairs and Health 2019). The Istanbul Convention (Finnish Treaty Series 53/2015) and the Victims' Directive (2012/29/EU) impose an obligation to refer victims to necessary support services. Support deployed from child and adolescent psychiatry units or third-sector expert organisations to forensic child and adolescent psychiatry/psychology and/or medical units would sustain families and young people during pre-trial investigations (THL 2019a), stepping up access to psychological support.

It is possible to mitigate the serious consequences of violence against children and young people by increasing cooperation between colleagues and different services (Office of the Prime Minister, Norway).

10.5 Minimising the harmful effects of sexual violence on children: psychosocial support, assessment of psychological care needs and provision of treatment

Author: Marja Darth, Kuopio University Hospital (KUH)

More than one in four children experience a significant traumatic event before reaching adulthood (Costello et al. 2002). Children may also be exposed to multiple repeated ACEs and a higher risk of resulting long-term negative health effects (Hughes et al. 2017; see also Chapters 2 and 8). Many child victims of sexual violence, in particular, will not only require psychosocial support, but also other types of therapeutic help to recover from the negative psychological consequences of abuse. While it is vital to arrange psychosocial support and assess the child's psychological status and care needs – without neglecting the support needs of their close family and friends – there are regional variations in terms of the creation

of integrated care pathways and the effectiveness of existing practices. (See also Chapter 6.)

It is possible to identify interfaces between clinical care needs assessments and preparation of care plans, on the one hand, and individual harm assessments of sexual violence victims, on the other. Similar to therapeutic interventions, there are also variations in the expertise of staff involved in conducting individual harm assessments in terms of the psychological and central nervous system effects of sexual violence experienced by a child (see Chapter 12).

10.5.1 Stabilising the situation and providing psychosocial support

The Lanzarote Convention requires setting up multidisciplinary structures in support of child victims of sexual exploitation and abuse and informing them of support services (Finnish Treaty Series, 88/2011). Psychosocial support includes psychological first aid to prevent or alleviate the consequences of psychological stress caused by a traumatic experience (Post-Traumatic Stress Disorder. Current Care Guideline 2014). As a general rule, a child victim's natural circle of close, non-abusive family members and friends plays a key role in providing support. Sexual violence against a child is bound to shock their close family and friends to such an extent that it is almost always necessary to arrange special support for them as well. University hospital units of forensic child and adolescent psychiatry and psychology conduct evaluations in suspected offences involving children as executive assistance for the police and refer victims for psychosocial support in this context. While these units focus on evaluation, they also provide some psychosocial support as part of their own operations, although no joint guidelines exist for the content and amount of such support. (See also Chapters 6, 8 and 12.)

The purpose of work carried out in keeping with the LASTA model (Children's Advocacy Centre), developed by the Finnish Institute for Health and Welfare (THL 2019b), is to contribute to ensuring referral for support in cases where police pre-trial investigations do not require healthcare examinations. Three forensic child and adolescent psychiatry and psychology units have in place a screening model which promotes children's referral for the necessary support alongside collecting essential background data and drawing on scientific research (see Chapter 6). However, the existing practices do not have adequate nationwide coverage to ensure equal opportunities for all child victims and their close family and friends in

terms of referral for support and care. In the spring of 2019, the Finnish Government allocated funds for launching the Barnahus Finland project. Supervised by the Ministry of Social Affairs and Health and coordinated by the Finnish Institute for Health and Welfare (THL), the project's key objective is to guarantee a child-sensitive multidisciplinary investigation process of violent offences, while ensuring adequate support and care for the children and families concerned (THL 2019a).

According to the Victims' Directive of the European Parliament and the Council (2012/29/EU), crime victims must also be offered support for criminal proceedings and, where the victim is a child, a child-sensitive approach must prevail. One of the specific actions included in the Action plan for the Istanbul Convention for 2018–2021 (Ministry of Social Affairs and Health 2017) is to increase awareness among residents and healthcare and social welfare professionals of support services available for victims of violence. An integral part of psychosocial support is to ensure that sufficient information on third-sector support available for criminal proceedings, such as Victim Support Finland's services, is provided for child victims, taking due account of their maturity, and for their close family and friends. It is also advisable to confirm that the child and their family were able to take in the information provided about support opportunities in a stressful situation and that adults have taken action to access sufficient support. (See also Chapter 4.)

Child victims of sexual violence and their close family can access support and actions aiming to ensure and stabilise coping with everyday life provided by the public sector – including child welfare services, school social workers, primary-level mental health and psychologist services, child health clinic and school health care services, family counselling clinics, low-threshold mental health services for children and young people, and specialised medical care – as well as the low-threshold support and counselling services offered by the third sector. As a mere suspicion of a child being a victim of sexual violence may be an emotionally draining crisis, it is also advisable to carry out stabilising work as required in the event that the pre-trial investigation fails to substantiate the suspicion. (See also Chapters 2, 6 and 8.)

The key priority in stabilising the situation is to secure an environment where the child will not be subjected to further violence. This may sometimes also mean precautions concerning internet use, aiming to prevent the child from being exposed to harmful online content, considering their maturity level, and online contacts that put them at risk of sexual violence (see Chapter 11).

Based on surveys for underage target groups (Ellonen et al. 2008, Fagerlund et al. 2014), the majority of those with experiences of sexual violence are young people, whose sphere of life and contact networks are generally much broader than those of younger children. Experiences of intra-familial abuse have been rare among survey respondents. A 2009 study based on Finnish trial materials indicated that the child's parent or someone in the position of a parent had been found guilty in about a fifth of sentences imposed for sexual offences against children (Hinkkanen 2009). When a child's parent or some other family member is suspected of sexual violence against the child, it is vital to secure the child's appropriate care by taking actions that may lead to removing the child from the family environment or the alleged perpetrator away from the child's everyday life. This is required both on child welfare grounds for securing the child's situation and by the Lanzarote Convention (Finnish Treaty Series 88/2011). (See also Chapter 4.)

Sexual violence against a child may come out immediately or after varying periods of time. The psychosocial survival and psychological recovery of the child and their close family and friends can be promoted by keeping up familiar, positive daily routines and social contacts. Consequently, it is essential and desirable to continue early childhood education and care or schooling, leisure interests and important contacts with friends, whenever possible in view of the situation as a whole. Attention needs to be devoted to rest, sleep and nutrition to support the child's general wellbeing as well as to a sufficiently predictable and regular daily schedule to alleviate psychological hyperarousal. (See also Chapters 8 and 9.)

In interactions with traumatised individuals and their close family and friends as part of first-line support actions, the key is the help provider's calm, sensitive and unobtrusive contact and presence, aiming to calm down those seeking help, as they are often emotionally overburdened (Post-Traumatic Stress Disorder. Current Care Guideline 2014). The same principle of first-line trauma help applies when sexual violence against a child has come out.

The reactions and behaviour of close adults will have a bearing on how the victim of violence can cope, regardless of whether the victim is a younger or older child or an adolescent. Psychoeducation tailored to match individual and contextual receptiveness, such as information about symptoms that often develop in stressful situations and means to alleviate these, may help those who have experienced a shock by increasing their confidence in their ability to pull through. From the

outset of psychosocial support, the key is to keep up hope and alleviate the fear that victims may feel and any negative or even self-blaming thoughts that they may have about themselves. Identifying the strengths of the child and the family forms part of a high-quality work approach that, at its best, has an empowering effect. It is possible to meet the child victim and their adult caregivers both separately and in joint appointments, without neglecting siblings or those equivalent to siblings. It is essential to seek to reduce the risk of subsequent exposure to sexual violence by means such as building up the child's safety skills and arranging repeated safety skills education in order to maintain what was learned (Kenny et al. 2008, Gibson et al. 2000). This should be organised with the child's developmental stage in mind, making use of information available on interactive exercises (Aaltonen 2012, Lajunen et al. 2015). In practical terms, effective safety skills include, for example, a clear refusal expressed by the child to a threatening adult, i.e. saying "no" and telling the adult not to touch them (Leclerc et al. 2011). Children as young as three have been found to learn useful self-protection skills and a close adult's involvement in training is necessary, in particular with young children (Kenny et al. 2008). (See also Chapters 7 and 8.)

In some cases, the child's stress symptoms are so severe that they may require early help from a crisis psychologist or psychiatrist. In general terms, however, initiating extensive therapeutic interventions is not included in the immediate action taken in the early stages when sexual violence first surfaces.

10.5.2 Psychological care needs assessment

Every child who has become a sexual offence victim must have access to an expert assessment of their psychological status and care needs. When conducted by a multidisciplinary team based on scientific research and solid clinical competence in child or adolescent psychiatry, diagnostic assessment of a child's psychological status as well as careful planning and correct timing of any therapeutic interventions that the child may require will significantly promote the child's wellbeing. As part of assessing psychological care needs, it is necessary to take account of any physical harm that sexual violence may have caused to the child and its effects on the child's health and functioning. In addition to the current status, a care needs assessment also requires information about the child's prior development and life history.

It is generally possible to give an indicative estimate of the duration of the treatment required in the assessment stage, because the child's recovery is influenced by a complex set of factors involving both the child and their environment, which change over time. A careful psychological assessment can contribute to formulating a care plan that meets the needs of the child. At the same time, it helps avoid the risk of delaying the sexual offence victim's recovery or even exacerbating their psychological symptoms as a result of well-meaning but hasty therapeutic interventions that may sometimes be too intensive, considering the victim's current needs. It is important to hear the views of the child and their close family before starting treatment and to carry out the assessment and potential subsequent interventions in a culturally sensitive manner, so as to ensure that the cultural characteristics of the child and their family are appropriately considered (Saunders et al. 2003). (See also Chapter 12.)

Assessments conducted on children who have experienced sexual violence only account for a fraction of the total number of care needs assessments performed annually by family counselling clinics, mental health services for children and young people and specialised medical care units of child and adolescent psychiatry. The psychological assessments of underage crime victims have not been systematically centralised at the regional level. Specialist competence based on clinical experience and up-to-date scientific evidence brings added quality to the assessment process. Primary-level practitioners need to have sufficient opportunities to consult specialised medical care.

The nationwide dissemination of the Barnahus Finland model is expected to result in harmonising the operating models for providing assessments that are most effective in promoting the child's best interests. An individual child's overall functioning and the severity of their psychological symptoms also have a bearing on the urgency of examinations. It is advisable to adjust the scope of examinations to match what the child can currently endure. If a child is very reluctant or refuses examinations, forcing them to undergo an examination is contrary to the child's best interests. It is also necessary to consider the burdens that the examination situation or the general practical arrangements required may place on the child and their close family. Active efforts must be made to minimise such burdens.

While assessing a child's psychological status and care needs, it is important to be aware of the fact that sexual offences against children constitute a phenomenon that is manifested in varying degrees of severity. Sexual violence is influenced by an interplay of complex factors, including the frequency of violence and the age, gender and relationship of the victim and the perpetrator, which carry varying degrees of weight depending on the case. Sexual violence may involve various combinations of physical and emotional abuse, while the victim may also be subjected to emotional and physical neglect. Combined with the individual child's psychological makeup, all of the above contribute to the kind of impact that the violence will have in terms of cognitive development issues, psychological symptoms and other harmful effects on functioning. Cumulative ACEs increase the incidence of health risks and health-harming behaviours (Hughes et al. 2017; see also Chapters 2 and 8).

Resilience, i.e. the ability to overcome difficulties, varies depending on a child's level of maturity and prior life experiences, among other things. Resilience is probably influenced by both genetic and cellular mechanisms, on the one hand, and factors relating to the social context and the child's prior experiences in life, on the other (Charney 2004). When the various manifestations of violence are analysed as a whole at a general level, about 10%–25% of maltreated children will function clearly better than expected later in life (Walsh et al. 2010).

10.5.3 Organising psychological care

Some of the children who have become sexual offence victims have been sufficiently helped by first-line stabilisation actions and psychosocial support provided immediately after the violence was discovered and a follow-up assessment does not indicate any need for therapeutic intervention. In all cases – even when arranging specific follow-up is not considered necessary – it is imperative to discuss with the child and their caregivers to determine the procedures and channels for contacting a healthcare provider in the event that the child might subsequently develop symptoms. Any possible child welfare and monitoring actions to be carried out by social welfare authorities are decided by parties other than healthcare providers, but this also highlights the significance of cooperation.

Similar to assessing the needs for treatment (Saunders et al. 2003), the child victim's views, needs and concerns must also be taken into account when providing them with assistance for recovery (Finnish Treaty Series 88/2011). Therapeutic interventions should be carried out through cooperation and networks with parties operating in other sectors necessary to provide support for the child. Some children who have experienced sexual violence require intensive and long-term treatment, while psychological symptoms and functional impairments may also resurface after initial recovery, renewing the need for treatment and everyday support actions in later childhood or adulthood. Nevertheless, not all children require or even benefit from particularly intensive therapeutic arrangements or psychotherapeutic interventions. It is essential to recognise that treatment may also involve risks that need to be minimised when planning the treatment (Saunders et al. 2003).

Child victims of sexual offences react individually and not all children present with any visible symptoms (Bal et al. 2004, Kendall-Tacket et al. 1993). As young children do not have the developmental capacity to understand the meaning of sexual acts in the same way as older children and young people, their harmful effects on young children may primarily be caused by the potential physical pain and injury involved, the fear that they experience and the strange characteristics of the interactions between the child and the perpetrator. If a young child has been abused without physically hurting them – such as by giving them pleasurable sensations by touch – it may be necessary to alleviate reactive sexualised behaviour by means of therapeutic interventions aiming to reinforce interactions based on normal nurturing behaviours. Interaction therapy plays a particularly essential role in helping young children under the age of three. At that age, children are not mature enough to benefit from similar treatments to those given to older children; the techniques of individual trauma-focused therapy, for example, are not suitable for very young children. As a young child grows up and reaches a level of maturity where they begin to understand the sexual nature of an earlier violent incident, the experience may be reshaped in a traumatic manner such that the child may require individual psychotherapeutic help to deal with the issue.

Irrespective of their more developed conceptual and logical thinking, some victims who have been sexually victimised in adolescence do not recognise or are not fully aware of having been assaulted when the act(s) first come to light. This may occur when the perpetrator is not a family member and the interaction has involved

intense manipulation and, in some cases, abuse of an existing position of trust, for example. In cases that have taken place on the internet or evolved from online to real-world contact, the young victim may have at least initially perceived the relationship with the perpetrator as a romantic affair meant to be kept secret from others (see also Chapter 11).

For some young people who have gone without adequate nurturing and developmental support in their close relationships, a sexually abusive relationship may have involved positively perceived experiences of being noticed, which means that detaching from the relationship and redefining it in a negative context may stir conflicting emotions. Such a young person may also resist the idea of accepting help out of fear that the impressions and interpretations that they have consciously or unconsciously constructed as a mental shield would collapse. Moreover, a sense of shame and self-blaming thoughts may make it difficult to accept and receive the help that they are considered to require. Some difficult behaviours that may present as psychological symptoms in a normal, non-abusive setting may have partially developed in the context of abuse as necessary survival strategies, to which the child or adolescent may – understandably enough – firmly adhere.

A key prerequisite for therapeutic benefit and recovery is to ensure that the victim will not be simultaneously exposed to continued violence. As a general rule, it is possible to organise treatment in community care settings, but some children will also require a systematic (elective) period of treatment in a psychiatric ward for children or young people. If a child's symptoms present a danger to the child or those around them, it may be necessary to place them urgently in a psychiatric ward in order to ensure safety and provide treatment. When a child is not suicidal but is otherwise showing severe symptoms while refusing treatment, it is advisable to plan therapeutic support and monitoring that does not focus on individual sessions with the child.

As primary healthcare and specialised medical care services are not obliged to establish integrated care pathways for sexually victimised children, there are regional variations in this respect. Based on the severity of each child's psychological symptoms and the extent of harm caused to their development and functioning, treatment is either provided by family counselling clinics or low-threshold mental health units for children and young people, or within specialised

medical care. In some locations, third-sector organisations also provide supportive help and therapy services.

Sexually victimised children showing psychological symptoms present with a broad range of symptoms of varying degrees. Any potential symptoms caused by reasons other than the sexual offence should be taken into account in the therapeutic process. Some children present with clear post-traumatic symptoms which require therapeutic intervention. No indicators are currently in place for monitoring the regional availability of evidence-based trauma treatment techniques or the up-to-date competence of treatment providers. There are presumably regional variations in both practices and the availability of treatment based on up-to-date research evidence, which places children on an unequal footing in terms of nationwide coverage. In sparsely populated areas, where access to providers is affected by long distances, it is advisable to develop remote connections as part of both consultative and directly therapeutic practice. The Barnahus Finland project pays special attention to embedding evidence-based trauma treatments in regional structures (see also Chapters 6 and 8).

10.5.4 Acute stress reaction, post-traumatic stress disorder and trauma therapy

Unlike most mental disorders, acute stress reaction (International Classification of Diseases, 10th Revision, ICD-10), acute stress disorder (The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, DSM-5) and post-traumatic stress disorder (ICD-10) can be directly associated with an event that triggered the symptoms and a causal relationship between the event and the symptoms. In such cases, a child has a personal experience of being exposed to significant mental and/or physical stress, i.e. trauma, that poses a threat to life and health. When a stressor is of a passing, short-term nature, the resulting symptoms of an acute stress reaction will generally subside within 24 hours. Acute stress disorder, in turn, is characterised by more long-term symptoms, ranging from a few days to one month, and may sometimes involve dissociative symptoms. Panic symptoms presenting at this point have been found to be potential predictors of post-traumatic stress disorder (PTSD), which means that it is essential to identify these symptoms (AACAP 2010).

Good early psychosocial first aid will promote recovery and may prevent a subsequent trauma disorder. About 15% of children who have experienced a traumatic event (including causes other than sexual violence) will develop PTSD (Gutermann et al. 2017). The risk of developing PTSD symptoms is as much as ten times higher among those who have experienced sexual violence in early adolescence when compared with children whose all experiences of sexual violence occurred at an earlier age (Briere & Jordan 2009, Tyler 2002).

PTSD is associated with a number of symptoms that impair psychological wellbeing and reduce functioning, most notably including intrusive flashbacks and memories of the trauma, avoidance behaviours and psychological hyperarousal. A carefully conducted psychological assessment and diagnostic competence play an essential role in successfully planning therapeutic solutions that are most helpful for the child. PTSD symptoms can be clearly linked to underlying alterations in the central nervous system (see Chapter 12).

Long-term PTSD, in particular, may present in children as severe and complex difficulties with physical, mental, behavioural and cognitive control, which do not as such align naturally with the diagnostic criteria for PTSD. In the absence of adequate patient history, chronic PTSD may be misdiagnosed as childhood bipolar disorder, for example, due to significant difficulties with emotional regulation found in some traumatised children. On the other hand, however, some traumatised children may present simultaneously with both severe mood swings and post-traumatic symptoms, while others may have mood symptoms triggered by something else than a traumatic event (AACAP 2010). Post-traumatic stress disorder and attention-deficit hyperactivity disorder (ADHD) may co-occur in the same child and the chance of an overlap must be taken into account in diagnostic assessment (Puustjärvi 2016).

Debriefing sessions arranged immediately after or within a month of a traumatic event or unfocused psychological support sessions have been shown to neither benefit nor cause any real harm in terms of reducing children's acute stress disorder symptoms or preventing them from developing PTSD (Post-Traumatic Stress Disorder. Current Care Guideline 2014). There are no high-quality controlled studies on the efficacy of interventions provided within the first month following a trauma with regard to children. Consequently, there is no reason to initiate brief therapy interventions immediately during the first few weeks, perhaps with the exception of

children showing severe stress symptoms associated with significant impairment in mental wellbeing and daily functioning and/or clearly increased risk of developing post-traumatic stress disorder (WHO 2013b).

Post-traumatic stress disorder is also frequently associated with other types of psychological symptomatology, most typically depression and anxiety. The prognosis for recovery without appropriate treatment is poor (Yule et al. 2000). An extensive meta-analysis of the long-term effects of trauma treatment indicates that trauma-focused psychological interventions achieve positive long-term effects in reducing major PTSD symptoms (Gutermann et al. 2017). Trauma-focused interventions can also alleviate potential associated symptoms (Gutermann et al. 2016, Morina et al. 2016). Based on current scientific evidence, it would be advisable to consider trauma-focused cognitive behavioural therapies as the primary psychological treatment for PTSD (AACAP 2010, NICE 2005, WHO 2013b). Meta-analytical data suggests that the participation of parents and caregivers, or even members of the extended family, in trauma-focused treatment provided for a sexually victimised child has increased the positive effects of therapy (Harvey & Taylor 2010).

Most scientific evidence of effectiveness exists on trauma-focused cognitive behavioural therapy (TF-CBT) (Morina et al. 2016, Ramirez de Arellano et al. 2014). TF-CBT is provided as individual sessions with a child and joint sessions with the child and parent. The therapeutic programme includes psychoeducation, parenting support, relaxation methods, reinforcing emotional regulation and cognitive processing, gradual exposure, and reconstructing a trauma narrative. Emotional support given by a non-abusive parent in the therapeutic context may also contribute to the child's recovery from anxiety and other emotional symptoms caused by the trauma (Yasinski et al. 2016).

Eye movement desensitisation and reprocessing (EMDR) is a type of trauma-focused brief therapy, using techniques such as desensitisation by eye movements, imaginal exposure and relaxation, which is backed by some evidence of its effectiveness in reducing children's post-traumatic stress disorder and traumatic memories triggered by isolated traumatic experiences, but is still lacking extensive meta-analytical data (Diehle et al. 2015, de Roos et al. 2011, de Roos et al. 2017). Sample sizes used in research have so far been relatively small. Clinically significant remission has been achieved over a 12-month follow-up period with some children

who had received EMDR therapy. A review of the evidence base exploring the effectiveness of EMDR therapy indicates that, in some cases, positive responses to treatment have been achieved by combining EMDR therapy with cognitive behavioural therapies (Dorsey et al. 2017).

10.5.5 Treating dissociative symptoms

Sexual violence increases children's risk of dissociative symptoms (Haferkamp et al. 2015, Rivera-Velez et al. 2014). In psychiatry, 'dissociation' refers to difficulty combining thoughts, emotions, observations or memories into meaningful units in the conscious mind (Huttunen 2018). Dissociative disorders may also involve abnormalities in sensation and motor movement. In terms of symptoms, this may present as memory loss, a sense of unreality or alienation in relation to one's self, and difficulty distinguishing between reality and mental imagery. Children may exhibit absence seizures imitating epilepsy as a typical dissociative symptom (Ebeling & Erkolahti 2016).

No systematic evidence is available on treatments of dissociative abnormalities in perceptual-cognitive functions, emotional processing, sense of identity, and motor and sensory activity, on the basis of which a specific recommendation could be made (WHO 2013b). When dissociative symptoms emerge, it is advisable to plan and implement treatment in keeping with good clinical experience and with due consideration for cultural factors shaping the manifestation of symptoms. Cognitive or psychodynamic therapy may be helpful. Dissociative symptoms presenting in the acute trauma phase may pass without any specific interventions. Examining and treating prolonged dissociative symptoms may call for cooperation between specialists in psychiatry, paediatric neurology and paediatrics. A period of inpatient psychiatric treatment may be indicated in some cases (Ebeling & Erkolahti 2016).

10.5.6 Taking the structural and functional alterations caused by sexual violence in the central nervous system into account in therapeutic interventions

Childhood exposure to violence, especially when repeated over a prolonged period of time, is conducive to triggering harmful stress-induced neurobiological and hormonal alterations. It also affects immune system function and may lead to abnormalities in the structures, functions and white matter pathway connectivity of

the developing central nervous system (CNS). (Teicher & Samson 2016, Teicher et al. 2016.)

The effects of the stress hormone cortisol and immune system dysfunction may impair psychological resilience. The negative effects of early childhood violence on the development of executive functions (the brain's 'air traffic control system') may contribute to impairing a child's working memory, attention span, cognitive and psychological resilience, and development of emotional regulation, among other things. At the same time, however, CNS alterations may also play an essential role in facilitating adaptive responses conducive to the child's long-term survival in an abusive living environment. Abnormalities in executive function development increase the risk of developing psychopathology, especially mediated by difficulties with emotional regulation development (Jennissen et al. 2016). (See also Chapter 12.)

Psychological and constructive interaction therapies can demonstrably influence central nervous system function. No evidence-based scientific data is currently available on the use of neuropsychological rehabilitation or occupational therapy to promote the positive development of executive functions and reduce disorders in children who have experienced sexual violence or other forms of violence and neglect. According to a methodology review (Ortiz et al. 2016), there is some suggestive evidence of the positive effects of structured mindfulness interventions based on non-judgmental and soothing awareness in supporting the self-regulation, behaviour and mental health of children and young people with stressful experiences, such as violence. Future medical research will presumably open up opportunities for using more individually targeted treatments to mitigate negative CNS alterations (see Chapter 12).

10.5.7 Psychopharmacological treatment of sexually victimised children showing psychological symptoms

More high-quality research is needed to guide psychopharmacological treatment with regard to both sexually victimised children and those with symptoms caused by other reasons. Currently available psychotropic drugs have palliative rather than curative effects. Long-term effects of individual psychotropic drugs are not yet exactly known (Puustjärvi et al. 2016).

On its own, psychopharmacological treatment is never an alternative to psychosocial support and psychological therapies for sexually victimised children showing psychological symptoms. In some cases, medication can complement the overall treatment regimen. Pharmacological treatment of depression, anxiety or psychotic symptoms of underage sexual offence victims should be implemented as part of other psychiatric interventions in keeping with good clinical practice, taking the multifactorial context of these symptoms into account in the overall care plan. A fifth (20%) of adolescent suicidal behaviour has some association with experienced sexual abuse (AACAP 2010), while the risk of non-suicidal self-injury is significantly increased among sexually abused children (Baiden et al. 2017). (See also Chapter 12.) A potential adverse effect associated with the SSRI group of antidepressants (serotonin selective reuptake inhibitors) at the start of therapy is the triggering of dark thoughts, which must be closely considered when organising the monitoring of a child's health status and medication.

At present, there is no consensus on the benefit of using psychotropic medication in the treatment of childhood post-traumatic stress disorder; nor is there any evidence-based recommendation on the subject. The guidelines issued by the World Health Organization based on its review of the evidence base for trauma therapy (WHO 2013b) do not put forward any recommendation for psychopharmacological interventions, including the SSRI group of antidepressants.

10.5.8 Conclusions and discussion

Due to the duty to notify imposed on healthcare practitioners by the Child Welfare Act (417/2007, section 25, as amended by Act 88/2010), it can be considered unlikely that any child known by their healthcare provider to have experienced sexual violence would be provided with psychosocial support or a care needs assessment in a situation where the suspected sexual offence would not have also been reported to the police and child welfare authorities. On the other hand, there has been no assurance that psychological support would also be provided for children in cases where the pre-trial investigation does not require executive assistance from healthcare services. It must be assumed that social welfare authorities will at least assess service needs in all suspected sexual offence cases involving children. (See also Chapters 4 and 6.)

Initiating psychological first aid and other psychosocial support actions to meet the needs as soon as possible is always in the best interests of the child and their close family and friends. For reasons relating to the pre-trial investigation process, however, it may be advisable for the police officers and treatment provider involved to have a discussion about the timing of the care needs assessment.

Sexually victimised children have not been on an equal footing throughout the country in terms of referral for care needs assessment and access to therapeutic interventions to minimise psychological harm. There is room for improvement with regard to integrated care pathways. The Lanzarote Convention (Finnish Treaty Series88/2011) requires the Parties to take the necessary actions to assist victims, in the short and long term, in their physical and psychosocial recovery. With the launch of the Barnahus Finland project, the experts responsible for providing first-line support for child victims of violent offences and their families and for organising the subsequent care needs assessment and treatment have been given a strong mandate to purposefully develop and strengthen the competence and nationwide service provision required to minimise the harmful effects of violence.

As a child's clinical care needs assessment and individual harm assessment have some overlap, separating these two actions is not appropriate in view of the child's best interests and the sensible use of healthcare resources. Moving forward, it is advisable to develop the actions and practices in place to provide clinical needs assessments and individual harm assessments for sexually victimised children in a synchronised manner, so as to maximise the benefits and minimise the burdens that these will jointly produce for child victims. Conducting individual harm assessments improves the chances of compensation for distress and damage being awarded in the main hearing of criminal proceedings or as part of civil proceedings. Alongside organising the necessary treatment, awarding damages may also be of considerable significance for the child and family. (See Chapters 6 and 12.)

The increasing demand for psychiatric care among children strains resources in both primary healthcare and specialised medical care. As for physicians, a forecast until 2030 indicates that the numbers of specialists in child and adolescent psychiatry will remain unchanged (The Finnish Medical Association 2018). There is no known reason to expect any significant growth in the numbers of specialists in child or adolescent psychotherapy, at least in the short run. There are variations in both primary healthcare and specialised medical care in terms of expert knowledge

of the consequences of sexual violence against children and up-to-date scientific research concerning the effectiveness of therapeutic interventions. Introducing therapeutic interventions shown to be effective on the basis of validated meta-analytical data and training healthcare practitioners may contribute significantly to steering the efficient use of public healthcare resources with the child's best interests in mind.

10.6 Child-friendly criminal proceedings

Authors: Minna Joki-Erkkilä, Tampere University Hospital (TAYS), and Heli Lehrbäck, Häme Police Department

Delays in pre-trial investigations and evaluations complicate the work of child welfare staff, holding up referral for treatment and prolonging the agony of children, young people and their families. Moreover, protracted criminal proceedings cause unnecessary harm to innocent suspects. In cases where the innocent suspect is a caregiver, in particular, their children will also suffer. Section 7 of chapter 4 of the Criminal Investigation Act imposes an obligation to ensure that criminal investigation actions do not cause a child aged under 18 any unnecessary inconvenience at school, at work or in other environments important to them.

In its report, a Norwegian multidisciplinary and cross-sectoral committee concluded that the serious consequences of child and adolescent maltreatment can be reduced by improving cooperation between different services and authorities, investigating the cases thoroughly prior to making decisions and stepping up the proceedings and services. The report also noted that insufficient documentation and exchange of information endangered the wellbeing of the children and young people involved. Other reasons for serious consequences of violence against children included the fact that different authorities might believe the parents and not ask the children about the suspected offence, or that parental concerns were not taken seriously. (Office of the Prime Minister Norway 2014).

It would be in the best interests of the child and their family if the resources allocated to the police and the National Prosecution Authority would meet the demand in pre-trial investigations and consideration of charges. This could also step

up criminal proceedings. It would be important to assign pre-trial investigations of sexual offences against children and young people to police officers and prosecutors specialising in such cases. The investigation actions involving individuals aged under 18 referred to in the Criminal Investigation Act must, where possible, be assigned to investigators particularly trained in this function. Pre-trial investigations of sexual offences against children must be centralised to specially trained investigators, who must also maintain their professional interviewing skills.

In criminal proceedings involving children, it can also take a long time to appoint a trustee for a party aged under 18 in circumstances where there is justified reason to assume that the person having care and custody of the child, the guardian or some other legal representative cannot objectively ensure the party's interests. Delays in investigations may also lead to a situation where a child's disclosure becomes less reliable, a physical finding heals up and forensic evidence is washed away. The practices of appointing a trustee must be accelerated in order to avoid losing important evidence. Investigating sexual offences against children and young people is hard work. Police officers and prosecutors must therefore be guaranteed access to work counselling relating to their duties. (See also Chapters 4, 6 and 8.)

10.7 Assessing the care needs of suspected juvenile sexual offenders

Authors: Anna-Mari Salmivalli, Turku University Hospital (TYKS), and Minna Joki-Erkkilä, Tampere University Hospital (TAYS)

10.7.1 Juvenile offenders

In sexual offences committed in Finland against individuals aged under 18, the perpetrator is typically male while the victim is a girl. This is the case in the majority (90%) of the incidents. Offences committed by women are isolated cases. People convicted of child sexual abuse are typically males aged between 17 and 30. Among these, the largest group consists of perpetrators aged between 20 and 25 (about 19%), but they are followed by the 15–20 age group (about 16%). (Hinkkanen 2009.)

US research had found that 35% of sexual offenders involving victims aged under 18 were also under 18 years of age. Likewise, this age group also accounted for half of sexual offences against victims aged under 12. (Finkelhor & Ormrod 2001.) It is important to provide children and young people with guidance on the fact that they cannot violate other people's integrity. Consequently, there have been some suggestions that the likelihood of future sexual violence perpetration could be reduced by means of well-designed school-based prevention programmes that also engage parents (Letourneau et al. 2017).

Research further indicates that treatment programmes designed for sexual abuse victims should address the possibility that a victim may also become a perpetrator. While a history of sexual victimisation does increase predisposition to becoming an abuser, most sexual offenders do not have personal experience of childhood sexual violence; nor will most victims of childhood sexual violence become sexual offenders. (Krug et al. 2002, CDC 2019, Whitaker et al. 2008, Letourneau et al. 2017, Durlak et al. 2010.) It is also conceivable that, while providing appropriate treatment for victims decreases the harmful effects of sexual violence, treatment is highly likely to reduce the risk of victims turning into sexual offenders as well.

Efforts to prevent sexual violence have traditionally focused especially on protecting children and improving their safety skills. In recent years, however, some experts have advocated for a shift in focus from protection-centred to a different type of approach, i.e. towards aiming to prevent people from committing sexual offences (WHO 2009 & 2018). (See also Chapter 11.)

Research has identified several individual, communal, social and interpersonal factors associated with an increased risk of sexual offending. Among other things, such risk factors include family dysfunction (harsh discipline, poor attachment), history of childhood sexual violence or physical abuse, social skills deficit, aggression, substance abuse, delinquency, paranoia, antisocial personality disorder, mental illness, anxiety, loneliness, deviant sexual interest, sexual dysfunction, high sex drive, difficulty with intimate relationships, and cognitions tolerant of adult–child sex (WHO 2018).

Recommended ways of reducing the risk of offending include supporting and strengthening positive parenting and parent–child attachment, intervening in

atypical sexual interests at an early stage, and providing social skills training by means such as efficient programmes. (See also section 10.2.2 and Chapters 2, 7 and 8.)

10.7.2 Adolescent psychiatric treatment of juvenile offenders

There is a clear nationwide need for actions targeted at juvenile sexual offenders. Adolescent psychiatric treatment of juvenile offenders may contribute to preventing future sexual offending. Finland has undertaken to protect children against sexual exploitation and abuse under the Council of Europe Lanzarote Convention (Finnish Treaty Series, 88/2011). Its Article 7 states: "Each Party shall ensure that persons who fear that they might commit any of the offences established in accordance with this Convention may have access, where appropriate, to effective intervention programmes or actions designed to evaluate and prevent the risk of offences being committed." (See also Chapter 4.)

Young people who have committed offences must be admitted to specialised medical care according to the same criteria as everyone else. Some cases involving an immediate threat of violence may also fulfil the criteria for involuntary treatment under the Mental Health Act (1116/1990). Juvenile offenders have higher than average needs for psychiatric care. Primary-level services must assess their need for referral according to the same criteria as everyone else.

No specific referral mechanism is in place for juvenile offenders. As their questioning remains the responsibility of police, referral will probably be left to chance and up to the individual investigator's level of knowledge of the subject. In difficult cases, the police may request executive assistance from forensic child and adolescent psychiatry units. Nor is there any specific integrated care pathway for juvenile offenders, with the exception of the Psychiatric Treatment and Research Unit for Adolescent Intensive Care (EVA) within the Pirkanmaa Hospital District, which has a treatment programme for juvenile sexual offenders. However, the programme is primarily intended for child abusers who have quite clear developmental and mental problems. There is no corresponding programme for antisocial young people who may have raped a peer, for example.

Crimes committed by an underage individual always call for the attention of child welfare authorities. As part of assessing the need for social or child welfare

actions, it is also prudent to examine whether an offending adolescent might require psychiatric care. Although juvenile offenders have more mental disorders than non-offending young people, criminal behaviour cannot be equated with mental disorders and offending young people do not invariably require psychiatric treatment.

The lack of an integrated care pathway is a clear problem in Finland. Access to and referral for treatment and the interventions provided should nevertheless be systematic. To some extent, the situation may stem from attitudes: juvenile offenders are more likely to be regarded as child welfare clients than as psychiatric patients. People are also afraid of unnecessary 'medicalisation' of problems. However, issues such as behavioural disorders should be treated because early intervention and treatment will improve the prognosis.

Tertiary prevention interventions targeting juvenile sexual offenders aim to prevent recurrence and escalation of harmful risk-taking behaviours by means of effective referral arrangements to prevent violence. The SERITA project in the City of Oulu aims to prevent and reduce sexual offences among people aged over 15. Likewise, the Anchor teams aim to prevent the social exclusion of children and young people. The Anchor model is based on multi-agency cooperation, which involves multidisciplinary authorities working together at police stations. An Anchor team is made up of a police officer, a social worker, a psychiatric nurse and a youth worker, who are all municipal employees, with the exception of the police officer. They cooperate closely as a team, each bringing to the team their own professional competence and the support and expertise of their own background organisation. The target group consists of young offenders (aged 15 to 20), young people who have experienced or been exposed to domestic violence and radicalised young people, as well as adult victims and perpetrators of domestic violence. (Moilanen et al. 2019.)

Self-care instructions are available in the Health Village portal at Terveyskyla.fi, developed by specialists in cooperation with patients as a digital service for specialised medical care. One of its subsites, Mental Hub (Mielenterveystalo.fi), includes a self-care section where one of the packages is entitled "Sexual interest in children". The package includes information about the phenomenon and guidance on recognising harmful thoughts and seeking outside help, among other things.

Following this programme will naturally require recognising the problem and willingness to change. (Health Village 2019; see also Chapter 11.)

The Tampere Settlement Association runs an individual rehabilitation programme entitled ('New direction'). This structured 16-session programme is intended for people who are concerned about their harmful sexual behaviours or fantasies, including those who have already committed sexual offences. People trained in the method include the crisis workers in a specific unit of the Tampere Settlement Association, while some also work in prisons and in the private sector. Treatment organised in the private sector may not necessarily be covered by any outside financial aid provider, which means that those seeking treatment may need to pay for the service themselves.

10.7.3 Physical examinations for suspected sexual offenders and STI prevention, screening and treatment

The Communicable Diseases Act (1227/2016, section 22) provides as follows: "In order to prevent the spread of the disease, a person who has or is justifiably suspected of having a generally hazardous or monitored communicable disease is obliged to provide the physician investigating the matter with information regarding his or her view of the manner, date and place of infection, as well as the names of persons who may have been the source of infection or may have been infected."

No integrated care pathway for suspected sexual offenders currently exists from the police to healthcare services for screening for and treatment of sexually transmitted infections (STIs). Suspicion of an STI, such as generally hazardous syphilis or a monitored venereal disease, may be raised by a child's disclosure, for example. In such cases, referral of a suspected offender for a physical examination must not rest on an unclear referral pathway. The Communicable Diseases Act (section 21) also provides as follows: "Notwithstanding confidentiality provisions, an attending physician must submit a notification to the physician in charge of communicable diseases in the municipality or joint municipal authority for hospital district, if he or she discovers that his or her patient is suffering, or has suffered in his or her lifetime, of a generally hazardous or monitored communicable disease which may constitute a risk of infection to another person." The Act (sections 14–16) further notes that the competent Regional State Administrative Agency may order compulsory

participation in a health examination "if necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous".

The physician examining a sexual violence victim during a pre-trial investigation will not necessarily have the suspected offender's personal details and the suspect will not be their patient, which creates challenges in terms of submitting a notification and referral to the physician in charge of communicable diseases. In such cases, the responsibility will fall to the police and social welfare authorities. In practical terms, suspected sexual offenders are seldom referred for STI screening by the police or social welfare services.

Under the Communicable Diseases Act, the victim is also entitled to be informed of any STIs that they may have been infected with by the suspected offender. Early information on an STI allows the infection to be treated in a timely manner and, consequently, prevents late complications.

10.7.4 Conclusions and discussion

Finland has undertaken to protect children against sexual violence under the Council of Europe Lanzarote Convention (Finnish Treaty Series 88/2011). An efficient referral pathway for juvenile sexual offenders and their effective adolescent psychiatric treatment will reduce and prevent the risk of recidivism. Screening for STIs and providing treatment as required will reduce their spread and long-term morbidity among both sexual offenders and victims. The chances of prevention could be improved by means of an integrated pathway from the police or social welfare services to healthcare, developed as a result of systematic cross-sectoral and multidisciplinary cooperation.

Table 15. Prevention of sexual violence and minimisation of harmful effects. Objectives and actions for 2020–2025. (NB! The proposed actions are not listed in any order of priority.)

PREVENTION OF SEXUAL VIOLENCE AND MINIMISATION OF HARMFUL EFFECTS		
Overall objective: To prevent and reduce the harmful effects of sexual violence on mental, physical, sexual and reproductive health.		
Objective 1: To train all professionals to identify and address sexual violence against children and young people.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. As a first step, adding contents relating to sexual violence and its prevention to basic and continuing education for public health nurses and midwifes, also taking account of children and young people in vulnerable situations (see Chapter 13). Extending these contents to also cover other occupational groups as part of the mid-term review of the Action plan.	Increasing awareness of the issue among professionals will improve their ability to detect and deal with cases in an effective and child-sensitive manner at an early stage (WHO, 2002). Professional training is encouraged in international and national recommendations and Finland is committed to this in accordance with international agreements (Lanzarote Convention, Istanbul Convention). Children and young people in vulnerable situations are exposed to a higher risk of sexual victimisation (results of the 2019 School Health Promotion Study). Professionals require support to interact with these children and young people and to prevent and identify violence (see Chapter 13).	Higher education institutions, Finnish Education Evaluation Centre (FINEEC), Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare (THL)
Indicators: Contents of the study modules of basic and continuing education programmes for public health nurses and midwifes covering sexual violence and its prevention in 2020–2025.		

Objective 2: To support protective factors against sexual violence and to reduce predisposing factors to victimisation and personal risk factors for sexual violence perpetration.		
Actions	**Rationale**	**Responsible parties and participants**
Action 2. Making an inventory of treatment programmes available for people with paedophilic and hebephilic tendencies and the numbers of clients enrolled on these by 2023 within the Finnish Institute for Health and Welfare (THL) as part of the Barnahus project. • Improving the availability of effective treatment programmes for people with paedophilic/hebephilic tendencies in keeping with the nationwide inventory.	Istanbul Convention (Finnish Treaty Series 53/2015)	Ministry of Social Affairs and Health Regions Municipalities
Indicators: The THL inventory of treatment programmes available for people with paedophilic and hebephilic tendencies and the numbers of clients enrolled in 2019–2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 3. Enhancing and harmonising integration actions in terms of the rights of children and women for immigrants from countries that are culturally very different from Finland in this respect. Taking the right of immigrant children and young people to a safe everyday life into account in integration actions. Developing a national operating model and enhancing integration actions by means of an integration package.	The proportion of suspected sexual offenders of foreign origin has risen from 13% in 2009 to 19% in 2018 (Statistics Finland, 2019). Children and young people from foreign backgrounds are also exposed to a higher risk of sexual victimisation (Wickström 2017). Integration is listed as one of the actions to prevent sexual violence in the package of additional actions published by the Finnish Government in February 2019.	Ministry of the Interior, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare (THL), Ministry of Economic Affairs and Employment, Ministry of Justice, Finnish Immigration Service (Migri) Municipalities
Indicators: • relative proportions of immigrants involved in sexual offences against children 2019–2022–2025; • proportions of those who have completed the basic course in Finnish society out of all immigrants in 2022–2025; • a national operating model for integration developed between 2020 and 2025.		

Actions	Rationale	Responsible parties and participants
Action 4. Adding contents dealing with safety skills and sexuality education to national guidelines and recommendations for maternity and child health clinic services.	Maternity and child health clinic services (i.e. the public health nurses and other staff members working at health clinics) reach almost all expecting families and those with children under school age in Finland. The Finnish Institute for Health and Welfare will begin updating the national guidelines and recommendations for maternity and child health clinic services in 2020 (for further details about the theme, see Chapters 7 and 8).	Ministry of Social Affairs and Health, THL
Indicators: Contents dealing with safety skills and sexuality education in national guidelines and recommendations for maternity and child health clinic services in 2020–2025.		

Objective 3: To improve the quality of emergency physical examinations for victims of sexual violence.		
Actions	**Rationale**	**Responsible parties and participants**
Action 5. Improving and standardising the quality of emergency physical examinations relating to sexual offences against children by concentrating examinations in specialised units. Adding a requirement concerning emergency examinations for sexual offence victims to specialisation for paediatric, and gynaecology and obstetrics programmes. Providing registered nurses with continuing training for emergency examinations of sexual offence victims. Conducting physical follow-up examinations after emergency examinations. Submitting medical statements for review by experts.	The quality of emergency physical examinations varies nationally. Act 1009/2008 on organising the investigation of sexual and assault offences against children requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. The Lanzarote Convention (Finnish Treaty Series 88/2011) and the Istanbul Convention (Finnish Treaty Series 53/2015) oblige Finland to develop services provided for child victims of sexual violence. By virtue of the Victims' Directive (2012/29/EU), a victim is entitled to be informed of the type of support and assistance they can obtain, including medical and psychological support, taking due account of the child's best interests as well as their individual needs and characteristics.	Ministry of Social Affairs and Health, THL, Regional State Administrative Agencies (AVI Agencies), Ministry of the Interior Specialised hospital districts
Indicators: • age distribution of victims at Seri Support Centres by 2025; • operational expansion in keeping with the Barnahus model standards by 2025; • integrated care pathways for sexual offence victims and cooperation models in emergency and follow-up examinations in place by 2025; • a continuing training programme for registered nurses and physicians on how to conduct emergency examinations on sexual offence victims coordinated and provided in cooperation between the Tampere University of Applied Sciences, the Pirkanmaa Hospital District (PSHP) and the National Police Board (POHA); • numbers of physical follow-up examinations in 2020–2025; • numbers of reviewed medical statements in expert units (Seri Support Centres, forensic child and adolescent psychiatry units) in 2020 and 2025.		

Actions	Rationale	Responsible parties and participants
Action 6. Ensuring prevention of sexually transmitted diseases and referral for treatment in keeping with the Seri Support Centre model as part of investigations of sexual offences against children and young people. Creating an integrated care pathway and cooperation model between different parties. Drawing up intranet guidelines within specialised medical care and assigning responsibilities for updating these on a regular basis.	Communicable Diseases Act (1227/2016)	THL, AVI Agencies, Ministry of Social Affairs and Health Specialised medical care
Indicators: • annual follow-up rates of patients under the age of 18 receiving HIV post-exposure prophylaxis at infectious diseases outpatient clinics in suspected cases of sexual offences (HILMO system) in 2020—2025; • annual consumption of hepatitis vaccines by hospital in 2020–2025; • a nationwide checklist in place by 2022; • regional integrated care pathways and cooperation models for procedures in keeping with the standards of Seri Support Centres and the Barnahus model in place by 2025.		

Objective 4: To improve inter-agency cooperation in order to ensure victims' access to physical examinations and psychological care.		
Actions	**Rationale**	**Responsible parties and participants**
Action 7. Arranging referral of child victims of sexual offences for treatment in cases where inter-agency cooperation does not require executive assistance from healthcare services. Creating cross-sectoral operating models to improve cooperation between the police, social welfare and healthcare in keeping with the standards of the Barnahus model. Designating local cooperation partners and roles and creating integrated care pathways. Providing public officials with regular training on the operating models.	A health examination is recommended for all children suspected of being victims of sexual offences (Ellonen & Rantaeskola 2016). The Child Welfare Act (417/2007) requires health centres and hospital districts to provide expert assistance in child- and family-specific child welfare and, where necessary, arrange an examination and healthcare and therapy services for the child. The Istanbul Convention (Finnish Treaty Series 53/2015) and the Victims' Directive (2012/29/EU) impose obligations to protect victims, treat them in a sensitive manner and refer them to necessary support services. Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016). Health Care Act (1326/2010, section 12) Social Welfare Act (1301/2014, section 9), Child Welfare Act (417/2007, section 12) Criminal Investigation Act (805/2011, chapter 4, section 18)	MOI, POHA • police (as a referring party) • emergency social services MSAH, THL, AVI Agencies Healthcare and social welfare Specialised medical care
Indicators: • cross-sectoral inter-agency cooperation models for referral from the police or social welfare to healthcare by 2025; • regular local training for police officers and social welfare staff by forensic child and adolescent psychiatry/psychology and medical units.		

Actions	Rationale	Responsible parties and participants
Action 8. developing regional integrated care pathways for sexually victimised children in medical units: providing sexual offence victims with integrated care pathways from psychiatric units for physical examinations and from medical units for psychosocial support and care needs assessments; putting first-line psychological support in place in cooperation between child and adolescent psychiatry units and those investigating offences against children and young people; providing victims with care nationwide in keeping with Barnahus quality standards.	Local authorities are obliged to monitor the wellbeing of children and young people in their wellbeing reports under the Health Care Act (1326/2010, section 12) and the Child Welfare Act (417/2007, section 12). The Child Welfare Act requires health centres and hospital districts to provide expert assistance in child- and family-specific child welfare and, where necessary, arrange an examination and healthcare and therapy services for the child. The programme to address reform in child and family services aims to introduce integrated service packages to child and family services. The Istanbul Convention (Finnish Treaty Series 53/2015) and the Victims' Directive (2012/29/EU) impose an obligation to refer victims to necessary support services. Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016).	Ministry of Social Affairs and Health, THL Specialised medical care
Indicators: • national integrated care pathways between Seri Support Centres, forensic child and adolescent psychiatry/psychology and medical units and other relevant healthcare clinics by 2025 (coordinated by the Barnahus project); • regional care providers with relevant expertise designated for suspected cases of sexual and abuse offences against children and young people by 2025; • outreach psychoeducation and support for forensic child and adolescent psychiatry/psychology and/or medical units in place by 2025.		

Actions	Rationale	Responsible parties and participants
Action 9. Establishing social paediatrics units in all university and central hospitals. Organising follow-up examinations in unclear, alarming cases. Developing and improving cooperation with child welfare services.	While suspicions may not necessarily be confirmed during pre-trial investigations of suspected sexual, physical and other abuse cases, serious concerns about a child's situation may still remain, calling for regular follow-up that requires specialist expertise. Intervention and monitoring are as such actions that can put an end to sexual or other abuse. The programme to address reform in child and family services aims to introduce integrated service packages to child and family services.	Ministry of Social Affairs and Health, THL Specialised medical care/hospital districts
Indicators: Social paediatrics outpatient clinics established by 2025 in all university and central hospitals that do not currently have one.		

Objective 5: To arrange psychosocial support for sexually victimised children and their close family and friends and to ensure that the children are provided with care needs assessments and treatment.		
Actions	**Rationale**	**Responsible parties and participants**
Action 10. Developing regional integrated care pathways for sexually victimised children. Determining responsibilities for monitoring the timeliness and effectiveness of the integrated care pathways. Providing victims and their families with care in keeping with Barnahus quality standards nationwide.	Sexually victimised children should have equal access to psychosocial support, assessment of care needs and treatment. The Lanzarote Convention (Finnish Treaty Series 88/2011): necessary actions are to be taken to assist victims, in the short and long term, in their physical and psychosocial recovery. Integrated care pathways vary nationally and some areas may have no guidance in place at all, increasing the risk of sexually victimised children being excluded from the care that they require.	THL, Ministry of Social Affairs and Health Specialised medical care and primary healthcare Mental health service units for children and young people Child guidance and family counselling clinics
Indicators: Integrated care pathways created by the national Barnahus project and partners by 2025.		

Objective 6: To implement timely and high-quality therapeutic interventions to minimise harm based on up-to-date research.		
Actions	**Rationale**	**Responsible parties and participants**
Action 11. Promoting practices in keeping with trauma-focused cognitive behavioural therapy (TF-CBT) expertise and the Current Care Guideline for Post-traumatic Stress Disorder in healthcare units responsible for treating sexually victimised children.	There are regional variations in access to treatment and in the use of therapeutic interventions shown to be effective on the basis of scientific evidence, placing sexually victimised children in an unequal position and hindering the efficient use of healthcare resources.	Specialised medical care THL
Indicators: Availability of trauma-focused cognitive behavioural therapy in units treating sexually victimised children: numbers of specialised medical care units and other service providers offering TF-CBT in 2020–2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 12. Entrusting university hospitals with the responsibility for training regional parties on the use of therapeutic techniques for sexually victimised children.	Sexually victimised children's prognosis for recovery is better when therapeutic interventions are based on up-to-date research evidence. Healthcare staff require continuous training to ensure quality.	THL, Ministry of Social Affairs and Health University hospitals
Indicators: Parties responsible for training courses designated by hospital district by 2025; numbers of training courses organised in 2020–2025.		

Overall objective: To prevent secondary harm caused by criminal investigation processes and court proceedings.		
Objective 7: To make criminal processes as child-friendly as possible.		
Actions	Rationale	Responsible parties and participants
Action 13. Increasing the resources of and cooperation between law-enforcement and prosecuting authorities to speed up pre-trial investigations and court proceedings. Centralising investigations of sexual offences against children and young people to specially trained investigators and prosecutors. Harmonising and accelerating the practices of appointing trustees nationwide. Improving the flow of information to families at different stages of criminal investigations.	Section 7 of chapter 4 of the Criminal Investigation Act (805/2011) imposes an obligation to ensure that criminal investigation actions do not cause individuals aged under 18 any unnecessary inconvenience at school, at work or in other environments important to them. During a pre-trial investigation, timely cooperation between the police and other authorities is important in terms of a fair trial and the child's best interests.	Ministry of the Interior, Ministry of Justice, Ministry of Social Affairs and Health, THL, POHA
Indicators: • numbers of police investigators specialised in offences against children and special prosecutors by 2025; • length of cases of sexual offences against children from pre-trial investigation to court decision reduced by 2025 when compared with the situation in 2019; • a study on the speed of appointing trustees.		

Overall objective: To develop the treatment of juvenile sexual offenders.		
Objective 8: To assess the care needs of juvenile sexual offenders and to develop integrated care pathways for them.		
Actions	Rationale	Responsible parties and participants
Action 14. Developing the psychiatric care needs assessments of juvenile sexual offenders. Creating national integrated care pathways.	No specific national referral mechanism is in place for juvenile offenders and there are gaps in referral practices. Adolescent psychiatric treatment of juvenile offenders must be organised as a preventive action. The programme to address reform in child and family services aims to introduce integrated service packages to child and family services. Psychosocial support providers should be professional and well versed in the subject.	Ministry of Social Affairs and Health, THL
Indicators: Regional integrated care pathways for referral of sexual offenders created by 2025.		

Actions	Rationale	Responsible parties and participants
Action 15. Providing suspected sexual offenders with an integrated care pathway from the police and social welfare services to units screening for sexually transmitted infections (STIs). Creating a nationwide cross-sectoral pathway for informing suspected offenders of potential infection in the context of sexual violence. Creating a communication pathway to inform the physician who examined the sexual violence victim of a diagnosed STI of an alleged offender.	Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016).	THL, AVI Agencies, Ministry of Social Affairs and Health
Indicators: • number of sexual offenders referred to STI units by the police or social welfare services by 2025; • the cross-sectoral integrated care pathways mentioned under the Action 15 in place by 2025.		

SOURCES

Aaltonen J. 2012. Turvataitoja nuorille [*Safety skills for young people*]. Opas [*Handbooks*]: 21. Finnish Institute for Health and Welfare.
Available in Finnish at: http://urn.fi/URN:ISBN:978-952-245-611-3

Act on organising the investigation of sexual and assault offences against children 1009/2008.
Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2008/20081009

Adams JA, Farst KJ & Kellogg ND. 2018. Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018. J Pediatr Adolesc Gynecol 31:225–231.

Adams JA, Harper K & Knudson S et al. 1994. Examination Findings in Legally Confirmed Cases of Child Sexual Abuse: It's Normal to be Normal. Pediatrics. 94:310.

Adams JA, Kaplan RA, Starling SP, Mehta NH, Finkel MA, Botash AS, Kellogg ND & Shapiro R.A. 2007. Guidelines for medical care of children who may have been sexually abused. J Pediatr Adolesc Gynecol. 20:163–172.

Adams JA, Starling SP, Frasier LD, Palusci VJ, Shapiro RA, Finkel MA & Botash AS. 2012. Diagnostic accuracy in child sexual abuse medical evaluation: Role of experience, training, and expert case review. Child Abuse Negl. 36:383–392.

American Academy of Child and Adolescent Psychiatry (AACAP). 2010. AACAP Official Action. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 49; 4: 414–430.

Assink M, van der Put CE, Meeuwsen MCM, Jong NM, Oort FJ, Stams GJ & Hoeve M. 2019. Risk factors for child sexual abuse victimization: A meta-analytic review. Psychol Bull. doi: 10.1037/bul000018

Australian Royal Commission into Institutional Responses to Child Sexual Abuse. 2017. Final report recommendations. Available at: https://www.childabuseroyalcomission.gov.au/sites/default/files/final_report_-_recommendations.pdf

Baiden P, Stewart SL & Fallon B. 2017. The role of adverse childhood experiences as determinants of non-suicidal self-injury among children and adolescents referred to community and inpatient mental health settings. Child Abuse & Neglect. 69:163–176.

Bal S, de Bourdeaudhuij I, Crombez G & van Oost P. 2004. Differences in Trauma Symptoms and Family Functioning in Intra- and Extrafamilial Sexually Abused Adolescents. Journal of Interpersonal Violence. 19: 108–123.

Barnes JE, Noll JG, Putnam FW & Trickett PK 2009. Sexual and Physical Revictimization Among Victims of Severe Childhood Sexual Abuse. Child Abuse & Neglect. 33:412–420.

Beier KM, Grundmann D, Kuhle LF, Scherner G, Konrad A & Amelung T. 2014. The German Dunkelfeld project: A pilot study to prevent child sexual abuse and the use of child abusive images. Journal of Sexual Medicine. DOI: 10.1111/jsm.12785.

Bildjuschkin K. & Nipuli S. 2018. Seksuaaliväkivallan uhrin hoitoketju [*Integrated care pathway for victims of sexual violence*]. *HUS Seri Support Centre model.* Finnish Institute for Health and Welfare Reports 10/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-204-8

Black D, Heyman E & Smith Slep A. 2001. Risk factors for child sexual abuse. Aggression and Violent Behavior. 6: 203–229.

Boyle C, McCann J, Miyamoto S & Rogers K. 2008. Comparison of examination methods used in the evaluation of prepubertal and pubertal female genitalia: a descriptive study. Child Abuse Negl. 32:229–243.

Briere EC. & Jordan CE. 2009. Childhood Maltreatment, Intervening Variables, and Adult Psychological Difficulties in Women: An overview. Trauma, Violence and Abuse. 10:375–388.

Centers for Disease Control and Prevention (CDC). 2019. Child abuse and neglect prevention. Available at: https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html#Risk%20Factors%20for%20Perpetration

Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs). USA. Available at: https://www.cdc.gov/violenceprevention/acestudy/index.html

Charney DS. 2004. Psychobiological Mechanisms of Resilience and Vulnerability: Implications for Successful Adaptation to Extreme Stress. American Journal of Psychiatry. 161; 2:195–216.

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Christian CW, Lavelle JM, De Jong AR, Loiselle J, Brenner L & Joffe M. 2000. Forensic evidence findings in prepubertal victims of sexual assault. Pediatrics. 106:100–104.

Communicable Diseases Act 1227/2016. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/2016/20161227

Copeland WE et al. 2018. Association of Childhood Trauma Exposure With Adult Psychiatric Disorders and Functional Outcomes. JAMA Network Open. 1;7:e184493. doi:10.1001/jamanetworkopen.2018.4493.

Costello EJ, Erkanli A, Fairbank JA & Angold A. 2002. The prevalence of potentially traumatic events in childhood and adolescence. Journal of Traumatic Stress. 15;2: 99–112.

Criminal Investigation Act 805/2011. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2011/20110805

de Roos C, Greenwald R, den Hollander-Gijsman M, Noorthoorn E, van Buuren S & de Jongh A. 2011. A randomised comparison of cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) in disaster-exposed children. European Journal of Psychotraumatology. 2:1–11.

de Roos C, van der Oord S, Zijlstra B, Lucassen s, Perrin S, Emmelkamp P & de Jongh A. 2017. Comparison of eye movement desensitization and reprocessing therapy, cognitive behavioral writing therapy, and wait-list in pediatric posttraumatic stress disorder following single-incident trauma: a multicenter randomized clinical trial. Journal of Child Psychology. 58;11:1219–1228.

Diehle J, Opmeer B, Boer F, Mannarino AP & Lindauer RJL. 2015. Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: what works in children with posttraumatic stress symptoms? A randomized controlled trial. European Child and Adolescent Psychiatry. 24: 227–236.

Directive 2012/29/EU of the European Parliament of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA. Available in English at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32012L0029

Dorsey S, McLaughlin KA, Kerns SEU, Harrison JP, Lambert HK, Briggs EC, Cox JR & Amaya-Jackson L. 2017. Evidence Base Update for Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events. Journal of Child and Adolescent Psychology. 46; 3:303–330.

Doyle O, Harmon C, Heckman JJ, Logue C & Moon SH. 2017. Early Skill Formation and the Efficiency of Parental Investment: A Randomized Controlled Trial of Home Visiting. Labour Economics. 45:40–58.

Duodecim Medical Journal. 134;8:837–9.

Durlak JA, Weissberg RP & Pachan M. 2010. A Meta-Analysis of After-School Programs That Seek to Promote Personal and Social Skills in Children and Adolescents. Community Psychology. 45:294–309.

Ebeling H. & Erkolahti R. 2016. Dissosiatiiviset häiriöt ja konversiohäiriöt [*Dissociative disorders and conversion disorders*]. In: Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*]. Duodecim Medical Publications Ltd. ISBN 978-951-656-461-9.

Ellonen N, Kääriäinen S, Salmi V & Sariola H. 2008. Lasten ja nuorten väkivaltakokemukset [*Experiences of violence among children and young people*]. Tutkimus peruskoulun 6. ja 9. luokan oppilaiden kokemasta väkivallasta [*A study on violence experienced by pupils in 6th and 9th grades of comprehensive school*]. Reports of the Police University College 71/2008, National Research Institute of Legal Policy Research Bulletins 87. Available in Finnish at: https://helda.helsinki.fi/bitstream/handle/10138/152529/Lasten_ja_nuorten_vakivaltakokemukset.pdf?sequence=1

Fagerlund M, Peltola M, Kääriäinen J, Ellonen N & Sariola H. 2014. Lasten ja nuorten väkivaltakokemukset 2013: lapsiuhritutkimuksen tuloksia [*Experiences of violence among children and young people 2013: Results of the child victim survey*]. Reports of the Police University College, Police University College. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-951-815-270-8

Finkelhor D. & Ormrod R. 2001. Crimes against children by babysitters. OJJDP Juvenile Justice Bulletin. NCJ 189102. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Finkel MA. & Alexander RA. 2011. Conducting the Medical History. J Child Sex Abus, 20:486–504.
Finnish Government. 2019. Preventing and combatting sexual crime. 2009. Available in English at: https://vnk.fi/documents/10616/11449843/Preventing+and+combatting+sexual+crime/821a9e5d-f9dc-e5d2-f57f-efa2cec7caa0/Preventing+and+combatting+sexual+crime.pdf
Finnish Government. 2019. Lapsiin kohdistuvan netissä tapahtuvan seksuaalirikollisuuden ennaltaehkäisy vaatii laaja-alaista yhteistyötä [*Preventing online sexual crime against children requires broad cooperation*]. Valtioneuvoston tiedote [Government press release] 28 February 2019.
Finnish Institute for Health and Welfare. 2019a. Barnahus project web page. Available in English at: https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/barnahus-project
Finnish Institute for Health and Welfare. 2019b. Handbook for child protection: LASTA-malli [*LASTA model*]. Available in Finnish at: https://thl.fi/fi/web/lastensuojelun-kasikirja/tyoprosessi/erityiskysymykset/pahoinpitely-ja-seksuaalinen-hyvaksikaytto/lasta-malli
Finnish Institute for Health and Welfare. International Classification of Diseases ICD-10. Classifications, terminology and statistical guidelines. Available in Finnish and Swedish at https://thl.fi/documents/10531/130066/Luokitukset_%20termist%C3%B6t%20ja%20tilasto-ohjeet%202011%205.pdf and in English at https://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf
Finnish Medical Association. 2018. Lääkärityövoima [*Medical workforce*]. Available in Finnish at: https://www.laakariliitto.fi/laakariliitto/tutkimus/laakarityovoima/ (with link to Erikoislääkäriennuste vuoteen 2030 [*Estimated number of specialists up until 2030*]: https://www.laakariliitto.fi/site/assets/files/5223/erikoisl_k_riennuste_2030_-_tietopaketti_-_diagnostiset.pdf).
Finnish National Agency for Education. 2018. Opas seksuaalisen häirinnän ennaltaehkäisemiseksi ja siihen puuttumiseksi kouluissa ja oppilaitoksissa [*Guide on prevention of and intervention in sexual harassments at schools and educational institutions*]. Oppaat ja käsikirjat [*Tutorials and manuals*] 2018:4a. Finnish National Agency for Education.
Finnish Treaty Series 53/2015. Government Decree on the implementation of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence and on the entry into force of the Act on the implementation of the provisions of a legislative nature in the Convention. Convention text available in Finnish and English at: https://www.finlex.fi/data/ss/2015/ss20150053.pdf
Finnish Treaty Series 88/2011. Decree of the President of the Republic on the implementation of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse and on the entry into force of the Act on the implementation of the provisions of a legislative nature in the Convention. Convention text available in Finnish and English at: https://www.finlex.fi/data/ss/2011/ss20110088.pdf
Gavril AR, Kellogg ND & Nair P. 2012. Value of Follow-up Examinations of Children and Adolescents Evaluated for Sexual Abuse and Assault. Pediatrics. 129:282.
Gibson LE. & Leitenberg H. 2000. Child sexual abuse prevention programs: do they decrease the occurrence of child sexual abuse? Child Abuse & Neglect. 24;9:1115–1125.
Girardet R, Bolton K, Lahoti S, Mowbray H, Giardino A, Isaac R, Arnold W, Mead B & Paes N. 2011. Collection of forensic evidence from pediatric victims of sexual assault. Pediatrics 128:233–238.
Government Decree on maternity and child health clinic services, school and student health services and preventive oral health services for children and youth 338/2011. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2011/20110338
Gray-Eurom K, Seaberg D & Wears R. 2002. The prosecution of sexual assault cases: correlation with forensic evidence. Ann Emerg Med 39:39–46.
Gutermann J, Schreiber F, Matulis S, Schwartzkopff L, Deppe J & Steil R. 2016. Psychological Treatments for Symptoms of Posttraumatic Stress Disorder in Children, Adolescents, and Young Adults: A Meta-Analysis. Clinical Child and Family Psychology Review. 19:77–93.
Gutermann J, Schwartzkopff L & Steil R. 2017. Meta-analysis of the Long-Term Treatment Effects of Psychological Interventions in Youth with PTSD Symptoms. Clinical Child and Family Psychology Review. 20: 422–434.
Haferkamp L, Bebermeier A, Möllering A & Neuner F. 2015. Dissociation is associated with emotional maltreatment in a sample of traumatized women with a history of child abuse. Journal of Trauma and Dissociation. 10:86–89.

Hagemann CT. 2014. Medical findings and legal outcome among postpubertal women attending the Sexual Assault Centre at St. Olavs Hospital, Trondheim, Norway. A record-based study. Norwegian University of Science and Technology. Trondheim, Norway.

Hakulinen-Viitanen T, Hietanen-Peltola M, Hastrup A, Wallin M & Pelkonen M. 2012. Laaja terveystarkastus – Ohjeistus äitiys- ja lastenneuvolatoimintaan sekä kouluterveydenhuoltoon [*Extensive health check – Guidelines for maternity and child health clinic and school health care services*]. Finnish Institute for Health and Welfare Handbooks 22/2012. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-245-708-0

Hakulinen T, Hietanen-Peltola M, Vaara S, Merikukka M & Pelkonen M. 2017. Laajoista terveystarkastuksista hyötyvät sekä perheet että neuvolahenkilöstö – ammattilaisten kokemuksia [*Extensive health checks benefit both families and health clinic staff – Experiences of professionals*]. Finnish Institute for Health and Welfare Research Overviews 33/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-951-4

Hakulinen T, Hietanen-Peltola M, Vaara S, Merikukka M & Pelkonen M. 2018. Ajanmukaiset käytänteet ja pitkät perinteet neuvolassa ja kouluterveydenhuollossa [*Up-to-date practices and long traditions*]. Palvelujen seurantatutkimus 2016–2017 [*Follow-up study of maternity and child health clinic and school health care services 2016–2017*]. Finnish Institute for Health and Welfare *Reports* 11/2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-190-4

Harold G. & Sellers R. 2018. Interparental conflict and youth psychopathology: an evidence review and practice focused update. Annual research review. Journal of Child Psychology and Psychiatry. 59:374–402.

Harvey ST. & Taylor JE. 2010. A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents. Clinical Psychology Review. 30; 5:517–535.

Health Care Act 1326/2010. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2010/20101326

Heckman JJ, Holland ML, Makino KK, Pinto R & Rosales-Rueda M. 2017. An analysis of the Memphis nurse-family partnership program. National Bureau of Economic Research. Working Paper 23610.

Hepatitis B vaccination. Finnish Institute for Health and Welfare Recommendations (25 June 2019). Available in Finnish at: https://thl.fi/fi/web/rokottaminen/rokotteet/hepatiitti-b-rokote

Herzog JI. & Schmahl C. 2018. Adverse Childhood Experiences and the Consequences on Neurobiological, Psychosocial, and Somatic Conditions Across the Lifespan. Frontiers in Psychiatry. 9:420.

Hietanen-Peltola M, Vaara S, Hakulinen T & Merikukka M. 2019. Kouluterveydenhuollon terveystarkastukset: sisällöt yksilöllisiä, järjestämistavat vaihtelevat [*Health checks in school health services: personalised contents, varying provision methods*]. Finnish Institute for Health and Welfare Research Overviews 26/2019. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-375-5

Hiltunen-Back E, Brummer-Korvenkontio H, Kauppinen J, Keronen J, Pasanen S, Ristola M & Sutinen J. 2019. Uutta hivin ehkäisyssä: New developments in HIV prevention: HIV pre-exposure prophylaxis, PEP. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-321-2

Hinkkanen V. 2009. Lapsen seksuaalinen hyväksikäyttö [*Sexual abuse of children*]. Tutkimus rangaistuskäytännöstä ja seksuaalirikosten uusimisesta [*A study of sentencing practices and sexual reconvictions*]. *National Research Institute of Legal Policy Publications* 92. Helsinki. Available in Finnish at: http://hdl.handle.net/10138/152523

HIV pre-exposure prophylaxis. Available in Finnish at: http://arvosta.fi/hiv-altistuneen-laakkeellinen-estohoito-ei-ammatillisen-altistustapahtuman-jalkeen-npep/

HIV prevalence rates. Available at: http://www.unaids.org/en/regionscountries/countries/

Hornor G, Thackeray J, Scribano P, Curran S & Benzinger E. 2012. Pediatric sexual assault nurse examiner care: trace forensic evidence, ano-genital injury, and judicial outcomes. J Forensic Nurs. 8;3:105-11. doi: 10.1111/j.1939-3938.2011.01131.x.

Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L & Dunne MP. 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health. 2; 8: 356–366.

Huttunen M. 2018. Tietoa potilaalle: Dissosiaatiohäiriö (ajatusten, tunteiden, tekojen ym. erillisyys) [*Patient information: Dissociative disorder (separation of thoughts, feelings, actions, etc.)*]. Duodecim Medical Book. Accessed on 30 November 2018. Available in Finnish at: https://www.terveysportti.fi/apps/ltk/dlk00360?search=dissosiaatio

Ikonen R. & Halme N. 2018. Lasten ja nuorten kokema seksuaalinen häirintä ja väkivalta [*Sexual harassment and violence experienced by children and young people*]. Kouluterveyskyselyiden 2017 tuloksia [*Results of the 2017 School Health Promotion Studies*]. *Finnish Institute for Health and Welfare – Research Overviews* 6/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-091-4

Ikonen R.& Helakorpi S. 2019. Lasten ja nuorten hyvinvointi: Kouluterveyskysely [*Wellbeing of children and young people: School Health Promotion Study*] 2019. Finnish Institute for Health and Welfare Statistical Reports 33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281

Integrated care pathway for sexual violence victims in the Pirkanmaa Hospital District. Available in Finnish at: https://www.terveysportti.fi/dtk/ltk/shp01191

International Association of Forensic Nurses (IAFN). 2019. Available at: https://www.forensicnurses.org/

Jennissen S, Holl J, Mai H, Wolff S & Barnow S. 2016. Emotion dysregulation mediates the relationship between child maltreatment and psychopathology: A structural equation model. Child Abuse & Neglect. 62: 51–62.

Jenny C. & Crawford-Jakubiak JE. 2013. Committee on Child Abuse and Neglect, American Academy of Pediatrics: The Evaluation of Children in the Primary Care Setting When Sexual Abuse Is Suspected. Pediatrics: 132:e558.

Joki-Erkkilä M. & Martiskainen M. 2014. Lääkärinlausunnot lapseen kohdistuneen seksuaalirikosepäilyn tutkinnassa [*Medical statements in investigations of suspected child sexual abuse*]. Duodecim 2014;22-2:2281–2281.

Joki-Erkkilä M, Niemi J & Ellonen N. 2014. Child sexual abuse – Medical statement conclusions in criminal legal process. Forensic Sci Int. 239:31–36.

Julin E. 2018. Lapsiin kohdistuvien väkivaltarikosten selvittäminen terveydenhuollossa – Selvitys lasten oikeuspsykiatrian yksiköiden toiminnasta [*Health services' investigations of violent crimes against children – Report on activities of forensic child psychiatry units in Finland*]. Published 11 September 2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-00-3986-8

Kalland M, Raittila S, Pajulo M, Salvén M & Vinzce L. 2018. Marital status, relationship satisfaction, depression and support during pregnancy among Finnish first-time parents. Unpublished manuscript.

Kaltiala-Heino R. 2004. Lasten kaltoinkohtelu – oireet ja ongelmat nuoruusiässä [*Child maltreatment – symptoms and problems in adolescence*]. In: Söderholm A, Kivitie-Kallio S. Lapsen kaltoinkohtelu [*Child maltreatment*]. Helsinki: Duodecim Medical Publications Ltd.

Kendall-Tacket KA, Williams LM & Finkelhor D. 1993. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. Psychological Bulletin; 113:164–180.

Kenny MC, Capri V, Thakkar-Kolar RR, Ryan EE & Runyon MK. 2008. Child Sexual Abuse: From Prevention to Self-Protection. Child Abuse Review. 17:36–54.

Klemetti R. & Hakulinen-Viitanen T. (eds.). 2013. Äitiysneuvolaopas [*Maternity clinic manual*]. Suosituksia äitiysneuvolatoimintaan [*Recommendations for practices*]. Finnish Institute for Health and Welfare Handbooks 29/2013, Helsinki.

Klemetti R. & Raussi-Lehto E. (eds.). 2016. Edistä, ehkäise, vaikuta [*Promote, prevent, influence*]. Seksuaali- ja lisääntymisterveyden toimintaohjelma 2014–2020 [*The action programme for the promotion of sexual and reproductive health in 2014–2020*]. Finnish Institute for Health and Welfare. 3rd revised edition. Tampere.

Kosola S. 2018. Tavallisten nuorten tavalliset vaivat: kenen niitä tulisi hoitaa ja millä resursseilla [*Ordinary young people's ordinary complaints: who should treat them and with what resources*]?

Krug E.G. et al. (eds.). 2002. World report on violence and health – WHO report. English original: World Report on Violence and Health. World Health Organization (WHO).

Laaksonen T. et al. 2011. Changes in the prevalence of child sexual abuse, its risk factors, and their association as a function of age cohort in a Finnish population sample. Child Abuse & Neglect. 35; 7:480–490.

Laitinen R, Metsäpelto L, Honkanen V, Koivuranta-Vaara P, Mäki T, Reen T, Sajantila A, Sulkava R, Virtanen A. & Kauppila R. 2014. Oikeuslääketieteellinen näytteenotto Suomessa [*Collection of forensic medical evidence in Finland*]. Finnish Institute for Health and Welfare Reports 31.

Lajunen K, Ylenius-Lehtonen M & Andell M. 2015. Tunne- ja turvataitoja lapsille [*Emotional and safety skills for children*]. Handbooks: 39. Finnish Institute for Health and Welfare. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-467-0

Leclerc B, Wortley R & Smallbone S. 2011. Victim Resistance in Child Sexual Abuse: A Look Into the Efficacy of Self-Protection Strategies Based on the Offender's Experience. Journal of Interpersonal Violence. 26;9:1868–1883.

Leder MR, Leber AL, Marcon MJ & Scribano PV. 2013. Use of APTIMA Combo 2: the experience of a child advocacy center. J Child Sex Abus. 22:297.

Lentsch KA. & Johnson CF. 2000. Do physicians have adequate knowledge of child sexual abuse? The results of two surveys of practicing physicians, 1986 and 1996. Child Maltreat. 5:72–78.

Letourneau E, Schaeffer CM, Bradshaw CP & Feder KA. 2017. Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming. Child Maltreatment. 22; 2:100–111. Doi: 10.1177/1077559517692439.

Liyama ANA, Tam WWS & Shorey S. 2018. Enhancing first-time parents' self-efficacy: A systematic review and meta-analysis of universal parent education interventions' efficacy. International Journal of Nursing Studies. 82:149–162.

Luopa P, Kivimäki H, Matikka A, Vilkki S, Jokela J, Laukkarinen E & Paananen R. 2014. Lasten ja nuorten hyvinvointi 2000–2013: Kouluterveyskyselyn tuloksia [*Wellbeing of children and young people 2000–2013: Results of the School Health Promotion Study*]. Finnish Institute for Health and Welfare Reports 25/2014.

McCann J, Miyamoto S, Boyle C & Rogers K. 2007a. Healing of Hymenal Injuries in Prepubertal and Adolescent Girls: A Descriptive Study. Pediatrics. 119:e1094–1106.

McCann J, Miyamoto S, Boyle C & Rogers K. 2007b. Healing of Nonhymenal Genital Injuries in Prepubertal and Adolescent Girls: A Descriptive Study. Pediatrics. 120:1000–1011.

McGregor MJ, Du Mont J & Myhr TL. 2002. Sexual Assault Forensic Medical Examination: Is Evidence Related to Successful Prosecution? Ann Emerg Med. 39:639–647.

Mikton C. & Butchart A. 2009. Child maltreatment prevention: a systematic review of reviews. Bull World Health Organ. 8;5: 353–361. DOI: 10.2471/BLT.08.057075. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2678770/

Ministry for Foreign Affairs. 2009. Press release. Euroopan neuvosto tarkastelee naisiin kohdistuvaa väkivaltaa ja perheväkivaltaa Suomessa [*The Council of Europe reviews violence against women and domestic violence in Finland*]. Available in Finnish at: https://valtioneuvosto.fi/artikkeli/-/asset_publisher/euroopan-neuvosto-tarkastelee-naisiin-kohdistuvaa-vakivaltaa-ja-perhevakivaltaa-suomessa

Report available in English at: https://rm.coe.int/grevio-report-on-finland/168097129d

Ministry of Justice. 2016. TRUST-hanke: Väestöryhmien välisten hyvien suhteiden edistäminen paikallisella ja valtakunnallisella tasolla [*TRUST project: Promoting good relations between population groups at local and national levels*]. Available in Finnish at: https://oikeusministerio.fi/hanke?tunnus=OM001:00/2016

Ministry of Social Affairs and Health. 2004. Lastenneuvola lapsiperheiden tukena [*Child health clinic services in support of families with children*]. Opas työntekijöille [*A guide for staff*]. Handbooks of the Ministry of Social Affairs and Health 2004: 14.

Ministry of Social Affairs and Health. 2009. Programme to address child and family services.

Ministry of Social Affairs and Health. 2010. Action Plan to Reduce Violence against Women. Available in English at: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/72733/JUL1015_Violence_verkko_Final.pdf?sequence=1

Ministry of Social Affairs and Health. 2017. Action plan for the Istanbul Convention for 2018–2021. Publications of the Ministry of Social Affairs and Health 2017:16. Available in English at: http://urn.fi/URN:ISBN:978-952-00-3972-1

Ministry of Social Affairs and Health 2009. Neuvolatoiminta, koulu- ja opiskeluterveydenhuolto sekä ehkäisevä suun terveydenhuolto [*Maternity and child welfare clinics, school and student healthcare and preventive oral healthcare*]. Asetuksen 380/2009 perustelut ja soveltamisohjeet [*Grounds and application directives for Decree 380/2009*]. Publications of the Ministry of Social Affairs and Health 20. Helsinki.

Ministry of the Interior. 2017. Hyvä elämä – turvallinen arki [*A Safe and Secure Life*]. Government Resolution on the Internal Security Strategy. Publications of the Ministry of the Interior 15/2017. Available in English at: http://urn.fi/URN:ISBN:978-952-324-162-6
Ministry of the Interior. Government Report on Internal Security. 2016. Publications of the Ministry of the Interior 8/2016. Internal security. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-324-085-8
Moilanen, T, Airaksinen M & Kangasniemi M. 2019. Manual on multi-professional Anchor work. Publications of the Ministry of the Interior 2019:16. Available in English at: http://urn.fi/URN:ISBN:978-952-324-265-4
Morina N, Koerssen R & Pollet TV. 2016. Interventions for children and adolescents with posttraumatic stress disorder: A meta-analysis of comparative outcome studies. Clinical Psychology Review. 47:41–54.
Muram D. & Simmons KJ. 2008. Pattern Recognition in Pediatric and Adolescent Gynecology—A Case for Formal Education. J Pediatr Adolesc Gynecol. 21:103–108.
Myhre AK, Berntzen K & Bratlid D. 2003. Genital anatomy in non-abused preschool girls. Acta Paediatr. 92:1453–1462.
NICE. National Institute for Health and Clinical Excellence. 2005. Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care . National Clinical Practice Guidelines, Vol. 26. London. Gaskell & The British Psychological Society.
Northern Ostrobothnia Hospital District. Lapsen pahoinpitely, seksuaalinen hyväksikäyttö ja niiden epäily [*Actual and suspected child physical and sexual abuse*]. Available in Finnish at: http://www.terveysportti.fi/dtk/ltk/shp00306
Northern Ostrobothnia Hospital District. Seksuaalisuutta loukkaavaa väkivaltaa kokeneen hoitoketju [Integrated care pathway for those who have experienced sexual violence]. Available in Finnish at: http://www.terveysportti.fi/dtk/ltk/shp01243
Norwegian Ministry of Justice website. Norway. Available at: www.justissekretariatene.no. Available in English at: https://www.regjeringen.no/en/dep/jd/id463/
Office of the Prime Minister (Norway). Norwegian Ministry of Children, Equality and Social Inclusion. 2014. En god barndom varer livet ut [*A good childhood lasts a lifetime*]. Tiltaksplan for å bekjempe vold og seksuella overgrep mot barn og ungdom 2014–2017 [*Action plan to combat violence and sexual abuse against children and young people 2014–2017*]. Available in Norwegian at: https://www.regjeringen.no/globalassets/upload/bld/foa/bld_overgrep_web.pdf
Official Statistics of Finland (OSF): Prosecutions, sentences and punishments (e-publication). 2018. ISSN=1798-6680. Helsinki: Statistics Finland. Available in English at: http://www.stat.fi/til/syyttr/index_en.html
Official Statistics of Finland: Victims of sexual offences. 2019. Available in English at: http://www.stat.fi/til/syyttr/index_en.html
Ortiz R. & Sibinga EM. 2016. The Role of Mindfulness in Reducing the Adverse Effects of Childhood Stress and Trauma. Review. Children. 4:3.
Palusci VJ, Cox EO, Shatz EM & Schultze JM. 2006. Urgent medical assessment after child sexual abuse. Child Abuse Negl. 30:367–380.
Patton GC. & Sawyer SM et al. 2016. Our future: a Lancet commission on adolescent health and wellbeing. 387:2423–78.
Peltonen K. 2013. Lapsen seksuaalinen hyväksikäyttö ja psykososiaaliset interventiot [*Child sexual abuse and psychosocial interventions*]. Current Care Guideline. Lapsen seksuaalisen hyväksikäytön epäilyn tutkiminen [*Evaluation of a suspected child sexual abuse*]. Sähköinen tausta-aineisto [*Electronic background material*].
Pezzoli P. 2009. Genetic vulnerability to patterns of interpersonal victimization and associated psychiatric comorbidity. Department of Psychology. Åbo Akademi University. Åbo, Finland.
Pierron A, Fond-Harmant l, Laurent A & Alla F. 2018. Supporting parenting to address social inequalities in health: a synthesis of systematic reviews. BMC Public Health. 18:1087, doi: 10.1186/s12889-018-5915-6.

Post-Traumatic Stress Disorder. Current Care Guideline. Working group set up by the Finnish Medical Society Duodecim and the Finnish Psychiatric Association. Helsinki: Finnish Medical Society Duodecim, 2014. Available in Finnish (English abstract) at: https://www.kaypahoito.fi/hoi50080

Poutiainen H, Hakulinen T, Mäki P & Laatikainen T. 2016. Family characteristics and parents' and children's health behaviour are associated with public health nurses' concerns at children's health examinations. International Journal of Nursing Practice. 22:584–595.

Poutiainen H, Levälahti E, Hakulinen-Viitanen T & Laatikainen T. 2015. Family characteristics and health behaviour as antecedents of school nurses' concerns about adolescents' health and development: A path model approach. International Journal of Nursing Studies. 52: 920–929.

Prinz, R. 2016. Parenting and family support within a broad child abuse prevention strategy. Child maltreatment prevention can benefit from public health strategies. Child Abuse and Neglect. 51:400–406.

Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ & Lutzker JR. 2016. Addendum to "Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial". Prev Sci. 17:410–416.

Putnam FWJ. 2003. Ten-year research update review: child sexual abuse. J of Am Acad Child Adolesc Psychiatry. 42;3:269–78.

Puustjärvi A, Raunio H, Lecklin A & Kumpulainen K. 2016. Lasten psykiatristen häiriöiden lääkehoito ja tavallisimmat lääkkeet [*Drug therapy and the most common drugs for childhood psychiatric disorders*]. Duodecim. 132;10:943–950.

Puustjärvi A. 2016. ADHD ja traumaperäinen stressihäiriö (PTSD) [*ADHD and Post-Traumatic Stress Disorder (PTSD)*]. Lisätietoa [*Additional information*]. Published 27 December 2016. Current Care Guideline. Available in Finnish at: https://www.kaypahoito.fi/nix00937

Quadara A, Nagy V, Higgins D & Siegel N. 2015. Conceptualising the prevention of child sexual abuse. Final report. Research report no. 33. Australian Government. Australian Institute of Family Studies. Available at: https://aifs.gov.au/publications/conceptualising-prevention-child-sexual-abuse

Ramirez de Arellano MA, Lyman DR, Jobe-Shields L, Preethy G, Dougherty RH, Daniels AS, Ghose SS, Huang L & Delphin-Rittmon ME. 2014. Trauma-Focused Cognitive Behavioral Therapy: Assessing the Evidence. Psychiatric Services. 65;5:591–602.

Rivera-Velez GM, Gonzales-Viruet M, Martinez-Taboas A & Perez-Mojica D. 2014. Post-traumatic stress disorder, dissociation, and neuropsychological performance in Latina victims of childhood sexual abuse. Journal of Child Sexual Abuse. 23:55–73.

Royal College of Paediatrics and Child Health (RCPCH). 2008. The Physical Signs of Child Sexual Abuse: An evidence-based review and guidance for best practice. First ed. London, UK.

Saunders, BE, Berliner L & Hanson RF (eds.). 2003. Child Physical and Sexual Abuse: Guidelines for Treatment (Final Report: January 15, 2003). Charleston, SC: National Crime Victims Research and Treatment Center.

Savioja H, Sumia M & Kaltiala-Heino R. 2015. Seksuaalikokemukset ja mielenterveys nuoruusiässä [*Sexual behaviour and mental health in adolescence*]. Finnish Medical Journal. 70;6:309–314.

Scoglio AAJ et al. 2019. Systematic review of risk and protective factors for revictimization after child sexual abuse. Trama Violence Abuse. doi: 1177/1524838018823274.

Social Welfare Act 1301/2014. Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2014/20141301

Teicher MH. & Samson JA. 2016. Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. Journal of Child Psychology and Psychiatry. 57; 3:241–266.

Teicher MH, Samson JA, Anderson CM & Ohashi K. 2016. The effects of childhood maltreatment on brain structure, function and connectivity. Nature Reviews Neuroscience. 17: 652–666.

Thackeray JD, Hornor G, Benzinger EA & Scribano PV. 2011. Forensic evidence collection and DNA identification in acute child sexual assault. Pediatrics. 128:227–232.

Tyler K. 2002. Social and emotional outcomes of childhood sexual abuse: a review of recent research. Aggression and Violent Behavior. 7: 567–589.

UNESCO. 2018. International technical guidance on sexuality education. An evidence-informed approach. Available at: http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf

Walsh WA, Dawson J & Mattingly MHJ. 2010. How Are We Measuring Resilience Following Childhood Maltreatment? Is the Research Adequate and Consistent? What is the Impact on Research, Practice, and Policy? Trauma, Violence & Abuse. 11;1: 27–41.

Whitaker D J, Le B, Hanson RK, Baker CK, McMahon PM, Ryan G, Klein A & Rice DD. 2008. Risk factors for the perpetration of child sexual abuse: A review and meta-analysis. Child Abuse and Neglect. 32:529–548.

Wickström K, Lindström J, Halme N & Laatikainen T. 2017. Kiusaaminen ja fyysisen uhan kokemukset ulkomaalaistaustaisilla nuorilla [*Bullying and experiences of physical threat among young people of foreign origin*]. Finnish Institute for Health and Welfare Research Overviews 36/2017.

World Health Organization (WHO). 2002. World report on violence and health – WHO report. English original: World Report on Violence and Health.

World Health Organization (WHO). 2004. World Health Organization (WHO). 2004. Clinical Management of Rape Survivors. Available at: http://www.who.int/reproductivehealth/topics/violence/sexual_violence

World Health Organization (WHO). 2009. Child maltreatment prevention: a systematic review of reviews. Bulletin of the World Health Organization 2009 May; 87(5): 353–361. DOI: 10.2471/BLT.08.057075. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2678770/

World Health Organization (WHO). 2013a. Guidelines for medico-legal care for victims of sexual violence.

World Health Organization (WHO). 2013b. Guidelines for the Management of Conditions Specifically Related to Stress. Geneve. 2013. ISBN 978 92 4 150540 6.

World Health Organization (WHO). 2014a. Global status report on violence prevention 2014. WHO Library Cataloguing in Publication Data. Available at: https://www.who.int/violence_injury_prevention/violence/status_report/2014/report/report/en/

World Health Organization (WHO). 2014b. Investing in children: the European child maltreatment prevention action plan 2015–2020. Available at: http://www.euro.who.int/__data/assets/pdf_file/0009/253728/64wd13e_InvestChildMaltreat_140439.pdf

World Health Organization (WHO). 2016. INSPIRE: Seven Strategies for Ending Violence Against Children. Available at: http://apps.who.int/iris/bitstream/10665/207717/1/9789241565356-eng.pdf

World Health Organization (WHO). 2018. European status report on preventing child maltreatment. Available at: http://www.euro.who.int/__data/assets/pdf_file/0017/381140/wh12-ecm-rep-eng.pdf?ua=1

Yasinski C, Hayes A, Ready CB, Cummings J, Berman I, McCauley T, Webb C & Deblinger E. 2016. In-Session Caregiver Behavior Predicts Symptom Change in Youth Receiving Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Journal of Consulting and Clinical Psychology. 84;12:1066–1077.

Young KL, Jones JG, Worthington T, Simpson P & Casey PH. 2006. Forensic Laboratory Evidence in Sexually Abused Children and Adolescents. Arch Pediatr Adolesc Med. 160:585–588.

Yule W, Bolton D, Udwin O, Boyle S, O'Ryan D & Nurrish J. 2000. The long-term psychological effects of a disaster experienced in adolescence: The incidence and course of PTSD. Journal of Child Psychology and Psychiatry. 41;4:503–511.

11 Sexual harassment, grooming and sexual violence in digital media

Authors: Nina Vaaranen-Valkonen, Save the Children Finland, and Hanna-Leena Laitinen, Save the Children Finland

11.1 Introduction

Various digital media services are part of children's and young people's daily lives. They play an important role in interaction among children and young people and in communication with parents and other adults. In addition to maintaining and creating interaction relationships, children serve as active content producers on various digital platforms by adding, sharing and receiving images and other content as 'posts'. Digital media is an integral part of the social environment for children and young people, where children practise their emotional and interaction skills at different stages of development. It also serves as a good channel for self-expression and inclusion. (UN Convention on the Rights of the Child, Art. 12; 31, Finnish Treaty Series 59-60/1991). Digital media also plays a significant role in adolescence as part of sexual development and a natural interest in sexuality and the formation of intimate relationships. (Save the Children Finland 2018.)

Sexual harassment and the related bullying experienced by children and young people in digital media is common among children and young people aged 12–17 (Save the Children Finland 2018, Ikonen & Helakorpi 2019). More than 30% had witnessed sexual harassment by children and young people in digital media during the 12 months preceding the study. Sexual images and videos are sent to children in digital media without them wanting or requesting to be sent such

material. Children and young people see joking as the most common cause of sexual harassment in digital media. Other key reasons include seeking approval and admiration from friends or intentionally offending someone (Save the Children Finland 2018).

Sexual harassment generally refers to verbal, non-verbal or physical undesirable behaviour of a sexual nature that intentionally or actually violates a person's mental or physical integrity. Sexual and gender-based harassment are discriminatory under the Act on Equality between Women and Men and are prohibited as such. (Act on Equality between Women and Men 609/1986, Section 7.) Sending sexual imagery to children is sexual harassment and may also meet the criteria of a crime. (Criminal Code of Finland 39/1889, Chapter 24, Sections 8 and 9).

Sexual harassment in **digital media** can include a variety of acts, such as derogatory and suggestive speech, sexual gestures or facial expressions, or sexually charged name-calling or requests for touching via a webcam or another digital device. Sexual harassment often includes sharing sexually charged sites, images, videos, comments and messages. Harassment is typically repetitive; however, according to the law, an isolated act or an act or activity intended as humour may also meet the criteria for sexual harassment. According to the Act on Equality between Men and Women, an unintentional act can be interpreted as harassment if its effects are discriminatory and the person finds the act or activity undesirable (Act on Equality between Women and Men 609/1986, Section 7).

Sexual harassment in digital media can also involve bullying. Bullying refers to intentional hostile behaviour, or violence, repeatedly directed at a particular person. Bullying is the abuse of power or force in a situation where the bully is usually stronger than the victim in some way to begin with. The difference in power relations can be based on age, gender or physical characteristics, or position in the group. (Salmivalli 2003, 11.) An adult is always abusing their power and authority when subjecting a child to sexual harassment. (See also Chapter 9.)

11.2 Sexually charged imagery in digital media

Many children and young people are aware of and familiar with sexually charged imagery in digital media. Children and young people may approach each other by requesting or sending sexually charged message or images. Nowadays, intimate images, expressions of intimacy and sexually charged messages are a natural part of young people's dating relationships. An interest in sexuality, a willingness to experiment, risk-taking, unawareness and careless openness in terms of sexually charged communication are quite common during adolescence.

In digital media, physical distance, a sense of anonymity and the ease of transmitting messages and imagery may encourage children and young people to share other children's sexually charged imagery without permission. Technological developments and changes in digital media, in addition to positive opportunities, constantly bring new and increasingly diverse risks. The publication, 'posting' or sharing of personal or others' sexually charged imagery in digital media always involves the risk that the material will be abused. (Save the Children Finland 2018)

According to research results, young people consider the sending, receiving or sharing ('sexting') of sexually explicit messages and images to be a positive, as well as being something that strengthens a dating relationship (Scholes-Balog et al. 2016, Korkala & Virtanen 2016). It should be noted that sexting is defined in studies in very different ways, which makes it difficult to compare results (Livingstone & Mason 2015, 41).

Researchers consider it important to distinguish active and voluntary sexting from the passive and potentially reluctant reception of sexual images and messages (Nielssen et al. 2015, Livingstone & Mason 2015.) If sexting involves bullying and pressure or reluctantly receiving sexual images and messages, the act may meet the legal criteria for sexual harassment or grooming (Save the Children Finland 2018). The careless sharing of sexually bold and revealing imagery on the internet significantly increases the risk of sexual harassment and abuse. (Sørensen & Knudsen 2007, 29.)

11.2.1 Sexual harassment is common and is not reported to adults

The most common way for children and young people to act when experiencing sexual harassment in digital media is to block the perpetrator and tell a friend about what happened. Feeling ashamed is the main reason why children and young people almost never report sexual harassment to an adult. Another obstacle to telling an adult is a possible restriction on the use of digital media. Children and young people wish to be provided with more information and guidance on sexual harassment and the sharing of sexually charged images in digital media. Children and young people report that they have received little information about legislation related to sexual harassment, as well as how and where to report possible sexual harassment (Save the Children Finland 2018.)

Sexual harassment, solicitation and sexual violence against children are topics that people usually do not want to hear or talk about. The topic is generally perceived as uncomfortable and difficult to address, which is one of the main obstacles to preventing and identifying the phenomenon. Silence does not support a child's right to be protected in digital media. It is the responsibility of every adult to prevent sexual harassment and the related bullying of children through their actions.

Multidisciplinary research and more professional debate is needed on how to ensure the fulfilment of children's rights in digital media as an integral part of children's and young people's daily lives. In addition, everyday dialogue with parents and guardians is needed to strengthen the addressing of the sexual harassment of children and digital safety skills as part of daily communication. (Save the Children Finland 2018; see also Chapter 4).

11.2.2 Identification of online sexual harassment

The identification of sexual harassment and sexual violence against children needs to be strengthened, so that every child affected receives help. The sexual harassment of children and young people must be identified in the Finnish assistance system, and timely and sufficient support must be provided for children and young people. Professionals working with children, parents and the children themselves must be provided with up-to-date information about policies to prevent sexual harassment.

A child has the right to safe growth and development without the fear of sexual harassment. It is the responsibility and duty of every adult to promote the realisation of the rights and interests of the child even in digital media. The balance between protection and permission must be constantly redefined in terms of technology and the ensuing development of digital environments (Save the Children Finland 2018; see also Chapter 9).

Children and young people think that it is quite common to ask for and send sexually charged images to their peers (Save the Children Finland, 2018). According to the study, sexual material on the internet seems to be related to young people's bolder experimentation with various sexual activities and, on the other hand, to the ways in which they communicate in digital media (Sørensen & Knudsen, 2007). The age range of 9–12 seems to be particularly significant in terms of online risky behaviour (Livingstone et al. 2012).

The aspects mentioned above have a significant impact on children's and young people's ability to identify situations where images are requested by an adult in order to be abused for sexual purposes. It is of the utmost importance that children and young people receive adequate information and guidance on how to promote and secure their sexual development, particularly in terms of digital media. Children and young people need to know about safety skills related to digital media, especially when it comes to expressing sexuality and self-produced sexual media content (Save the Children Finland 2018).

Children and young people are lured for sexual purposes on the digital media platforms where they spend time. The luring of children for sexual purposes, or grooming, is also common on gaming platforms.

Children live-stream – that is, broadcast video in real time – much more often than it has been estimated: 24% of all children broadcast live video of themselves. Online anonymity is part of children's and young people's daily digital lives, and 12% of all children have video-chatted with someone they do not know. Children are asked to send sexually charged images, and 10% of children have been asked to take their clothes off during a chat. (NSPCC 2018 live-streaming & live chatting).

11.2.3 Protection of children and young people in digital leisure and hobby activities

Sexual harassment and violence against children is increasingly linked to digital media. For example, exercise and sports activities, instruction and coaching often involve frequent communication between instructors, coaches and athletes via various digital media channels. It is essential that the communication is not sexualised and is not perceived by the child or young person as unpleasant, embarrassing or coercive. In assessing the suitability of an interaction, the subjective experience of the child or the young person must always be respected (see also Chapter 9.4).

Operators in the field of sports and exercise are guided by the UN Convention on the Rights of the Child (1989) and the amended legislation in Finland: the Act on Equality between Women and Men, the Criminal Code, the Act on Checking the Criminal Background of Persons Working with Children (504/2002) and the Act on Checking the Criminal Background of Volunteers Working with Children (148/2014). The Sports Act also aims to promote the growth and development of children and young people. The Act on Checking the Criminal Background of Volunteers Working with Children came into effect on 1 May 2014 (Finnish Treaty Series 148/2014, Legal Register Centre, 2019). Organisations involved in voluntary activities have an opportunity to check the background of volunteers, and this must be adopted as a routine good practice. So far, regrettably few exercise and sports clubs have seized this opportunity (see also Chapter 9.4).

11.2.4 Digital safety skills education for children must be increased

Children need up-to-date information and practical guidance on how to deal with requests in digital media to send private media content and share nude images and videos. Children and young people need information about where to get help or where to report it when they experience sexual harassment, solicitation or extortion in digital media. Schools need more open discussion about sharing and requesting sexually charged images. Even the voluntary and willing sharing of sexually charged images can have harmful consequences if the images spread uncontrollably.

It is important to remind children and young people of the fact that, despite its prevalence, the sending of sexually charged images and videos does not have to be accepted as a new normal and "nude" requests do not have to be accepted,

nor do reluctant physical interactions. The role of adults is to protect children and define the boundaries of sexual harassment: what is permitted and what is harmful. Children and young people need information about the fact that intimate images can spread uncontrollably and that it is very difficult to remove them from the internet. (Save the Children Finland 2018; see also Chapter 7.)

Children and young people need to be taught how to use digital media safely, especially when it comes to sharing, downloading and possessing intimate imagery without permission. Children and young people need more legal knowledge and digital skills to ensure that sexual or intimate images taken of them do not spread for the wrong purposes and that they do not accidentally commit crimes when sharing images. Under the Convention on the Rights of the Child, children have the right to receive information through various media and the state has an obligation to encourage the media to produce material that supports children's wellbeing and development. (Save the Children Finland 2018.) As stated in Article 17 of the Convention on the Rights of the Child (UN 1989), a child must be protected from harmful material, taking into account their wellbeing and age (see also Chapter 4).

11.3 Sexual violence against child and the sexualisation of children

11.3.1 Background and legal basis

Sexual violence against a child is a broad concept that means all acts that violate the sexual integrity of a child (CRC, Art. 34). Such acts may include harassment, advances, touching and coercion into touching, as well as pressure or coercion into sexual acts. (Finnish Institute for Health and Welfare (THL 2016.) The Criminal Code of Finland defines several offences concerning sexual violence against children, such as sexual harassment, sexual abuse, purchase of sexual services from a young person, rape and aggravated rape (Criminal Code of Finland, Chapter 20; see also Chapter 4).

In addition to sexual violence against children, other serious child protection concerns include the sexual harassment of a child and solicitation of a child for sexual purposes in digital media, as well as sexualised images of a child that are abused in digital media (see the COPINE scale, Figure 20). Child welfare services

cooperate extensively with the authorities on all suspected sexual offences against children, meaning that actual or suspected sexual offences committed in digital media or online should be brought to the attention of the social welfare authorities.

According to research data, the younger the child, the more likely the perpetrator of the sexual offence is someone close to them (Finkelhor & Ormrod 2000). According to the violence prevention and digital media experts of Save the Children Finland, imagery of sexual offences against children is recorded, stored, shared and sold online. The amount of illegal imagery has increased significantly (Canadian Centre for Child Protection 2019; Europol 2017).

11.3.2 Imagery that sexualises children and images of sexual violence in digital media

Sexual offences against children are increasingly related to digital media. Digital media make it easy to contact children, send messages and take and share various sexual images and videos. The proportion of sexually charged images containing children has grown significantly in digital media in recent years (INHOPE 2017). Imagery portraying children is generally classified in accordance with the COPINE scale (Combating Paedophile Information Networks in Europe) (Quale 2008; see Figure 20).

Imagery of children is used satisfy adults' sexual needs, and the material ranges from holiday photos taken on a beach to imagery of raw and sadistic sexual violence. At its mildest (1–3 on the COPINE scale), the imagery is related to everyday nude or semi-nude pictures of children, taken on a beach or in a sauna, for example. Sexual comments may be attached to the images, or the focus may be on the genital area, which is not naked in these images. When misused, everyday images of children and young people may also be combined with images containing adult pornographic material.

Sexual images and videos taken by children and young people themselves are also used as part of adult pornographic sites, and the images may be distributed widely. When images are misused to satisfy an adult's sexual desires, the acts may meet the criteria provided in the Criminal Code of Finland. In certain circumstances, the provisions of Sections 18, 18a and 19 of Chapter 17 of the Criminal Code may apply

to the acts mentioned above. In addition, the criteria for defamation and invasion of privacy may be met in accordance with Chapter 24 of the Criminal Code.

In imagery that sexualises children (4–5 on the COPINE scale), an adult has dressed a child in erotic and revealing clothes for adults, for example, or has put the child in erotic positions or in an otherwise age-inappropriate context. Imagery of sexual violence against a child (6–10 on the COPINE scale) is evidence of an aggravated sexual offence against the child. For the police, these images are evidence of a crime and an important part of identifying and rescuing child victims.

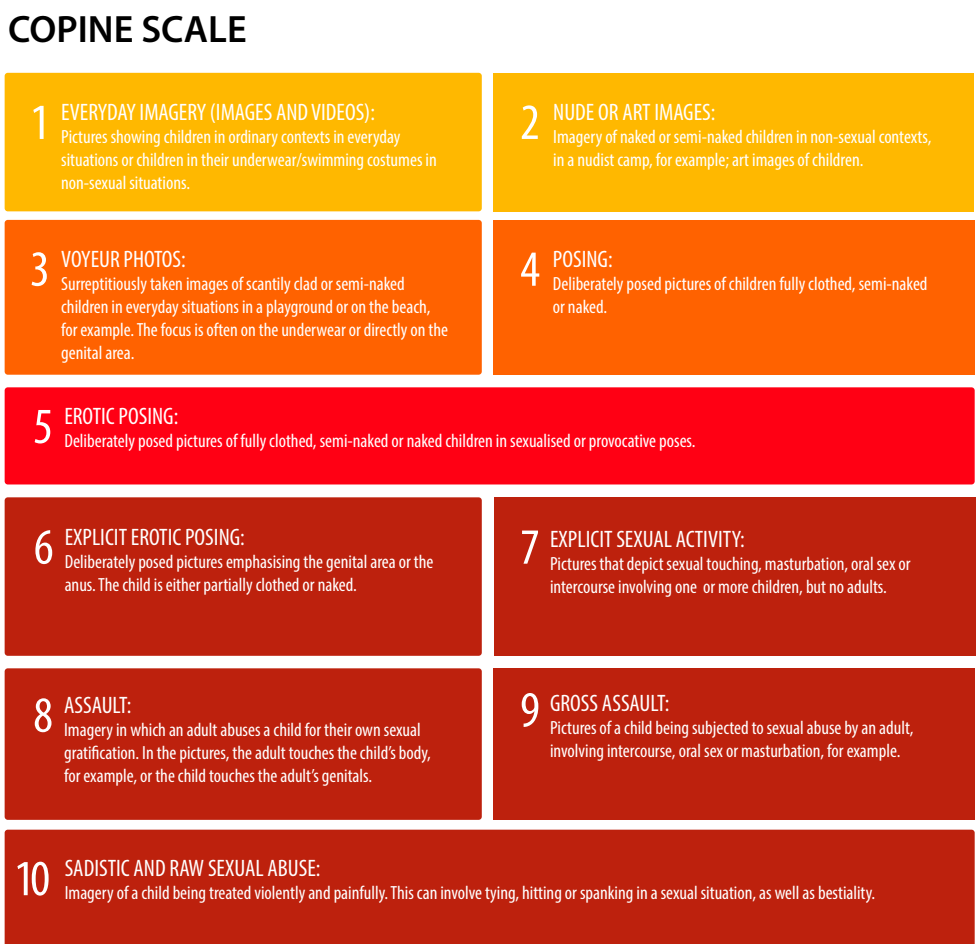


Figure 19. ***Children's experiences of sexual harassment and bullying in digital media,*** **a report by Save the Children Finland, 2018 (based on the Combating Paedophile Information Networks in Europe [COPINE] scale).**

Imagery that sexualises a child is against the rights of the child. Abusers have various purposes of use for imagery that sexualises children and for illegal imagery. People who are sexually interested in children use images that sexualise children, as well as illegal imagery, to satisfy their sexual needs. The perpetrators use imagery to entice children into sexual purposes or to blackmail them. Imagery that sexualises children but does not meet the criteria provided in the Criminal Code can reinforce the mental distortions of people who are sexually interested in children and see children as sexual objects. For them, such imagery provides an explanation and justification for activity that harms children, making the activity feel permissible and non-harmful. (Sexual interest in children – Self-care 2018.)

Criminals also seek financial gain through imagery that sexualises children and illegal imagery. According to both the Finnish National Bureau of Investigation and Europol (2017), large sums are paid for illegal sexual images and videos of children.

11.3.3 Solicitation of a child for sexual purposes – grooming

Grooming refers to an adult's conscious and purposeful activity aimed at sexual contact with a child or at enticing a child into sexual acts (Webster et al. 2012; Criminal Code of Finland, Chapter 20, Section 8b). The Criminal Code criminalises the solicitation of a child for sexual purposes, or grooming (Criminal Code of Finland, Chapter 20, Section 8b). According to the provision, acts aiming at the sexual abuse of a child or the distribution of a sexually offensive image are punishable. The criteria are met when the perpetrator proposes a meeting or other interaction with a child in such a way that the content or circumstances of the proposal otherwise indicate that the perpetrator intends to commit one of the offences mentioned above.

Acts aiming at the purchase of sexual services from a person aged under 18 are also punishable in accordance with Chapter 20, Section 8a of the Criminal Code. Grooming as a phenomenon also involves the creation of alternative explanations to invalidate the sexual purpose of the acts and in case of suspicions or a threat of being exposed. (Sørensen 2015, 44; Save the Children Finland 2011.)

In grooming related to digital media, an adult or a person significantly older than the child seeks to entice a child into sexual acts by contacting the child and, for example, creating a confidential relationship and conditions in which sexual

violence against the child is possible. The perpetrator may be familiar to the child; however, in digital media, this is often not the case. Groomers are known to be in contact with several children at the same time. (Sørensen 2015: 37; Interpol 2019.)

The aim of contacting a child and building a trusting relationship with them is often sexual violence against the child, either online or in physical contact. The perpetrator may entice a child to engage in a sexually charged conversation in digital media or send intimate images of themselves, or attempt to meet the child face to face. The perpetrator is often in contact with the child systematically over the long term. They often work sexually charged content into everyday conversation. (Webster et al. 2012, Save the Children Finland 2013). The communication can also involve direct and rapid sexual commentary, with the goal of confusing the child and enticing them unexpectedly into spontaneous sexual interaction. (Elliot 2017, 83.)

For children and young people, the digital operating environment is an integral part of life. The growth and development of children and young people include an interest in sexuality (Rinkinen 2012, Korteniemi-Poikela & Cacciatore 2010). The child may seek out and participate in interaction in digital media out of curiosity or excitement or because of the acceptance and understanding experienced during the interaction. An adult may use a fake profile in digital media, pretending to be a child or a young person. A child or young person may become genuinely fond of an adult with a fake profile. During the interaction, the adult may seek to normalise the activities, distort the child's perception and appeal to the child's feelings, which often makes it difficult for the child to break free from the situation. (Laitinen 2007, 34; Lampainen 2011.)

An insufficient understanding of the risks associated with sexual interaction can expose a child to sexual violence in online environments. (Webster et al. 2012.) Even after the child has realised the true nature of the events, feelings of shame, guilt and fear may continue to prevent them from reporting the events to an adult who is close to them or the authorities. (Lampainen 2011.)

Sexual acts directed at a child by an adult are offences even in digital media. An adult's sexually charged conversation with a child aged under 16 may meet the criteria of an offence (Hirvelä 2006, 59–60). A child is unable to understand the

criminal nature of grooming or other adult sexual activity directed at them by an adult (Webster et al. 2012).

All levels of grooming should be identified better by the police during the pre-trial investigation and even when receiving a criminal complaint. Attempts to commit a sexual offence against a child are also punishable, so all cases must be investigated with the best interests of the child in mind. The resources of the police and prosecutors must be increasingly targeted at cases of sexual offences against children, and the authorities must be provided with more training on the phenomenon.

11.3.4 Sextortion – extortion with sexual images

Technology has brought new ways to commit sexual offences against children and young people. Children and young people are blackmailed using intimate and nude images and their distribution in digital media (Hamilton-Giachritsis et al. 2017). Extortion using sexual imagery usually progresses as follows: A child or young person is enticed to send sexually charged, revealing images or videos of themselves. The child is then threatened and blackmailed to take and send more sexual images. A child may also be blackmailed to send money to prevent an image from being distributed. For example, the perpetrators may threaten to share sensitive images on social media to the victim's close relatives, friends at school or parents.

In the most serious cases, the perpetrator pressures the child to commit sexual acts and send sexual images of themselves by threatening to harm the child or their parents. The child may be blackmailed by an individual or as part of more extensive criminal activity, even organised crime. The blackmailers seek to make the child perform sexual acts or services or send more sexual imagery or money. (Europol 2017, Save the Children Finland 2016.)

It is very important for an adult to recognise that feelings of shame and guilt, as well as the fear of the images being distributed or something bad happening to their parents, will often make the child agree to the demands of the blackmailer. (Europol 2017.) Children seldom report the events to adults, even though they have been subjected to a crime that needs to be reported to the police. It is the adult's duty to file a criminal complaint if the child has become the victim of a crime.

11.4 Terminology that respects the rights of the child

The description of sexual harassment, solicitation and sexual violence against children at the phenomenon level is ambiguous. The terminology used by professionals and the authorities for sexual violence against children differs. Professionals should primarily use terminology that respects the rights of the child, as words have meaning and create the world. It is a completely different thing to talk about images and evidence that prove sexual violence against children than child pornography. Sexual violence against a child is not entertainment, and a child can never give valid consent to sexual acts committed by an adult.

According to experts (Save the Children Finland 2018), the term 'revenge porn' should also not be used. The spreading of sexual imagery related to dating relationships between young people after the relationship ends gives a false impression of private images taken in the first flush of the relationship.

Experts should compile up-to-date multidisciplinary guidance on terminology that respects the child and update the terminology guidance as technology evolves. The Finnish Institute for Health and Welfare is in the process of producing guidelines for professionals that cover the concepts of violence and sexual violence against children, as well as the wording that should be used concerning other key terminology related to the phenomenon, including acts of violence committed online and in digital media.

11.4.1 Review of criminal law

Words create the world, and every child has the right to terminology that respects the child (Terminology and Semantics, 2016). In the possible development of Finnish legislation governing sexual offences, it is important to take into account the best interests of the child in order to protect the child from sexual violence and sexual harassment.

Technological developments and the ensuing continuous change in digital media pose challenges for keeping legislation up to date, as well as for interpreting the law in terms of crimes or attempted crimes committed online and in digital environments. Finland must also take into account international developments and

experiences with regard to sexual offences related to digital media and matters related to sexual offences against children.

In addition, in the case of grooming, for example, it is important to take into account the various crimes committed through digital media. To ensure effective prevention, the police should better identify all levels of grooming during the pre-trial investigation and even when receiving a criminal complaint. Attempts to commit a sexual offence against a child are also punishable, so all cases must be investigated with the best interests of the child in mind.

The resources of the police should be increasingly targeted at cases of sexual offences against children, and more resources should also be targeted at training for the authorities. The police officers who investigate crimes against children should be provided with training to ensure that the head of preliminary investigations and the investigators have adequate training. The resources of the police, prosecutors and courts to investigate sexual offences against children should be increased, taking into account the situation of the child victim. At present, legal proceedings take a very long time, which is against the best interests of the child (see also Chapters 4, 6 and 10).

11.5 Support and referral for treatment for people with a sexual interest in children

Sexual acts against minors in digital media do not fall within the scope of sexual freedom of expression, but are sexual harassment, solicitation for sexual purposes or sexual violence against a child. Imagery of sexual violence against children is recorded, stored, distributed and sold in digital media. Illegal images are distributed and sold in the open internet and the Dark Web.

However, not all persons with a sexual interest in children are driven by their mental distortions to commit sexual offences. Persons with a sexual interest in children are afraid of being caught and often find their interest shameful and stigmatising. Shame and fear often prevent them from seeking help, which is why low-threshold services should also be provided anonymously.

EBM self-care programmes based on scientific research for individuals who are concerned about their sexual interest in children are available on anonymous online platforms. A self-care programme developed by Save the Children Finland, the Hospital District of Helsinki and Uusimaa (HUS) and the Criminal Sanctions Agency for individuals with a sexual interest in children is available in Finnish at mielenterveystalo.fi and in English in the Tor network (see also Chapter 10.7).

The child's right to protection must always take priority over the adult's sexual rights. No adult should use pictures taken of children for their own sexual gratification. Even the mildest forms of imagery that sexualises children are against children's rights and interests. (Save the Children Finland 2018; see also Chapter 4).

11.6 Finland is committed to international agreements to prevent sexual violence against children

Legislation and other actions are needed in Finland in accordance with the Lanzarote (2007) and Istanbul Conventions (2011) and the UN Convention on the Rights of the Child (1989) to prevent various types of sexual harassment, solicitation and sexual violence against children. The above agreements require low-threshold services, such as notification channels and the provision of psychosocial support to all children who have experienced sexual violence and their close relatives.

The position of the child victim must be given special consideration with regard to illegal images distributed in digital media. It is common knowledge that children are also subjected to sexual violence in their immediate environment. Sexual offences are recorded, and the recordings are distributed in digital media. The imagery depicts sexual offences against younger and younger children, and the images are taken in home-like environments. The perpetrators include both men and women, and the victims are children of different ages (see also Chapters 4 and 10).

In June 2018, the Council of Europe issued a statement on the rights of the child in digital media. The statement calls on all member states to review legislation, guidelines and practices and ensure that the rights of the child are realised. The member states should also ensure that companies and other relevant operators

take responsibility for the implementation of human rights and possible violations in digital media. The member states should provide children with information about their right to express their opinion and how the rights of others are respected in a digital environment. Children should be provided with information about the law and how to act in possible problem situations. Children should also be provided with high-quality material related to the topic. (COE 2018, Save the Children Finland 2018.)

Finland has all the capabilities to lead to the way and set an example in ensuring that the rights of the child are implemented in digital media. Finland can use its multifaceted digital expertise and produce, for example, high-quality material for children on digital safety skills in particular.

11.7 Summary and discussion

Preventing sexual harassment, solicitation and sexual violence against children requires systematic multidisciplinary work over the long term. Although sexual violence against children is not a new phenomenon, it is constantly taking new forms as technology continues to evolve. Because of shame and fear, children and young people rarely report to adults about sexual harassment, solicitation and sexual violence that they have experienced. This imposes a special obligation on adults to address the phenomenon and to encourage the child to report confusing, sexually charged messages or messages from strangers. Adults should provide information and instruct children to act safely online.

Alongside online sexual crime, it is worth noting that the vast majority of sexual violence, especially against young children, takes place in the immediate environment of the child. The younger the child, the more likely the perpetrator is a familiar person close to the child (Finkelhor & Ormrod 2000). Sexual offences where the perpetrator is from the child's close circle are also recorded, stored, distributed and sold in digital media. In cases of suspected sexual offences, the police investigation should include questions about the possible taking of a video recording in connection with the sexual offence. (see also Chapters 4, 8 and 10)

In preventing sexual harassment, solicitation and sexual violence, it is important to increase children and young people's awareness of the risks related to digital media. It is essential to improve the safety skills of children and young people through teaching, training, education and communication. The parents of children and young people need to be informed and supported, so that they have the courage and sensitivity to talk with their children. The skills of professionals working with children and young people need to be strengthened through continuous training. As technology continues to evolve, the importance of research-based information is emphasised, and regular updating of training and increasing the awareness of guardians and professionals working with children is important. Finland must take systematic and long-term action against sexual harassment, solicitation and sexual violence against children. (Save the Children Finland 2018.)

It is essential that the resources of the police, prosecutors and courts be increased, especially in the investigation of sexual offences against children and young people. Heads of investigation and investigators must be provided with adequate and regular training on the investigation of crimes against children. It must be possible to provide children who have become victims of crime and their relatives with timely psychosocial support and high-quality care, regardless of their place of residence and background. Support and assistance should be based on research-based information and good practices. Sexual violence often traumatises the child, and the act often has long-lasting negative impacts on their development, health and sense of security (Pine & Cohen 2002).

Early and timely psychosocial support and referral to treatment that is based on scientific evidence can significantly reduce the suffering of a child who has become a victim of a sexual offence and their close relatives, in addition to preventing mental, physical and social harm. Psychoeducation plays an important role in the treatment of children and young people who have become victims of sexual crime (Vaaranen-Valkonen 2017).

Sexual offences against children in which the perpetrator has recorded a sexual offence and possibly shared and sold the recording online must be considered in the Finnish Assistance System as violations of the law and the rights of the child that seriously traumatise the child and have long-lasting effects. Children in whose case the sexual offence has been recorded and has been distributed uncontrollably in digital media are particularly vulnerable (see also Chapters 6, 10 and 12).

Table 16. Sexual harassment, solicitation and sexual violence in digital media. Objectives and actions for 2020–2025.

SEXUAL HARASSMENT, GROOMING AND SEXUAL VIOLENCE IN DIGITAL MEDIA		
Overall objective: Preventing serious mental, physical and social harm and traumatic experiences caused by sexual harassment, sexual exploitation and sexual violence in and through digital media.		
Objective 1: Education and training related to the prevention of sexual harassment, sexual exploitation and sexual violence against children		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Further training on sexual harassment, solicitation, sexual exploitation and sexual violence against children in digital media will be provided to people working with children and young people on a daily basis. A basic education pilot project will be implemented in 2020–2022	UN Convention on the Rights of the Child (1989) Adults and professionals working with children and young people must have up-to-date information about the social environments (digital media) of children and young people, as well as about the risks of sexual harassment, solicitation, sexual exploitation and sexual violence. Sexual harassment, sexual exploitation and sexual violence experienced by children in digital media are not sufficiently identified or addressed. Identification needs to be strengthened, so that every child who has been subjected to sexual harassment, solicitation, sexual exploitation and sexual violence receives help. Adults must have the ability to address sexual content in digital media. Operators that provide psychosocial support must be professional and well versed in the subject. Guidance and counselling must be provided without delay.	Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture, THL Organisations working with and for children
Indicators: • Number of continuing education courses organised on the subject in 2020–2025 (degree programmes in education and special education) • Training for experts specialising in sexual offences against children in 2020–2025.		

Actions	Justification	Responsible parties and operators
Action 2. All children and young people within the age range for basic education have received training in safety skills in digital media in separately agreed pilot municipalities. Through education, children and young people have basic digital security skills, an understanding of the risks of digital media and ways to act safely online. A basic education pilot project will be implemented in 2020–2022	It is quite common for children and young people to request and send sexually charged images and videos. Children and young people do not have the ability to identify situations where images are requested in order to be abused for adult sexual purposes (grooming). (Save the Children Finland, 2018.) Children and young people need to be aware of the risks related to digital media in terms of sexual harassment, solicitation and sexual violence and must have ways to protect themselves in digital media. (Save the Children Finland, 2018.)	Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture/National Audiovisual Institute, Finnish Transport Agency, THL, National Police Board of Finland Ministry of the Interior The authorities Organisations working with and for children and families
Indicators: Proportion of educated children and young people in the pilot area by 2023 (interim review)		

Objective 2: Strengthening notification channels and services in situations of sexual harassment, sexual exploitation and sexual violence against children in digital media. Exploring the establishment of a helpline (24/7) (cf. Nollalinja) for situations of violence against children and young people		
Actions	**Justification**	**Responsible parties and operators**
Action 3. Children and young people have information and guidance on where to get help and where to report sexual harassment, solicitation and sexual violence, including violence experienced in digital media. Examining low-threshold services developed and operating at the national level in other Nordic countries for reporting various types of sexual harassment, solicitation and sexual violence and for receiving advice and assistance, regardless of place of residence and background.	Children, young people and adults must have equal opportunities to report violence, harassment, extortion and solicitation and equal access to advice and assistance at a low threshold, regardless of their place of residence and background (cf. regulations and obligations based on international agreements) Adults working with children and young people must have information and guidance on where to get help and where to report sexual harassment, solicitation and sexual violence, including violence against children and young people in digital media. Violent crimes against children, including crimes committed in digital media, are hidden crimes whenever they do not come to the attention of the appropriate authorities.	Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture, Ministry of the Interior/ National Bureau of Investigation, National Police Board of Finland Victim Support Finland Organisations working with and for children
Indicators: By 2023, the preconditions for establishing a support service for children and young people to report various types of sexual harassment, solicitation and sexual violence and receive help have been examined.		

Actions	Justification	Responsible parties and operators
Action 4. Clear cooperation practices to remove illegal images containing depictions of sexual violence against children have been established nationwide. The operations are based on strong international cooperation, and the time that it takes to remove such material from the internet is also monitored at the national level.	Illegal images depicting sexual offences against children remain circulating online. The child victims of acts of sexual violence that has been recorded, stored and distributed in digital media have a significantly elevated risk of developing psychological issues, behavioural disorders and self-destructive behavioural patterns. (Testimony of Sharon W. Cooper, MD, The impact on children who have been victims of child pornography 2012). Sexual offences against children in digital media do not respect national borders. The phenomenon is a hidden crime, and only some of the acts are reported to the authorities. National and international cooperation, special expertise and actions to protect children require multi-professional cooperation between the authorities and organisations. Lanzarote Convention (Decree of the President of the Republic 88/2011), Istanbul Convention (Government Decree 53/2011, Council of Europe 2011).	Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Transport and Communications Operators Organisations working with and for children
Indicators: The time that it takes to remove imagery depicting sexual violence against children has become shorter by 2025 compared with 2020.		

Actions	Justification	Responsible parties and operators
Action 5. The authorities and professionals have sufficient information and resources to address online sexual offences against children. The following guidelines are taken into account in the development of multi-professional work by the authorities and organisations and in national guidelines: • UN Guidelines regarding the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2019) • Guidelines to respect, protect and fulfil the rights of the child in the digital environment (Recommendation CM/Rec(2018)7 of the Committee of Ministers, Council of Europe 2018)	Lanzarote Convention (European Union Agency for Law Enforcement Cooperation 2007 and Finnish Treaty Series 88/2011) A child rarely reports sexual violence to the authorities. It is even more difficult for a child to report sexual violence if the act has been recorded as an image or video. (Cooper, 2012) Act on Organising the Investigation of Sexual and Assault Offences against Children (19.12.2008/1009) International multi-professional cooperation (INHOPE, 2018, Interpol, Europol) to remove illegal imagery is rapid and effective Under the Criminal Code of Finland, attempts to commit a sexual offence against a child are also punishable (Criminal Code of Finland 39/1889, Chapters 20 and 21). (Child Welfare Act, Chapter 3, Section 15). Supplementary Government Programme (February 2019) in which sexual offences against children and young people are mentioned several times	Ministry of the Interior, National Police Board of Finland/the police, Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture Victim Support Finland Organisations working with and for children
Indicators: By 2025, resources, guidance and training in addressing online violent crimes against children have been increased in various fields, taking into account international guidelines on the subject.		

SOURCES

Act on Checking the Criminal Background of Persons Working with Children (Finnish Treaty Series 504/2002). Available in English at: https://finlex.fi/fi/laki/kaannokset/2002/en20020504

Act on Checking the Criminal Background of Volunteers Working with Children (Finnish Treaty Series 148/2014). Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2014/20140148

Act on Equality between Women and Men (Finnish Treaty Series 609/1986). Available in English at: https://www.finlex.fi/en/laki/kaannokset/1986/en19860609

Act on Organising the Investigation of Sexual and Assault Offences against Children (Finnish Treaty Series 1009/2008). Unofficial translation by Ministry of Justice Finland available at: https://www.finlex.fi/en/laki/kaannokset/2011/en20110805_20150736.pdf

Canadian Centre for Child Protection. 2019. Project Arachnid. https://projectarachnid.ca/en/

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Convention on the Protection of Children against Sexual Exploitation and Abuse (Lanzarote Convention) 2007 and 2011:
(Finnish Treaty Series 88/2011) https://www.finlex.fi/fi/sopimukset/sopsteksti/2011/20110088
Original in English available here: https://rm.coe.int/1680084822

Cooper, S. 2012. The impact on children who have been victims of child pornography https://www.ussc.gov/sites/default/files/pdf/amendment-process/public-hearings-and-meetings/20120215/Testimony_15_Cooper.pdf

Council of Europe (COE). 2018. Guidelines to respect, protect and fulfil the rights of the child in the digital environment. https://rm.coe.int/guidelines-to-respect-protect-and-fulfil-the-rights-of-the-child-in-th/16808d881a

Council of Europe. 2011. Istanbul Convention Action against violence against women and domestic violence. https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e

Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the 'Istanbul Convention', Finnish Treaty Series 53/2015). Convention text available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2015/ss20150053.pdf

Criminal Code of Finland 39/1889. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/1889/en18890039_20150766.pdf

Decree on the implementation of the Convention on the Rights of the Child and on the entry into force of the Act on the implementation of some of its provisions (Finnish Treaty Series 60/1991). Available in Finnish at: http://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060

Dube SR, Felitti VJ, Dong M, Giles WH & Anda RF. 2003. The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. Preventive Medicine. 3: 268–277 https://doi.org/10.1016/S0091-7435(03)00123-3

Elliot IA. 2017. Self-Regulation Model of Sexual Grooming. Trauma, Violence and Sexual Abuse. SAGE 18; 1: 83–97. http://journals.sagepub.com/doi/full/10.1177/1524838015591573

Ellonen N. & Rantaeskola S. (eds.). 2016. Lapsiin kohdistuvien väkivalta- ja seksuaalirikosepäilyjen tutkinta [*Investigation of suspected violent and sexual crimes against children*]. Tampere: Textbooks of the Police University College 24.

Europol. 2017. Online sexual coercion and extortion as a form of crime affecting children – Law enforcement perspective. European Union Agency for Law Enforcement Cooperation.

Finkelhor D. & Ormrod RK. 2000. Characteristics of crimes against juveniles. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Finnish Institute for Health and Welfare (THL). 2016. Edistä, ehkäise ja vaikuta – seksuaali- ja lisääntymisterveyden toimintaohjelma 2014–2020 [*Promote, prevent and influence – Action programme for the promotion of sexual and reproductive health in 2014–2020*]. R Klemetti & E Raussi-Lehto (eds.). Finnish Institute for Health and Welfare Handbooks 33/2016. 3. Revised edition. Tampere. Suomen Yliopistopaino.

Hamilton-Giachritsis C, Hanson E, Whittle H & Beech A. 2017. "Everyone deserves to be happy and safe". A mixed methods study exploring how online and offline child sexual abuse impact young people and how professionals respond to it. NSPCC. University of Birmingham & University of Bath. A National Crime Command. https://learning.nspcc.org.uk/media/1123/impact-online-offline-child-sexual-abuse.pdf

Health Care Act 1326/2010. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/2010/en20101326_20131293.pdf

Hirvelä P. 2006. Rikosprosessi lapsiin kohdistuvissa seksuaalirikoksissa [*Criminal proceedings in sexual offences against children*]. Faculty of Law. University of Helsinki. Doctoral dissertation. Helsinki: WSOYPro.

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi: Kouluterveyskysely 2019 [*Wellbeing of children and young people: 2019 School Health Promotion Study*]. Finnish Institute for Health and Welfare Statistical Reports: 33/2019. In Finnish. http://urn.fi/URN:NBN:fi-fe2019091528281

International Association of Internet Hotlines (INHOPE). 2018. INHOPE Statistics 2018. https://www.inhope.org/media/pages/the-facts/download-our-whitepapers/3976156299-1591885517/2019.12.13_ih_annual_report_digital.pdf

Interpol. 2019. https://www.interpol.int/Crimes/Crimes-against-children/Appropriate-terminology

Korkala S. & Virta J. 2016. "Ehkä pieni pelko takaraivossa, kun on lähettänyt itsestään vähän paljastavampaa materiaalia." 15–25-vuotiaiden nuorten kokemukset sextingistä ["*Maybe a slight feeling of fear in the back of the mind when you have sent material about yourself that is a little more revealing," Experiences of sexting among young people aged 15–25*]. Master's thesis. Faculty of Education. University of Lapland. http://urn.fi/URN:NBN:fi:ula-201604201112

Korteniemi-Poikela E. & Cacciatore R. 2010. Portaita pitkin. Lapsen ja nuoren seksuaalisuuden kehittyminen. Opas vanhemmille [*Climbing the stairs. Development of child and youth sexuality. A guide for parents*]. Helsinki: WSOY.

Laitinen M. 2007. Lapsen houkuttelu [*Solicitation of a child*]. In: Laiho M (ed.). Lapsen seksuaalinen hyväksikäyttö ja psykososiaaliset interventiot [*Child sexual abuse and psychosocial interventions*]. Save the Children Finland. Save the Children Finland Publication Series No. 8.

Laki lapsen oikeuksia koskevan yleissopimuksen eräiden määräysten hyväksymisestä (Finnish Treaty Series 59/1991). Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910059

Lampainen K. 2011. Grooming internetissä ja lapsen seksuaalinen hyväksikäyttö [*Online grooming and child sexual abuse*]. Master's thesis. Department of Social Sciences and Philosophy. University of Jyväskylä. https://jyx.jyu.fi/bitstream/handle/123456789/26619/ URN:NBN:fi:jyu-201103011839.pdf?sequence=1

Legal Register Centre. 2019. Criminal records extract for volunteering. https://www.oikeusrekisterikeskus.fi/en/index/services/rikosrekisteri/criminalrecordsextractforvolunteering.html

Livingstone S. & Mason J. 2015. Sexual rights and sexual risks among youth online. A review of existing knowledge regarding children and young people's developing sexuality in relation to new media environments. European NGO Alliance for Child Safety Online Enacso.

Livingstone S, Haddon L, Görzig A & Ólafsson K. 2012. Risks and safety for children on the internet: the UK report: summary of key findings. https://pdfs.semanticscholar.org/76f8/68a11df5604b2be1ddf82c8729f65c0e673a.pdf

Ministry of Social Affairs and Health. Action plan for the Istanbul Convention for 2018–2021. Publications of the Ministry of Social Affairs and Health 2017:18. http://urn.fi/URN:ISBN:978-952-00-3970-7

Nielssen S, Paasonen S & Spisak S. 2015. 'Pervy role-play and such' – Girls' experiences of sexual messaging online. Sex Education. Routledge. http://www.tandfonline.com/doi/abs/10.1080/14681811.2015.1048852 Referenced 12 July 2019

NSPCC National Society for the Prevention of Cruelty to Children. 2018. Live-streaming & live chatting. https://www.nspcc.org.uk/what-we-do/news-opinion/livestreaming-video-chat-online-safety/

Pine DS. & Cohen JA. 2002. Trauma in children and adolescents: risk and treatment of psychiatric sequelae. Biol Psychiatry. 51; 7:519–531.

Quale E. 2008. The COPINE Project. Combating Paedophile Information Networks in Europe. Irish Probation Journal. 5, 65-83. https://www.research.ed.ac.uk/portal/files/12893845/The_COPINE_Project.pdf

Rinkinen T. 2012. "Toivon, että vastaat koska en uskalla kysyä keneltäkään muulta aikuiselta!!! Ole kiltti ja auta!!!" ["*Please answer, because I dare not ask any other adult. Please help!!!*"] Doctoral dissertation 1 September 2012. Faculty of Health Sciences. University of Eastern Finland. Population Research Institute publication series D 54/2012. Family Federation of Finland. Helsinki: Hansaprint.

Salmivalli C. 2003. Koulukiusaamiseen puuttuminen. Kohti tehokkaita toimintamalleja [*Addressing bullying at school. Towards effective operating models*]. Juva: PS-kustannus. WS-Bookwell, 11–12.

Save the Children Finland. 2011. Grooming internetissä ja lapsen seksuaalinen hyväksikäyttö [*Online grooming and child sexual abuse*]. Save the Children Finland.

Save the Children Finland. 2016. Lasten seksuaalinen hyväksikäyttö ja digitaalinen media [*Child sexual abuse and digital media*]. Save the Children Finland. Helsinki. https:// s3-eu-west-1.amazonaws.com/pelastakaalapset/ main/2016/04/15164111/nettivihje_uusilehti_web.pdf

Save the Children Finland. 2018. Lasten ja nuorten kokema seksuaalinen häirintä ja siihen liittyvä kiusaaminen digitaalisessa mediassa [*Children's experiences of sexual harassment and bullying in digital media*] (In Finnish). https://s3-eu-west-1.amazonaws.com/pelastakaalapset/main/2018/08/31131602/Sexting_raportti_web-002.pdf

Savioja H, Sumia M & Kaltiala-Heino R. 2015. Seksuaalikokemukset ja mielenterveys nuoruusiässä [*Sexual behaviour and mental health in adolescence*]. Finnish Medical Journal. 70; 6: 309–314.

Scholes-Balog K, Francke N & Hemphill S. 2016. Relationships between Sexting, Self-Esteem, and Sensation Seeking Among Australian Young Adults. Empirical paper. Sexualization, Media & Society. 2016(1): 1–8.

Sexual interest in children – self-care. MentalHub. https://www.mielenterveystalo.fi/aikuiset/itsehoito-ja-oppaat/itsehoito/seksuaalinen-kiinnostus-lapsiin/Pages/default.aspx

Sørensen A. & Knudsen S. 2007. Nuoret, sukupuoli ja pornografia Pohjolassa [*Young people, gender and pornography in the Nordic countries*]. Copenhagen. Nordic Council of Ministers.

Sørensen K. 2015. Grooming – A Strategic Process. In: Is It Really That Bad. An anthology of online sexual abuse of children and young people. Save the Children Denmark. Red Barnet. Toptryk Grafisk.

Terminology and Semantics. Interagency Working Group on Sexual Exploitation of Children. 2016. Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse. ECPAT International 2016. 2016. http://luxembourgguidelines.org/

United Nations (UN). 1989. Convention on the Rights of the Child. Available at: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

United Nations, Guidelines regarding the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2019) https://www.ohchr.org/Documents/HRBodies/CRC/CRC.C.156_OPSC%20Guidelines.pdf

Vaaranen-Valkonen N. 2017. Elämänjanamenetelmän käyttö seksuaalista hyväksikäyttöä lapsuudessaan kokeneen nuoren narratiivisessa altistusterapiassa [*The use of the lifeline method in narrative exposure therapy for a young person who has experienced sexual abuse in childhood*]. In: Kiuru H. & Strömberg-Jakka M (eds.). Seksuaalisuuden tabut suljetuissa yhteisöissä [*Taboos on sexuality in closed communities*], 200–220.

Webster S, Davidson J, Bifulco A, Gottschalk P, Caretti V, Pham T, Grove-Hills J, Turley C, Tompkins C; Ciulla S, Milazzo V; Schimmenti A & Craparo G. 2012. European Online Grooming Project. Final report. Prepared for and co-funded by the European Commission Safer Internet Plus Programme. https://www.academia.edu/23987615/European_Online_Grooming_Project_Final_Report

World Health Organization (WHO). 2016. INSPIRE: Seven Strategies for Ending Violence Against Children. http://apps.who.int/iris/bitstream/10665/207717/1/9789241565356-eng.pdf?ua=1

12 Harm assessment in sexual offences against children

Corresponding author: Maria Peltola, Tampere University Hospital (TAYS)
Co-authors: Hanna Lahtinen, University of Eastern Finland (UEF); Jukka Peltola, Tampere University (TUNI) and TAYS; and Kaija Puura, TUNI and TAYS

12.1 Introduction

This chapter aims to set out national actions based on the rights of the child and research evidence to increase the equal opportunities of child victims of sexual offences to obtain an objective expert assessment of potential medical harm that a sexual offence may have caused and to improve the quality of harm assessment statements. The chapter includes up-to-date, evidence-based medical knowledge of the harmful effects of sexual violence and the basis for harm assessment, taking account of forensic psychology aspects. Furthermore, it also proposes actions to increase knowledge of current research about the consequences and medical evaluation of sexual violence considered in terms of personal injury among other professional groups, such as court presidents, prosecutors, lawyers, guardians, trustees and police officers.

A harm assessment is part of each child's legal rights, which the victim can use as a basis to present claims for damages in accordance with international agreements and national law (see Table 17). Alongside current medical knowledge concerning assessment of harm, we also discuss the rights of the child, the responsibilities of public authorities and legislation relevant to the subject (see also Chapters 4 and 10).

Assessment of harm caused to a child by sexual violence and its implementation have not been examined to any significant extent in Finland; nor is there any research available on the subject. No Finnish-language guidance on assessing psychological harm in sexual offences against children that would also take account of national legislation is in place for child and adolescent psychiatrists. The subject has mainly been raised for public debate in the context of whether the damages received by child victims are proportionate to the degree of harm caused by the act in keeping with the public sense of justice.

We analyse harm assessment in cases where a suspected sexual offence is substantiated in the police pre-trial investigation and the assessment focuses on any potential medical harm that the act may have caused to the victim from the perspective of psychiatry. Sexual violence occurs in varying degrees of severity. Some of the victims do not show any symptoms while others may only develop symptoms at a later date. In many cases, a child who has experienced sexual violence has also been subjected to other forms of violence and neglect, especially if sexual violence has occurred within the family. A child may fail to disclose sexual violence until a considerable period of time after the act, which makes it challenging to assess the independent impact of violence on subsequent development.

Children's circumstances, experiences of sexual violence and its consequences vary considerably. It may sometimes be difficult to assess the medical causality between experiences of sexual violence and a psychiatric disorder, for example, with sufficient certainty. Nevertheless, the decision on whether harm assessment is possible must always be made on an individual basis (Directive 2012/29/EU of the European Parliament and Council). Damages may be of considerable significance for the victim, although human suffering cannot be measured in monetary terms.

Medical research evidence bears out the idea of subsequent, potentially harmful psychiatric, neurological and immunological effects, which may be persistent, or sometimes even permanent (Gilbert et al. 2009, Cassiers et al. 2018, D'Elia et al. 2018, Herzog 2018). These result in human suffering, loss of income, as well as significant costs arising from healthcare and various support arrangements later in childhood, adolescence and adulthood. Experiences of sexual violence have a profound overall impact on different areas of life. This chapter does not address the broader psychological effects and other consequences of sexual violence, which

are described in a general opinion of the Family Federation of Finland (Family Federation of Finland 2019). The subject is also discussed in Chapter 10.5.

Research carried out in the field of neuroscience, in particular, has opened up the opportunity to expand the scope beyond psychiatric assessment to also examine any potential harm caused by sexual violence to a child's developing central nervous system (CNS) (see Chapter 12.6). The body of research on the subject has increased considerably. Moving forward, it is also expected to enable more effective means to prevent significant harmful effects on the central nervous system and subsequent psychiatric morbidity. Chapter 12.6 is primarily intended for medical professionals and it also explores the relationship between medical knowledge and legal considerations (see Chapters 12.6.4 and 12.6.10).

When treating and interacting with children who have experienced sexual violence, the primary consideration from the perspective of the child's best interests is to emphasise hope and the fact that it is possible to recover from sexual violence. Social and other necessary support and care play an essential role in children's recovery and prevention of subsequent disorders.

Children's legal safeguards are currently at an inadequate level in Finland in terms of harm assessments in keeping with international agreements and the national Tort Liability Act (412/1974). This view is based on experiences and feedback received from both forensic child and adolescent psychiatry units and university hospitals' child psychiatric clinics. This chapter also deals with challenges involved in harm assessment.

Despite the challenges, the authors of this chapter and specialists at forensic child and adolescent psychiatry units consider it important and relevant to raise the issue for public debate, including at the national level, as part of this Part II of the 'Non-Violent Childhoods' Action Plan for 2020–2025. It is possible to recover from sexual violence and society has a special obligation to take the necessary actions to support the immediate and long-term survival of child victims.

12.1.1 Definitions of key terms and concepts used in this chapter

Child is used to mean a person under the age of 18.

Government Proposal No. 167/2003 for an Act amending the Tort Liability Act (412/1974) notes that the concept of harm is largely tied to the prevailing medical knowledge and available medical research methods. **Harm** refers to a type of personal injury defined on medical grounds (Government Proposal No. 167/2003).

Harm assessment is used to mean the assessment of the potential harm that sexual violence may have caused to a child, which covers individual psychiatric assessments, including psychological assessments as required. As a general rule, the harm caused to a child is assessed by a specialist in child or adolescent psychiatry in cooperation with other healthcare professionals, such as a psychologist.

As terms, 'sexual abuse' and 'sexual maltreatment' are generally used to describe the same phenomenon. **Sexual violence** covers both sexual abuse and sexual maltreatment, which are used as equivalent concepts in the scientific reviews, meta-analyses and original research papers included in the sources. However, there can be considerable differences in what the definitions used in different studies mean in terms of acts. The concepts used in the Criminal Code of Finland (39/1889) for sexual offences are **sexual abuse and rape**. With the exception of references to the Criminal Code or other laws or agreements, the term agreed for use in this chapter and in the 'Non-Violent Childhood' Action Plan as a whole is mainly 'sexual violence'.

12.2 Legislation relevant to sexual offences

12.2.1 The harmfulness of an offence and the harm caused under the Criminal Code

In recent years, various amendments have been introduced to legislation governing sexual offences against children. These amendments stem from the desire to highlight the deplorable and harmful nature of sexual offences (Government Proposal No. 282/2010, Ojala 2012, Government Proposal No. 212/2018). Legislative amendments concerning sexual offences against children were carried out in 2011 as Finland was preparing to accede to the Council of Europe Convention on

the Protection of Children against Sexual Exploitation and Abuse (the 'Lanzarote Convention', Finnish Treaty Series, 88/2011) (Government Proposal No. 212/2018). In the spring of 2019, the Ministry of Justice set up a working group to prepare a comprehensive reform of legislation governing sexual offences. The working group's task is to assess the needs to reform legislation governing sexual offences against adults and children (Ministry of Justice project no. OM007:00/2019). This chapter only considers harm from the medical perspective.

The Criminal Code of Finland (39/1889) provides for the impact of the harmfulness of an offence on determining a sentence. The nature and extent of the harm caused may play a role in the prosecutor's request for punishment and in determining the sentence in court. Section 4 of chapter 6 of the Criminal Code lays down the general principle for determining the sentence as follows: "The sentence shall be determined so that it is in just proportion to the harmfulness and dangerousness of the offence, the motives for the act and the other culpability of the offender manifest in the offence." The Code also lays down provisions on sentencing, which require taking into account all grounds according to law affecting the amount and type of punishment, as well as the uniformity of sentencing practice. In terms of consequences, the reprehensibility of an act under the Criminal Code is premised on the harmfulness and dangerousness of the offence. These refer to both the real consequences and the harm and danger that the act could have foreseeably been expected to cause. (Government Proposal No. 44/2002.)

In its precedents, the Supreme Court (KKO) has taken the serious consequences of sexual offences against children into account as enhancing factors in sentencing (Keski-Keturi 2018). The precedents pay special attention to the harmfulness of the act with regard to child development. The supporting considerations raised when assessing a severe punishment include the severe psychological injuries caused to the child by the act (KKO:2014:48, Keski-Keturi 2018); the harmfulness of the act (KKO:2011:102, Keski-Keturi 2018); and severe damage to the child's mental health as evinced by the long-term treatment required (KKO:2002:52).

Article 28 of the Lanzarote Convention (Finnish Treaty Series 88/2011) obliges the States Parties to take the necessary legislative or other actions to ensure that certain circumstances, in so far as they do not already form part of the constituent elements of the offence, may be taken into consideration as aggravating circumstances in the determination of sanctions in conformity with the relevant

provisions of internal law. Such circumstances include serious damage to the physical or mental health of the victim and the particular vulnerability of the victim.

12.2.2 Harm and distress in the Tort Liability Act

The Tort Liability Act (412/1974) lays down provisions on damages. In sexual offences against children, damages cover compensation for personal injury and distress. Compensations for personal injury and distress are different in character. A personal injury must generally be medically verified to be eligible for damages. Conversely, compensation for distress is determined as such on the basis of the nature of the act. It can be awarded even if the victim did not sustain any personal injury. Distress damages are ordered on the basis of the distress that the emotional injury is likely to cause (Government Proposal No. 167/2003, Tort Liability Act chapter 5).

Personal injury, in turn, refers to impairment of physical or mental health. When the harm caused to a crime victim is assessed for court proceedings, 'mental disability' refers to a personal injury as defined by law. A typical personal injury in sexual offences against children is temporary mental disability. In sexual offences against children, a medically diagnosed disorder of mental health that has required healthcare interventions entitles the victim to compensation for temporary disability (Ojala 2012). Consequently, a psychological injury may entitle a victim to compensation for temporary mental disability, but the victim should also be compensated for medical expenses and loss of income.

For the purpose of promoting the consistency of case law, Finland has the Personal Injury Advisory Board (HEVA) operating under the Ministry of Justice. Its key task is to issue general recommendations concerning the amounts of compensation payable for temporary and permanent disability and for distress. In the recommendations, damages for mental disability are tabulated by diagnosis, including acute stress reaction, post-traumatic stress disorder, adjustment disorder and depression (HEVA recommendations 2017; Act 513/2004 on the Personal Injury Advisory Board, section 1).

12.2.3 Responsibility of public authorities to inform sexual violence victims of their rights

European Union directives, national laws and international agreements play a significant role from the perspective of child rights. Police officers are required to be familiar with the child's legal rights with regard to damages (Ellonen 2016). The Victims' Directive (2012/29/EU) emphasises the obligations of the competent authority to offer victims information about how and under what conditions they can access compensation. In many cases, due to their age and level of maturity, child victims themselves are not sufficiently capable of assessing the harm caused by an offence and its significance or understanding their rights to damages. Proposing and seeking a harm assessment for a child victim of sexual violence rest almost completely on the initiative of the authorities, the child's custodians or substitute guardians, and their legal counsel. In practical terms, a child victim's damages are usually dealt with by the child's substitute guardian or legal counsel.

Table 17. International human rights treaties and legislation.

Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse (the 'Lanzarote Convention, Finnish Treaty Series 88/2011)	Imposes an obligation to protect the rights of child victims of sexual exploitation and abuse. Imposes an obligation to take damage to the physical or mental health of the victim into account as aggravating circumstances in sentencing.
Second Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography Article 9 (Finnish Treaty Series 41/2012)	The Protocol includes provisions on, among other things, protecting the rights and benefits of child victims during criminal proceedings. States Parties ensure that all child victims of the offences described in the Protocol have access to adequate procedures to seek, without discrimination, compensation for damages from those legally responsible.
Directive 2012/29/EC of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (the 'Victims' Directive') Legislative amendments in force as of 1 March 2016	Establishes the minimum standards on the rights, support and protection of victims of crime. The competent authority is obliged to ensure that victims are offered information about how and under what conditions they can access compensation. Member States must ensure that in the application of this Directive, where the victim is a child, the child's best interests will be a primary consideration and will be assessed on an individual basis.
Criminal Code of Finland (1889/39) Chapter 6, section 4	The sentence must be determined so that it is in just proportion to the harmfulness and dangerousness of the offence, the motives for the act and the other culpability of the offender manifest in the offence.
Criminal Investigation Act (805/2011) Chapter 1, section 2	A criminal investigation should clarify, in the manner required by the nature of the matter, the suspected offence, the circumstances in which it was committed, the damage caused by it and the benefit obtained from it, the parties as well as the other circumstances necessary for the consideration of prosecution and of the sanction to be imposed as a consequence of the offence. The investigation should also clarify the private law claim of the injured party if, on the basis of chapter 3, section 9 of the Criminal Procedure Act (689/1997), they have requested that the prosecutor present their claim.
Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008)	At the request of the police, prosecutor or court, an examination will be organised within healthcare services in order to investigate a suspected sexual offence against a child and to assess the harm involved. The hospital districts maintaining a university hospital are obliged to organise the examinations within their respective districts. This Act applies to a child who is under 16 years of age when the examination is initiated or, if there is a special reason, considering the child's health and development, under 18. A person administering the necessary examinations must have the training, professional skills and experience required to perform the task appropriately.
Tort Liability Act (412/1974, as amended by Act 509/2004) Chapter 5, section 2 (personal injury) Chapter 5, section 6 (distress)	Covers all temporary and permanent alterations to both physical and mental health that can be construed as a personal injury on the basis of medical knowledge. Compensation is based on the distress that the injury is likely to cause, with particular regard to injury to dignity and self-esteem.

12.2.4 Compensation for distress

A sexual offence violates the victim's sexual autonomy, therefore entitling the victim to claim compensation for distress. Distress damages are ordered on the basis of the distress that the injury is likely to cause, with particular regard to the nature of the injury, the status of the injured party, the relationship between the injuring and injured parties, and the publicity of the injury. (Tort Liability Act, chapter 5, section 6.) When estimating the amount of **distress damages**, a key role is assigned to the characterisation of the act against the child. This process is (in a sense) about making an objective assessment regardless of how the child personally experiences the act. Ojala (2012) notes that the nature of the act is naturally assessed as part of sentencing.

12.2.5 Personal injury

A personal injury may manifest as damage to physical or mental health. Personal injuries, including psychological ones, may entitle victims to compensation for temporary or permanent disability and medical expenses, among other things.

12.2.6 Temporary disability

A temporary disability refers to harm caused by a personal injury. The damages involved are of compensatory nature to make up for the impairment in quality of life caused by the personal injury. This covers the impairments, disorders and difficulties arising from the personal injury. A psychological personal injury may manifest as anxiety or depression, for example, and the harm caused by such a condition will have to be compensated (Timo Ojala, personal communication on 30 August 2019). Compensation for temporary disability is ordered with particular regard to the nature and degree of severity of the personal injury, the nature and duration of the treatment required, and the duration of the disability (Tort Liability Act, chapter 5, section 2c). The nature of personal injury refers to the way in which the impairment or illness manifests itself. In practical terms, any compensation requires a sufficient medical report (Government Proposal No. 167/2003).

The harm also includes physical and mental disability, such as inability to move normally or inability to use one's senses. If a child already had a psychiatric treatment contact prior to the sexual violence offence, it is essential to establish how their care needs and diagnosis have changed after the sexual abuse. (Ojala

2012.) In terms of personal injuries, an injuring party will, to a certain extent, have to accept the principle that "the injured party must be taken as found". By way of example, case law does not take any underlying disease independent of the incident into account as a factor that might reduce the liability for damages to the victim (Saarikoski 2009, Tiilikka 2011). It is also possible to present claims for damages retrospectively in cases where the degree of harm cannot be assessed prior to the trial, for example.

12.2.7 Permanent disability

Compensation for **permanent disability** is payable for any consequences of a personal injury that can, on the basis of information available at the time when compensation is ordered, be assumed to impair the injured party's quality of life for the rest of their natural life. In addition to compensation for temporary disability, a psychological personal injury may also entitle the injured party to receive compensation for permanent disability if the mental disorder is permanent in nature, i.e. impairs the injured party's mental health, based on medical knowledge, for the rest of their natural life (Government Proposal No. 167/2003).

In this context, **quality of life** means the victim's chances to live a full life in accordance with their personal habits, inclinations and goals. Compensation for a permanent disability takes account of the nature and degree of severity of the personal injury and the age of the injured party (Tort Liability Act, chapter 5, section 2c). A disability is considered permanent when the stabilisation of health can no longer be expected to produce a change for the better and no further medical means are available to improve the situation (Ojala 2014). As children are still developing, it may be impossible to assess a permanent disability before adulthood.

12.2.8 Medical expenses and other compensation

Impaired mental health may result in various medical and medication expenses. These should be compensated if they arise from an impairment of mental health due to the act. Assessment must take account of whether the necessary treatment is available in the public healthcare sector or whether it entails resorting to private services. In addition, the reasons why this is required must be provided. (Timo Ojala, personal communication on 30 August 2019.)

The parents of a child who has sustained a personal injury as well as any equivalent, particularly close individuals are, for specific reasons, entitled to reasonable compensation for the necessary expenses and loss of income arising from caring for the injured party. The same also applies to compensation for any other actions due to the injury where these are liable to promote the child's recovery or rehabilitation from the diagnosed disability, for example. (Government Proposal No. 167/2003.)

12.3 Individual harm assessments of child victims for court proceedings

12.3.1 Medical statements

In Finland, physicians have the exclusive right to make diagnoses and a special position defined by law. When issuing medicolegal certificates and statements and other certificates intended to be presented to a court of justice or some other public authority, licensed physicians must add to them the words "which I certify on my honour and conscience". A certified certificate or statement is valid without confirmation under oath, unless the court of justice or authority orders, for specific reasons, that it must be confirmed by oath or affirmation. (Health Care Professionals Act 559/1994, section 23.) When issuing statements, a physician is an impartial expert and is required to consider the opposing party's legal protection (Finnish Medical Association 2013). No guidance for assessing psychological harm for court proceedings is currently available for physicians in Finland, but international literature provides plenty of guidelines for assessment, which are also partially applicable to Finnish healthcare (see Chapter 12.3.4 below).

Harm assessments conducted for legal purposes differ from purely clinical assessments in two significant respects: the patient relationship is not therapeutic during the assessment and the degree of confidentiality is different. In cases of sexual offences, children should be examined comprehensively by medical means. In terms of the timeline, a child can be assessed therapeutically on several occasions. Harm assessments make use of therapeutic observations as part of the overall assessment process. Consequently, an assessment produced for a court is also fairly closely related to therapeutic assessment. It is very important to examine the child's symptoms and functioning before a suspected incident of

sexual violence and subsequent symptoms and any possible changes in the child's functioning after the incident.

It is not always possible to know the extent to which mental disorders in sexually victimised children result from sexual violence. Medical causality assessments therefore aim to determine, based on medical knowledge and experience, whether a certain injury or illness was fully or partially caused by a certain event. Assessment is based on general medical knowledge of causal links concerning the condition in question and the observations and findings obtained on the patient. When issuing statements on causality, physicians are seldom in a position to state anything with full certainty and they are forced to work on the basis of likelihoods instead. It is recommended that the degree of causal certainty be expressed using the following five-step scale: very likely, likely, possible, unlikely, and very unlikely (Finnish Medical Association 2016, THL 2013, Aaltonen 2011).

Harm assessment reveals the level of experience of the physician conducting the assessment, which means that the so-called tacit personal knowledge plays a significant role in the assessment and conclusions. Medical literature must be interpreted in the context of each case being assessed and applied in the best way possible on a case-by-case basis. Court presidents, prosecutors, lawyers and lay members of district courts are lay people with regard to medical knowledge, which highlights the importance of the comprehensible content of an expert statement. Any scientific concepts used in the statement must be clearly explained to a sufficient extent. By their statements, medical experts provide medical knowledge as executive assistance, equipping the courts with tools for making judicial decisions. While compensation for personal injury is based on a medical causality approach, ultimately its assessment is always judicial. Nevertheless, tort law does not require full certainty to establish a causal link. (Hemmo 2005, Saarikoski 2009, Aaltonen 2011, Ståhlberg & Karhu 2013.)

12.3.2 Psychologist's statements

In 2016, the Finnish Psychological Association published guidelines on harm assessment for psychologists. The guidelines describe potential situations that require a psychologist's assessment of the psychological harm caused by an event. They also set out the details to be established as part of the assessment and the resulting statement. These include a description of the event and its consequences;

recovery of and prognosis for the client/patient; history of life preceding the event; and details of treatment and, possibly, of functional or occupational disability. With regard to children, the guidelines note that a child's individual assessment requires information provided by the child's parents or other caregivers and their school or early childhood education unit. The assessment must also take the child's current level of maturity into account. (Finnish Psychological Association 2016.)

While clinical expertise plays a key role in harm assessment, it also calls for knowledge of forensic psychology, research on the phenomena to be addressed in the statement, and knowledge of the Tort Liability Act. The psychologist conducting a harm assessment of sexual violence experienced by a child will require information about normal child development and developmental abnormalities, childhood psychopathology, psychological traumas and validated assessment methods (Sparta 2003).

12.3.3 Practices for preparing harm assessment statements in healthcare units

Forensic child and adolescent psychiatry units, operating as part of the healthcare system, issue statements that may either be separate statements on harm or form part of another statement for a pre-trial investigation. These units only assess harm on the basis of requests for executive assistance made by the police. In most cases, the units assess psychological harm in a theoretical statement, which does not consider the potential harm caused to an individual child. This chapter does not deal with theoretical assessments, as personal injury requires proof and, consequently, an individual medical assessment (Government Proposal No. 167/2003).

In addition to theoretical assessment, the units may also assess the **individual harm** caused to a child. In such cases, the child does not usually have a care provider from which it would be possible to request for a harm assessment. Harm assessments can be conducted both for children questioned by the police and for those interviewed in the unit in order to investigate suspected offences. It should be noted that, according to the standard practice in place in Finland, the person who has interviewed a child in relation to a suspected offence should not play a dual role by also assessing individual harm caused to the same child. Children's interviews relating to suspected offences are mostly conducted by psychologists

in these units. In most cases where the police or prosecutor requests an individual harm assessment as executive assistance, it will be carried out by a unit specialist in cooperation with other healthcare professionals.

A harm assessment should not be conducted in an acute situation. However, symptoms of post-traumatic stress disorder following sexual violence, for example, will generally emerge relatively soon after the traumatic event (see Chapter 12.4). From the perspective of care needs, post-traumatic symptoms should often be assessed even before a pre-trial investigation reaches the point where it is known that the child will no longer be questioned in relation to the suspected offence, since the process may take a long time in Finland. Assessing children's care needs and referring them for further treatment form an integral part of harm assessments conducted in relation to sexual offences.

Alongside child psychiatrists, the forensic child psychiatry units operating at the Kuopio and Tampere University Hospitals also have physicians specialising in physical examinations of sexual violence committed against children working as an integral part of the team. In recent years, these hospital units have expanded the focus of expert teams beyond forensic psychology and will continue to develop this approach in the future as well. The units may also issue joint statements combining harm assessments and medical statements on physical examinations. Statements may also be prepared in cooperation with a child psychiatric clinic operating within specialised medical care. There are some variations in the practices in place in different units.

In addition to forensic child psychiatry units, harm assessments of sexual offences against children are also carried out by other healthcare units. When a child has an existing provider of child or adolescent psychiatric care, it is recommended to request the provider to carry out the individual harm assessment. Where required, forensic child psychiatry units provide consulting assistance for conducting the assessment and drawing up the statement.

12.3.4 Premises for harm assessment

Sexual offences against children vary in terms of degree of severity, ranging from more minor acts to extremely serious and traumatising cases. While children who have experienced sexual violence form a group of both asymptomatic individuals

and those with a variety of symptoms, most suffer from various psychological symptoms. Among other things, children who have experienced sexual violence may present with emotional and behavioural changes and a wide variety of symptoms such as depression, anxiety, fearfulness, self-harming and aggressive behaviour. (Kendall-Tackett et al. 1993, Trask et al. 2011, Duin et al. 2018, Vrolijk-Bosschaart et al. 2019, Luoma et al. 2018). A review article found that 21% to 49% of children who had experienced sexual violence were asymptomatic or showed mild symptoms at the time of study (Kendall-Tackett et al. 1993). Some children who are asymptomatic when examined will develop symptoms even years later. The child's age has a bearing on their ability to comprehend the nature of sexual violence at the time of the event (see Chapter 12.5).

There is plenty of international literature on validated methods developed for assessing individual harm to a child, which allows for the risk and legal context of potential false-positive conclusions (Wilson & Keane 2004, Young 2016, AACAP 2011, AACAP 2014, Kraus et al. 2011, Tedeschi & Billick 2017b). The process of psychological harm assessment set out in this chapter is in line with the guidelines issued by the American Academy of Child and Adolescent Psychiatry (AACAP, a leading US organisation in the field), the Finnish Psychological Association's guidelines for psychologists, and the guidance provided in handbooks of forensic psychology (e.g. Bryant 2003, AACAP 2010, Weiner & Otto 2017, Drogin et al. 2015, Powell & Powell 2010, Finnish Psychological Association 2016).

Experts suggest that, when analysed on the basis of retrospective studies on adults, assessing individual harm caused by sexual violence is challenging, if not impossible (Wolfe et al. 2010). In this chapter, we do not address harm assessment in situations where childhood sexual violence comes out later in adulthood.

In terms of harm caused by sexual violence to a child, it should be noted that research suggests that specifically victim-related individual factors are clearly more explanatory of the development of conditions such as post-traumatic stress disorder (PTSD) than objective factors relating to the act itself (Holm & Tolonen 2008, Young 2017; see also Chapter 10.5). According to a general statement for court proceedings drawn up by experts of the Family Federation of Finland (Väestöliitto 2019), the harm caused by sexual violence and its effects to an individual minor should be assessed separately for each specific act or case of sexual violence against minors (aged 8 to 17).

12.3.5 Points to consider in harm assessment

When conducting a harm assessment for a court of justice, it is essential to make an assessment of a causal link to the suspected act in addition to a psychiatric assessment. A harm assessment should not be carried out until after the child has first been questioned as part of the pre-trial investigation and there is some corroborating evidence to confirm the suspicion. A harm assessment should never be conducted in an acute situation.

It is necessary to have a discussion with the child and their parents to inform them that the confidentiality of the harm assessment will justifiably be different from a purely clinical evaluation. The child's cognitive and emotional maturity should be taken into account when planning the interview. The child will not necessarily want to have an examination – or their condition might not allow it – even if the harm is evident. It is possible to suspend a harm assessment if required, and the child and parents are also entitled to change their minds about the informed consent given to the harm assessment. When assessing children and young people, special attention must also be paid to the fact that psychological sequelae are not necessarily evident during an examination but may emerge even years later. In addition to any harm caused, the assessment should also cover protective factors and risk factors for subsequent harmful effects. (See also Chapters 2, 8 and 10.)

Professionals involved in harm assessments must master reliable, validated interview and other examination techniques used in child and adolescent psychiatry. Furthermore, they must take the legal context of assessments into account, including the reliability factors of reporting symptoms and other sources of information. Conducting assessments also requires understanding of the potential short- and long-term consequences that a suspected act may involve (Kraus et al. 2011). In addition, it is necessary to determine which scientific studies support the conclusions concerning the diagnostic observations (Lubit et al. 2002). Access to background documents, most commonly police pre-trial investigation records, is vital for the assessor to form as accurate a picture of the events as possible. If a harm assessment is solely based on the particulars of events provided by the child or parent, relevant details may be overlooked or the information obtained may be false (cf. memory functioning) (Bryant 2003, Sparta 2003).

In an interview, the child should be allowed to describe the trauma in their own words, since the child's own experience is essential (Holm & Tolonen 2008, Tedeschi

& Billick 2017b). When interviewing children, it is important to ask some open-ended questions first, and only then move on to more specific questions. It is also necessary to consider each child's developmental stage and ability to describe symptoms. (Tedeschi & Billick 2017b.) Children may be reluctant to speak about the events for reasons such as feelings of shame and guilt and the distressing nature of the topic. In the course of an interview, a child may revisit the trauma events, requiring the interviewer to be sensitive to the child's emotional states. In many cases, however, it is possible to ask the child about details such as post-traumatic stress disorder symptoms and revisit the trauma events with sufficient sensitivity and due consideration for the child's maturity (Viheriälä & Rutanen 2010). It is always necessary to leave time at the end to discuss the child's thoughts about the interview (Tedeschi & Billick 2017b).

Individual harm assessment is not simple. In some cases, it is not even possible, because there are several factors contributing to a child's psychological status at the time of assessment. However, harm assessment is particularly difficult in situations where sexual violence has taken place within the family. When the perpetrator of sexual violence is the child's parent or some other individual in an equivalent position, it is not necessarily possible to assess the causal link between the symptoms and suspected sexual violence separately from other factors affecting the child's symptomatology. Such children may also have been subjected to other types of maltreatment and neglect in the family. (See also Chapter 8 and Chapter 10.5.) When the criminal suspect is a parent or some other close caregiver, permission to conduct a harm assessment should be obtained from a substitute guardian, in addition to consulting the child's opinion. If the child's parents or other caregivers are not interviewed, it is important to consider whether there are other sources to obtain the necessary information, such as the child's medical records and observations made by substitute care staff.

Conducting a high-quality assessment of the harm caused by a sexual offence against a child for legal proceedings requires competence in clinical psychiatry, mastery of scientific knowledge, consideration of the legal context and knowledge of the Tort Liability Act. Special attention must be paid to arranging safe conditions for conducting an assessment. 'Special attention' also means that enough time should be reserved for the assessment. Furthermore, it is important to discuss the assessment with the child and their parents/caregivers and refrain from giving a prognosis for the child's future. It is important for the victims and their close

family and friends to hear that the support they receive and the professional help provided as required will as such significantly improve the odds for avoiding long-term harmful effects of sexual violence.

Children's post-traumatic symptoms frequently coincide with symptoms of other disorders, while somatic symptoms are also common (Bae et al. 2018, AACAP 2010). In many cases, these children also have other underlying stressors, which should be assessed to determine their relevance to the situation. It is therefore essential to take the above-mentioned factors into account in harm assessment. The changes caused by the suspected act to the child's health status play a key role (Sparta 2003). International literature refers to the 'thin skull' and 'crumbling skull' rules, which are applied in countries such as the United States and Canada. The thin skull rule, also known as the 'eggshell skull rule', states that where a victim already had a heightened risk of developing a mental illness prior to the traumatic event, the victim must be fully compensated. In other words, it will not affect the damages. The crumbling skull rule, in turn, holds that where a victim had a condition that predated the traumatic event, it is necessary to assess the extent to which the event exacerbated the situation or triggered new symptoms. In the latter case, compensation will be determined on the basis of this assessment (see e.g. Koch et al. 2006). These rules are also in line with Finnish law on tort liability (Tiilikka 2011, Ojala 2012).

The legal context of harm assessment highlights the significance of differential diagnostic analysis as an integral part of professional skills, as well as awareness of the limits of one's own competence and application of scientific research.

12.4 Post-traumatic stress disorder and hyper-sexualised behaviour as a result of sexual violence

12.4.1 Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is the psychiatric disorder most commonly associated with sexual violence, contributing to the victim's prognosis and care needs. PTSD arises as a reaction to an intense traumatic experience. In most cases, children and young people develop the disorder relatively quickly (within 6 months) after a traumatic event, but it may also emerge slowly (Kumpulainen 2004; see also Chapter 10.5). PTSD should generally not be diagnosed if there is no evidence that the symptoms started within six months of the trauma. PTSD often manifests in children in its partial form, in which case not all of its diagnostic criteria (ICD-10) are met. Partial PTSD may also involve significant functional impairment and distress. The symptomatology demonstrated by young people does not differ significantly from that of adults. However, risk-taking, impulsive behaviours and substance use are more common in young people (Tedechi & Billick 2017a).

PTSD manifests, among other things, as trauma-related nightmares and flashbacks, emotional blunting, attention deficits, detachment from other people, autonomic hyperarousal and an enhanced startle reaction. These symptoms are often combined with anxiety and depression. PTSD is diagnosed on the basis of specific diagnostic criteria (ICD-10 diagnostic code F43.1). The recommended ICD-10 diagnostic code for partial post-traumatic stress disorder is F43.8, Other reactions to severe stress. (See Chapter 10.5, ICD-10.) The eleventh revision of the classification, ICD-11, defines a new diagnosis for complex PTSD (C-PTSD), which generally develops as a result of exposure to several, recurrent and interpersonal traumas (ICD-11). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association (APA) includes specific, more developmentally sensitive diagnostic criteria for PTSD for young children (aged 6 or younger) (Smith et al. 2019; see Chapter 12.5.2). The DSM-5 classification also recognises a dissociative subtype of PTSD (APA 2013).

Research indicates that sexual violence involves a higher risk of PTSD when compared with other traumatic events (Trask et al. 2011, Nooner 2012, Tedeschi & Billick 2017a). A scientific review found that about 37% to 53% of children who had experienced sexual violence developed PTSD (Trask et al. 2011). An extensive population-based study of young people aged 13 to 17 (n = 6,483), in turn,

explored the prevalence of rape and sexual violence and the associated prevalence of PTSD. The prevalence of PTSD stood at 39% among rape victims and at 31% among those who had experienced other types of sexual violence. (McLaughlin et al. 2013.) PTSD prevalence was also similar in a 1993 scientific review of 45 studies: 53% of victims of sexual violence were diagnosed with PTSD, ranging from 20% to 77% (Kendall-Tacket et al. 1993).

The precise direct significance of sexual violence has been assessed, among other things, in a prospective case-control study involving both a clinical (non-abused) and a non-clinical comparison group matched by several factors. In the study, sexual violence was determined on the basis of a child's reliable disclosure and/or medical evidence. Over a third (36%) of children who had experienced sexual violence were diagnosed with PTSD, while a total of 65% of children showed PTSD symptoms during the research period (30–60 days after disclosure of abuse). (McLeer et al. 1998.)

In legal assessments, PTSD is clearly different from many other psychiatric disorders because, by diagnostic definition alone, it is a disorder that develops as a result of trauma. Compared with the diagnoses of other psychiatric disorders, the causal link between PTSD and a traumatic experience can also be more clearly established. A number of the diagnostic symptoms of PTSD are directly tied to a traumatic event, such as recurring nightmares, constant intrusion of the event into the mind, and avoidance of any reminders of the event, even to the extent that it may completely prevent the individual from leaving home. A repeated stressful event may exacerbate the stress disorder or lead to its subsequent recurrence. Post-traumatic disorders are often coincident with other mental disorders. Their presence or absence has no bearing on the process of diagnosing PTSD and neither supports nor precludes the diagnosis. Since comorbidity may, however, affect the success of treatment, this needs to be taken into account when assessing care needs and planning the treatment (Post-Traumatic Stress Disorder. Current Care Guideline 2014; see also Chapters 8.2 and 10.5). The neurobiological basis of PTSD is discussed in more detail below in Chapter 12.6.

12.4.2 Factors contributing to PTSD development

Research suggests that victim-related individual factors are clearly more explanatory of the development of PTSD than objective factors relating to the

act (e.g. Holm & Tolonen 2008, Young 2017). According to prevailing medical knowledge, PTSD is a dimensional disorder with a multi-factor aetiology, including neurobiological, psychological, social and genetic factors. It has been estimated that genetic and epigenetic factors account for as much as 70% of individual differences in the development of PTSD, while heritability stands at 30% (Young 2017). Its risk factors are divided into pre-trauma, peri-trauma and post-trauma ones. The genetic and epigenetic factors are discussed in more detail below in Chapter 12.6.

Research indicates that the contextual factors associated with development of PTSD symptoms include, among other things, the child's interpretation of the traumatic situation, the duration of the situation, and the level of threat and intensity involved. Environmental factors include parental responses and a lack of social support. The individual characteristics of children associated with an increased risk of developing PTSD include previous trauma exposure, cumulative trauma exposure, pre-existing psychological symptoms, low cognitive capacity, and female gender (Pine & Cohen 2002, Steine et al. 2017, Haravuori 2009, AACAP 2010, Tedechi & Billick 2017a). Panic symptoms in the immediate aftermath of trauma exposure may predict subsequent PTSD (AACAP 2010).

Studies suggest a significant link between parental care and social support, on the one hand, and PTSD prevention and recovery, on the other (Nooner et al. 2012, Scoglio et al. 2019). Most children show a spontaneous reduction in PTSD symptoms with time (Tedeschi & Billick 2017a). At the same time, however, as many as over one in three may continue to present with symptoms even for years (Haravuori 2009). Based on research findings, it is known that parents are generally poor at identifying children's internal symptoms, such as depression and anxiety (Holm & Tolonen 2008) and PTSD symptoms (Tedeschi & Billick 2017a). With regard to trauma symptoms, special attention must be paid to their severity and developmental trajectory, and the degree of general functional impairment involved (AACAP 2010). The risk of becoming a crime victim is higher among children and young people who may already be in a vulnerable situation in other respects. Research suggests that the victim's vulnerability increases the likelihood of greater harm (Putnam 2003, Scoglio et al. 2019, AACAP 2010, Khadr 2018).

12.4.3 Hyper-sexualised behaviour as a result of sexual violence

The most specific form of child behaviour associated with sexual violence is hyper-sexualised behaviour, which refers to sexual behaviour atypical of a child's developmental stage. A 2018 follow-up study of children aged 3 to 11 by Duin and colleagues found that the most common consequence of sexual violence constituted sexual behaviour problems exhibited by about 30% of children (Duin et al. 2018). A comprehensive 1993 review, also including young children aged under six, reported that 28% of children had sexual behaviour problems following sexual violence (Kendall-Tackett et al. 1993).

Sexual behaviour problems, such as hyper-sexual behaviour, may manifest in young children as behaviours involving aggression, fear or compulsive interest in sexuality. Children may also exhibit abnormal sexualised behaviours for other reasons, as hyper-sexualised behaviours are also found in children subjected to other types of violence and maltreatment, likely in relation to stressors (Vrolijk-Bosschaart et al. 2017, Vrolijk-Bosschaart et al. 2018, Vrolijk-Bosschaart et al. 2019, Friedrich et al. 1998). Assessing a child's hyper-sexualised behaviour requires understanding of normal child sexual development and behaviour (see also Chapter 12.5.1).

12.5 Consequences of sexual violence to young children and harm assessment

Author: Kaija Puura, Tampere University (TUNI) and Tampere University Hospital (TAYS)

Young children can sometimes be assessed for individual harm in cases where suspected sexual violence is confirmed. This is possible in cases where there is clear reason to assume that significant regression in skills that the child has previously acquired, change in the child's health status or behaviour, or diagnosed post-traumatic stress disorder (PTSD) is likely to have been caused by sexual violence, for example.

12.5.1 Contextual factors for conducting harm assessments for young children

Early childhood is a particularly vulnerable period in child development, as the body, brain and mind develop rapidly over the first three years of life. Infants and toddlers have small bodies and their still developing tissues are easily damaged. As the brain architecture is only just maturing, excessively high levels of so-called toxic stress caused by prolonged or frequent exposure to intense adverse experiences may damage it, resulting in permanent health impairments across the life cycle (Shonkoff 2012, Thomason & Marusak 2017).

When a child's language comprehension and expression are developing, particularly during the first 18 to 24 months, their experiences are retained in non-verbal (implicit) memory. Implicit memory contains memories especially relating to interpersonal relationships and interactions, which have an unconscious impact on the mind and are difficult to verbalise (Rovee-Collier et al. 2001). Early childhood is also the period when a child develops their first interpersonal relationships. In particular, attachment relationships with adult caregivers will create the foundation for the ability to form relationships later in life (Main et al. 1985).

In the simplest terms, the quality of parent–child attachment can be classified into secure, insecure or disorganised attachment relationships. A secure attachment relationship has the strongest link with a child's positive emotional and cognitive development. (Cassidy & Shaver 2008.) Children's language skills increase between age 3 and preschool age, while their verbal explicit memory and autobiographical memory are beginning to develop. Their wellbeing and development are still strongly linked to care and nurturing provided by caregivers and other important adults.

As normal sexual development during infancy and early childhood focuses on the child's own body and its sensations, children have neither the need nor the capacity to comprehend adolescent or adult sexual behaviours (Larsson & Svedin 2002, Sandnabba et al. 2003).

Becoming a victim of sexual violence is always a disruptive experience in terms of a young child's health and development. Even if sexual violence has not resulted in any physical harm or psychological symptoms, the child will still need to process an experience that is outside the scope of their normal development. This impacts on

the child's self-image and potentially on their relationships with close family and friends, such as parents. Children who have experienced sexual violence in early childhood will have to deal with their negative experiences all over again at every stage of their sexual development, typically when they reach puberty, start dating and become parents. Some of the children with early childhood experiences of sexual violence still have problems with sexuality in adulthood. (Ojala 2012; see also Chapter 12.7.6.)

If the perpetrator of sexual violence is the child's parent or some other adult caregiver, there is a risk that the child's experience of attachment is distorted. This will also increase the child's risk of being a victim of sexually violence in their later interpersonal relationships. When the perpetrator is not a family member, the experience may alter the child–parent interaction and, consequently, the quality of their attachment relationship may also change from secure to insecure. This may be the case when parents encounter anguish and potential mental problems as a result of their child having been subjected to sexual violence, hindering their ability to function as parents or impairing their own mental health (Stern et al. 2018). When parent–child attachment changes from a secure and balanced relationship to an insecure one involving anxiety and rejection, this may affect the child's ability to form positive interpersonal relationships (Mikulincer & Shaver 2016). An insecure attachment relationship also increases the child's risk of developing a mental, anxiety or substance use disorder later in life (Mickelson et al. 1997).

12.5.2 Special characteristics of conducting harm assessments for young children

When assessing the harm caused by sexual violence to a young child, it is necessary to consider the different types of harmful effects involved: harm caused to the child's mental health; potential harm or injury to the child's bodily health (see also Chapter 10); harm to the child's attachment relationships; and distress caused to the parents. Assessing harm caused to infants and young children is challenging because their ability to verbalise their experiences and feelings is still undeveloped when compared with older children. Consequently, young children's harm assessments are based on information obtained from their parents or caregivers and other adults in their lives, as well as on observations of their health status and behaviours.

Young children behave differently with different people and in different situations. By way of example, they interact and behave differently with (their own) parents when compared with early childhood education and care staff. Observing a child's behaviour in a range of interactions with different individuals will provide plenty of information about the child's development and health status and the quality of their attachment relationships. Children develop and change rapidly over the first three years of their lives. Good knowledge of developmental stages is vital when assessing a child, in order to distinguish normal behaviours from potential disorder symptoms.

The most important part of the assessment process constitutes careful interviews with the child and a parent or caregiver. The aim is to explore the child's development from the parents' point of view and any potential concerns that they may have about their child's health and wellbeing. It is important to find out the parents' perceptions and descriptions of the child's characteristics and temperament. Furthermore, it is important to hear their views on their attachment relationship and interactions with their child.

It is advisable to outline the child's developmental history starting from gestation (Puura & Lindholm 2016). Knowledge of the developmental history makes it possible to determine whether the sexual violence experienced by the child has resulted in any changes in their behaviour. The family's functional, cultural and communal factors must be taken into account when assessing the quality of the care and parenting provided by the parents and the resulting effects on the child's development. Furthermore, the parents' individual characteristics, childhood experiences and health status also play a role, as does their ability to support each other as parents. All of these will also contribute to their ability to care for their child and provide support for the child's recovery from the harmful effects of sexual violence. (See also Chapters 2 and 8.)

Observing an infant or toddler together with their parent(s) or caregiver(s) forms another important part of assessing the child's symptoms. The observation process involves assessing the parent's ability to notice the child's needs, signals and initiatives and to respond to these in a correct, timely and consistent manner, as well as the child's ability to engage in reciprocal interaction and take initiative. The characteristics of good and effective interaction most frequently identified in the process include mutual positive feelings between child and parent,

shared moments of joy, and reciprocal interest. Conversely, the characteristics of dysfunctional interaction generally include the parent's emotionless or negative affect in interactions, the child's apathetic or evasive behaviour, and low or absent reciprocal interest and joy.

Observation should also pay attention to the individual characteristics and developmental stage of the infant or toddler concerned and their ability and willingness to engage in interaction, and to the assessment of emotional, linguistic, cognitive and motor skills and sensory functions. Alongside the clinical interview and observation, assessment may also make use of interview outlines or survey questionnaires for parents to explore the child's development, behaviour and characteristics, as well as the parent–child attachment relationship. Where necessary, it is also possible to use psychological tests when examining infants and young children. (Peltonen & Aronen 2016, Sparta 2003, Finnish Psychological Association 2016; see also Chapters 2 and 8.)

Young children often exhibit symptoms in the area of development that is current for them. In infants, disorders often present in the areas of food intake, circadian regulation and infant–parent interactions. The US DSM-5 classification sets out the following criteria for the preschool subtype of post-traumatic disorder (PTSD) for children aged six and younger:

- serious trauma experienced personally or by a close family member or friend;
- one or more of the trauma-related intrusive symptoms;
- trauma-related recollections or nightmares;
- mental or physical nausea in response to reminders;
- dissociative flashbacks;
- one or more of the symptoms related to avoidance of reminders of the traumatic event or to negative cognitions or moods;
- two or more of the symptoms related to change in arousal or reactivity;
- duration of symptoms over one month and impairment in functioning (DSM-5).
- Following sexual violence, children may also exhibit quantitatively or qualitatively abnormal masturbation or sexualised behaviours towards others.

(Kendall-Tackett et al. 1993, Duin et al. 2018, Vrolijk-Bosschaart et al. 2019.)

Alongside the child's individual harm assessment, it is also necessary to assess the anguish and distress experienced by the parents. The nature of the act experienced by the child has an impact on the experience of the parents. They may have experienced fear of losing their child or of the child being injured but, in any event, they are bound to experience anxiety about the child being subjected to a harmful experience. In many cases, parents also have strong feelings of guilt about their inability to prevent the event, especially if the perpetrator is someone they know or someone close to the family. The personal crisis experienced by the parents may also lead to impairment in mental health. The parents will also have to deal with their child's experience at different developmental stages of the child's sexuality.

The consequences of sexual violence experienced in infancy and early childhood for the child and their close family and friends may be very diverse and prolonged. Every effort should be made to take this into account when assessing harm and determining potential compensation.

12.6 Long-term CNS-mediated sequelae of sexual violence

Authors: Jukka Peltola, Tampere University (TUNI) and Tampere University Hospital (TAYS), and Maria Peltola, TAYS

12.6.1 Introduction

This chapter presents actions that can contribute to the quality of harm assessment statements made from a medical perspective and to the development of expertise in assessing harm caused by sexual offences on children among the medical profession. It also provides medical knowledge, especially in the field of neuroscience, to psychiatric doctors whose work involves assessing the consequences of sexual violence and individual harm risks. Furthermore, the chapter puts forward actions to develop the field in Finland, also taking account of international research and development. The chapter contains medical terminology.

The chapter is based on up-to-date medical research on the effects of sexual violence on the central nervous system (CNS), the psychiatric disorders caused by

violence, as well as the assessment of the subsequent risk of harm involved. General treatment and harm minimisation actions arranged immediately after an incident of sexual violence are discussed in a specific chapter of this Action Plan (see also Chapter 10.5). This chapter does not deal with the broader – e.g. psychological – effects of sexual violence. The subject is addressed in a 2019 general statement issued by the Family Federation of Finland (Family Federation of Finland 2019).

The effects of sexual violence on the central nervous system, including psychiatric disorders, may be far-reaching, extending from childhood to adolescence and eventually into adulthood. The body of research on CNS impairment has grown significantly in the last few years. As a child grows up, prior experiences of sexual violence and maltreatment may result in subsequent developmental disorders of the central nervous system, which will only emerge when its functions stabilise, most commonly in the early 20s (Herzog & Schmahl 2018). The central nervous system effects of sexual violence partly explain subsequent psychiatric morbidity and are important for understanding the phenomenon as a whole. Patients suffering from psychiatric symptoms who have experienced sexual violence are also frequently treated in adult psychiatric inpatient and outpatient units, because the symptomatology of psychiatric disorders can easily recur during the developmental pathway from childhood through adolescence to adulthood.

In recent years, research evidence has proven conclusively that childhood experiences of violence and maltreatment, including sexual violence, may lead to structural and functional changes in the central nervous system. These sequelae are individual and may potentially cause permanent harm. To some extent, CNS effects depend on the brain development stage. Critical sensitive periods fall within early and middle childhood and adolescence (Teicher et al. 2016, Teicher & Samson 2016, Thomason & Marusak 2017).

Research indicates that harmful effects can be prevented by means of therapeutic interventions while, in the future, it will also be possible to help those suffering from chronic disorders more effectively with evidence-based techniques. This is important because sexual violence against children are among the leading risk factors for subsequent psychopathologies (see e.g. Hillberg et al. 2011, Putnam 2013, Maniglio 2013, Cutajar et al. 2010, AACAP 2010). This chapter also explores the biological mechanisms underlying the incidence of morbidity later in life according to current research. The growing body of research will also provide more

opportunities to predict the individual risk for a child who has experienced sexual violence developing subsequent mental disorders and harmful central nervous system effects. This will also improve the chances of providing more individually tailored treatment.

Finland stands a chance of also playing a pioneering role in this speciality, which is being advanced by national medical research. Medical research and development work on the CNS originating sequelae of sexual violence is also cost-efficient in the long term. It helps reduce costs as well as the distress and subsequent individual harm experienced by victims. It is also important for political decision-makers to receive information about the real costs arising from loss of health due to sexual violence.

From the legal perspective on the harm caused to the victim, it is important for court presidents – i.e. judges presiding over main hearings – to have an adequate understanding of rapidly advancing medical knowledge of the long-term harmful effects of sexual violence. Medical experts have provided feedback on the fact that the most sophisticated medical research practices, such as imaging techniques, are often difficult to understand in the courts. The most advanced research techniques used to assess CNS sequelae have been found significant in scientific studies on the harmful effects of sexual violence. Furthermore, this chapter explores the state of the art in new research techniques and their status in the legal context.

12.6.2 Functional CNS changes as a result of sexual violence

Experiences of sexual violence may cause a child to develop a prolonged stress reaction, resulting in structural and functional changes in the central nervous system, which in medical terms represent neurobiological central nervous system dysfunction. The subject has been discussed in several hundred studies and recent review articles published in leading scientific journals (e.g. Teicher et al. 2016, Nemeroff 2016, Yu et al. 2019, Opel et al. 2019). These CNS changes may be either temporary or permanent alterations in key structures involved in regulating brain function. Like other events affecting the central nervous system, the consequences are individual depending on the individual's neurobiological constitution and genetic makeup, trauma-related factors, the functions of the centres that regulate stress hormone secretion, etc. (Teicher & Samson 2016).

Various studies suggest that the most common psychiatric sequelae of sexual violence include PTSD, anxiety disorders, behavioural symptoms, depression, suicidal ideation and substance abuse (Kendall-Tacket et al. 1993, Putnam 2003, AACAP 2010, Cutajar et al. 2010, Adams et al. 2018, Khadr et al. 2018, Chen et al. 2010). The role of childhood sexual violence as a risk factor for psychiatric and other diseases was proven in a meta-analysis covering 37 individual studies and over three million subjects, for example, which found a statistically and clinically significant association between sexual violence and prevalence of post-traumatic stress disorder (PTSD), depression, anxiety disorder, eating and sleep disorders, and suicide attempts (Chen et al. 2010). Childhood or adolescence sexual violence often leads to impaired executive functions regulated by the frontal lobes and deficient emotional impulse control, which expose the victim to further traumatic events (Cassiers et al. 2018, Meyers et al. 2019).

12.6.3 The neurobiology and long-term sequelae of post-traumatic stress disorder

The symptomatology of post-traumatic stress disorder (PTSD) discussed above in this chapter can be explained scientifically in terms of central nervous system dysfunction, which helps understand the need for therapeutic interventions in cases where symptoms persist. Indeed, alterations in the neural circuitry regulating brain function, in particular in the frontal cortex, amygdala and hippocampus, are considered an essential factor in the pathophysiology of PTSD (Yabuki & Fukunaga 2019, Shalev et al. 2017). Hyperarousal is associated with the hyperactivity of the sympathetic nervous system regulated by deep brain structures (Teicher et al. 2016). Avoidance behaviour is also associated with the hyperactivity of the temporal lobe structures (e.g. amygdala) that play a key role in emotion regulation (Teicher et al. 2016). Amygdala hyperactivity, when persisting into adulthood, has been associated with cardiovascular morbidity as an independent risk factor (Tawakol et al. 2017). The persistent state of stress integrally associated with chronic PTSD leads to alterations in essential central nervous system circuitry, which also affect cognitive processing. Stress hormones such as cortisol have a strong effect on a child's still developing central nervous system (Thomason & Marusak 2016).

Fear memory is a unique form of memory. Persistent, pathological fear memories are among the hallmark features of PTSD. A fear response triggers the release of adrenaline and glucocorticoids from the adrenal glands. When released, adrenaline causes nerve endings to release noradrenaline, which plays a key role in the memory-enhancing effect of the amygdala on the hippocampus (Pitkänen 2003, Bergstrom 2016). At the same time, however, fear memory is fragmentary by nature, characterised by impaired storage of structured autobiographical memory relating to the traumatic event. The largest amount of information about the neurobiological basis of fear memory is available at the cellular level. (Bergstrom 2016, van Marle 2015). Re-experiencing a trauma through visual intrusion into the mind is associated with the functional alterations in the memory system in the connectivity between the interior regions of the temporal lobe and other areas regulating consciousness (Nemeroff 2016, Patriat et al. 2016). A better understanding of the mechanisms involved in fear memory processes is likely to facilitate the development of better treatments for PTSD (Kida 2018).

With regard to long-term effects, recent research findings have also established that the functional/structural connectivity between different brain regions may change as a result of a psychological trauma. These changes have been successfully proven by means of modern structural and functional imaging techniques (Blanco et al. 2015). The most important brain changes focus on the reward system and processing of negative events: the brain circuits regulating pleasurable feelings evoked by positive experiences are reduced while those regulating negative emotions are enhanced (Teicher et al. 2016, Thomason & Marusak 2017). Similar changes have been widely described in PTSD in connection with genetic, epigenetic and molecular factors as well as those relating to brain structure and function, which collectively highlight the importance of assessing each situation on an individual basis (Young 2017). Research findings further indicate that psychological trauma may lead to changes in the body's immunological equilibrium, which in turn may increase the risk of comorbidity (D'Elia et al. 2018).

12.6.4 PTSD and legal considerations

The diagnostic criteria for PTSD include the inability to recall, either partially or completely, some important aspects of the traumatic event (ICD-10). In traumatic disorders such as PTSD, a traumatic memory may be stored and integrated in an abnormal manner. Traumatic memory traces mostly remain in the brain's

primary perceptual areas and deep structures, connecting to autonomous and perceptual sensory activity (images, smells, sounds). In such cases, the memory lacks the appropriate integration into autobiographical, cortical memory networks. (McKinnon et al. 2017, de Quervain et al. 2017, van Marle 2015.)

This special vulnerability of the brain's language processing in PTSD is also supported by a 2019 study with a first-class methodology, which established a specific neurobiological subgroup of patients with PTSD. The study found that subjects with both impaired verbal memory and poor response to psychotherapy displayed aberrant functional connectivity within the ventral attention network (VAN) as revealed by functional magnetic resonance imaging (fMRI). The VAN is a key neural network in the regulation of verbal memory. The findings were validated by another method assessing the state of neural networks. (Etkin et al. 2019.)

The narrative incoherence that may be associated with the PTSD symptomatology may affect the assessment of reliability in court to the effect that the narrative is deemed unreliable due to inconsistency (Häkkänen-Nyholm 2017). A 2019 Finnish study brought to light the uncertainty among judicial authorities about the ways in which traumatisation may potentially influence the narrative and behaviour revealed during court hearings (Häkli 2019). PTSD may also influence the child's narrative about the traumatic event (Miragoli et al. 2017, Miragoli et al. 2019, Tedechi & Billick 2017b). PTSD symptoms resulting from sexual violence have been associated with children's specific language production problems that impair their ability to describe traumatic events. A study of child victims of sexual violence (aged 4–17) indicated that children with PTSD symptoms produced less coherent narratives about traumatic events when compared with those without PTSD symptoms. PTSD symptoms reduced the amount of both grammatically and substantively coherent narrative and, in particular, details relating to time, place and people. (Miragoli et al. 2017.) However, few studies currently exist on memory abnormalities in children showing PTSD symptoms.

12.6.5 Childhood sexual violence as a risk factor for depression and suicide attempts

Childhood sexual violence and maltreatment are risk factors for subsequent depression (e.g. Putnam 2003, Afifi et al. 2014, Gilbert et al. 2009, AACAP 2010, Cutajar et al. 2010, Turner et al. 2017, Adams et al. 2018, Rapsey et al. 2019, Felliti

et al. 1998). The link between depression and childhood sexual violence and maltreatment is also supported by a meta-analysis including over 160 studies (Maniglio 2010). It is estimated that as many as 43% to 67% of children meet diagnostic criteria for depression following sexual violence (Trask et al. 2011). The total costs of depression for society and individuals are substantial in both human and economic terms.

The prevalence of depressive disorders in adolescence is around ten per cent and they increase the risk of suicide significantly. Among young people who have attempted suicide, the prevalence rates of depressive disorders found in different studies vary between 40% and 80% (Suomalainen et al. 2018). Sexual violence and maltreatment in childhoods have been systematically associated with increased risk of suicide attempts in both cross-sectional and longitudinal studies (Chen et al. 2010, Ng Q et al. 2018). It is estimated that a fifth (20%) of young people's suicide attempts may have some kind of link to sexual violence (AACAP 2010).

Young men aged 15 to 24 are over-represented in suicide mortality rates when compared with young women (in 2017, 18.4 men versus 8.1 women per 100,000) (Korpilahti 2018). Fewer studies have explored the long-term effects of childhood sexual violence and maltreatment specifically among men. An extensive and high-quality epidemiological study conducted nationwide in the United States (National Epidemiological Survey on Alcohol and Related Conditions, NESARC) covered about 14,500 males (Turner et al. 2017). Sexual violence against boys, either on its own or co-occurring with other types of violence (physical and emotional violence and neglect), resulted in significantly higher odds for depressive disorders compared to other types of violence without sexual violence (30.5% v 18.7%).

Two top-quality studies published in 2019 explore the association between violence and maltreatment, on the one hand, and major depression, on the other, as well as its underlying neurobiological mechanisms. The first study found it in brain structural impairment in an insular area that plays a key role in emotion regulation (Opel et al. 2019). The second one used functional magnetic resonance imaging (fMRI) to establish imbalance between neural networks, which may explain the special characteristics of clinical symptomatology associated with major depression (Yu et al. 2019). Research has also successfully proven that violence and neglect, including sexual violence, define a specific phenotype involving a more difficult clinical course of depression, vulnerability to relapses and poorer response

to traditional medication and psychotherapy (Nanni et al. 2012, Opel et al. 2019, Jaworska-Andryszewska & Rybakowski 2019).

12.6.6 Sexual dysfunction as a result of childhood sexual violence

Neurological imaging studies also make it possible to examine the biological basis for childhood sexual violence, which plays a role alongside psychological factors. Based on research evidence, childhood sexual violence is also associated with brain structural alterations independent of PTSD. Sexual violence experienced during the period of synapse formation may lead to synaptic inhibition and, as a consequence, the number of synapses in the somatosensory cortex might be reduced. Brain synaptic alterations may result in gating sensory experiences in the representation field of the somatosensory cortex (clitoris/surrounding genital area). Neural plasticity may shield a child from the sensory processing of violence by altering cortical representation fields in a highly specific manner, but it may lead to the development of sexual dysfunction later in life. It is hoped that the findings will also enable improved interventions for sexual dysfunction by targeting neural plasticity. (Heim et al. 2013.)

Sexual problems play a key role in PTSD resulting from sexual violence and some of the victims may be permanently incapable of having a satisfactory sex life (Lepola 2003). PTSD research has found that sexual dysfunction is a common and exceptionally harmful clinical after-effect of childhood sexual violence, including anorgasm, inability to experience sexual pleasure, and chronic genital or pelvic pain in adulthood (Ashby & Kaul 2016).

12.6.7 Alterations in stress-regulating CNS gene expression as a result of violence and as predictors of harmful effects

In recent years, both genetic and epigenetic research has increased significantly in medicine, providing new information about the incidence of disease through gene–environment interaction. Genetic research supports the notion that a similar act may lead to a very wide variety of effects. By way of example, while a carrier of a certain gene may sustain a sequela relating to their genetic predisposition when exposed to trauma, the particular gene might never have activated without the trauma and the predisposition would not have led to a clinical disease. Epigenetic regulation refers to the modification of gene expression without altering the

underlying genetic sequence (DNA). Epigenetic modifications are dynamic – and to some extent reversible – changes that mediate the interaction between genetic predisposition and environmental factors. While genetic or epigenetic factors cannot be used to assess causality between sexual violence and harm, they may play a role in the future as predictors of harm when assessing care needs.

Individual genetic makeup, combined with stress-related epigenetic modifications, may explain some of the individual variations in vulnerability. Childhood trauma exposure has been repeatedly linked to epigenetic modifications, particularly in the central nervous system (e.g. hippocampus and amygdala), affecting stress responses and memory (Agorastos et al. 2019). This subject area will be significantly elucidated in new research results in the next few years (Lang et al. 2019). International research is currently ongoing into the extent to which epigenetic modifications can be later reversed to return back to normal cellular activity.

Individual genetic variation modulates the risk of both PTSD and depression in patients with a history of violent experiences. This may contribute to the future use of gene variants as biomarkers to predict the risks for PTSD and depression among children exposed to trauma. (Wang et al. 2018.) Stress has been shown to induce epigenetic modifications in the memory processing areas of the brain, reducing the effectiveness of psychotherapies (Sillivan et al. 2015). It has long been known that severe childhood stress has widespread and persistent effects on many neurobiological systems, such as the hypothalamic-pituitary-adrenal (HPA) axis function. Indeed, the genes regulating HPA axis function have been a focus of interest for researchers, who have found that FKBP5 is among the genes that mediate the association between childhood violence and PTSD and depression. (Teicher & Samson 2013.)

Twin studies have estimated the heritability of depression at about 37%, but its genetic architecture is complex. As with many other common neurological and psychiatric diseases, depression research has also frequently involved methodology based on the role of individual candidate genes, which has proven questionable on the basis of meta-analyses (Border et al. 2019). Instead, modern genome-wide association studies (GWAS), including hundreds of thousands of patients with depression and controls, have identified over a hundred independent gene variants, a significant number of which are involved in regulating prefrontal brain regions (Howard et al. 2019).

12.6.8 Imaging studies as part of research into the effects of sexual violence

Children who have experienced sexual violence may also have been exposed to other types of violence and neglect earlier in their lives, in addition to which they may have other factors contributing to nervous system impairment. Children's individual genetic susceptibility regulates the effects. In terms of central nervous system (CNS) impairment, it is possible to distinguish two separate factors:

- On the one hand, the central nervous system has a general mode of response which may lead to post-traumatic alterations independent of the specific characteristics of the traumatic event. By way of example, a chronic stress disorder relating to any type of trauma will probably lead to varying degrees of changes in the central nervous system, especially in brain regions vulnerable to prolonged stress reaction.
- On the other hand, there are specific ways of responding to particular types of trauma. Victims of childhood sexual violence, for instance, have exhibited specific brain findings not found in other types of trauma, such as sensory gating in the genital representation field of the somatosensory cortex described above (see Chapter 12.6.6).

Some of the CNS alterations are adaptive, whereas others are triggered in response to a perceived serious threat. From an individual's perspective, the outcome boils down to the interaction of these factors. When the contributing factors and history of violent experiences are known, it is necessary to assess the role of any other traumatic events. The findings as a whole are essential when assessing the prognosis for subsequent harm and its degree of severity. Accordingly, it is necessary to make use of all available documentation to assess the causality between suspected sexual violence and imaging findings, for example, in relation to other factors.

A 2018 systematic review examines the differences between childhood trauma subtypes (sexual, physical, emotional), on the one hand, and the commonalities identified in neuroimaging trials, on the other, in terms of brain structures and connectivity. Sexual violence is associated with structural deficits in the reward circuitry and genital representation field of the somatosensory cortex as well

as with amygdala hyperreactivity during sad autobiographical memory recall, among other things. Conversely, no structural or functional effects were evident in individuals experiencing physical abuse. Effects of types of emotional abuse, i.e. emotional violence and neglect, include widespread abnormalities in fronto-limbic activity, especially in neural networks involved in emotional processing in a social context. Other deficits, in turn, such as reduced frontal cortical volume, were common to all types of abuse, more likely stemming from chronic exposure to threatening conditions and the accompanying alterations mediated by glucocorticoids. (Cassiers et al. 2018.)

12.6.9 Future development of biomarkers

In the future, biomarkers are expected to enable treatments to be targeted more effectively at an individual level, which may play a role with regard to the treatment of depression, in particular. At the same time, however, it is important to bear in mind that biomarkers are not yet unambiguous and generalisable enough to be reliably used at an individual level. To date, researchers have been able to develop biomarkers found to be specifically associated with childhood trauma in adult cohort studies. These biomarkers are related to above-mentioned structural (Opel et al. 2019) and functional neuroimaging (Patriat et al. 2016, Yu et al. 2019, Etkin et al. 2019). Biomarkers may also include blood-based markers (Yang et al. 2013). By way of example, positron emission tomographic (PET) imaging can be used to determine hyperreactivity of the amygdala, which plays a key role in emotion regulation (Tawakol et al. 2017).

The role of amygdala reactivity as a biomarker mediating and predicting the harmful effects of violence was explored in a prospective study of the long-term effects of violence, which included a matched control group. The study investigated threat-related amygdala reactivity using an established functional magnetic resonance imaging (fMRI) study design. Individuals with experiences of violence showed higher amygdala reactivity than the control group, while heightened reactivity was also associated with the intensity of violence and emotional symptoms found at follow-up. (Gerin et al. 2019.)

Medical research plays a significant role in the development of harm risk assessment, the prevention of subsequent serious adverse effects and timely therapeutic interventions. Finnish imaging research and its use in studies is at a

high level by international standards. Finland also has expertise in neuroplasticity research, which assumes centre stage in rehabilitation. A survey of expertise, research and key infrastructures in neuroscience in Finland was carried out in 2016 (Neuroresearch Finland 2016).

It estimated that the costs of central nervous system diseases in Finland amounted to almost nine billion euros in 2010, including psychiatric and neurological diseases and their indirect costs. The single largest group of diseases in terms of costs was mood disorders. The 'hot spots' of neuroscience were considered to include the introduction of biomarkers into the personalised treatment of disease in order to assess the prognosis and monitor the efficacy of treatment. (Neuroresearch Finland 2016.) In 2017, Finland launched preparations to establish a national neurological research centre, Neurocenter Finland, which is scheduled to start permanent operations in 2020. The inclusion of psychiatry is considered especially important and desirable, in order to channel adequate national development resources for central nervous system diseases into psychiatric diseases that are significant in terms of both public health and the national economy (von und zu Fraunberg et al. 2018).

University hospitals and universities play a key role in Neurocenter Finland. Once established, Neurocenter Finland could work towards promoting national cooperation in biomarker research and development, also including the perspective of sexual violence against children. The cost-effectiveness of interventions can be considered in terms of a chance to prevent the incidence of major depressive disorder and other severe disorders, which can be calculated on the basis of available epidemiological data.

Combined with the related stages of psychological and central nervous system development, a child's age has a significant bearing on the types of studies or treatments that can be conducted. Research ethics should always be placed front and centre when assessing the protection of the most vulnerable individuals against potential harmful effects of research and therapeutic interventions. The research perspective of this chapter therefore focuses on victims of sexual violence who are closer to adulthood. Research legislation provides that any research requires advance permission from the competent ethics committee, which will always include an exhaustive evaluation of its design and ethical perspective (Medical Research Act 488/1999). When imaging studies are conducted in the

context of scientific research, the results are owned by the hospital district where the research centre operates, which means that the results are not reported at an individual level.

12.6.10 Using biomarkers in legal assessments

In the United States, it has already been suggested that neuroimaging studies play a particularly important role in the legal context of harm assessment (Tedeschi & Billick 2017a). The use of imaging studies and biomarkers in the legal context of harm assessment is not currently relevant in Finland, as plenty of further research into biomarkers is still required. Nevertheless, medical research and imaging techniques are already technically available and developing rapidly at present and their use will increase as the costs go down. While bearing international developments in mind, it is crucial to proactively avoid the kinds of potential situations in court proceedings that have been encountered in Finland with imaging studies in legal assessments of brain injuries, for example, where experts disagreed on the interpretation of findings.

In the future, any possible imaging studies should be introduced in the context of medical harm evaluations. At present, biomarkers cannot be used in legal assessments at an individual level. It is essential that any techniques used for legal assessment are validated and that the interpretation of findings is never dependent on an individual doctor's expertise. In a legal assessment, the validity of a biomarker must be generally accepted in the medical community and its significance must also be sufficiently unambiguous at an individual level. It is also necessary to train doctors in imaging studies, because techniques are developing constantly and doctors are already taking a stand in statements and court appearances on potential harmful effects, using scientific evidence based on research techniques that require specialist expertise.

12.7 Modulating neural circuitry functions in psychiatric treatments

Chapter 12.6 discusses harmful effects from the perspective of neuroscience. It is worth noting that psychotherapeutic treatments can have restorative effects

on brain function and neural circuitry. Furthermore, neuromodulation therapies acting on central nervous system plasticity can be successfully used in adulthood alongside traditional therapies, even for psychiatric disorders that are resistant to customary treatments. This approach may bring hope and help to patients suffering from the kinds of severe and prolonged disorders induced by central nervous system changes due to sexual violence discussed in this chapter. Research on and increased understanding of central nervous system changes involved in psychiatric disorders have driven psychiatric research towards neurobiology while also contributing to reducing the stigma attached to these disorders.

Therapeutic techniques are constantly developing. Neuromodulation therapies are becoming more commonly used in treatment-resistant depression and, in the future, they will particularly transform the treatment of major depression unresponsive to treatment. Neuromodulation therapies are currently applied more swiftly in cases where psychotherapy and medications prove insufficient. Research indicates that neuromodulation therapies modulate neural circuitry and its functions, consequently increasing brain plasticity, i.e. neuroplasticity (Hartikainen 2015, Jääskeläinen 2017). Specialist expertise in psychiatric neuromodulation therapies is at a good level in Finland. For instance, the equipment used in noninvasive repetitive transcranial magnetic stimulation (rTMS) is currently available in all university hospitals and in a number of central hospitals (Jääskeläinen 2017).

Moving forward, it can be expected that research will also expand to cover neuromodulation therapies for children and young people, which means that their status must first be established in the treatment of depression in adults and through systematic studies on young people. Due to the high plasticity of the adolescent brain, noninvasive therapies may become a specific focus of research on young people. By way of example, transcranial magnetic stimulation (TMS) also appears to be effective for young people and no long-term adverse effects have been identified (Jääskeläinen et al. 2017, Doruk et al. 2018, MacMaster et al. 2019, Doruk et al. 2019).

Consequently, neuromodulation therapies should be seen as enablers of rehabilitation and they work best when combined with psychotherapeutic and other therapeutic techniques. The change in brain plasticity can be utilised during or immediately after neuromodulation therapy by providing psychosocial

interventions, psychotherapy and occupational or cognitive rehabilitation that amplify the positive effect.

Based on research conducted on adults, untreated PTSD will become chronic and this has also been the assumption with regard to children (Haravuori, 2009). Chronic PTSD may lead to considerable distress and functional disability. The treatment of post-traumatic stress disorder is based on processing the trauma memory using various therapeutic techniques. Based on recommendations, the primary treatment for PTSD consists of trauma-focused cognitive behavioural therapies (TF-CBT), the efficacy of which has been proven in several studies (e.g. AACAP 2010, Mavranezouli et al. 2019, Watkins et al. 2018). However, only some of the patients have access to treatment or complete the therapy and not all have adequate response to treatment (Stallard 2006, Imel et al. 2013, Mavranezouli et al. 2019, Yabuki & Fukunaga 2019, Bergstrom 2016).

Neuromodulation therapies used in treatment-resistant PTSD are still experimental. Nevertheless, a recent review of neuromodulatory treatments for PTSD notes that the growing understanding of the role of specific neural circuitry imbalances in psychiatric disorders and, in particular, the ability to identify functional abnormalities in neural circuitry at an individual level are opening up opportunities to repair imbalances using available interventions (Koek 2019).

12.8 Special considerations regarding harm assessment

Authors: Maria Peltola, Tampere University Hospital (TAYS); Hanna Lahtinen, University of Eastern Finland (UEF); and Kaija Puura, Tampere University (TUNI) and TAYS

Not all children show symptoms or fall ill as a result of sexual violence, or they will only exhibit symptoms even years later. There are also situations where the impact of sexual or other types of violence cannot be assessed with sufficient certainty due to other concurrent factors (see also Chapter 8.3.9). In many cases, however, psychological harm can be assessed in sexual offences against children despite the challenges involved, if it is in the child's best interests. The timing of

harm assessment must be carefully considered, taking due account of the pre-trial investigation and any potential burdens inflicted on the child.

The theoretical statements drawn up in forensic child and adolescent psychiatry and psychology units assessing the risk of harm in view of the characteristics of the act do not assess and examine the individual harm potentially caused to a child. Research suggests that the consequences of sexual violence for a child are individual, while an individual medical assessment is also required in order to claim damages for disability compensated as a personal injury (see Chapter 12.3.3). The EU Victims' Directive requires Member States to ensure that, where the victim is a child, the child's best interests will be a primary consideration and will be assessed on an individual basis (see Table 17).

Some requests for executive assistance are submitted to the forensic child and adolescent psychiatry units concerning individual harm assessments for children already evaluated by these units and those questioned by the police in relation to both assault and sexual offences. Many of these cases involve serious forms of such offences and children without an existing care provider. No research data is available on the numbers of harm assessments requested from care providers. Specialists conducting harm assessments in the forensic units are of the opinion that, at present, requests for executive assistance on individual harm assessment are, to some extent, submitted randomly. No consistent practices and criteria are currently in place in Finland for assessing harm in cases of crimes committed against children. It is important to develop practices for harm assessment at the national level, in order to better safeguard children's rights to damages.

International agreements binding on Finland that are relevant to sexual violence include the Lanzarote Convention and the Convention on the Rights of the Child, Article 9, paragraph 4 (see Table 17 and also Chapter 12.2.3). According to Supreme Court precedents concerning sexual offences against children, special attention must be paid to the harmfulness of the act with regard to child development (see Chapter 12.2.1). Assessment of harm caused by other forms of violence should also be developed to provide victims with better access to legal protection. The principles of harm assessment are the same in all types of violence and the proposed actions will also contribute to developing harm assessment competences and practices with regard to other forms of violence. (See Chapter 8.3.9.)

12.9 Conclusions and discussion

Authors: Maria Peltola, Tampere University Hospital (TAYS); Hanna Lahtinen, University of Eastern Finland (UEF); Jukka Peltola, Tampere University (TUNI) and TAYS; and Kaija Puura, TUNI and TAYS

This chapter on harm assessment in the context of sexual offences against children is limited to cover situations where the suspected sexual offence is substantiated in the police pre-trial investigation. Where a change or disorder of the victim's health status is confirmed and its causal link to the experience of sexual violence is established on the basis of medical assessment, the victim is entitled to claim compensation for the identified harm in accordance with the Tort Liability Act. Due to their level of maturity and knowledge and status as a victim, a child cannot be assumed to be in a position to be independently capable of assessing the harm and its significance and of understanding their right to claim damages.

There is conclusive evidence of an epidemiological link between sexual violence and subsequent psychiatric morbidity, while developments in research techniques have resulted in a deeper understanding of the central nervous system mechanisms mediating this morbidity just over the very last few years, in particular. The bulk of research in this area has been published in recent years, highlighting the need for the medical community to stay proactively abreast of this rapidly advancing discipline, while also developing medical research in the field in Finland. Furthermore, in order to better safeguard the rights of the child with regard to assessments of harm caused by sexual offences against children, it is necessary to provide continuing training to ensure adequate expertise. This also requires development of cooperation models and increasing contributions from knowledgeable professionals.

At an individual level, sexual violence may lead to persistent and severe consequences, causing considerable human suffering at the time and later in life. In addition to developing medical harm assessment, the proposed actions also aim to contribute to the ability to identify the sexual violence victims at highest risk of subsequent psychiatric morbidity and to increase research on the harmful effects of sexual violence. This is based, first and foremost, on traditional clinical studies and monitoring. Children's symptoms of conditions such as post-traumatic stress disorder should always be assessed. In order to minimise subsequent harm,

healthcare services should be able to identify the children at heightened risk of morbidity and provide them with appropriate treatment and follow-up actions, which can influence the subsequent prognosis.

From the perspective of psychiatric morbidity, the harmful effects of sexual violence on a child can only be assessed through an appropriate diagnostic examination of each individual child. At the same time, the development of biomarkers may open up new opportunities to prevent subsequent morbidity in the future by helping pinpoint precisely those sexual violence victims who are at higher risk of psychological morbidity later in life and providing a chance to time therapeutic interventions correctly. This offers a new opportunity to improve victims' capacities for a positive mental and social life. In the long term, assessing the harm caused to a child, their care needs and risk and protective factors will reduce the need for treatment later in life.

It is necessary to ensure cooperation between different specialities within the specialised medical care sector and to coordinate the work at the national level. It is also necessary to develop more consistent practices for conducting clinical care needs assessments and individual harm assessments for children who have experienced sexual violence. Children in Finland who have experienced sexual violence are not placed on an equal footing at the regional level in terms of referral for care needs assessment and access to therapeutic interventions to minimise psychological harm (see Chapter 10.5 in this plan).

Moreover, attention must be paid to the understaffing of medical professionals relative to current care needs, because the resources reserved for children requiring treatment should always be determined on the basis of clinical assessments, urgency of treatment and examination findings. Conducting harm assessments will increase experts' experience in how to perform the task while also creating and specifying relevant guidelines and practices. It will also make it possible to accumulate research on the harmful effects of sexual violence, in addition to safeguarding children's legal protection.

Table 18. Harm assessment in sexual offences against children. Objectives and actions for 2020–2025.

HARM ASSESSMENT IN SEXUAL OFFENCES AGAINST CHILDREN		
Objective 1: To pursue nationwide consistency, equality and quality improvement in terms of assessing harm to child victims of sexual violence.		
Actions	Rationale	Responsible parties and participants
Action 1. Developing national guidelines for doctors for assessing medical harm as part of assessing individual harm caused to a child as a result of a sexual offence.	Children are placed on an unequal footing nationwide in terms of assessing harm associated with suspected sexual offences. Children have a legal right to have the harm assessed; see Table 17, International human rights treaties and legislation. The Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008), which also governs harm assessments, requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. No guidance on assessing harm that would also take account of national legislation is in place for doctors in Finland.	Ministry of Social Affairs and Health THL University hospitals
Indicators: A national recommendation for assessing psychological harm developed for doctors by 2023–2025.		

Actions	Rationale	Responsible parties and participants
Action 2. Taking account of and developing interfaces between harm assessments and clinical care needs assessments for children who have experienced sexual violence. Appointing a national responsible body and individuals in charge of developing these assessments by 2022.	For rationale, see Action 1. In addition, attention should be paid to the best possible benefit and the appropriate use of limited healthcare resources.	Ministry of Social Affairs and Health, THL Specialised medical care/regions University hospitals
Indicators: The national responsible body and individuals appointed to develop harm and care needs assessments by 2022, with due regard for the interfaces between these.		

Actions	Rationale	Responsible parties and participants
Action 3. Adding harm assessment contents, including forensic psychiatric/psychological and legal considerations, to training provided for psychiatric doctors and psychologists by 2022. DOCTORS: Including harm assessment training as part of the professional specialisation programme in psychiatry by 2022. Increasing continuing training for specialists involved in conducting psychiatric harm assessments. PSYCHOLOGISTS: Increasing continuing training for psychologists with regard to harm assessment.	See Action 1. Healthcare experts involved in conducting harm assessments have varying competences. Doctors and psychologists require continuous training to ensure the quality of harm assessments. The Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008), which also governs harm assessments, requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately.	Ministry of Social Affairs and Health THL University hospitals Universities (Forensic psychiatry/psychology units)
Indicators: Numbers of continuing training courses organised and participants by professional group by 2025 (higher education institutions, specialised medical care).		

Actions	Rationale	Responsible parties and participants
Action 4. Increasing awareness of the harmful effects of sexual violence and the basis for assessing harm among stakeholders by organising targeted training (lectures, courses) for guardians, trustees, police officers and legal experts (prosecutors, judges, lawyers).	Children are placed on an unequal footing in terms of assessing harm associated with sexual offences. When different professional groups receive training on the harmful effects of sexual violence, requests submitted to forensic child psychiatry units will also be more equally allocated.	Ministry of Justice Ministry of Social Affairs and Health, THL University hospitals (Forensic psychiatry/psychology units)
Indicators: Training/courses on the harmful effects of sexual violence and the basis for assessing harm provided for guardians, trustees, police officers and legal experts; evaluation of the training/courses provided and estimated numbers of participants by professional group by 2023 (universities, university hospitals, forensic child psychiatry/psychology units).		

Actions	Rationale	Responsible parties and participants
Action 5. Conducting a nationwide study on children's access to legal protection with regard to individual harm assessments.	See Table 17, International human rights treaties and legislation. No data is available in Finland on children's access to legal protection with regard to harm assessments.	Ministry of Social Affairs and Health Ministry of Justice THL
A nationwide study on the numbers of individual harm assessments in Finland conducted by 2025 (THL, Ministry of Social Affairs and Health, Ministry of Justice).		

Actions	Rationale	Responsible parties and participants
Action 6. Reviewing harm assessment statements and reporting harm.	The Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008), which also governs harm assessments, requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. Ensuring the quality of harm assessment statements by means of reviews.	Ministry of Social Affairs and Health Ministry of Justice THL University hospitals
Indicators: Harm assessment statements reviewed by experts appointed by THL/Ministry of Social Affairs and Health/responsible body in charge of developing harm assessments in a manner to be determined at a later date by 2025.		

Objective 2: To develop the field of forensic child psychiatry in Finland from the perspective of the harmful effects of sexual violence and to develop research activities. To improve the expertise of doctors involved in assessing the effects of sexual violence.		
Actions	**Rationale**	**Responsible parties and participants**
Action 7. Taking a research-based position on biomarker development as part of a national recommendation for doctors on assessing medical harm by 2025. Assessing international biomarker development and putting any potential biomarkers into use in scientific research into the harmful effects of sexual violence against children by 2025.	It is likely that biomarkers can be used in the future to predict potential risk for subsequent serious harm and to target monitoring and therapeutic interventions more effectively. Scientific research plays an important role when developing competence in Finland, serving the development of the entire field. The rapid international development of research methods will also require a proactive approach in Finland.	Ministry of Social Affairs and Health THL University hospitals Universities
Indicators: Research and development in the field started in Finland by 2025. A research-based estimate on biomarker development completed by 2025.		

SOURCES

Aaltonen P. 2011. Lääketieteellisen lausunnon merkityksestä oikeudellisessa päätöksenteossa [*On the significance of medical statements in judicial decision-making*]. In: R Lahti & S Jukka (eds.). Asiantuntemustieto ja asiantuntijat oikeudessa [*The role of expert information and experts in court*]. Publications of the Helsinki Court of Appeal. Helsinki: Helsinki Court of Appeal 37–57.

Adams J, Mrug S. & Knight DC. 2018. Characteristics of child physical and sexual abuse as predictors of psychopathology. Child Abuse Negl. 86:167–177.

Afifi TO, MacMillan HL, Boyle M, Taillieu T, Cheung K & Sareen J. 2014. Child abuse and mental disorders in Canada. Can. Med. Assoc. J. 186; 9:324–332.

Agorastos A, Pervanidou P, Chrousos G & Baker D. 2019. Developmental Trajectories of Early Life Stress and Trauma: A Narrative Review on Neurobiological Aspects Beyond Stress System Dysregulation Front. Psychiatry. 10; 118:1–25.

American Academy of Child and Adolescent Psychiatry (AACAP). 2010. OFFICIAL ACTION. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder. J Am Acad Child Adolescent Psychiatry 49:414–430.

American Academy of Child and Adolescent Psychiatry (AACAP). 2011. OFFICIAL ACTION. Practice Parameter for Child and Adolescent Forensic Evaluations. J Am Acad Child Adolescent Psychiatry. 50:1299–1312.

American Academy of Child and Adolescent Psychiatry (AACAP). 2014. Code of Ethics. Adopted September 16, 2014. Available at: www.aacap.org

American Psychiatric Association (APA). 2013. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM–5). Washington, DC.

Ashby B. & Paritosh Kaul P. 2016. Post-traumatic Stress Disorder After Sexual Abuse in Adolescent Girls. J. Pediat. Adolesc Gynecol. 29: 531e536.

Bae S.M, Kang J.M, Chang HY, Han W & Lee SH. 2018. PTSD correlates with somatization in sexually abused children: Type of abuse moderates the effect of PTSD on somatization. PLOS One. 13; 6:1–11.

Bergstrom H. 2016. Review article. The neurocircuitry of remote cued fear memory. Neuroscience and Biobehavioral Reviews. 71:409–417.

Blanco L, Nydegger L, Camarillo G, Trinidadd D, Schramm E & Ames S. 2015. Neurological changes in brain structure and functions among individuals with a history of childhood sexual abuse: A review. Neuroscience and Biobehavioral Reviews. 57: 63–69.

Border R, Johnson E, Evans L, Smolen A, Berley N, Sullivan P & Keller M. 2019. No Support for Historical Candidate Gene or Candidate Gene-by-Interaction Hypotheses for Major Depression Across Multiple Large Samples. AmJ. Psychiatry. 176; 5:376–387.

Bryant, R.A. 2003. Assessing Individuals for Compensation. In: Carson & Bull (eds.). Handbook of Psychology in Legal Contexts. Wiley.

Cassidy J. & Shaver PR (eds.). 2008. Handbook of Attachment: Theory, Research, and Clinical Applications.

Cassiers LLM, Sabbe BGC, Schmaal L, Veltman DJ, Penninx BWJH & Van Den Eede F. 2018. Structural and Functional Brain Abnormalities Associated With Exposure to Different Childhood Trauma Subtypes: A Systematic Review of Neuroimaging Findings. Front Psychiatry. 9; 329:1–17.

Criminal Investigation Act 805/2011. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2011/20110805

Cutajar M, Mullen P, Ogloff J, Thomas S, Wells D & Spataro J. 2010. Psychopathology in a large cohort of sexually abused children followed up to 43 years. Child Abuse & Neglect, 34:813–822.

de Quervain D, Schwabe L & Roozendaal B. 2017. Stress, glucocorticoids and memory: implications for treating fear-related disorders. Nat Rev Neurosci. 18; 1:7–19.

Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

Doruk Camsari D, Kirkovski M & Croarkin PE. 2018. Therapeutic Applications of Noninvasive Neuromodulation in Children and Adolescents. Psychiatric Clin of North America. 41; 3:465–477.
Doruk Camsari D, Lewis CP, Sonmez AI, Nandakumar AL, Gresbrink MA, Daskalakis ZJ & Croarkin PE. 2019. Transcranial Magnetic Stimulation Markers of Antidepressant Treatment in Adolescents With Major Depressive Disorder. International Journal of Neuropsychopharmacology. 2019. 22; 7:435–444.
Drogin EY, Hagan LD, Guilmette TJ & Piechowski L.S. 2015. Personal Injury and Other Tort Matters. In: B Cutler & Zapf P (eds.). APA Handbook of Forensic Psychology. Washington, DC: American Psychological Association.
D'Elia A, Matsuzaka CT, Neto JBB, Mello MF, Juruena MF & Mello AF. Childhood Sexual Abuse and Indicators of Immune Activity: A Systematic Review. 2018. Frontiers in Psychiatry. 9; 354:1–14.
Ellonen. & Rantaeskola (eds.). 2016. Lapsiin kohdistuvien väkivalta- ja seksuaalirikosepäilyjen tutkinta [*Investigation of suspected violent and sexual crimes against children*]. Textbooks of the Police University College 24. Police University College. Tampere. Available in Finnish at: http://urn.fi/URN:ISBN:978-951-815-315-6
Etkin A, Maron-Katz A, Wu W, Fonzo GA, Huemer J, Vértes PE, Patenaude B, Richiardi J, Goodkind MS, Keller CJ, Ramos-Cejudo J, Zaiko YV, Peng KK, Shpigel E, Longwell P, Toll RT, Thompson A, Zack S, Gonzalez B, Edelstein R, Chen J, Akingbade I, Weiss E, Hart R, Mann S, Durkin K, Baete SH, Boada FE, Genfi A, Autea J, Newman J, Oathes DJ, Lindley SE, Abu-Amara D, Arnow BA, Crossley N, Hallmayer J, Fossati S, Rothbaum BO, Marmar CR, Bullmore ET & O'Hara R. 2019. Using fMRI connectivity to define a treatment-resistant form of post-traumatic stress disorder. Sci. Transl. Med. 11; 486:1–12.
Family Federation of Finland. 2019. Väestöliiton asiantuntija- ja lääkärilausunto oikeudenkäyntiä varten – Alaikäisiin kohdistuvan seksuaalisen kaltoinkohtelun, hyväksikäytön ja väkivallan vaikutuksista [*Family Federation of Finland expert and medical statement for court proceedings – On the effects of sexual abuse, maltreatment and violence against minors*]. Available in Finnish at: www.väestöliitto.fi
Felitti VJ, Anda RF, Nordenberg D, Williamson DF & Spitz AM, et al. 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 14; 4:245–258.
Finnish Institute for Health and Welfare. Väkivallan uhrin tutkiminen ja rikosoikeudellinen lääkärinlausunto [*Examination of assault victims and medical statements for criminal proceedings*]. Ohje [*Guidelines*], 2 October 2013. Available in Finnish at: https://thl.fi
Finnish Medical Association. 2013. Lääkärin etiikka, 7. painos [*Medical Ethics, 7th edition*]. Available in Finnish at: https://www.laakariliitto.fi/site/assets/files/5164/laakarin_etiikka_2013.pdf
Finnish Medical Association. 2016. Lääkärintodistuksen kirjoittaminen [*Writing a medical certificate*]. Updated on 22 September 2016.
Finnish Medical Journal. 70;9:539–546.
Finnish Psychological Association. 2016. Oikeuspsykologian sekä kriisi- ja traumapsykologian ammatilliset työryhmät [*Professional working groups for forensic psychology and crisis and trauma psychology*]. Ohjeet psyykkisen haitan arvioimiseksi 18.8.2016 [*Guidelines for assessing psychological harm, 18 August 2016*].
Finnish Treaty Series 41/2012. Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Protocol text available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2012/ss20120041.pdf
Finnish Treaty Series 88/2011. Convention on the Protection of Children against Sexual Exploitation and Abuse (Lanzarote Convention). Convention text available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2011/ss20110088.pdf
Friedrich WN, Fisher J, Broughton D, Houston M & Shafran CR. 1998. Normative sexual behavior in children: a contemporary sample . Pediatrics. 1998. 101;4:E9.
Gerin MI, Viding E, Pingault JB, Puetz VB, Knodt AR, Radtke SR, Brigidi BD, Swartz JR, Hariri AR & McCrory EJ. 2019. Heightened amygdala reactivity and increased stress generation predict internalizing symptoms in adults following childhood maltreatment. Journal of Child Psychology and Psychiatry.60; 7:752–761.
Gilbert R, Widom CS, Browne K, Fergusson D, Webb E & Janson S. 2009. Burden and consequences of child maltreatment in high-income countries. Lancet. 373: 68–81. Guilford Press.

Hallituksen esitys Eduskunnalle laiksi rikoslain muuttamisesta ja eräiksi siihen liittyviksi laeiksi (HE 212/2018) [*Government Proposal No. 212/2018 to Parliament for an Act amending the Criminal Code of Finland and certain related acts*]. Available in Finnish at: https://www.edilex.fi/he/20180212

Hallituksen esitys Eduskunnalle laiksi vahingonkorvauslain muuttamisesta ja eräiksi siihen liittyviksi laeiksi (HE 167/2003) [*Government Proposal No. 167/2003 to Parliament for an Act amending the Tort Liability Act and for certain related acts*].

Hallituksen esitys Eduskunnalle lasten suojelemista seksuaalista riistoa ja seksuaalista hyväksikäyttöä vastaan koskevan Euroopan neuvoston yleissopimuksen hyväksymiseksi ja siihen liittyviksi laeiksi (HE 282/2010) [*Government Proposal No. 282/2010 to Parliament for the adoption of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse and certain related acts*].

Hallituksen esitys Eduskunnalle rikosoikeuden yleisiä oppeja koskevan lainsäädännön uudistamiseksi (HE 44/2002) [*Government Proposal No. 44/2002 to Parliament on reforming legislation governing the general tenets of criminal law*].

Haravuori H, Suomalainen L & Marttunen M. 2009. Trauman kokenut nuori oireilee monimuotoisesti [*Traumatised young people exhibit diverse symptoms*]. Finnish Medical Journal. 64; 6:485–492.

Hartikainen K. 2015. Yleiskatsaus: Syväaivostimulaatiohoidon vaikutus tiedonkäsittely- ja tunnetoimintoihin [*Overview: Effects of deep brain stimulation on cognition and emotion*].

Health Care Act 559/1994. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1994/19940559

Heim CM, Mayberg HS, Mletzko T, Nemeroff C & Pruessner J. C. 2013. Decreased Cortical Representation of Genital Somatosensory Field After Childhood Sexual Abuse. Am. J. Psychiatry. 170;6: 616–623.

Hemmo, M. 2005. Tort Law. Porvoo: WSOY.

Henkilövahinkoasian neuvottelukunnan suosituksia [*Recommendations of the Personal Injury Advisory Board*] 2017. Vahingonkorvauslain 5 luvun säännösten nojalla kivusta ja särystä sekä muusta tilapäisestä, pysyvästä haitasta sekä kärsimyksestä suoritettavien korvausten määristä [*The amounts of compensation payable for pain and suffering as well as for other temporary and permanent disability and for distress by virtue of the provisions of chapter 5 of the Tort Liability Act*]. 4 painos [*4th edition*]. Available in Finnish at: www.oikeusministeriö.fi

Herzog J. & Schmahl C. 2018. Adverse Childhood Experiences and the Consequences on Neurobiological, Psychosocial, and Somatic Conditions Across the Lifespan. Frontiers in Psychiatry. 9; 420:1–8.

Hillberg T, Hamilton-Giachritsis C & Dixon L. 2011. Review of Meta-Analyses on the Association Between Child Sexual Abuse and Adult Mental Health Difficulties: A Systematic Approach. Trauma Violence Abuse. 12:38–49.

Holm T. & Tolonen R. 2008. Psyykkisen vahingon arvioiminen [*Assessing psychological harm*]. In: Santtila & Weizmann-Henelius (eds.). Oikeuspsykologia [*Forensic psychology*]. Edita.

Howard DM, Adams MJ, Clarke TK, Hafferty JD & McIntosh AM. 2019. Genome-wide meta-analysis of depression identifies 102 independent variants and highlights the importance of the prefrontal brain regions. Nature neuroscience. 22; 3:343–352.

Häkkänen-Nyholm H. 2017. Oikeusprosessi ja stressi: mitä lääkärin tulee tietää [*Legal process and stress: what doctors should know*]. Katsaus [*Review*]. Duodecim. 133; 24: 2351–6.

Häkli E. 2019. Traumatisoitumisen ilmeneminen oikeuden kuulemistilanteessa – oikeusviranomaisten ja traumapsykoterapeuttien näkemykset [*Manifestation of traumatisation in court hearings – Views of judicial authorities and trauma psychotherapists*]. Master's thesis. Helsingin yliopisto [*University of Helsinki*]. Lääketieteellinen tiedekunta [*Faculty of Medicine*]. Psykologia [*Psychology*]. Available in Finnish at: http://urn.fi/URN:NBN:fi:hulib-201906122618

ICD-11. International Classification of Diseases 11th Revision. The global standard for diagnostic health. 2018. Available at: https://icd.who.int

Imel ZE, Laska K, Jakupcak M & Simpson T L. 2013. Meta-analysis of Dropout in Treatments for Post-traumatic Stress Disorder. Review. J Consult Clin Psychol. 81; 3:394–404.

International Classification of Diseases ICD-10. Psykiatrian luokituskäsikirja. Suomalaisen tautiluokitus ICD-10:n psykiatriaan liittyvät diagnoosit [*Classification handbook of psychiatry. Finnish diagnostic codes for mental and behavioural disorders in ICD-10*]. Finnish Institute for Health and Welfare. Luokitukset, termistöt ja tilasto-ohjeet [*Classifications, terminology and statistical guidelines*] 1/2012. Finnish Institute for Health and Welfare 2012.

Jaworska-Andryszewska P. & Rybakowski JK. 2019. Childhood trauma in mood disorders: Neurobiological mechanisms and implications for treatment . Pharmacological Reports.71; 1:112–120.

Jääskeläinen E, Holi M, Mainio A, Roine R, Isojärvi J & Sihvo S. 2017. Aivojen magneettistimulaatio masennuksen hoidossa [*Repetitive transcranial magnetic stimulation in the treatment of depression*]. Yleiskatsaus [*Overview*]. Finnish Medical Journal. 72; 44:2535.

Kendall-Tackett KA, Williams LM & Finkelhor D. 1993. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. Psychol Bull. 113:164–80.

Keski-Keturi V. 2018. Rangaistuksen mittaaminen ja rangaistuskäytäntö lapsiin kohdistuvissa seksuaalisissa hyväksikäyttörikoksissa [*Determining the sentence and sentencing practice in child sexual abuse offences*]. Edilex. Edita Publishing.

Khadr S, Clarke V, Wellings K, Villalta L, Goddard A, Welch J, Bewley S, Kramer T & Viner R. 2018. Mental and sexual health outcomes following sexual assault in adolescents: a prospective cohort study. Lancet Child Adolesc Health. 2; 9:654–665.

Kida S. 2018. Reconsolidation/destabilization, extinction and forgetting of fear memory as therapeutic targets for PTSD. Review. Psychopharmacology. 236; 1:49–57.

Kilpatrick DG, Ruggierio KJ, Acierno R, Saunders BE, Resnick HS & Best C. 2003. Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: results from the National Survey of Adolescents. J Consult Clin Psychol. 2003; 71:692.

Koch WJ, Douglas KS, Nicholls TL & O'Neill ML. 2006. Psychological Injuries: Forensic Assessment, Treatment, and Law. Oxford Univeristy Press.

Koek RJ, Roach J, Athanasiou N, van 't Wout-Frank M & Philip NS. 2019. Neuromodulatory treatments for post-traumatic stress disorder (PTSD). Review. Prog Neuropsychopharmacol Biol Psychiatry. 8; 92:148–160.

Korpilahti U (ed.). 2018. Kansallisen lasten ja nuorten turvallisuuden edistämisen ohjelman tavoite- ja toimenpidesuunnitelma vuosille 2018–2025 Osa I [*National Action Plan for Safety Promotion among Children and Youth – Target and Action Plan 2018–2025: Part I*]. Terveyden ja hyvinvoinnin laitos [*Finnish Institute for Health and Welfare*]. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-082-2

Kraus L, Thomas C. & The Committee on Quality Issues (CQI). 2011. Practice Parameter for Child and Adolescent Forensic Evaluations. Journal of the American Academy of Child & Adolescent Psychiatry. 50; 12:1299–1312.

Kumpulainen K. 2004. Lapsuuden traumaperäinen stressireaktio ja kognitiivis-behavioraalinen terapia [*Childhood post-traumatic stress reaction and cognitive-behavioural therapy*]. Finnish Medical Journal 59:1653–1658.

Laki henkilövahinkoasiain neuvottelukunnasta [*Act on the Personal Injury Advisory Board*] 513/2004. Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2004/20040513

Laki lapseen kohdistuneen seksuaali- ja pahoinpitelyrikoksen selvittämisen järjestämisestä [*Act on Organising the Investigation of Sexual and Assault Offences against Children*] 1009/2008. Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/2008/20081009

Lang J, McKie J, Smith H, McLaughlin A, Gillberg C, Shiels PG & Minnis H. 2019. Adverse childhood experiences, epigenetics and telomere length variation in childhood and beyond: a systematic review of the literature. Eur Child Adolesc Psychiatry. doi: 10.1007/s00787-019-01329-1, 1–10.

Larsson I. & Svedin C-G. 2002. Teachers' and parents' reports on 3- to 6-year-old children's sexual behavior—a comparison . Child Abuse & Neglect. 26; 3:247–266.

Lepola U. & Koponen H. 2003. Seksuaalisten toimintojen häiriintyminen psykiatrisissa sairauksissa [*Sexual dysfunction in mental disorders*]. Duodecim Medical Journal. 119; 3:255–259.

Level of Representation. Monographs of the Society for Research in Child Development. 50;1-2:66–104. Available at: http://dx.doi.org/10.2307/3333827

Lubit R, Hartwell N, Wilfrend GG & Spencer E. 2002. Forensic evaluation of trauma syndromes in children. Child Adolesc Psychiatric Clin N Am. 11; 5:823–857.
Luoma I, Joki-Erkkilä M & Taskinen S. 2008. Lapsen seksuaalisen hyväksikäytön tunnistus ja hoito [*Identification and treatment of child sexual abuse*]. Lääkärin käsikirja [*The doctor's handbook*]. Last updated on 3 September 2018. Available in Finnish at: www.terveysportti.fi
MacMaster FP, Croarkin PE, Wilkes TC, McLellan Q, Langevin LM, Jaworska N, Swansburg RM, Jasaui Y, Zewdie E, Ciechanski P. & Kirton A. 2019. Repetitive Transcranial Magnetic Stimulation in Youth With Treatment Resistant Major Depression. Front Psychiatry. 10:170.
Main M, Kaplan N & Cassidy J. 1985. Security in Infancy, Childhood, and Adulthood: A Move to the
Maniglio, R. 2010. Child sexual abuse in the etiology of depression: A systematic review of reviews. Depress. Anxiety. 27:631–642.
Maniglio R. 2013. Child Sexual Abuse in the Etiology of Anxiety Disorders: A Systematic Review of Reviews. Trauma Violence Abuse. 14:96–112.
Mavranezouli I, Megnin-Viggars O, Daly C, Dias S, Stockton S, Meiser-Stedman R, Trickey D & Pilling S. 2019. Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis. J Child Psychol Psychiatry. doi: 10.1111/jcpp.13094.
McKinnon A., Brewer N, Meiser-Stedman R & Nixon RD. 2017. Trauma memory characteristics and the development of acute stress disorder and post-traumatic stress disorder in youth. J Behav Ther Exp Psychiatry. 54:112–119.
McLaughlin KA, Koenen KC, Hill ED, Petukhova M, Sampson NA, Zaslavsky AM & Kessler RC. Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. 2013. J Am Acad Child Adolesc Psychiatry. 52; 8:815–830.
McLeer SV, Dixon JF, Henry D, Ruggiero K, Escovitz K & Niedda T, et al. 1998. Psychopathology in Non-Clinically Referred Sexually Abused Children. Journal of the American Academy of Child & Adolescent Psychiatry. 37:1326–1333.
Medical Research Act 488/1999. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/19990488
Meyers J, McCutcheon V, Pandey A…& Porjesz B. 2019. Early Sexual Trauma Exposure and Neural Response Inhibition in Adolescence and Young Adults: Trajectories of Frontal Theta Oscillations During a Go/No-Go Task. J Am Acad Child Adolesc Psychiatry. 58; 2:242–255.
Mickelson KD, Kessler RC & Shaver, PR. 1997. Adult attachment in a nationally representative sample. Journal of Personality and Social Psychology. 73:1092–1106. Available at: http://dx.doi.org/10.1037/0022-3514.73.5.1092
Mikulincer M. & Shaver PR. 2016. Attachment in Adulthood: Structure, Dynamics, and Change (2nd ed.). New York, NY: Guilford Press.
Miragoli S, Camisasca E & Di Blasio P. 2017. Narrative fragmentation in child sexual abuse: The role of age and post-traumatic stress disorder. Child Abuse Negl. 73:106–114.
Miragoli S, Camisasca E & Di Blasio P. 2019. Investigating linguistic coherence relations in child sexual abuse: A comparison of PTSD and non-PTSD children. Heliyon. 5:2.
Nanni V, Uher R & Danese A. 2012. Childhood Maltreatment Predicts Unfavorable Course of Illness and Treatment Outcome in Depression: A Meta-Analysis. Am. J. Psychiatry. 169; 2:141–151.
Nemeroff CB. 2016. Paradise Lost: The Neurobiological and Clinical Consequences of Child Abuse and Neglect. Neuron. 89; 5:892–909.
Neuroresearch Finland. 2016. Kartoitus neurotieteen osaamisesta, tutkimuksesta ja keskeisistä infrastruktuureista Suomessa 2016 [*A survey of neuroscience expertise, research and key infrastructures in Finland in 2016*]. Jari Koistinaho, Anne Patana, Harri Siitari.
Ng QX; Youg BZJ, Ho CYX, Lim DY & Yeo WS. 2018. Early life sexual abuse is associated with increased suicide attempts: An update meta-analysis. Journal of Psychiatric Research. 99:129–141.
Nooner KB, Linares LO, Batinjane J, Kramer RA, Silva R & Cloitre M. 2012. Factors related to posttraumatic stress disorder in adolescence. Trauma Violence Abuse. 13; 3:153–66.
Oikeusministeriön hanke [*Ministry of Justice project*] OM007:00/2019. Available in Finnish at: https://oikeusministerio.fi/hanke?tunnus=OM007:00/2019
Ojala, Timo. 2012. Lapsiin kohdistuvat seksuaalirikokset [*Sexual offences against children*]. Helsinki: Edita Publishing.
Ojala, Timo. 2014. Seksuaalirikokset [*Sexual offences*]. Helsinki: Edita Publishing.

Opel N, Redlich R, Dohm K & Dannlowski U. 2019. Mediation of the influence of childhood maltreatment on depression relapse by cortical structure: a 2-year longitudinal observational study. Lancet Psychiatry 6;4: 318–26.
Patriat R, Birn RM, Keding TJ & Herringa RJ. 2016. Default-Mode Network Abnormalities in Pediatric Posttraumatic Stress Disorder. J Am Acad Child Adolesc Psychiatry. 55; 4:319–327.
Pine DS. & Cohen JA. 2002. Trauma in children and adolescents: risk and treatment of psychiatric sequelae. Biol Psychiatry. 51; 7:519–531.
Post-Traumatic Stress Disorder. Current Care Guideline. Working group set up by the Finnish Medical Society Duodecim and the Finnish Psychiatric Association. Helsinki: Finnish Medical Society Duodecim, 2014. Available in Finnish (English abstract) at: https://www.kaypahoito.fi/hoi50080
Powell GE. & Powell CC. 2010. Personal Injury. In: JM Brown & EA Campbell (eds.). The Cambridge Handbook of Forensic Psychology. Cambridge University Press, 612–620.
Putnam F. 2003. Ten-year research update review: Child sexual abuse. J Am Acad Child Adolesc Psychiatry. 42:269–278.
Putnam KT, Harris WW & Putnam FW. 2013. Synergistic childhood adversities and complex adult psychopathology. J Trauma Stress. 26:435–442.
Puura K, Aronen E. 2016. Lapsen psykiatrinen arvio [*Child psychiatric evaluation*]. In: Kumpulainen K, Aronen E, Ebeling H, Laukkanen E, Marttunen M, Puura K, Sourander A (eds.). Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*] 1st ed., p. 133–134. Helsinki: Kustannus Oy Duodecim [*Duodecim Medical Publications Ltd*], 2016.
Puura K, Lindholm P. 2016. Havainnointimenetelmät [*Observation methods*]. In: K Kumpulainen, E Aronen, H Ebeling, E Laukkanen, M Marttunen, K Puura, A Sourander (eds.). Lastenpsykiatria ja nuorisopsykiatria [*Child psychiatry and adolescent psychiatry*] 1st ed. Helsinki: Duodecim Medical Publications Ltd, 162–165.
Rapsey C, Scott K & Patterson T. 2019. Childhood sexual abuse, poly-victimization and internalizing disorders across adulthood and older age: Findings from a 25-year longitudinal study. Journal of Affective Disorders, 244:171–179.
Rikoslaki [*The Criminal Code of Finland*] 39/1889. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1889/18890039
Rovee-Collier CK, Hayne H & Colombo M. 2001. The Development of Implicit and Explicit Memory. John Benjamins Publishing.
Ruuskanen E. & Sarimo M. 2018. Uhri rikosprosessissa – ehdotus hyvistä menettelytavoista uhrien tarpeiden huomioon ottamiseksi [*A victim of crime in a criminal procedure – a proposal concerning good practices for recognising the needs of victims*]. Mietintöjä ja lausuntoja [*Reports and statements*] 44/2018. Ministry of Justice, Helsinki 2018.
Saarikoski, M. 2009. Uhrin erityinen vahinkoherkkyys henkilövahingoissa [*The victim's special predisposition to injury in personal injuries*]. Helsinki: Lakimiesliiton Kustannus.
Sandnabba NK, Pekka Santtila P, Wannäs M & Krook K. 2003. Age and gender specific sexual behaviors in children. Child Abuse & Neglect. 27; 6:579–605.
Scoglio AAJ, Kraus SW, Saczynski J, Jooma S & Molnar B. 2019. Systematic Review of Risk and Protective Factors for Revictimization After Child Sexual Abuse. Trauma Violence Abuse. Available at: https://doi.org/10.1177/1524838018823274
Shalev A, Liberzon I & Marmar C. 2017. Post-Traumatic Stress Disorder. Review. N Engl J Med. 376; 25:2459–2469.
Shonkoff JP, Garner AS. Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics; Siegel BS; Dobbins MI; Earls MF; McGuinn L; Pascoe J; Wood DL. 2012. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. Pediatrics. 129:1.
Sillivan S, Vaissière T & Miller C. 2015. Neuroepigenetic Regulation of Pathogenic Memories. Neuroepigenetics. 1; 1: 28–33.
Smith P, Dalgleish T & Meiser-Stedman R. 2019. Practitioner Review: Posttraumatic stress disorder and its treatment in children and adolescents. J Child Psychol Psychiatry. 60; 5:500–515.
Sparta, S. 2003. Assessment of Childhood Trauma. In: Werner (ed.). Handbook of Psychology, Vol. 11: Forensic Psychology. Wiley.
Stallard P. 2006. Psychological interventions for post-traumatic reactions in children and young people: a review of randomized controlled trials. Clin Psychol Rev. 26:895–911.

Steine I, Winje D & Skogen J et al. 2017. Posttraumatic symptom profiles among adult survivors of childhood sexual abuse: A longitudinal study. Child Abuse Negl. 67:280–293.
Stern, J A, Fraley, R C, Jones, J D, Gross, J T, Shaver, P R & Cassidy, J. 2018. Developmental processes across the first two years of parenthood: Stability and change in adult attachment style. Developmental Psychology, 2018; 54 (5): 975–988.
Ståhlberg P. & Karhu J. 2013. Suomen vahingonkorvausoikeus [*Finnish tort law*], 6th revised edition. Alma Talent Oy and authors, 2013.
Suomalainen L, Seilo N, Haravuori H & Marttunen M. 2018. Nuoren viiltely ja muu itsetuhoinen käyttäytyminen [*Cutting and suicidal behavior in young people*]. Duodecim Medical Journal 2018;134:857–864.
Supreme Court decision, KKO:2002:52.
Supreme Court decision, KKO:2011:102.
Supreme Court decision, KKO:2014:48.
Tawakol A et al. 2017. Relation between resting amygdalar activity and cardiovascular events: a longitudinal and cohort study. The Lancet. Vol 389, January 11, 2017, p. 834.
Tedeschi F. & Billick S. 2017b. Pediatric PTSD in the DSM-5 and the Forensic Interview of Traumatized Youth. J Am Acad Psychiatry Law. 45:175-183–169.
Tedeschi F. & Billick S. 2017a. Pediatric PTSD: Clinical, Forensic, and Diagnostic Understanding. J Am Acad Psychiatry Law. 45:161–169.
Teicher M H. & Samson, J A. 2013. Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. Am. J. Psychiatry. 170:1114–1133.
Teicher M H. & Samson, J A. 2016. Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. J. Child Psychol. Psychiatr. 57: 241–266.
Teicher M H, Samson, J A, Anderson, C M, Ohashi, K. 2016. The effects of childhood maltreatment on brain structure, function and connectivity. Nat. Rev. Neurosci. 17, 652–666.
Thomason ME. & Marusak HA. 2017. Toward understanding the impact of trauma on the early developing human brain. Neuroscience. 342:55–67.
Tiilikka P. 2011. Rangaistavaksi säädetty teko kärsimyskorvauksen perusteena [*An act punishable by law as a basis for compensation for distress*]. Law Journal 5/2011, 933–956.
Tort Liability Act 412/1974. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1974/19740412
Trask E V, Walsh K & DiLillo D. 2011. Treatment Effects for Common Outcomes of Child Sexual Abuse: A Current Meta-Analysis. Aggress. Violent Behav. 16:6–19.
Turner S. 2017. The relationship between childhood sexual abuse and mental health outcomes among males: Results from a nationally representative United States sample. Child Abuse & Neglect. 66:64–72
van Duin EM, Verlinden E, Vrolijk-Bosschaart TF, Diehle J, Verhoeff AP, Brilleslijper-Kater SN & Lindauer RJL. 2018. Sexual abuse in very young children: a psychological assessment in the Amsterdam Sexual Abuse Case study. European Journal of Psychotraumatology. 9; 1:1–13.
Victims' Directive. Directive 2012/29/EC of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.
Viheriälä L. & Rutanen M. 2010. Lapsen psyykkisen trauman hoito [*Treatment of a child's psychological trauma*]. Duodecim Medical Journal. 126; 22: 2671–2677.
Von und zu Fraunberg M, Jaronen M & Soininen H. 2018. Suomeen perustetaan kansallinen neurokeskus [*Neurocenter Finland to be set up in Finland*]. Duodecim Medical Journal 134; 17:1661–2.
Vrolijk-Bosschaart TF, Brilleslijper-Kater SN, Benninga MA, Lindauer RJL & Teeuw AH. 2018. Clinical practice: recognizing child sexual abuse—what makes it so difficult? Eur J Pediatr. 177; 9:1343–1350. doi: 10.1007/s00431-018-3193-z.
Vrolijk-Bosschaart TF, Brilleslijper-Kater SN, Verlinden E, Widdershoven GAM, Teeuw AH, Voskes Y, van Duin EM, Verhoeff AP, de Leeuw M, Roskam MJ, Benninga MA & Lindauer RJL. 2019. A Descriptive Mixed-Methods Analysis of Sexual Behavior and Knowledge in Very Young Children Assessed for Sexual Abuse: The ASAC Study. Front. Psychol. Available at: https://doi.org/10.3389/fpsyg.2018.02716

Vrolijk-Bosschaart TF, Brilleslijper-Kater SN, Widdershoven GA, Teeuw ARH, Verlinden E, Voskes Y, van Duin EM, Verhoeff AP, Benninga MA & Lindauer RJL. 2017. Physical symptoms in very young children assessed for sexual abuse: a mixed method analysis from the ASAC study. Eur J Pediatr. 176; 10:1365–1374. doi: 10.1007/s00431-017-2996-7.

Wang Q, Shelton R & Dwivedi Y. 2018. Interaction between early-life stress and FKBP5 gene variants in major depressive disorder and post-traumatic stress disorder: A Systematic Review and Meta-Analysis. Journal of Affective Disorders 225 (2018) 422–428.

Watkins LE, Sprang KR & Rothbaum BO. 2018. Treating PTSD: A Review of Evidence-Based Psychotherapy Interventions. Front Behav Neurosci. 2018 Nov 2;12:258.

Weiner I. & Otto R (eds.). 2017. The Handbook of Forensic Psychology. 4th Edition. Conducting Personal Injury Evaluations by Lisa Drago Piechowski.

Wilson J.P. & Keane T.M. (eds.). 2004. Assessing Psychological Trauma and PTSD. Guilford Press.

Wolfe DA, Jaffe PG & Leschied AW et al. 2010. Assessing historical abuse allegations and damages. Child Abuse Negl. 34:135–43.

Yabuki Y. & Fukunaga K. 2019. Clinical Therapeutic Strategy and Neuronal Mechanism Underlying Post-Traumatic Stress Disorder (PTSD). Int J Mol Sci. 20:15. pii: E3614. doi: 10.3390/ijms20153614. Review.

Yang B, Huiping Zhang, PhD & Wenjing Ge, MA, et al. 2013. Child Abuse and Epigenetic Mechanisms of Disease Risk. Am J Prev Med. 44; 2:101–107.

Young, G. 2016. Psychiatric/psychological forensic report writing. International Journal of Law and Psychiatry. 49:214–220.

Young G. 2017. PTSD in Court II: Risk factors, endophenotypes, and biological underpinnings in PTSD. International Journal of Law and Psychiatry 51:1–21.

Yu M, Linn K A & Shinohara R T, et al. 2019. Childhood trauma history is linked to abnormal brain connectivity in major depression. PNAS.

13 Children in vulnerable situations

13.1 Introduction

Author: Satu Jokela, Finnish Institute for Health and Welfare (THL)

The objectives and actions included in the 'Non-Violent Childhoods' Action Plan for 2020–2025 generally apply to all children and young people. These general objectives and actions are described in Chapters 4 to 12. However, violence involves some phenomena and prevention actions that are especially relevant to certain groups in vulnerable situations. This Action Plan discusses the following four groups that require special actions: children with disabilities and functional limitations; children belonging to various ethnic groups and linguistic and cultural minorities; children in out-of-home placements; and children belonging to sexual and gender (LGBTIQ) minorities. Research has established that children and young people in vulnerable situations have more risk factors for exposure to violence and, consequently, more experiences of mental and physical violence in their lives (see e.g. Halme et al. 2017, Kanste et al. 2018, Luopa et al. 2017).

The results of the 2019 School Health Promotion Study (THL 2020) show that various forms of violence are more prevalent among children and young people in vulnerable situations, than among their peers. The results suggest that children and young people who had physical disabilities or were of foreign origin, members of sexual or gender minorities, or placed outside the home had experienced school bullying, sexual propositioning or harassment, sexual violence, and emotional or physical violence by parents significantly more frequently than their peers in nearly all of the school years examined in the study. (Ikonen & Helakorpi 2019.) Further information on research into violence against children and young people

is available in Chapters 2 to 12 and in the specific sections on various groups in vulnerable situations in this chapter.

Children and young people may be placed in vulnerable situations due to factors beyond their control. When they cannot exercise influence on an equal footing with their peers, the risk of being disadvantaged will increase. Particularly groups in vulnerable situations can be considered to include unaccompanied asylum-seeking minors, undocumented minors or those whose wellbeing needs to be secured by means of child welfare services, for example. Children and young people may also be in vulnerable situations for multiple reasons (such as being a member of a sexual minority with a disability). When discussing groups in vulnerable situations, we should not ignore the diversity and unique characteristics of individuals within these groups. The children and young people who are in vulnerable situations for different reasons and therefore targeted by various violence prevention actions should also be seen as active and independent agents with equal rights to a good and safe life.

In Finland, the rights belonging to everyone are specified by law, including the Constitution of Finland (731/1999), the Act on Equality between Women and Men (the 'Equality Act' 609/1986), and the Non-discrimination Act (1325/2014). The Finnish Constitution provides that no one must, without an acceptable reason, be treated differently from other people based on grounds concerning their person, such as sex, age, origin, language, religion, conviction, opinion, health or disability. Under the Equality Act, the prohibition on gender-based discrimination also applies to discrimination based on gender identity and gender expression or on the fact that an individual's physical gender-defining characteristics are not unambiguously female or male.

The Equality Act also takes account of gender diversity. The purpose of the Non-discrimination Act is to safeguard equal treatment and prevent discrimination on any and all grounds. The grounds for discrimination prohibited in the Non-discrimination Act are age, origin, nationality, language, religion, belief, opinion, political activity, trade union activity, family relationships, state of health, disability, sexual orientation or other personal characteristics. 'De facto equality' means equality of outcome for everyone irrespective of different personal circumstances and opportunities. Its achievement may require derogation from the principle of equal treatment, because individuals have different circumstances and

opportunities in terms such as access to and use of services. A child or young person may be subjected to discrimination for underlying reasons such as their own or their parent's ethnic background, colour, language, religion, sexual orientation or gender identity, disability, health status, etc. Preventing discrimination against children and young people calls for active efforts to promote equality and reduce inequality between them (Iivonen 2019). The rights of children and young people are discussed in Chapter 4.

Definitions of groups in vulnerable situations

Children and young people with disabilities refers to individuals with a long-term physical, mental, intellectual or sensory impairment which, in interaction with social structures, may prevent their full and effective participation in society on an equal footing with others. Consequently, rather than simply being a personal characteristic, disability is made of the barriers and limitations created in relation to the surrounding society. These may include discriminatory attitudes, public transport unsuitable for people with disabilities, inaccessible environments and communications, etc. One of the reasons for barriers may be society's inability or unwillingness to reshape itself so as to become more accessible and provide suitable services for people with disabilities. (THL 2019a.) Children with disabilities are discussed in Chapter 13.2

Cultural and linguistic minorities have their own culture, language and/or religion, which differ from those of the majority population. Finland is home to the Saami people, the only indigenous people within the European Union, as well as the Roma and other traditional linguistic and cultural minorities. **Children of foreign origin** refers to children and young people who have moved to Finland at different ages, as well as first-generation Finnish children who were born in Finland to parents born elsewhere. A small proportion of those of foreign origin are **refugees** or individuals in an equivalent situation. There are also **individuals waiting for asylum decisions** and **undocumented migrants** living in Finland. Undocumented, detained and unaccompanied children and young people are in a particularly vulnerable situation for many reasons. (THL 2019b.) Ethnic groups and linguistic and cultural minorities are discussed in Chapter 13.3.

A child placed in family care refers to a child whose care or other part- or full-time nurture has been arranged in a family carer's private home or in the child's

own home (Family Care Act 263/2015, section 3). Responsibility for arranging family care rests with municipalities. Each municipality is responsible for and makes decisions on the ways in which it arranges its family care services. The municipality making the placement is also required to supervise that the placement in family care complies with the Family Care Act and that the child or young person receives the services and support actions provided by the placement municipality that they require during their placement. The objective of family care is to provide a child with care in a home-like environment and a chance to maintain close relationships and to promote the child's basic security and social development. (Family Care Act, section 1.) When a child is placed in family care, the child's needs and views should be taken into account. It is important for the child to feel safe in the family. Foster care takes priority over institutional care as a form of children's substitute care: institutional care will be arranged if substitute care cannot be provided in the best interests of the child in family care or elsewhere by means of sufficient supportive actions. (Child Welfare Act 417/2007, section 50.)

Children and young people living in substitute care units refers to those living in child welfare institutions, including children's homes, approved schools and other comparable child welfare institutions (Child Welfare Act, section 57). Other child welfare institutions include reception homes and youth homes. A child may be placed in institutional care if this is considered to be the best solution for the child, when the placement is temporary, and when the child's parents can be integrally involved in care. By way of example, a child may be placed in institutional care if they are particularly difficult to care for. The general requirements for the operations of child welfare institutions are specified in sections 57–60 of the Child Welfare Act. Children in out-of-home placements are discussed in Chapter 13.4.

Sexual minorities include individuals whose sexual orientation is other than heterosexual, such as gays, lesbians and bisexual people. **Gender minorities** are considered to include transgender or trans people, agender people, gender nonconforming people, and intersex people whose bodily characteristics are not male- or female-typical and people who experience gender incongruence. 'Cisgender' or 'cis' is a term used to describe a person whose gender identity and gender expression conform to the sex assigned to them at birth and to the cultural expectations generally associated with it. Most people are cisgender. Just like cisgender people, intersex and transgender people may also be heterosexual, gay, lesbian or bisexual. (Seta 2020.) 'Intersex' refers to a range of bodily variations where

an individual's sex characteristics, such as chromosomes, genitalia or hormonal activity, are not unambiguously female- or male-typical. For some individuals, intersex may also be a gender identity. Children belonging to sexual and gender (LBGTIQ) minorities are discussed in Chapter 13.5.

The objectives and actions concerning the above-mentioned groups in vulnerable situations as well as their criteria, responsible bodies and indicators have been set on the basis of legislation, research evidence, other existing knowledge and current activities. There are also specific issues that only concern some children in vulnerable situations and young people , such as human trafficking, violent extremism, female genital mutilation, and non-medical male circumcision. These specific issues are discussed in Chapter 14.

SOURCES

Act on Equality between Women and Men 609/1986. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1986/19860609

Basic Education Act 731/1999. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/19990731

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Family Care Act 263/2015. Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2015/20150263

Finnish Institute for Health and Welfare (THL). 2019a. Vammaispalvelujen käsikirja [*Handbook on Disability Services*]. Available in Finnish at: https://thl.fi/fi/web/vammaispalvelujen-kasikirja/vammaisuus-yhteiskunnassa/vammaisuus

Finnish Institute for Health and Welfare (THL). 2019b. Migration and cultural diversity. Available in English at: https://thl.fi/en/web/migration-and-cultural-diversity

Finnish Institute for Health and Welfare (THL). 2020. Results of the School Health Promotion Studies. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely/kouluterveyskyselyn-tulokset

Halme N, Hedman L, Ikonen R & Rajala R. 2018. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*] 2017. Results of the School Health Promotion Study. Finnish Institute for Health and Welfare Discussion Papers 15/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-115-7

Iivonen E. 2019. Keskimäärin hyvin ei riitä [*Good on average is not good enough*]. Blog post. Available in Finnish at: https://stm.fi/artikkeli/-/asset_publisher/1410845/esa-iivonen-keskimaarin-hyvin-ei-riita

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*]. School Health Promotion Study 2019. *Finnish Institute for Health and Welfare Statistical Reports* 33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281

Kanste O, Sainio P, Halme N & Nurmi-Koikkalainen P. 2018. Erilaisia toimintarajoitteita kokevien nuorten hyvinvointi ja kasvuympäristön turvallisuus [*Wellbeing and safety of growth environments among young people with various functional limitations*]. *Finnish Institute for Health and Welfare Research Overviews* 24/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-156-0

Luopa P, Kanste O & Klemetti R. 2017. Toisella asteella opiskelevien sateenkaarinuorten hyvinvointi 2017 [*Wellbeing of upper secondary level LGBTIQ students in 2017*]. Results of the School Health Promotion Study. Finnish Institute for Health and Welfare Research Overviews 25/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-909-5

Non-discrimination Act 1325/2014. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2014/20141325

Seta - LGBTI Rights in Finland. 2020. Sateenkaarisanasto [*Rainbow Glossary*]. Available in Finnish at: https://seta.fi/sateenkaaritieto/sateenkaarisanasto/

13.2 Children and young people with disabilities

Corresponding author: Sanna Ahola, Finnish Institute for Health and Welfare (THL) and Human Rights Centre
Co-authors: Rut Nordlund-Spiby and Saila Lind, THL

When compared with adults, children see their rights being threatened more frequently and they are less well-equipped to tackle any violations of their rights on their own. People with disabilities in general are in a minority in our society and are vulnerable to discrimination. As a group, children with disabilities are therefore basically in a vulnerable situation for two different reasons and it is advisable to pay special attention to the realisation of their rights.

In its General comment No. 13 (2011), the UN Committee on the Rights of the Child notes that "children are at risk of being exposed to violence in many settings where professionals and State actors have often misused their power over children". The Committee goes on to state: "Children must be provided with as many opportunities as possible to signal emerging problems before they reach a state of crisis, and for adults to recognize and act on such problems even if the child does not explicitly ask for help. Particular vigilance is needed when it comes to marginalized groups of children who are rendered particularly vulnerable due to their alternative methods of communicating, their immobility and/or the perceived view that they are incompetent, such as children with disabilities. Reasonable accommodation should be provided to ensure that they are able to communicate and signal problems on an equal basis with others."

Children with disabilities may have an increased risk of being subjected to violence due to functional limitations, special housing or other service arrangements, inadequate services and dependence on other people in activities of daily living. They may also have a heightened risk of being ignored when decisions about their affairs are being made.

The rights of children and young people with disabilities to self-determination in health and social services

Any future efforts to draft legislation on the self-determination of clients in health and social services should pay special attention to the needs and rights of children with disabilities in accordance with the principles laid out in the Child Custody and Right of Access Act (the 'Child Custody Act', 361/1983). The principles of the Child Custody Act are particularly easily overlooked when a child is a client in disability services, for example, rather than in child welfare services. People with disabilities are in a minority in our society and are vulnerable to discrimination. At the same time, children in general are a group whose rights are, in practical terms, often subordinate to those of adults. This is why implementation of children's rights, such as the right to a safe childhood, frequently requires public authorities to take active actions. (Ahola & Pollari 2018.)

Finland has little legislation on the right to self-determination in health and social services. The Acts on the Status and Rights of Social Welfare Clients (the 'Social Welfare Clients Act', 812/2000) and on the Status and Rights of Patients (the 'Patients Act', 785/1992) include general provisions on respecting the right to self-determination. More specific provisions are mainly laid down in the Mental Health Act (1116/1990), Act on Welfare for Substance Abusers (41/1986), Child Welfare Act (417/2007) and the Act on Special Care for Persons with Intellectual Disabilities (the 'Intellectual Disabilities Act', 519/1977). The gaps in legislation are an identified and recognised problem, which several governments have already attempted to solve during their terms in office. However, another extensive legislative project on clients' right to self-determination in health and social services failed again in the spring of 2019. (Ministry of Social Affairs and Health 2018.)

As healthcare and social welfare clients, children with disabilities often find themselves in situations where issues concerning the promotion of the right to self-determination and the restriction of fundamental rights are – or at least should be – raised. However, Finland has no legislation that would protect the rights of children with disabilities in health and social services.

The existing provisions on the right to self-determination naturally apply to children with disabilities as well as any other people, if they fall within the scope of such provisions. Consequently, the Child Welfare Act applies to children with disabilities when they are child welfare clients. The Child Welfare Act, however,

does not take any particular account of children with disabilities. The Intellectual Disabilities Act, in turn, is not only applicable to adults but also to children with intellectual disabilities. The Intellectual Disabilities Act says little about how to proceed when the client is a child with intellectual disabilities. The only reference to the particularly vulnerable situation of children in its text is the last sentence of subsection 3 of section 42d, which reads as follows: "Where a restrictive action is applied to a minor, the minor's best interests as well as his or her age and level of development must be taken into account when applying the restrictive measure." Furthermore, Government Proposal No. 96/2015 to Parliament for an Act amending the Act on Special Care for Persons with Intellectual Disabilities includes some references to the status of children, albeit mostly focused on child welfare issues.

The Draft Bill for the Social Welfare Clients and Patients Acts, which was on a consultation round in the autumn of 2018 and subsequently failed, included some generic sections taking account of children, but even this bill did not specify the ways and circumstances in which the rights of children with disabilities to self-determination should be promoted and the ways in which these could be restricted; nor did it elaborate on the ways in which the promotion and restrictions of these rights should take account of aspects such as children's balanced growth and development, understanding upbringing, maintenance of close relationships, or growth towards independence.

All of the above-mentioned considerations should therefore be taken into account in any new bill on clients' rights to self-determination in healthcare and social welfare services, in the likely event that the current Government will start yet another drafting process. It is imperative for the bill to include clear language on how the special characteristics of a child with disabilities specifically as a child should also be taken into account when the child is a client in disability services rather than in child welfare services.

Sexual harassment and violence against children and young people with disabilities

The School Health Promotion Study conducted by the Finnish Institute for Health and Welfare in 2017 found that 10% of pupils with cognitive or physical disabilities in grades 4 and 5 of basic education had experienced sexual harassment over the last 12 months, whereas the figure for all fourth- and fifth-graders stood at 7%.

Moreover, 4% of children with disabilities had been sexually victimised over the last year, whereas the figure for all children was 2%. Sexual violence included unwanted touching of intimate areas of the body or pressure to have sex. (Halme et al. 2018.)

The 2019 School Health Promotion Study shows that the prevalence rates of experiences of sexual harassment and violence among young people with disabilities are alarmingly high – clearly higher than among their peers. The proportion of young people with disabilities in grades 8 and 9 who had experienced sexual harassment was 32%, whereas the figure for all eighth- and ninth-graders stood at 21%. Sexual violence had been experienced by 15% of eighth- and ninth-graders with disabilities, whereas the figure for all pupils was 7%. (Ikonen & Helakorpi 2019.)

It is extremely important to identify and address sexual harassment and violence against children and young people with disabilities. In addition, these children and young people should be taught to protect themselves in different ways. As they do not necessarily know how to verbalise their experiences of sexual harassment, it is crucial to identify the issue at a sufficiently early stage. Feelings of guilt or shame may also make it difficult to disclose sexual violence to an adult.

Children and young people with disabilities should be provided with safety skills and sexuality education within the framework of pupil and student welfare at least to the same extent as their peers. Since the School Health Promotion Studies suggest that children and young people with disabilities are at a particular risk of sexual victimisation, it would be advisable for safety skills education to take account of situations in which these individuals are frequently placed, such as various situations where they require assistance. This education should be provided in a form that is comprehensible to children and young people with disabilities, where necessary, making use of augmentative and alternative communication and easy-to-understand language.

While teaching these children and young people to protect themselves will naturally not eliminate the problem itself, it is likely to help them to ask for help when required and understand their rights. It is notable that, according to the 2017 School Health Promotion Study, a lower proportion of young people with disabilities than their peers reported feeling that they had a chance to discuss their concerns with someone, such as their own parents, friends, adults at school

(a teacher or a school health nurse, doctor, psychologist or social worker), or some other professional. In some cases, this may be partially due to a lack of a shared mode of communication. It would therefore be important for those working with children and young people to be competent in or able to consult experts about alternative modes of communication. These include the Talking Mats communication tool and communication boards, as well as storycrafting and social stories for younger children. For further information, see Chapters 7, 10 and 11.

Discriminatory bullying against children and young people with disabilities

Besides sexual harassment and sexual violence, children and young people with disabilities also face discriminatory bullying more frequently than their peers. The results of the 2017 School Health Promotion Study (Kanste et al. 2017) indicated that young people with disabilities were more likely to be subjected to discriminatory bullying at school or during leisure time. This was the case in all disability groups. There were no significant differences between boys and girls. In particular, young people with mobility difficulties experienced discriminatory bullying more frequently (53%) than other young people (17%). In other words, these young people were almost five times as likely to experience discriminatory bullying as their peers. In order to prevent discriminatory bullying and other violence, it is crucial to provide other children and young people with information about the rights of their peers with disabilities and about the harmfulness and reprehensibility of discriminatory bullying.

For further information, see Chapter 9, Violence, bullying and harassment in early childhood education, educational institutions and guided hobbies.

Violence against children with disabilities in families

Children with disabilities have a higher risk of exposure to violence in the home than other children. The results of the 2019 School Health Promotion Study indicate that young people with physical disabilities had experienced emotional or physical violence by parents significantly more frequently than their peers in nearly all of the school years examined in the study (Ikonen & Helakorpi 2019). Identification and reporting of such acts to the authorities involve special challenges for children and young people with disabilities.

Read more about the subject in Chapter 8, Domestic violence in the family from the perspective of children and young people, and Chapter 5, Inclusion promotes safety and prevents violence.

Table 19. Children and young people with disabilities. Objectives and actions for 2020–2025.

CHILDREN AND YOUNG PEOPLE WITH DISABILITIES		
Objective 1: To take the need for special protection of children with disabilities into account in health and social services.		
Actions	Rationale	Responsible parties and participants
Action 1. Taking the rights of children with disabilities into account in any future efforts to draft legislation on the self-determination of clients in health and social services.	The efforts to draft legislation on clients' right to self-determination in health and social services will probably continue over the current government term. People with disabilities are in a minority in our society and are vulnerable to discrimination. Moreover, in practical terms, children's rights are often protected less rigorously than those of adults. Any new bill must include clear language on how the rights of a child with disabilities should also be taken into account when the child is a client in disability services rather than in child welfare services.	Ministry of Social Affairs and Health
Indicator: The action has been implemented when the rights of children with disabilities are taken into account in legislation on the self-determination of clients in health and social services.		

SOURCES

Act on Child Custody and Right of Access 361/1983. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1983/19830361

Act on Special Care for Persons with Intellectual Disabilities 519/1977. Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/1977/19770519

Act on Welfare for Substance Abusers 41/1986. Available in Finnish at: https://www.finlex.fi/fi/laki/ajantasa/1986/19860041

Ahola S. & Pollari K. 2018. Lapsella on oikeus osallisuuteen – vammaisuudesta riippumatta [*Every child has the right to inclusion – irrespective of disability*]. Finnish Institute for Health and Welfare Policy Briefs 1/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-999-6

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Finnish Institute for Health and Welfare (THL), 2020. Results of the School Health Promotion Studies. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely/kouluterveyskyselyn-tulokset

Halme N, Hedman L, Ikonen R & Rajala R. 2018. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*] 2017. Results of the School Health Promotion Study. Finnish Institute for Health and Welfare Discussion Papers 15/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-115-7

Hallituksen esitys eduskunnalle laiksi kehitysvammaisten erityishuollosta annetun lain muuttamisesta 96/2015. [*Government Proposal No. 96/2015 to Parliament for an Act amending the Act on Special Care for Persons with Intellectual Disabilities*]. Available in Finnish at: https://www.finlex.fi/fi/esitykset/he/2015/20150096

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*]. School Health Promotion Study, 2019. *Finnish Institute for Health and Welfare Statistical Reports*33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281

Kanste O, Sainio P, Halme N & Nurmi-Koikkalainen P. 2017. Toimintarajoitteisten nuorten hyvinvointi ja avun saaminen – Toteutuuko yhdenvertaisuus [*Disabled young people's wellbeing and access to assistance – Is equality achieved*]? Results of the School Health Promotion Study. Finnish Institute for Health and Welfare Research Overviews 24/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-838-8

Mental Health Act 1116/1990. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1990/19901116

Ministry of Social Affairs and Health. 2018. Kodin ulkopuolelle sijoitettujen lasten itsemääräämisoikeutta vahvistetaan [*Children placed outside the home to get stronger rights to self-determination*]. Tiedote [*Press release*] 170/2018. Available in Finnish at: https://stm.fi/artikkeli/-/asset_publisher/kodin-ulkopuolelle-sijoitettujen-lasten-itsemaaraamisoikeutta-vahvistetaan

UN Committee on the Rights of the Child. 2011. General comment No. 13 (2011): The right of the child to freedom from all forms of violence. CRC/C/GC/13. Available in English at: https://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf

13.3 Ethnic groups and linguistic and cultural minorities

Corresponding author: Anu Castaneda, Finnish Institute for Health and Welfare (THL)
Co-authors: MONET – THL's expert group for cultural diversity

Background information on Finland's culturally diverse population

The Finnish population has almost always been culturally diverse. Finland is home to about 10,500 Saami people, who represent the only indigenous people within the European Union. In addition, around 10,000 to 12,000 Finnish Roma people and other, smaller traditional linguistic and cultural minorities (such as Jewish and Tatar people) have diversified the population for hundreds of years. Finland's Swedish-speaking population is also among its larger traditional linguistic and cultural minorities.

At present, about 70% of the country's population increase comes from migration gain from abroad (Statistics Finland 2019). Over a period from 1990 to 2018, the proportion of people of foreign origin grew from 0.8% to 7.0% and this trend is projected to continue.

At the end of 2018, Finland's population of foreign origin amounted to 402,619 people, most of whom had immigrated to Finland at different ages, while a smaller yet growing proportion consisted of first-generation Finns, i.e. the Finnish-born offspring of people who had immigrated to Finland. A small but significant proportion of those of foreign origin are refugees or individuals in an equivalent situation (such as others who had moved to Finland from conflict areas on different grounds). There are also a few thousand asylum seekers waiting for asylum decisions in Finland, as well as approximately another few thousand undocumented migrants, who have neither residence permits nor insurance cover requiring a residence permit. Adult asylum seekers and undocumented migrants have limited rights to access Finland's public services and, at present, Finland also allows children to be held in a detention centre.

The Finnish population also includes people of both Finnish and foreign origin who may be treated as 'non-Finnish' for reasons such as skin colour. This group is sometimes called racialised people, people of color or the brown (and black) population. Those who have been adopted to Finland from abroad may also find

themselves in a similar situation. Furthermore, there is a specific group of Ingrian-Finnish returnees, who have Finnish roots but are perceived as an 'immigrant group'.

In other words, a culturally diverse Finland is made up of groups of people who are different in some respects and whose various needs require special attention. This will make it possible to narrow the disparities in health and wellbeing due to ethnic or minority status, for example, and fill the gaps in the provision and availability of services. While not all representatives of cultural minorities are vulnerable as individuals, a minority status can easily entail minority stress and a risk for vulnerability. All children and young people, irrespective of residence status, should be primarily seen as children who hold the rights of children. Any barriers to access to appropriate support due to legal status are factors that make children and young people more vulnerable.

The themes and actions discussed in Chapters 2 to 12 of this Action Plan are also relevant to ethnic groups and linguistic and cultural minorities and these groups should not be perceived as being isolated or separate from the rest of the population, even though they may sometimes require special support. This chapter aims to identify actions to consider alongside the themes and phenomena discussed in the other chapters that specifically concern the phenomena of immigration and cultural diversity. Immigration also involves some less common phenomena, which are discussed in more detail in Chapter 14 of this Action Plan.

Statistical data on people of foreign origin in Finland

Some information is already available about the situation of people who have immigrated to Finland. The situation of adults is addressed in the Migrant Health and Wellbeing Study (Maamu; Castaneda et al. 2012) and the Survey on work and wellbeing among people of foreign origin (UTH; Nieminen et al. 2015, Castaneda et al. 2015). These will soon be complemented with the broadest project to date, the FinMONIK survey on wellbeing among the foreign-born population. The main sources of information about children and young people include the School Health Promotion Studies (e.g. Halme et al. 2017; Matikka et al. 2015) and the EtnoKids Study (Wikström et al. 2014).

The School Health Promotion Studies, conducted over several years with focus on different school years, have indicated that young people of foreign origin live in

precarious growth environments more often than their native-born peers. They are more likely to experience repeated school bullying as well as physical, emotional and sexual violence. They also have difficulties discussing with parents more frequently. Moreover, young immigrants report having poorer health status than other young people and experience symptoms such as anxiety more frequently. Almost a third of boys and a fifth of girls of foreign origin who were born abroad have no close friends. There are also substantial differences by country of birth. By way of example, young people born in Somalia or Iraq have been found to be bullied at school clearly more frequently than their peers. Bullying is often based on skin colour, language or foreign origin. The EtnoKids Study, in turn, focused on young people of Kurdish and Somalian origin living in the Helsinki Metropolitan Area. Among boys of Kurdish origin, 40% reported having sometimes experienced physical violence while 60% had witnessed violent behaviour towards someone else. More than half of girls of Kurdish origin reported death of a loved one. Boys reported having experienced unfair treatment more frequently than girls, whereas girls had experienced more feelings of insecurity.

Health and wellbeing among adult immigrants also affect children and young people through parenting. Significant symptoms of depression and anxiety have been found to be considerably more prevalent among some immigrant groups when compared with the Finnish population as a whole. The Migrant Health and Wellbeing Study (Maamu), for example, indicated that such symptoms were displayed by 36% of people of Kurdish origin coming from Iran and Iraq – with the figure for women standing as high as 50% – compared with 9% among the entire Finnish population. Since mental health problems may affect good parenting, they play a key role in terms of children's wellbeing and safety. Violent incidents experienced by adult immigrants in their former home countries are also common. The Maamu Study found that 78% of people of Kurdish and 57% of those of Somalian origin had experienced a distressing event, while 33% of men of Kurdish origin had been tortured. Conversely, use of alcohol and drugs is less prevalent among immigrant groups when compared with the entire Finnish population. The survey on work and wellbeing among people of foreign origin (UTH) indicated that these people had fewer experiences of violence (7%) than the Finnish population as a whole (12%).

Consequently, immigrant children and young people of foreign origin in Finland are living in precarious environments more commonly than their peers, which

may jeopardise age-appropriate development. It is of the utmost importance to monitor the health and wellbeing of immigrant, foreign-origin or racialised children and young people to provide a basis for developing and assessing services and other functions. It is of equally high importance to monitor and support the health and wellbeing of adults and, consequently, good parenting. The special needs of immigrant children, young people and adults are being addressed by specialised services, on the one hand, and by training various professionals in an inclusive and non-discriminatory work approach sensitive to special needs, on the other. Another key course of action is to effectively deal with all forms of discrimination, bullying and hate speech, which expose people to minority stress and the resulting problems with health and wellbeing.

Statistical data on asylum seekers coming to Finland

The Asylum Seekers' Health and Wellbeing Survey (TERTTU) studied the health of asylum-seeking adults (n = 784) and children (n = 303) who had recently arrived in Finland, using a population research design (Skogberg et al. 2019). Underage asylum seekers were divided into the following age groups: young people (aged 13–17; n = 67), primary school children (aged 7–12; n = 96), and those under primary school age (aged 0–6; n = 140). In the year when the data was collected (2018), there were not enough unaccompanied minors to allow them to be analysed as a specific group.

Young people answered the questions on their own, while parents or other guardians responded on behalf of children. About 87% of the young people reported having experienced a distressing, potentially traumatic event before arriving in Finland. The most common ones included death of a loved one (43%), witnessing physical violence towards someone else (40%), war or armed conflict (34%), or some other stressful situation involving a high level of perceived danger (45%). Furthermore, 25% reported that they had experienced actual or attempted bodily harm and 21% reported having been separated from their family against their will.

Parents or guardians of primary school children reported that 73% of the children had experienced a shocking event prior to arrival in Finland, including experiences of actual or attempted bodily harm among 15%, witnessing physical violence against someone else among 25%, death of a loved one among 19%, involuntary

family separation among 15%, and a stressful situation involving a high level of perceived danger among 45%.

Parents or guardians of children aged under primary school age reported that 54% of the children had experienced a shocking event prior to arrival in Finland, including experiences of actual or attempted bodily harm among 4%, witnessing physical violence against someone else among 11%, involuntary family separation among 9%, and death of a loved one among 9%. Shocking experiences were equally common among boys and girls.

When analysed using the Strengths and Difficulties Questionnaire (SDQ) scoring, psychosocial problems were found in 35% of young people, 29% of primary school children, and 31% of younger children at least 2 years of age. In particular, young people displayed emotional symptoms (43%) and friendship problems (53%), which were also found in primary school children (40% and 42%, respectively), whereas younger children showed behavioural symptoms (49%) and friendship problems (37%). Injuries caused by accidents or violence were reported by 14% of young people, while the figures reported by parents or guardians for primary school children and those aged under school age stood at 10% and 4%, respectively.

Furthermore, the health and wellbeing of asylum-seeking adults is also relevant to underage asylum seekers, as these affect children and young people through parenting, for example. Experiences of distressing, potentially traumatic events prior to arrival in Finland were reported by 83% of adults (89% of men and 74% of women). Experiences of being subjected to grievous bodily harm – such as being punched or hit with a hard object, kicked or strangled – were reported by 51% of adults (56% of men and 38% of women), while 40% reported having been tortured (48% of men and 28% of women). Sexual violence was reported by 14% of adults (8% of men and 24% of women). Experiences of being coerced or tricked – which may be a sign of human trafficking – were reported by 37% of adults (38% of men and 35% of women).

Almost all types of shocking events were most common among adult asylum seekers coming from Sub-Saharan Africa, 94% of whom had experienced a distressing event prior to arrival in Finland. By way of example, 82% of this group had been subjected to grievous bodily harm, while 60% and 34% had experienced

torture and sexual violence, respectively, and 58% had been coerced of tricked. In this group, 57% of women had experienced sexual violence.

However, shocking events were also prevalent among people coming from other parts of the world. By way of example, torture experiences were reported by 47% of men coming from Russia and former Soviet regions, while the figures for those coming from the Middle East and North Africa, from other parts of Africa and from other regions stood at 42%, 66% and 49%, respectively. Significant symptoms of depression and anxiety were found in 39% of adults, with higher prevalence among women (46%) than men (35%), when analysed using the Hopkins Symptoms Checklist (HSCL). Seven per cent entertained thoughts of ending their lives. These psychological symptoms were most common among those coming from Sub-Saharan Africa: of these, 61% displayed significant depressive and anxiety symptoms and 18% entertained thoughts of ending their lives. Among adults, 47% reported injuries caused by accidents (22%) or violence (28%). Men (55%) reported more injuries than women (35%), while their prevalence was highest among asylum seekers from Sub-Saharan Africa (70%). Eleven per cent of women reported having undergone genital mutilation, including 10% of those coming from the Middle East and North Africa and 34% of those from other parts of Africa. Among underage girls, instances of female genital mutilation were only reported in some isolated cases.

Such high rates of prevalence among both adults and minors indicate a need to assess violent experiences and mental health problems and to provide support for wellbeing as early as during the asylum process. In view of their holistic development, it is important that children and young people will be provided with the support that they require as well as with access to age-appropriate activities and a peaceful living environment even during the asylum process prior to receiving a residence permit decision. Likewise, parenting support is also important. It is possible to promote the psychological wellbeing of all asylum seekers, regardless of age, by means such as supporting meaningful daily routines and activities, enabling group activities to improve mental health, offering conversational help and psychoeducation, and investing in effective referral pathways and in training and work counselling for reception centre staff.

Statistical data on other linguistic and cultural minorities in Finland

Some information is already available about the wellbeing of Roma adults in Finland based on the Roma Wellbeing Study (Roosa; n = 365; Weiste-Paakkanen et al., 2018). Among both men and women, 12% reported having experienced violence over the last twelve months. Over the same period, 45% of men and 42% of women had experienced unfair treatment by strangers in a public place, while 42% of men and 39% of women felt that they had to avoid certain places due to feeling unsafe. Significant symptoms of depression and anxiety were found in 26% of men and 37% of women, which are significantly higher rates than among the Finnish population as a whole. Ten per cent of men and two per cent of women had entertained thoughts of ending their lives over the last week. No corresponding knowledge base exists on underage Roma people. However, the high rates of prevalence among adults alone suggest a need to promote the wellbeing and safety of this group. As the Roosa Study was based on cumulative data collection, further data would be required to evaluate the generalisability of its results.

The wellbeing of Finnish Saami people living outside the Saami homeland was studied for the first time between 2015 and 2018 in the Wellbeing and Non-Discrimination of the Sámi Study (SÁRA; Heikkilä et al., 2019). The challenges with wellbeing among the Finnish Saami population, especially younger generations, focused on poorer mental wellbeing and discrimination. Discrimination was clearly more prevalent among respondents with strong attachments to the Saami language and culture: half of this group had experienced bullying or discrimination due to their ethnic background.

Despite these pioneering studies, relatively little is still known about the wellbeing of the Saami and Roma populations in Finland, especially among children and young people. There are also many groups of people, such as unaccompanied asylum-seeking minors and undocumented or racialised people, whose wellbeing is yet to be established to the extent comparable to our current knowledge base on people of foreign origin, for example. Likewise, the knowledge base about children and young people belonging to ethnic groups or linguistic and cultural minorities still remains relatively sparse. Further information would be required as a basis for decision-making, development and advocacy efforts.

In the context of the mid-term evaluation of this Action Plan in 2022, it is advisable to consider adding a separate objective of preventing racist violence, complete

with its own actions and indicators. In view of their holistic development, wellbeing and sense of security, it is important that children and young people will have the opportunity to grow up free from ethnic discrimination and hate speech.

See also the following chapters: 5 Inclusion promotes safety and prevents violence; 6 Multidisciplinary cooperation and communication; 7 Safety skills education; 8 Domestic violence in the family from the perspective of children and young people; 9 Violence, bullying and harassment in early childhood education, educational institutions and guided hobbies; and 10 Prevention of sexual violence against children and young people and minimisation of harmful effects.

Table 20. Ethnic groups and linguistic and cultural minorities. Objectives and actions for 2020–2025.

ETHNIC GROUPS AND LINGUISTIC AND CULTURAL MINORITIES		
Overall objective: To reduce differences in health, safety and wellbeing related to ethnic or cultural and linguistic minority status and to increase equality and non-discrimination.		
Objective 1: To increase the knowledge base on the phenomena of cultural diversity and wellbeing as a basis for decision-making processes and development efforts.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Taking ethnic groups and linguistic and cultural minorities and their specific issues (e.g. discrimination) into account when producing information on violence, safety and security (incl. data collection and use of record information) as part of monitoring the population's health and wellbeing.	A reliable knowledge base and monitoring information are required to provide a basis for decision-making processes and development efforts.	THL, Ministry of Economic Affairs and Employment
Indicators: • New information on violence, safety and security produced by 2025 as part of monitoring the population's health and wellbeing, taking account of ethnic groups and linguistic and cultural minorities and their specific issues; • A Comprehensive review of integration published every four years, including monitoring data on safety and wellbeing among immigrants.		

Actions	**Rationale**	**Responsible parties and participants**
Action 2. Planning, developing and, wherever possible, implementing the production of data on violence, safety and security (incl. data collection and use of record information) among fringe ethnic groups and linguistic and cultural minorities (such as asylum seekers, incl. unaccompanied minors, and the Saami, the Roma, and undocumented and racialised people) as part of monitoring the population's health and wellbeing.	When collecting data on the whole population there are several fringe groups, requiring separate studies to obtain data. Limited information is currently available on the safety and wellbeing of fringe groups.	THL
Indicators: Planning of data collection projects by 2025, including securing financial resources as well as possible implementation and reporting.		

Objective 2: To ensure that current and future professionals in healthcare and social welfare sectors as well as adjacent fields (e.g. education, security, youth work) are familiar with the phenomena of violence, safety and security linked to cultural diversity and know how to take these into account in their work and to act in a non-discriminatory manner.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Training and knowledge sharing with professionals and students on cultural diversity and related violence, safety and security phenomena as well as on non-discrimination.	Professionals will benefit from increased know-how on cultural diversity and related phenomena, such as relating to violence and safety, in order to promote an equal and inclusive work approach.	THL, Ministry of Economic Affairs and Employment
Indicators: • Deployment rates of PALOMA training, the e-learning course on multicultural aspects of working with clients and other similar programmes in educational institutions and professional organisations, and inclusion of the theme in curricula by 2025; • Training and other materials produced with attention to cultural diversity and related special issues.		

Objective 3: To provide people seeking and granted international protection and other immigrants with special support for non-violence, safety and wellbeing.		
Actions	**Rationale**	**Responsible parties and participants**
Action 4. Producing and disseminating culturally sensitive information about the effects of violence, good parenting, children's rights, equality, right to self-determination and civic awareness for newly arrived immigrants.	Little culturally sensitive material about the above-mentioned themes is currently available for newly arrived immigrants.	THL, Ministry of Economic Affairs and Employment Finnish Immigration Service Reception centres
Indicators: Culturally sensitive material produced, disseminated and used with newly arrived immigrants (TUULI project) by 2022; training courses for immigrants.		

Actions	Rationale	Responsible parties and participants
Action 5. Establishing a national centre of expertise to focus on refugee mental health and to coordinate and disseminate relevant know-how, while also taking the theme of violence and safety (e.g. specialist expertise in 'honour'-related violence) into account when planning the centre.	Spreading existing know-how from specialised services to a wider group of professionals and bodies calls for a coordinated nationwide support structure.	THL University hospitals (Helsinki, Turku, Tampere, Kuopio, Oulu)
Indicators: A national network of centres of expertise established by 2025 (PALOMA2 project).		

Actions	Rationale	Responsible parties and participants
Action 6. Putting a systematic and valid model for initial health assessments in place at reception centres, also gauging violence and safety issues in addition to other details.	It is important for initial health assessments to identify asylum seekers' early support needs, in order to ensure that they will be provided with any services that they may require.	Finnish Immigration Service Reception centres
Indicators: An initial health assessment model put in place nationwide by 2022; development of structured recording processes at reception centres.		

Actions	Rationale	Responsible parties and participants
Action 7. Putting the Let's Talk about Children Discussion model in place at reception centres nationwide, also including safety assessments and child rights perspectives.	The model makes it possible to identify and systematically respond to the needs of children and families with regard to issues such as safety.	Finnish Immigration Service Reception centres
Indicators: The Let's Talk about Children Discussion model adopted nationwide by 2025.		

SOURCES

Castaneda A, Larja L, Nieminen T, Jokela S, Suvisaari J, Rask S, Koponen P & Koskinen S. 2015. Ulkomaalaistaustaisten psyykkinen hyvinvointi, turvallisuus ja osallisuus [*Mental health, safety and social inclusion among people of foreign origin*]. Survey on work and well-being among people of foreign origin 2014 (UTH). Finnish Institute for Health and Welfare Discussion Papers 18/2015. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-302-536-3

Castaneda EA, Rask S, Koponen P, Mölsä M & Koskinen S (eds.). 2012. Turvapaikanhakijoiden terveys ja hyvinvointi [*Migrant health and wellbeing*]. Maahanmuuttajien terveys ja hyvinvointi – Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa [*A study on persons of Russian, Somali and Kurdish origin in Finland*]. Finnish Institute for Health and Welfare Reports 61/2012. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-245-739-4

Halme N, Kuusio H, Kanste O, Rajala R, Klemetti R & Seppänen J. 2017. Ulkomaista syntyperää olevien nuorten hyvinvointi Kouluterveyskyselyssä vuonna 2017 [*Wellbeing among young people of foreign origin in the 2017 School Health Promotion Study*]. Finnish Institute for Health and Welfare Research Overviews 26/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-910-1

Heikkilä L, Laiti-Hedemäki E & Miettunen T. 2019. Buorre eallin gávpogis: saamelaisten hyvä elämä ja hyvinvointipalvelut kaupungissa [*Buorre eallin gávpogis: Sámi people's good life and wellbeing in cities*]. University of Lapland Publications in Social Sciences B, 2019.

Matikka A, Wikström K & Halme N. 2015. Maahanmuuttajataustaisten nuorten hyvinvointi ja sen seuranta [*Wellbeing and access to assistance among young people from immigrant backgrounds*]. Finnish Institute for Health and Welfare Research Overviews 29/2015. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-522-6

Nieminen T, Sutela H & Hannula U (eds.). 2015. Ulkomaista syntyperää olevien työ ja hyvinvointi Suomessa 2014 (UTH) [*Survey on work and well-being among people of foreign origin in Finland in 2014 (UTH)*]. Väestö [*Population*]. Helsinki: Statistics Finland.

Skogberg N, Mustonen K-L, Koponen P, Tiittala P, Lilja E, Ahmed Haji Omar A, Snellman O & Castaneda AE. (eds.). 2019. Turvapaikanhakijoiden terveys ja hyvinvointi [*Asylum seekers' health and wellbeing*]. Tutkimus Suomeen vuonna 2018 tulleista turvapaikanhakijoista [*A survey among newly arrived asylum seekers to Finland in 2018*]. Finnish Institute for Health and Welfare Reports 12/2019. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-351-9

Statistics Finland, 2019. Population structure [e-publication]. ISSN=1797-5379. Available in English at: https://www.stat.fi/til/vaerak/index_en.html

Weiste-Paakkanen A, Lämsä R & Kuusio H (eds.). 2018. Suomen romaniväestön osallisuus ja hyvinvointi [*Inclusion and wellbeing among the Finnish Roma population*]. Romanien hyvinvointitutkimus Roosan perustulokset [*Basic results of the Roma Wellbeing Study*] 2017–2018. Finnish Institute for Health and Welfare Reports 15/2018. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-246-8

Wikström K, Haikkola L & Laatikainen T. 2014. Maahanmuuttajataustaisten nuorten terveys ja hyvinvointi [*Health and wellbeing among young people from immigrant backgrounds*]. Tutkimus pääkaupunkiseudun somali- ja kurditaustaisista Suomessa [*A study on young people of Somali and Kurdish origin in the Helsinki Metropolitan Area*]. Finnish Institute for Health and Welfare Reports 17/2014. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-302-212-6

13.4 Children in out-of-home child welfare placements

Corresponding author: Tarja Pösö, Tampere University (TUNI)
Co-authors: Tove Lönnqvist Save the Children Finland; Päivi Petrelius, Finnish Institute for Health and Welfare (THL); Matti Salminen, THL; Niina Väkeväinen, Regional State Administrative Agency for Southern Finland

There is a lack of precise data on the extent of direct or indirect violence experienced by children in out-of-home child welfare placements (Ellonen & Pösö 2011, Sköld 2016). This is due to reasons such as the fact that research only tends to capture children of certain ages or in certain types of placements (such as institutions), or certain types of violence (against children by adults in a substitute care facility). Moreover, the context of substitute care involves several conceptual and methodological challenges for research. The prevailing understanding is that research only describes the tip of the iceberg, while the range and number of experiences of violence are higher than estimated (Biehal 2014, Brodie & Pearce 2017).

The studies on the past of child welfare conducted in Finland and many other countries over the last decade have brought to light the experiences of physical, sexual and emotional violence among individuals who grew up in substitute care (Sköld & Shurlee 2015, Hytönen et al. 2016, Laitala & Puuronen 2016). In addition to depictions of violence experienced in both family and institutional care, another significant aspect of these reports is the absence of means for children to disclose their experiences. They had no opportunity to make their experiences known, and if they had done so, no-one believed them. Another reason why it is especially challenging to obtain an accurate picture of violence experienced in substitute care in Finland is the fact that research into child welfare is scarce and fragmented (Pekkarinen 2011, Heino 2016).

There are also significant differences between different countries and child welfare systems, which is why the results of research on the extent and forms of violence in substitute care obtained elsewhere cannot easily be transposed to the context of Finnish substitute care. While a precise research-based overview cannot be formed, it is nevertheless important to step up the efforts to prevent and identify violence in substitute care and the work to deal with the experiences. Even a single child who experiences violence in substitute care, or a culture of violence in even a single

substitute care facility, is contrary to the purpose of child welfare substitute care and the rights of the child.

The results of the School Health Promotion Studies (THL 2020) provide information about the everyday experiences of violence among children placed outside the home and the opportunity to compare these with those of the relevant age group as a whole. The results indicate that children and young people in out-of-home placements have significantly more experiences of violence when compared with the average levels reported by their peers. The study shows particularly pronounced differences in terms of school bullying, unwanted sexual propositioning, sexual harassment, sexual violence, as well as mental and physical abuse by adult caregivers. (Ikonen & Helakorpi 2019.)

Substitute care means arranging the care and upbringing of a child who has been taken into care or placed urgently or on certain other grounds laid down in the Child Welfare Act (417/2007) away from the child's own home. Children in out-of-home placements also include those placed through a supportive action in open care. The primary forms of placements are family care (foster families), professional family homes and institutional care (child welfare institutions). Since children are placed outside the home for many different reasons, it is not possible to discuss these children as a single uniform group. There are also differences between substitute care facilities. Aspects such as violence between children in out-of-home placements have so far been specifically addressed in institutional placements. Since substitute care facilities are part of the surrounding community, children in placements are also exposed to many of the violent situations that children and young people in general may experience in contexts such as school settings, leisure interests or social media. These situations are also elucidated by the results of the School Health Promotion Study.

We have yet to come up with a concept that would capture the diversity of violence experienced in out-of-home placements. In this context, violence takes on many forms and its perpetrators can be found within and/or outside the facility, while children themselves may also behave violently towards others or themselves. A child may have already led a life steeped in violence prior to placement. Violence may also be collective and cultural, forming an integral part of the culture or relationships between children and young people at a substitute care facility. Moreover, the decision-making processes of child welfare services and the quality

of placements may involve factors that can be characterised as structural violence. However, it may also very well be that a child has no experience of violence prior to being placed in a safe facility, where the child will not be exposed to any violence during the placement.

The actions included in this Action Plan aim to reduce violence in out-of-home placements and ensure that different parties – placed children and their loved ones, substitute care providers and social workers and other parties responsible for individual children's affairs – have access to tools to prevent, identify and address violence and treat its after-effects on children. Reduction requires an effective mechanism to report experiences of violence and practices that perpetuate violence, complete with systematic monitoring of the effects of the changes made.

The actions focus on changing the following three problem areas identified as relevant to violence in recent statements, reports and studies on child welfare substitute care: 1) violence-awareness competence in substitute care; 2) reporting and monitoring procedures relating to the safety of substitute care facilities; and 3) safe communication practices. The unifying goal of these three areas is every child's right to safe substitute care, which contributes to ensuring children's best interests and rights in out-of-home placements.

Objective 1: To strengthen violence-awareness competence in substitute care.

Since the nature of violence in substitute care is not systematically covered in the training provided for those working in family and institutional care, it is important to strengthen the competence of substitute care providers in issues of violence ('violence-awareness competence'). The aim is to increase knowledge and skills concerning violence among those involved in substitute care and, in particular, to build up their operating capacities and methods so as to provide safe substitute care environments for children. The kind of violence-awareness competence required in substitute care involves recognition of the specific legal, social, moral and educational characteristics of substitute care and the needs and rights of children both as individuals and as members of communities. Strengthening violence-awareness competence applies to family care providers, staff working at child welfare institutions, social workers responsible for individual children's affairs, other professionals involved in substitute care and providers of substitute care services.

Violence-awareness competence covers dealing with violence and its risks in substitute care as well as pre-placement experiences of violence. It includes recognising and addressing violence, defusing and dealing with violently charged situations, identifying and eliminating structures that perpetuate violence, as well as developing anti-violence practices and other work. A code of practice will be developed for child welfare services on the basis of research, training and methodological development while specifying the criteria for violence-awareness competence that should be required of different parties involved in substitute care.

Competence in violence-aware substitute care should be confirmed as one of the prerequisites in procurement, selection and monitoring of substitute care facilities at both municipal and child-specific levels. Violence-awareness competence and safety skills education provided for children will be included in the self-supervision plans of child welfare institutions. In addition to these actions, the strengthening of violence-awareness competence will be monitored in the municipal plans for the wellbeing of children and young people, which will also ensure adequate training of substitute care practitioners, structures that support competence in everyday life, and effective supervision and monitoring.

Objective 2: To develop and strengthen the reporting and monitoring procedures relating to the safety of substitute care facilities.

The procedures for reporting violent incidents occurring in substitute care should be strengthened so as to ensure that children and young people growing up in out-of-home placements are aware of and have access to channels allowing them to report any violence that they experience or witness in substitute care and see change in incidents of and practices perpetuating violence. The same also applies to substitute care workers and family carers. At the heart of this objective is to ensure that each child has a trust-based relationship with the social worker responsible for their affairs. Such a relationship will also make it possible to disclose and bring up violence.

It is important to reinforce children's and young people's awareness of their rights to safe, non-violent relationships and environments in substitute care and to support their capacity to recognise certain acts and practices as violence. Substitute care requires specific education on safety skills for children and young people, which will be supported by developing materials for children on what violence means, in

particular in substitute care settings. Such materials will be produced taking account of children's age and other differences as well as the various forms of substitute care. Furthermore, each child will be informed of how to proceed if they are subjected to violence or witness violence against others when drawing up their own client plan and care and upbringing plan, which will also explicitly indicate that the child has received this information (incl. contact details). The social worker responsible for the child's affairs will be entrusted with working with the child on this topic.

Objective 3: To develop safe communication practices.

It is necessary to strengthen communication practices that enable children growing up in substitute care to safely maintain relationships with their family members and peers during the placement and create new relationships and social memberships. This also applies to the use of social media. However, not all communications are without risk and the way in which legislation should be applied to concrete substitute care situations is not unambiguous. In this respect, the theme is also part of the objective of strengthening violence-awareness competence.

The safety skills education relating to communication practices in place for children and young people, as well as safety planning for communications should be strengthened as part of child-specific work and supervision of substitute care. In particular, it is necessary to build up the abilities of children and young people to protect themselves in violence-prone communications (incl. social media) and unauthorised contacts (e.g. unauthorised absences) and to develop new safety procedures for this purpose, so as to support the child, the substitute care facility and the social worker responsible for the child's affairs, as well as for the multi-party service sector (incl. the police). Where necessary, safety plans must also be prepared for other contacts (e.g. supervised meetings) while securing resources required to implement these plans. The safety plans should recognise the specific legal and psychosocial conditions for contacts and the diverse, potentially conflicting communities to which a child belongs.

For further information, see also the following chapters of this plan: 7 Safety skills education; 8 Domestic violence in the family from the perspective of children and young people; 9 Violence, bullying and harassment in early childhood education, educational institutions and guided hobbies; and 10 Prevention of sexual violence against children and young people and minimisation of harmful effects.

Table 21. Children in out-of-home child welfare placements. Objectives and actions for 2020–2025.

CHILDREN IN OUT-OF-HOME CHILD WELFARE PLACEMENTS		
Objective 1: To strengthen violence-awareness competence in substitute care.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. The Finnish Institute for Health and Welfare will produce information on the wellbeing of children placed outside the home. Data collection projects (e.g. the School Health Promotion Studies) will provide information about experiences of violence among children placed outside the home. The 'Ask and listen' project carried out by the THL between 2019 and 2021 to study wellbeing among placed children will produce information on experiences of violence and neglect among children placed in substitute care facilities. The results will be reported in 2021. The THL will also produce a code of practice for identifying physical violence and neglect as part of child welfare work on the basis of various sources.	It is necessary to strengthen knowledge, skills and operating capacities and methods concerning violence among those involved in substitute care in order to provide safe substitute care environments for children.	Ministry of Social Affairs and Health, THL Child welfare organisations
Indicators: A code of practice and research information on wellbeing and experiences of violence among children placed outside the home produced by the Finnish Institute for Health and Welfare in 2020–2025. ➔ The code of practice will be adopted by 2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 2. Confirming competence in violence-aware substitute care as one of the prerequisites in procurement, selection and monitoring of substitute care facilities at both municipal and child-specific levels. Including violence-awareness competence and safety skills education provided for children in the self-supervision plans of child welfare institutions.	Monitoring of violence-awareness competence forms part of controlling and supervising the quality of substitute care.	Ministry of Social Affairs and Health, THL Municipalities and regional authorities, municipal social welfare, substitute care facilities
Indicators: Monitoring of competence at municipal, facility- and child-specific levels in place by 2025 as part of municipal plans for the wellbeing of children and young people, municipal processes of procuring, selecting and monitoring substitute care facilities, and self-supervision of substitute care providers.		

Objective 2: To develop the reporting and monitoring procedures relating to the safety of substitute care facilities.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Reinforcing children's and young people's awareness of their rights to safe, non-violent relationships and environments in substitute care and their capacity to recognise certain acts and practices as violence. Developing materials for children on what violence means, in particular in substitute care settings. Creating a national operating model for violence reporting procedures.	The procedures for reporting violent incidents occurring in substitute care should be strengthened so as to ensure that children and young people growing up in out-of-home placements and various substitute care professionals/workers are aware of and have access to channels allowing them to report any violence that they experience or witness in substitute care. → Revised procedures and new reporting methods will create a sense of inclusion and make it possible to see change in incidents of and practices perpetuating violence.	Ministry of Social Affairs and Health, THL Child welfare organisations Municipalities, municipal social welfare, social workers responsible for individual children's affairs (child-specific use of materials)
Indicators: • training materials for children and young people completed and adopted between 2020 and 2025; • a national operating model for violence reporting procedures created by 2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 4. Confirming that supervision of substitute care includes ensuring that each substitute care facility has provided children and their close family and everyone involved in its operations with information about the procedures in place for reporting violence occurring at the facility or children's other settings. Ensuring that each substitute care facility has in place an agreed procedure known to everyone for monitoring the actions taken to address any identified incidents of violence. Documenting each institutional care unit's risk factors relating to violence and to preparing for, preventing and dealing with incidents in self-supervision plans.	Monitoring and supervision of violence reporting procedures form part of supervision of substitute care, aiming to ensure that placed children (and others) are informed of the means of disclosing violence and the opportunity to expose the use of violence (Child Welfare Act 417/2007, section 79).	Ministry of Social Affairs and Health, THL Municipalities and regional authorities, municipal social welfare, child welfare institutions (self-supervision)
Indicators: The following developments will have taken place in substitute care operations by 2025: • Reporting procedures and knowledge of these are being systematically monitored as part of child-specific client, care and/or upbringing plans and plans concerning good treatment. • Reporting procedures and risk analyses are documented in institutional self-supervision plans. • Violence reporting and its effects are monitored as part of municipal plans for the wellbeing of children and young people.		

Objective 3: To develop safe communication practices.		
Actions	**Rationale**	**Responsible parties and participants**
Action 5. Strengthening the safety skills education relating to communication practices in place for children and young people, as well as safety planning for communications as part of child-specific work and monitoring and supervision of substitute care. Securing resources required to implement safety plans (e.g. space and human resources for supervised meetings).	There is a need to strengthen communication practices that enable children growing up in substitute care to safely maintain relationships with their family members and peers during the placement and create new relationships and social memberships. This also applies to the use of social media. However, not all communications are without risk and the way in which legislation should be applied is not unambiguous.	Ministry of Social Affairs and Health, THL, Ministry of the Interior, Police Child welfare organisations Municipalities and regional authorities, municipal social welfare, substitute care facilities, other child welfare practitioners
Indicators: • safety planning for communications and safety skills education for children and young people relating to communication practices in place as an established part of substitute care operations by 2025; • resources in support of safe communication practices available in child welfare services and monitored as part of municipal plans for the wellbeing of children and young people.		

FURTHER INFORMATION/MATERIAL

Eronen T. & Laakso R. 2017. Vaativat tilanteet sijaishuoltotyössä [*Demanding situations in substitute care work*]. In: R Enroos, M Mäntysaari & S Ranta-Tyrkkö (eds.). Mielekäs tutkimus: näkökulmia sosiaalityön tutkimuksen missioihin [*Meaningful Research: Elaborating the Missions of Social Work Research*]. Tampere: Tampere University Press, 140–161.

Hoikkala S. & Pollari P. 2019. Meidän oma valvontasuunnitelma – Opas nuorten osallisuutta tukevaan omavalvontatyöhön lastenkodeissa [*Our own supervision plan – A guide to self-supervision in support of young people's inclusion in children's homes*]. Helsinki: Central Union for Child Welfare. Available in Finnish at: https://www.lskl.fi/materiaali/lastensuojelun-keskusliitto/Meidan_oma_valvontasuunnitelma.pdf

Hoikkala S. 2018. Lapsen haastattelu sijaishuollon valvontatoiminnassa [*Interviewing children as part of supervising substitute care*]. In: S Hyvärinen & T Pösö (eds.). Lasten haastattelu lastensuojelussa [*Interviewing children in child welfare services*]. Jyväskylä: PS-kustannus.

Malja M, Puustinen-Korhonen A, Petrelius P & Eriksson P. 2019. Quality Recommendation for Child Welfare. Publications of the Ministry of Social Affairs and Health 2019:8. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-952-00-4067-3

SOURCES

Biehal N. 2014. Maltreatment in Foster Care: A review of evidence. Child Abuse Review. 23:48–60.

Brodie I & Pearce J. 2017. Violence and alternative care: a rapid review of the evidence. Psychology, Health & Medicine 22: 254–265.

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Ellonen N. & Pösö T. 2011. Violence Experiences in Care: Some Methodological Remarks based on the Finnish Child Victim Survey. Child Abuse Review. 20; 3:197–212.

Finnish Institute for Health and Welfare. 2019. Kysy ja kuuntele – sijoitettujen lasten hyvinvointi ja systemaattinen kuuleminen [*Ask and listen – Wellbeing and systematic hearing of placed children*]. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kysy-ja-kuuntele-sijoitettujen-lasten-hyvinvointi-ja-systemaattinen-kuuleminen

Heino T. 2016. Lastensuojelusta tietäminen – julkisen vallan vastuu [*Knowledge of child welfare – responsibility of public authorities*]. In: Rosi Enroos, Tarja Heino & Tarja Pösö (eds.). Huostaanotto [*Taking children into care*]. Lastensuojelun vaativin tehtävä [*The most demanding child welfare task*]. Tampere: Vastapaino, 72–102.

Hobbs G, Hobbs C & Wynne J. 1999. Abuse of children in foster and residential care. Child Abuse & Neglect. 23:1239–1252.

Hytönen KM, Malinen A, Salenius P, Haikari J, Markkola P, Kuronen M & Koivisto J. 2016. Lastensuojelun sijaishuollon epäkohdat ja lasten kaltoinkohtelu 1983–1983 [*The failures and abuse of children in substitute care 1937–1983*]. Reports and Memorandums of the Ministry of Social Affairs and Health 2016:22. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-00-3806-9

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*]. School Health Promotion Study, 2019. *Finnish Institute for Health and Welfare Statistical Reports*33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281

Isoniemi S. 2019. Sijaishuoltopaikasta poistuminen ja sinne palaamatta jääminen poliisin lastensuojeluviranomaiselle antaman virka-avun näkökulmasta [*Children who run away from foster care in Finland – Police giving executive assistance to child protection authority*]. Acta Wasaensia 423. Vaasa: University of Vaasa.

Laitala M. & Puuronen V. 2016. Yhteiskunnan tahra [*The Stain of the Society*]? Koulukotien kasvattien vaietut kokemukset [*The unspoken experiences of approved school children*]. Tampere: Vastapaino.

Pekkarinen E. 2011. Lastensuojelun tieto ja tutkimus - asiantuntijoiden näkökulma [*Knowledge and research in child protection — The experts' point of view*]. Helsinki: Finnish Youth Research Network/ Finnish Youth Research Society, Finnish Society for Childhood Studies, Central Union for Child Welfare, Finnish Institute for Health and Welfare.

Sköld J. & Shurlee S. (eds.). 2015. Apologies and the Legacy of Abuse of Children in 'Care'. London: Palgrave Macmillan.

Sköld J. 2016. The truth about abuse? A comparative approach to inquiry narratives on historical institutional child abuse. History of Education. 45;4: 492–509.

13.5 Children and young people belonging to gender and sexual (LGBTIQ) minorities

Corresponding author: Lotte Telakivi, Seta – LGBTI Rights in Finland
Co-authors: Anna Moring, Diverse Families network; and Maarit Huuska, Gender Diversity & Intersex Centre of Expertise

Introduction

In the 2017 School Health Promotion Study, just under six per cent of respondents experienced their gender identity to be different from the one assigned at birth. About 10% of children and young people were members of sexual minorities. The results of the study showed that experiences of bullying, intimidation and violence were several times more prevalent among young non-heterosexual people, especially boys, when compared with heterosexual young people. Young non-heterosexual people experienced poorer health and higher levels of anxiety than their heterosexual peers. Moreover, they had fewer close friends and rated their ability to communicate with parents lower than heterosexual young people. (Halme et al. 2018, Luopa et al. 2018.)

The results of the 2019 School Health Promotion Study also point to significant differences in the rates of violence experienced by non-heterosexual young people and by children and young people whose gender identity differs from their officially recognised gender when compared with all children and young people (Ikonen & Helakorpi 2019). In grades 8 and 9 of basic education, school bullying was experienced at least once a week by almost a quarter of members of gender minorities and by 15% of members of sexual minorities, whereas the corresponding figure for their peers stood at six per cent. At vocational institutions, experiences of bullying were reported by 15% of members of gender minorities and by just under one tenth of members of sexual minorities, whereas the corresponding figure for their peers stood at four per cent. (Ikonen & Helakorpi 2019.)

Experiences of unwanted sexual propositioning or harassment and sexual violence were several times more prevalent among young people belonging to sexual and gender (LGBTIQ) minorities when compared with their peers. The proportions of LGBTIQ children and young people who had experienced mental abuse by their parents or other adult caregivers over the last 12 months were considerably higher

when compared with their peers at around a quarter. Likewise, the prevalence rates of physical violence by parents or other adult caregivers over the last year were higher among LGBTIQ children and young people than among their peers (15%–26% v 7%–12%). (Ikonen & Helakorpi 2019.)

A survey gauging the wellbeing of young LGBTIQ people indicated that over 80% of young transgender people had experienced some form of harassment (Alanko 2014). Experiences of bullying, intimidation and violence are several times more prevalent among young non-heterosexual people when compared with their heterosexual peers. Many of them have not received any help for bullying even though they have asked. It is therefore important for schools to take the challenges of safeguarding the rights and wellbeing of LGBTIQ children and young people into account in their efforts to promote equality and non-discrimination.

In recent years, international human rights systems have been paying increasing attention to state obligations to protect the rights of underage members of sexual and gender minorities. In 2014, the Council of Europe Commissioner for Human Rights noted that the participatory rights of LGBTI children should be strengthened in all areas of life. In particular, they should be protected against violence and bullying at home, schools, on the internet, in sports and in public spaces. The Human Rights Commissioner also noted that child protection services, children's ombudspersons and the police should make particular efforts to include LGBTI children in their outreach. Consequently, the Commissioner urged European governments to take systematic action to improve the safety and equality of LGBTI children. (Council of Europe 2014.)

The UN Committee on the Rights of the Child has identified sexual orientation and gender identity as being grounds for discrimination (UN Committee on the Rights of the Child, 2013a, 2013b) When reporting on discrimination at educational establishments, the Member States should take account of all grounds for discrimination. The UN High Commissioner for Human Rights has noted that states should take active actions to end violence and discrimination against members of sexual and gender minorities and has put forward several actions, particularly relating to schools (United Nations Human Rights Council 2015).

Within United Nations (UN, 2010) and the Council of Europe, the Committee of Ministers and the Parliamentary Assembly have outlined the right of LGBTI

children and youth to education in a safe environment (CoE 2010). The Council of Europe Strategy for the Rights of the Child 2016–2021 designates preventing discrimination of LGBTI children as one of its priority areas (CoE 2016a). Groups of children in a particularly vulnerable situation are also entitled to special protection. The UN Committee on the Rights of the Child has identified LGBTI children as a group in a particularly vulnerable situation entitled to special protection (UN Committee on the Rights of the Child, 2013a, 2013b).

LGBTIQ children and young people still face religious violence as well. Interventions aiming to convert people's sexual orientation, gender identity or gender expression are still being carried out as alternative and faith-based therapies. Interventions aiming to convert a child's gender identity or sexual orientation are unethical and traumatising. LGBTIQ children have been found to have a significantly higher risk for suicide and self-destructive behaviour. (Alanko 2014.)

Violence at home and school

Starting from early childhood education and care, the education system is predominated by strongly gender- and heteronormative attitudes and structures While strong stereotypical gender norms impact negatively on the opportunities of children and young people in general to grow and develop into equal and equitable citizens, they will often pose challenges for LGBTIQ children and young people in particular. They are also vulnerable to bullying and discrimination. Gendered school facilities contribute to perpetuating these norms, constituting a specific problem for young members of gender minorities.

The Basic Education Act (628/1998) provides that education must promote civilisation and equality in society and pupils' prerequisites for participating in education. The Act further provides that those participating in education are entitled to a safe learning environment. Education and training providers are required to draw up a curriculum for basic education in keeping with the National Core Curricula published by the Finnish National Agency for Education. In addition to these documents, teaching work is governed by both the Equality Act and the Non-discrimination Act, especially as regards gender and sexual diversity. (Act on Equality between Women and Men 609/1986, Non-discrimination Act 1325/2014; see also Ministry of Social Affairs and Health 2015.)

Experiences of violence are considerably more prevalent among non-heterosexual young people and among children and young people whose gender identity differs from their legally recognised gender when compared with all children and young people. The 2019 School Health Promotion Study also indicates that over 40% of those belonging to sexual and gender minorities experience pressure and emotional violence in their families. (Ikonen & Helakorpi 2019.)

According to the Gender Diversity & Intersex Centre of Expertise working with young trans people and their families, it is common for LGBTIQ young people to be pressured and emotionally abused by their family members, as their parents find it difficult to accept that their teenage children belong to a sexual or gender minority. (Gender Diversity & Intersex Centre of Expertise). The leading psychological problems in this group especially include internalised problems, such as depressive and anxiety symptoms and self-aggression with suicidal ideation. In addition to body dysphoria, this can also be attributed to the fact that members of gender minorities are exposed to bullying, hate speech, microaggression and minority stress from childhood. (Ryan et al. 2010.)

To date, early childhood education and care professionals, teachers and healthcare and social welfare sector workers interacting with children, young people and families have not received training on how to deal professionally with sexual and gender diversity as part of their studies. In Finland, the training programmes for child psychotherapists or family therapists, for example, do not cover gender diversity.Know-how and competence on the subject may also be very deficient among current professionals.

The subject is also discussed in Chapter 8, Domestic violence in the family from the perspective of children and young people, and Chapter 9, Violence, bullying and harassment in early childhood education, educational institutions and guided hobbies.

Sexual violence and safety skills education

Research conducted both in Finland and in other Western countries has found that gender nonconforming children and young LGBTIQ people have an elevated risk of being bullied or subjected to mental and physical violence and sexual harassment at school. According to the 2017 and 2019 School Health Promotion Studies,

young LGBTIQ people face more sexual harassment than their peers (Halme et al. 2018, Ikonen & Helakorpi 2019). The survey conducted by Alanko (2014) showed that experiences of sexual violence were clearly more common among non-heterosexual young people, just under one fifth (16%) of whom reported having been sexually victimised, compared with seven per cent of their heterosexual peers. The reported acts had been committed while the respondents were under 16 years of age (Alanko 2014).

Visibly gender nonconforming young people have a higher than average risk of being harassed in public spaces. Moreover, about a third of young LGBTIQ people do not feel safe at home or receive help and support with their minority pressures from their parents. In the absence of respect and support for their behaviour or gender expression, they may subsequently find it more difficult to do so themselves, which can contribute to increasing vulnerability. (Valojää 2018.)

A sense of insecurity will increase the risk for psychological symptoms. By teaching children and young people mental self-protection skills, adults will provide them with tools to deal with difficult situations while promoting their ability to recognise and defend their own boundaries. (Huuska 2011.) Being exposed to violence can be confusing for children and young people, lowering their self-esteem and reinforcing thoughts of being worthless, or causing aggression control issues that may aggravate their problems. While teaching them safety skills, adults will also give a signal that bullying and violence are not right and that they are allowed to talk about the issue in the first place.

The subject is also discussed in Chapter 7, Safety skills education; Chapter 10, Prevention of sexual violence against children and young people and minimisation of harmful effects; and Chapter 11, Sexual harassment, solicitation and sexual violence in digital media.

Clinical practices applied to intersex children and legal gender recognition of transgender children and young people

The Council of Europe Commissioner for Human Rights has noted that underage members of gender minorities encounter specific obstacles when exercising their right to self-determination (Council of Europe 2014, 2016a & b). These include involuntary medical interventions performed without informed consent on

intersex children to modify their sex characteristics, shortcomings in transgender children's access to trans-specific healthcare and support, and restrictions on the legal recognition of gender applied to minors. The Commissioner emphasises that special attention must be paid to the fact that children are rights-holders who must be listened to in matters concerning them. Children should also not be subjected to any interventions to which they cannot give their informed consent. The Convention on the Rights of the Child is also interpreted to provide for underage members of gender minorities to have their own legal gender rectified. (See also Oikarinen 2019.)

Every child has the right to bodily integrity. Intersex children are still subjected to medically unjustified interventions, which have been compared by the UN to torture. Finland already has in place a recommendation for clinical practices applied to intersex children, issued by the National Advisory Board on Social Welfare and Health Care Ethics (ETENE 2016). In many cases, however, clinical practices do not necessarily conform to the principles of children's right to be heard and the right to have their best interest to be taken into account as primary consideration. Children must be allowed to be personally involved in discussions and decision-making about their treatment.

According to the UN Committee on the Rights of the Child, the human rights guaranteed for children, such as the right to privacy and physical integrity, are not deferred until the child is capable of expressing their own consent or will. The Committee has emphasised that young children are also holders of all rights enshrined in the Convention on the Rights of the Child. The Committee has stressed that early childhood is a critical period for realising these rights, because children's earliest years create the foundation for their physical and mental health, emotional security and personal identity. (See Charter of Fundamental Rights of the European Union, European Court of Human Rights 2003, UN Committee on the Rights of the Child, 2006, 2013a & b.)

Involuntary medical interventions performed on intersex children to modify their sex characteristics are in contravention of binding international human rights agreements. These include the recommendations issued by the UN Special Rapporteur on torture and other cruel, inhuman or degrading punishment (UN 2013), the Council of Europe Human Rights Commissioner (Council of Europe 2015), the European Union Agency for Fundamental Rights (FRA 2015) and the Council of

Europe Parliamentary Assembly (2017). Minimising children's and young people's own views should be recognised as violence. Healthcare services should not enable structural violence against children that violates their sexual integrity. (See also WPATH 2017.) Seta – LGBTI Rights in Finland has published guides for intersex children and their families and friends (Seta 2019a & b).

Table 22. Children and young people belonging to gender and sexual (LGBTIQ) minorities. Objectives and actions for 2020–2025.

CHILDREN AND YOUNG PEOPLE BELONGING TO GENDER AND SEXUAL (LGBTIQ) MINORITIES		
Overall objective: To protect LGBTIQ children and young people against specific risks, violence and discrimination.		
Objective 1: To train professionals to identify and recognise LGBTIQ children and young people and their particular needs.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Creating a training package about sexual and gender diversity and LGBTIQ families provided as continuing professional development for two key professional groups, such as public health nurses and school social workers. The training will provide capabilities to identify these children and young people and information about factors affecting their wellbeing, risk of violence and means of reducing it. **Action 2.** Implementing a training pilot in cooperation with vocational training providers.	Research shows that LGBTIQ children and young people have psychological problems (such as depression, anxiety and suicidal ideation). LGBTIQ children and young people are more frequently subjected to violence, pressure in the family and emotional abuse when compared with their peers. Healthcare, social welfare and education professionals require more information about and skills to bring up sexual and gender diversity. Furthermore, professionals should be better aware of their own potentially discriminatory attitudes and the non-discrimination legislation binding on them in their work.	Ministry of Education and Culture, Finnish National Agency for Education Higher education institutions and vocational training providers Training package produced by Seta - LGBTI Rights in Finland
Indicator: The training package created between 2020 and 2022 and the training pilot implemented between 2023 and 2025.		

Objective 2: To collect data on violence experienced by LGBTIQ children and young people.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Producing nationally targeted information in Finland about the wellbeing and sexual violence and harassment experiences of LGBTIQ minorities.	Information is vital to prevent bullying and violence. Discrimination based on gender expression can affect anyone. The Committee for the Rights of the Child has highlighted the importance of collecting national data on harassment experienced by LGBTIQ minorities. Prior research has established that experiences of sexual violence are clearly more common among non-heterosexual and transgender young people.	THL
Indicators: The THL School Health Promotion Study Team has looked into the possibility to add a question about bullying based on gender identity and gender expression and about sexual violence experienced by LGBTIQ children to the survey by 2022.		

SOURCES

Act on Equality between Women and Men 609/1986. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1986/19860609

Alanko K. 2014. Mitä kuuluu sateenkaarinuorille Suomessa [*How are young LGBTIQ people doing in Finland*]? Finnish Youth Research Network, Finnish Youth Research Society & Seta – LGBTI Rights in Finland: Helsinki. Available in Finnish (English abstract) at: http://www.nuorisotutkimusseura.fi/images/julkaisuja/sateenkaarinuori.pdf

Basic Education Act 628/1998. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1998/19980628

Council of Europe (CoE). 2010. Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity. Available at: https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805cf40a

Council of Europe (CoE). 2014. Human Rights Comment: LGBTI children have the right to safety and equality. Available at: https://www.coe.int/en/web/commissioner/-/lgbti-children-have-the-right-to-safety-and-equality

Council of Europe (CoE). 2015. Human rights and intersex people. ISBN 037015GBR. Available at: https://rm.coe.int/16806da5d4

Council of Europe (CoE). 2016a. Strategy for the Rights of the Child (2016–2021). Available at: https://rm.coe.int/168066cff8

Council of Europe (CoE). 2016b. Equal opportunities for all children: Non-discrimination of lesbian, gay, bisexual, transgender and intersex (LGBTI) children and young people. Available at: https://rm.coe.int/16806a8d8f

Council of Europe Parliamentary Assembly. 2017. Promoting the human rights of and eliminating discrimination against intersex people. Available at: http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=24232&lang=en

European Commission, 2000. Charter of Fundamental Rights of the European Union (2000/C 364/01). Official Journal of the European Communities 2000. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2000:364:FULL&from=EN

European Court of Human Rights. Sahin v. Germany (App. No. 30943/96). Available at: https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22001-61799%22]}

European Union Agency for Fundamental Rights (FRA). 2007. Charter of Fundamental Rights of the European Union. Article 24 - The rights of the child. Available at: https://fra.europa.eu/en/eu-charter/article/24-rights-child

European Union Agency for Fundamental Rights (FRA). 2015. The fundamental rights situation of intersex people. Available at: https://fra.europa.eu/en/publication/2015/fundamental-rights-situation-intersex-people

Finnish Institute for Health and Welfare (THL), 2020. Results of the School Health Promotion Studies. Available in Finnish at: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely/kouluterveyskyselyn-tulokset

Gender Diversity & Intersex Centre of Expertise. Website at: https://sukupuolenosaamiskeskus.fi

Halme N, Hedman L, Ikonen R, Rajala R. 2018. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*] 2017. Results of the School Health Promotion Study. Finnish Institute for Health and Welfare Discussion Papers 15/2018. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-343-115-7

Huuska M. 2011. Sukupuolen monimuotoisuuden ammatillinen kohtaaminen [*Professional approach to gender diversity*]. In: Tuovinen L, Stålström O, Nissinen J, Hentilä J. (eds.). Saanko olla totta [*May I be true to myself*]? Sukupuolen ja seksuaalisuuden moninaisuus [*Gender and sexual diversity*]. Helsinki: Gaudeamus.

Ikonen R. & Helakorpi S. 2019. Lasten ja nuorten hyvinvointi [*Wellbeing of children and young people*]. School Health Promotion Study, 2019. *Finnish Institute for Health and Welfare Statistical Reports*33/2019. Available in Finnish at: http://urn.fi/URN:NBN:fi-fe2019091528281

Luopa P, Kanste O & Klemetti R. 2017. Toisella asteella opiskelevien sateenkaarinuorten hyvinvointi 2017 [*Wellbeing of upper secondary level LGBTIQ students in 2017*]. Results of the School Health Promotion Study. Finnish Institute for Health and Welfare Research Overviews 25/2017. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-302-909-5

Ministry of Social Affairs and Health. 2015. Tasa-arvolaki, oppilaitokset ja sukupuolen moninaisuus [*The Equality Act, educational institutions and gender diversity*]. Brochures of the Ministry of Social Affairs and Health. Available in Finnish at: http://urn.fi/URN:ISBN:978-952-00-3718-5

National Advisory Board on Social Welfare and Health Care Ethics (ETENE). 2016. Intersukupuolisen lapsen hoito [*Care and treatment of intersex children*]. Position statement. Available in English at: https://etene.fi/documents/1429646/1561478/2016+POSITION+STATEMENT+intersex/77dc4b30-2a6d-4811-aa99-c30032f400b0/2016+POSITION+STATEMENT+intersex.pdf

Non-discrimination Act 1325/2014. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2014/20141325

Oikarinen T. 2019. Ei tietoa eikä vaihtoehtoja: Selvitys intersukupuolisten ihmisten oikeuksista ja kokemuksista [*No information or options: Study on the rights and experiences of intersex people*]. *Publications of the Ministry of Justice, Reports and guidelines*. 2019:3. Available in Finnish (English abstract) at: http://julkaisut.valtioneuvosto.fi/handle/10024/161410

Ryan C, Russell ST, Huebner D, Diaz R & Sanchez J. 2010. Family Acceptance in Adolescence and the Health of LGBT Young Adults. Journal of Child and Adolescent Psychiatric Nursing. 23;4:205–13.

Seta – *LGBTI Rights in Finland*. 2019a. Opas intersukupuolisille nuorille [*Guide for young intersex people*] 2019. Seta publications 29. Available in Finnish at: https://www.dropbox.com/s/i7of7sx3hs9jfgq/ISnuoret2019.pdf?dl=0

Seta – *LGBTI Rights in Finland.* 2019b. Opas intersukupuolisen lapsen perheille ja läheisille [*Guide for intersex children's families and friends*]. Seta publications 29. Available in Finnish at: https://www.dropbox.com/s/c4enp0vhiv32yow/ISperheet2019.pdf?dl=0

UN Committee on the Rights of the Child. 2006. General Comment No. 7 (2005): Implementing child rights in early childhood. Available in English at: https://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf

UN Committee on the Rights of the Child. 2013a. General Comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration. Available in English at: https://www2.ohchr.org/English/bodies/crc/docs/GC/CRC_C_GC_14_ENG.pdf

UN Committee on the Rights of the Child. 2013b. General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of living. Available in English at: https://fra.europa.eu/en/law-reference/un-committee-rights-child-general-comment-no-15-2013-right-child-enjoyment-highest

United Nations (UN). 2010. Report of the United Nations Special Rapporteur on the right to education (A/65/162). Available at: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G10/128/79/PDF/G1012879.pdf?OpenElement

United Nations. 2013. UN Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. 2013. A/HRC/22/53. Available in English at: https://www.ohchr.org/documents/hrbodies/hrcouncil/regularsession/session22/a.hrc.22.53_english.pdf

United Nations Human Rights Council. 2015. Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity (A/HRC/19/41). Available at: https://www.refworld.org/docid/5571577c4.html

Valojää A. 2018. Moninaiset lapsemme [*Our diverse children*]. Raportti translasten ja intersukupuolisten lasten hyvinvoinnista, hoidosta ja juridisesta asemasta [*Report on the wellbeing, care and legal status of transgender and intersex children*] 9/15. Seta – LGBTI Rights in Finland. 2018. Available in Finnish at: https://www.ihmisoikeuskeskus.fi/@Bin/6357608/Seta%20-%20Moninaiset_lapsemme_2018.pdf

World Professional Association for Transgender Health (WPATH). 2017. Standards of Care – Hyvän hoidon suositus [*Finnish version of the 2012 WPATH Standards of Care, 7th Version*]. Available in several languages, incl. Finnish and English, at: https://www.wpath.org/publications/soc

14 Special issues

14.1 Introduction

Authors: Satu Jokela and Hanna Kettunen, Finnish Institute for Health and Welfare (THL)

It was deemed necessary to discuss the following issues in the Non-Violent Childhoods Action Plan 2020–2025: victims of human trafficking, FGM, non-medical circumcision of boys, violent radicalisation, honour-related violence and violence against children in religious communities. Even though these special issues concern only a small portion of children and young people in Finland, it was deemed necessary to include discussion on these issues at the national level in the Non-Violent Childhoods Action Plan 2020-2025 and the related goals and actions.

Human trafficking is a serious crime where the perpetrator abuses the victim's trust, vulnerability and dependence in order to subject them to exploitation. Human trafficking does not always involve coercion or violence; the victim can be controlled or subjected to the abuse of power in very subtle ways. Exploitation consists of a number of acts and events where the victim is exploited over a longer period of time. It is a crime that has severe consequences for the victim. Human trafficking occurs in many forms. In the case of children, it can mean forced prostitution or forced marriage or being forced into committing crimes. The perpetrator is often someone close to the victim, or one of the victim's acquaintances. This topic will be discussed in more detail in Chapter 14.2 of this Action Plan.

Female genital mutilation (FGM) means procedures performed without medical reasons that involve the partial or total removal of a girl's or woman's external

genitalia or damaging their external genitalia in another way. FGM is an ancient, harmful tradition. Depending on the method and extent, this procedure causes various degrees of physical and mental problems either immediately or later. FGM is a damaging practice, and Finland is one of the countries that have made a commitment to preventing FGM (UN Convention on the Rights of the Child 1989, Finnish Treaty Series 59-60/1991; Istanbul Convention CoE No 2010 in 2011, Finnish Treaty Series 53/2015). This topic will be discussed in more detail in Chapter 14.3.

Non-medical circumcision of boys is a procedure during which the foreskin is removed fully or partially from the penis without medical justification. Non-medical circumcision of boys has a long tradition in some religions and cultures. However, this tradition has been increasingly challenged, as it is deemed unnecessary and the procedure involves risks (see e.g. Finnish Medical Association, Finnish Medical Society Duodecim, the UN Convention on the Rights of the Child 1989). This topic will be discussed in more detail in Chapter 14.4.

Violent radicalisation or extremism refer to using violence, threatening with it or encouraging or justifying it on the basis of one's own view of the world, or on ideological grounds. Violent extremism may be justified by religious or ideological beliefs. Even in Finland, there are children and young people who come into contact with violent extremism, for instance through their guardians. In addition, some extremist movements actively recruit children and young people. This topic will be discussed in more detail in Chapter 14.5.

Honour-related violence means using violence or threats of violence in situations where the victim's behaviour is considered to have compromised the family's or community's honour. Girls and women become subjected to honour-related violence more commonly than boys and men. Honour-related violence is part of gendered violence, a more extensive type of violence of which the forms, practices and meanings are connected to the gender of the parties. Even though honour-related violence is strongly connected to women's and girls' assumed decency and gender roles, boys and men may also be subjected to honour-related violence, particularly those belonging to sexual minorities. Honour-related violence is not limited to a specific country, ethnic group or religion. It occurs in various communities around the world. International legislation and agreements require Finland to take effective actions to prevent honour-related violence. This topic will be discussed in more detail in Chapter 14.6.

The chapter named 'Violence against children in religious communities – the perspective of experts by experience' (14.7) focuses on the experiences of people who have been subjected to violence in a religious community as children. Special attention is paid to spiritual and sexual violence. Many people who experienced violence in a religious community as children have sought peer-support groups as adults and found that they can relate to others' experiences. According to their experiences, spiritual violence can be used as a way to pressure victims into keeping silent about other types of violence Many of them have also found that the special features of their religious community made it more difficult to discuss matters with their family, the people close to them and the religious community. By sharing their observations, experts by experience seek to provoke discussion about violence against children within religious communities.

14.2 Trafficking in children and related exploitation

Authors: Elina Kervinen and Anniina Jokinen, HEUNI and Veikko Mäkelä, Assistance System for Victims of Human Trafficking

Human trafficking is serious exploitation of a person that takes place in many forms and has long-term effects on the victim. Understanding the dynamics and consequences of human trafficking is important when meeting and helping potential child victims.

DEFINITION OF HUMAN TRAFFICKING

Human trafficking is severe exploitation of a person, as well as a crime against freedom. In human trafficking, the perpetrator abuses the victim's trust, vulnerability and dependence on the perpetrator, and subjects them to exploitation. Human trafficking crimes are often committed for financial gain, but it is not a prerequisite for human trafficking to meet the essential elements of an offence. Human trafficking also includes cases where the perpetrator is in the process of subjecting the victim to a situation of exploitation or where the perpetrator intends to exploit the victim.

(Koskenoja et al. 2018; chapter 25, section 3 of the Criminal Code of Finland)

Human trafficking is comprehensive exploitation that includes various acts and events through which the victim is exploited over a longer period of time. Often the acts of become more severe over time. Even though human trafficking is a serious crime, it does not always involve coercion or violence. The victim is often controlled or power is used against them in very subtle ways. (Kervinen & Ollus 2019, 9.)

A person who has fallen victim to human trafficking may appear to lead a very ordinary life, but is actually under someone else's strict control. It is also typical that the perpetrator gradually oppresses the victim through manipulation until they win the victim's trust and sometimes even get consent from the victim. With control increasing little by little, the victim can no longer break free from the situation. They have been manipulated to believe that they are guilty of their own situation, and feelings of guilt and shame prevent them from seeking help. The victim may also have become dependent on the perpetrator, in which case it is easier for the perpetrator to continue to abuse and manipulate the victim. (Ombudsman for Minorities 2014, 101.) This dynamics of exploitation plays a key role in many situations involving sexual violence against and exploitation of children and young people in particular, but it is also typical in other types of exploitation related to human trafficking.

Violence against and exploitation of children is often preceded by abuse of a trust-based relationship. In most cases, the perpetrator is someone the child knows and trusts, such as a family member, relative, acquaintance or another person perceived as being trustworthy. Human trafficking occurs in many forms. Children belonging to the mainstream Finnish population have fallen victim to human trafficking, as have children with foreign backgrounds, either in Finland or abroad. For example, children have been subjected to sexual exploitation or have been coerced into prostitution or marriage. Children have also been forced into committing crimes or begging on the street, or have been forced to work in restaurants or households. In addition, children have been forced to serve as soldiers. In such cases, human trafficking has often involved both emotional and physical violence. (Kervinen & Ollus 2019.) Human trafficking and related exploitation does not require national borders to be crossed; human trafficking can also take place within national borders, even in Finland (Jokinen et al. 2011, 11).

Prevalence of trafficking in children in Finland

The actual number of victims of human trafficking is difficult to estimate. Human trafficking is a hidden crime, and detecting the victims is difficult, which affects the number of identified victims. The identification of child victims of human trafficking is particularly challenging. Because of the problems with identification, crimes experienced by children and crimes against children may not be classified as human trafficking but proceed under different crime labels or may not necessarily be reported to the authorities at all. Information about the number of victims or potential victims is not collected systematically from municipalities. The only statistics available are those concerning the number of children helped by the Assistance System for Victims of Human Trafficking and the number of victims of crimes reported to the police. Statistics compiled by non-governmental organisations (NGO) working against human trafficking (Neliapila organisations) indicate the number of victims of human trafficking detected by the NGOs. (Kervinen & Ollus 2019, 35–42).

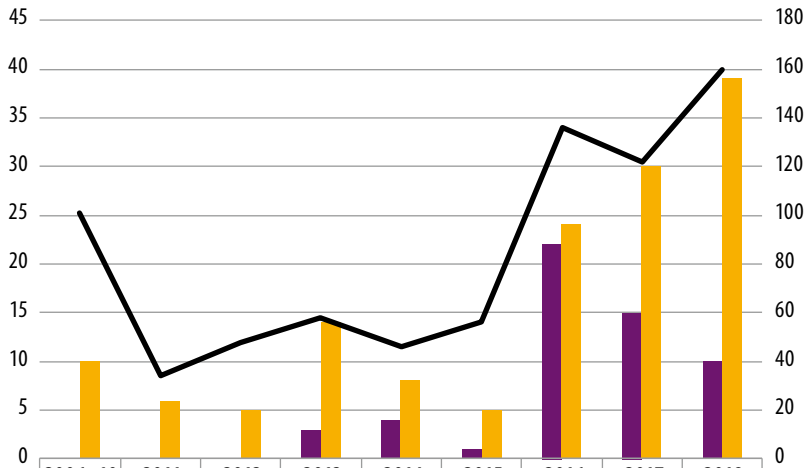
Statistics should better take into account whether the assumed human trafficking crime took place abroad or in Finland. Such information can be used to further develop the work against trafficking in children and refer targeted resources to different stakeholders.

Statistics by the Assistance System for Victims of Human Trafficking

In 2006–2018,[20] a total of 760 victims of human trafficking, including 55 victims aged under 18, were helped within the Assistance System for Victims of Human Trafficking[21]. In other words, around 7 per cent of the clients of the Assistance System for Victims of Human Trafficking have been children (Assistance System for Victims of Human Trafficking 2018).

20 The Assistance System operates under the auspices of the Joutseno Reception Centre under the Finnish Immigration Service. Assistance to victims of human trafficking is governed by the Reception Act, or the Act on the Reception of Persons Applying for International Protection and on the Identification of and Assistance to Victims of Trafficking in Human Beings (746/2011, 10 April 2015/388).

21 Between 2006 and 2018, a total of 66 people aged under 18 were proposed for admission into the Assistance System for Victims of Human Trafficking. In 11 of these cases, it was eventually discovered that no human trafficking was involved. These cases were more about other types of violence against children or the threat of forced marriage in the victim's home country that did not materialise in the end or which were not classified as human trafficking (Assistance System for Victims of Human Trafficking 2018).



	2006–10	2011	2012	2013	2014	2015	2016	2017	2018
17 years and under	0	0	0	3	4	1	22	15	10
18–21-year-olds	10	6	5	14	8	5	24	30	39
All the victims	101	34	48	58	46	56	136	122	160

Figure 20. Persons admitted to the Assistance System for Victims of Human Trafficking between 2006 and 2018, n = 760. The diagram has two scales. The scale on the left indicates the number of victims in each group in different years, and the scale on the right indicates the total number of victims in different years. (Source: Assistance System for Victims of Human Trafficking, 2018.)

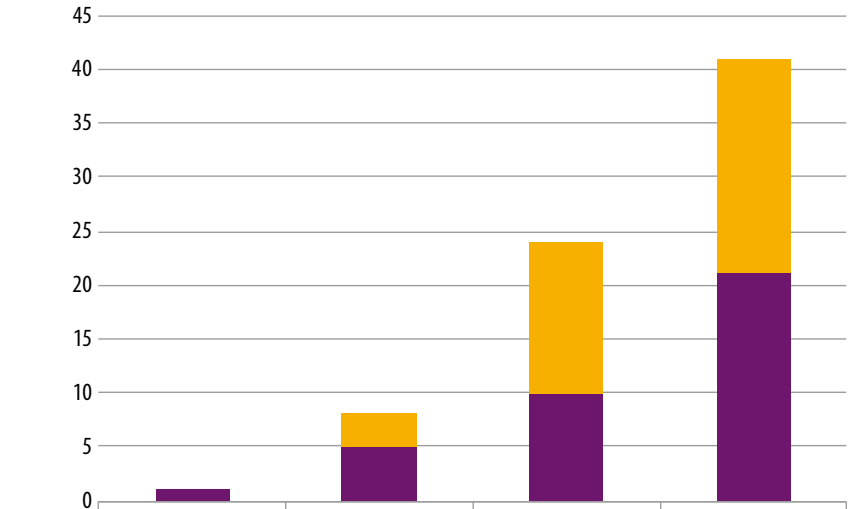
The children admitted to the Assistance System have been subjected to several forms of exploitation, most commonly forced labour, sexual exploitation or forced marriage. Of these victims, 32 were boys and 23 were girls. At the time of being proposed for admission into the Assistance System, the children have been 15 years of age on average, most of them aged 15–17. Most (47) of the children were admitted to the Assistance System between 2016 and 2018. The increase in the number of clients during that time is explained by the increase in migration in Finland and Europe in 2015. The children represent 20 nationalities, and some of them have no nationality. Most of the children are from Afghanistan (15), Somalia (13), Iraq (fewer than 5) and Nigeria (fewer than 5). No Finnish citizens aged under 18 were proposed for admission into the Assistance System. (Assistance System for Victims of Human Trafficking, 2018.)

Criminal and court statistics

Between 2011 and 2017, nearly one-quarter (23%) of the victims of human trafficking and aggravated human trafficking offences were aged under 18. In police statistics, the shares of boys and girls are relatively equal in victims of trafficking under the age of 18. (Official Statistics of Finland, 2018.) Judging from the information provided by the police and the Assistance System, boys have fallen victim to human trafficking slightly more often than girls. The increase in the number of unaccompanied boys seeking asylum is probably reflected in the statistics for 2015 and 2016. However, interpreting statistics is challenging, and these figures most likely do not represent the actual extent of the phenomenon. (Kervinen & Ollus, 2019, 40–41.)

In addition, few human trafficking offences proceed to court. A total of four sentences have been issued in Finland for trafficking in children. All of these sentences were related to trafficking in girls for the purpose of sexual exploitation. (Kervinen & Ollus 2019, 34.)

Interpreting statistics is challenging, and the figures should be examined more closely in the future for instance in terms of how the cases reported to the police proceed, how many preliminary investigations are discontinued and how many victims of the cases reported to the police are referred to the Assistance System. (Kervinen & Ollus 2019, 41.)



	Under 4s	5–9 year olds	10–14 year olds	15–17 year olds
Girls	0	3	14	20
Boys	1	5	10	21

Figure 21. Victims of human trafficking offences and aggravated human trafficking offences recorded by the police by gender between 2011 and 2017, N = 74.

Statistics provided by NGOs

NGOs offering assistance to victims of human trafficking – MONIKA Multicultural Women's Association, the Finnish Refugee Advice Centre, Pro-tukipiste and Victim Support Finland (collectively the Neliapila organisations) – have compiled statistics on potential victims of human trafficking identified during their work with customers since 2018. In 2018, these NGOs identified a total of 71 victims of human trafficking, of whom two were minors. Based on the statistics provided by the NGOs, only 35% of the victims wished to report their experiences to the police and 40% wanted to seek admission to the Assistance System for Victims of Human Trafficking e.g. because of a fear of repercussions or a lack of trust related to the authorities. (Neliapila 2019.)

Assisting a child victim

Human trafficking often has very serious consequences and becoming subjected to violence and exploitation may be highly traumatising (see e.g. European

Commission 2015, Zimmerman & Pocock 2013). The effects may emerge even after a long time, and the consequences always vary based on the individual. In addition to suffering from physical injuries, child victims often experience psychological symptoms. Even mildly inappropriate treatment may lead to trauma, let alone frequent or longer-term violation of physical or sexual integrity (see Zimmerman & Pocock 2013; see also Chapters 2, 8, 10 and 11).

It is common that different types of violence and exploitation evoke feelings of guilt and shame in the victim, which may make it more difficult for them to tell anyone about their experiences and to find and access assistance. Trafficked children often need both immediate and longer-term help (Kervinen & Ollus 2019, 90). Regardless of whether the case of exploitation of a child is processed as a human trafficking offence in the criminal justice system, it is important to ensure that the child has access to social welfare and healthcare services, as well as support, based on their needs (see also Chapter 6).

Assistance to victims of human trafficking is governed by the Act on the Reception of Persons Applying for International Protection and on the Identification of and Assistance to Victims of Trafficking in Human Beings.[22] The Joutseno Reception Centre is responsible for the operations of the Assistance System for Victims of Human Trafficking. The Assistance System provides the authorities and non-governmental organisations with advice on helping victims of human trafficking. Adult victims and their children, as well as minor victims of human trafficking, can be admitted to the Assistance System regardless of their nationality or whether they have a right of residence in Finland. A child admitted to the Assistance System is entitled to assistance in accordance with the law. Such assistance includes advice and guidance, safe accommodation, reception allowance or income support, social services, healthcare services, interpretation and translation services, legal assistance and advice, tracing the parents or the guardian of an unaccompanied child victim, and support for a safe return (see also Chapter 4).

If a child admitted to the Assistance System has a home municipality in Finland, the municipality is responsible for organising the assistance actions. If the child victim is registered as a resident of a municipality or their parent is a victim of human

22 (746/2011, 10.4.2015/388–430)

trafficking, they are entitled to the same services as the other residents of that municipality in accordance with the Social Welfare Act (1301/2014), the Health Care Act (1326/2010) and the Act on Social Assistance (1412/1997). In addition, because of their special status, they are entitled to assistance intended for victims of human trafficking. Based on the Act on the Promotion of Immigrant Integration, the home municipality can apply for compensation from the KEHA Centre (Development and Administration Centre for the Centres for Economic Development, Transport and the Environment) for services provided based on the special needs of the victim of trafficking and for costs arising from support actions. This concerns, for example, situations where the services provided by the municipality do not meet the needs of the victim of human trafficking, such as arrangements related to ensuring security and specialised therapy services. The Assistance System for Victims of Human Trafficking cooperates with the home municipality to assist the child, in addition to providing the municipality with consultation related to assisting and protecting the victim of human trafficking.

If a child admitted to the Assistance System does not have a home municipality in Finland, the Joutseno Reception Centre – which administers the Assistance System for Victims of Human Trafficking – will be responsible for providing the victim with assistance actions. If a child victim or the child of an adult victim is an asylum seeker, they are entitled to reception services for asylum seekers as well as to assistance actions for victims of human trafficking. The Assistance System for Victims of Human Trafficking offers support and consultatio the reception centre and provides assistance actions that meet the special needs arising from the position of the victim of human trafficking.

An unaccompanied child victim who is seeking asylum will be provided with accommodation, and their services will generally be provided by a unit for underage asylum seekers. If the child is subjected to a security threat, for example, the child protection authorities may, if necessary, decide on urgent placement and on other actions related to protecting the child in accordance with the Child Welfare Act (see also Chapter 13).

If a child victim does not have a home municipality in Finland and they are not an asylum seeker and do not have guardians in Finland, the Assistance System for Victims of Human Trafficking will be responsible for providing assistance actions. However, the Assistance System does not have the competence of

the child protection authorities, nor does the system have residence units for unaccompanied children. The Assistance System cooperates with the child protection authorities, who decide on the urgent placement of the child. The Assistance System is responsible for covering the costs of the actions. Urgent placement or actions related to protecting the child may also be needed in cases where the child has guardians in Finland but the guardians are suspected of victimising the child.

All children admitted to the Assistance System – including children with no home municipality in Finland – are entitled to the kind of healthcare services (including child health clinic services, school health care and dental care services that are provided to other residents of the municipality. In addition, these children are entitled to social services[23] in accordance with the Social Welfare Act if such services are deemed necessary. All children are also entitled to child welfare services, such as the assessment of the need for child welfare and a child welfare client relationship in accordance with the Child Welfare Act (417/2017), if necessary. All matters concerning the child must be processed urgently. Assistance and support actions for child victims should focus on their physical and psycho-social recovery and on a durable solution for the person in question (EU Anti-trafficking Directive 2011/36/EU, Section (22).

The continuation of a service or other support actions initiated within the Assistance System will be ensured by transferring the client to the municipality through systematic planning. If a child is removed from the Assistance System, the continuation of services will be ensured in the best interest of the child. (Assistance System for Victims of Human Trafficking 2019.)

23 Social Welfare Act (1301/2014).

MUNICIPALITY	JOUTSENO RECEPTION CENTRE (Assistance System)	RECEPTION CENTRE
Municipality residents Examples of these: • Finnish citizens • EU citizens • Holders of continuous residence permits	**Municipality non-residents** Examples of these: • Third-country nationals • Undocumented • Asylum seekers	• Asylum seekers

Figure 22. Assistance System for Victims of Human Trafficking. Source (adapted): Koskenoja et al., 2018, 4.

Children of victims of human trafficking

In addition to child victims of human trafficking, children of parents who have become victims of human trafficking may be in a vulnerable situation. The children of victims of human trafficking are seldom victims of human trafficking themselves, but they may have been present in situations where their parents have been exploited. As a result of the trauma arising from exploitation, the parents are not necessarily capable of taking care of their children or protecting them sufficiently, meaning that the children may also need assistance. At the end of March 2019, the Assistance System for Victims of Human Trafficking in Finland included 111 underage children of the clients. These children were mainly aged under 10. (Assistance System for Victims of Human Trafficking 2019.)

The need for services of children of victims of human trafficking should be assessed in connection with the assessments of their parents' need for services, and the children should also be taken into account in the service plan. The expertise of other authorities, and the skills of child protection, primary healthcare, specialised medical care and the Assistance System for Victims of Human Trafficking should also be used in assessing the need for services. In addition, NGOs assisting victims of human trafficking – such as the MONIKA Multicultural Women's Association, Victim Support Finland and Pro-tukipiste, can also provide support to the victim's children while helping a victimised parent.

The children of victims of human trafficking are often assisted through family work or similar support work. If necessary, children of victims of human trafficking may

be referred to an assessmentof the need for support, or may be reported to child welfare services based on the Child Welfare Act if the circumstances jeopardise the child's development, the child has a need for special treatment or care, or the child's behaviour indicates that there is a need for a child welfare assessment. In the most serious cases, these concern incidents in which there is reason to believe that the victim's child may have become a victim of violence and exploitation. Such cases must also be reported to the police. (Assistance System for Victims of Human Trafficking 2019.)

Table 23. Trafficking in children and related exploitation. Objectives and actions for 2020–2025.

TRAFFICKING IN CHILDREN AND RELATED EXPLOITATION		
General objectives: No child will become a victim of human trafficking or related exploitation. Trafficking in children will be prevented and assistance will be provided to the victims.		
Objective 1: Assistance to child victims and the children of victims of human trafficking will be ensured		
Actions	**Justification**	**Responsible parties and operators**
Action 1. A national action plan against human trafficking will be prepared, including the responsible parties and actions to prevent trafficking in children, for example. The implementation of the action plan will be monitored. • The national action plan will be made for a three-year period and will be renewed regularly. • The resources necessary for the implementation and monitoring of the national action plan will be ensured, and these resources will be specified clearly in the action plan.	Finland does not currently have a national action plan against human trafficking. (Kervinen & Ollus, 2019, 11–12.) Efforts against human trafficking require cross-administrative actions and cooperation, as well as continuous monitoring.	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government, THL
Indicators: The national action plan will be prepared by 2022, and its implementation will be monitored.		

Actions	Justification	Responsible parties and operators
Action 2. A National Referral Mechanism (NRM) for identifying victims of human trafficking will be completed. • The NRM will take into account the special needs of child victims and children of victims by providing clear instructions on referrals, where and which actor to contact in cases of human trafficking.	There is currently no National Referral Mechanism in Finland for victims of trafficking (OSCE/ODIHR 2004). The NRM will include instructions on referring child victims and the children of victims of trafficking to appropriate services and the types of assistance they are entitled to. (Kervinen & Ollus, 2019.) Support, assistance actions and access to services for victims of human trafficking vary between municipalities (Koskenoja et al., 2018). Assistance actions intended specifically for children must be developed in municipalities and within the Assistance System for Victims of Human Trafficking Good experiences of the regional coordination of assistance have been gained in Sweden and the Netherlands, for example.	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government, Ministry of Social Affairs and Health, THL
Indicators: • The NRM will be completed by 2022. • To strengthen regional coordination, contact persons will be hired for cooperation regions by 2022 to coordinate the assistance provided to victims of trafficking in close cooperation with municipalities and the Assistance System. The contact persons will be responsible for collecting and distributing information in their respective areas of operation.		

Actions	Justification	Responsible parties and operators
Action 3. Provision of help and timely access to services, such as mental health services, will be ensured for child victims and the children of victims of human trafficking.	Children and young people who have become victims of human trafficking may be highly traumatised by the exploitation they have experienced and may have both psychological and physical symptoms. Access to mental health services for victims of human trafficking varies between municipalities (Koskenoja et al., 2018). The children of victims of human trafficking may also need special assistance.	Ministry of Social Affairs and Health, Assistance System for Victims of Human Trafficking, THL, Association of Finnish Local and Regional Authorities Municipalities
Indicators: • In accordance with the Government Programme, 'We will enact an act on assistance to victims of human trafficking'. The impacts on children will be assessed in connection with the preparation of legislation. • Access to services for child victims and the children of victims of human trafficking will be ensured through assessments of individual service needs in accordance with the principles of social welfare and healthcare. • The contact person for cooperation regions will monitor and ensure access to services, such as mental health services, for child victims of human trafficking in 2020–2025.		

Objective 2: The compilation of statistics on trafficking in children will be improved to target assistance and resources		
Actions	**Justification**	**Responsible parties and operators**
Action 4. Figures concerning suspected and preliminary identified child victims and children of victims of human trafficking receiving assistance, as well as the forms of human trafficking that children have been subjected to, will be collected from municipalities, the Assistance System and NGOs (Neliapila [*Four-leaf Clover*] NGOs). In addition, the compilation of statistics on children and young people who have become victims of human trafficking will be further developed within the criminal justice system. In the future, crimes reported to the police, prosecuted cases and punishments will be recorded for statistics by the victim's age and gender. An annual report based on the analysis of this data will be compiled.	The compilation of statistics on human trafficking must be improved so that assistance actions to all child victims of human trafficking can be ensured and that the resources that various actors need for assistance work can be secured. (Kervinen & Ollus, 2019.) At the moment, there is no unambiguous information on the number of child trafficking cases, the forms of exploitation or the attrition of cases to the prosecutor and a court of law. The appropriate compilation of statistics on child victims of human trafficking must be ensured at different stages of the criminal justice system so that the trends concerning trafficking children and young people can be monitored, along with the attrition of the cases in criminal proceedings. (Kervinen & Ollus, 2019.)	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government Ministry of the Interior, National Police Board of Finland Legal Register Centre/ Ministry of Justice
Indicators: • The number of suspected victims of human trafficking, as well as child victims identified in the initial phase, reported to municipalities by form of human trafficking and gender in 2020–2025. • The number of children proposed and admitted to the Assistance System by form of human trafficking and gender in 2020–2025. • The number of suspected victims of human trafficking, as well as child vitims identified in the initial phase, reported to the Neliapila [*Four-leaf Clover*] NGOs by form of human trafficking and gender in 2020–2025. • The number of child victims in cases reported to the police, prosecuted and leading to punishment by age and gender in 2020–2025.		

Objective 3: Increasing identification and awareness of trafficking in children		
Actions	**Justification**	**Responsible parties and operators**
Action 5. Increasing awareness of trafficking in children and related exploitation, as well as the assessment of the child's best interest and needs, among social welfare and healthcare professionals, such as social workers in child welfare, school nurses and school social workers, the police and prosecutors. Identification of human trafficking will improve.	Awareness of trafficking (in children) and the identification of and assistance to victims of human trafficking varies between municipalities and is insufficient (Koskenoja et al., 2018). Awareness of the various forms of human trafficking, such as forced criminality, must be increased among the police and prosecutors. Awareness of the dynamics of human trafficking, the consequences of exploitation, trauma, dependency and insecure state should be increased among all actors.	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government Ministry of Social Affairs and Health, Ministry of Justice, Ministry of Education and Culture Association of Finnish Local and Regional Authorities, municipalities
Indicators: • Social welfare, healthcare, and pupil and student welfare service providers will better identify the comprehensive exploitation of children and young people, including human trafficking and dynamics related to it. • The number of study modules on human trafficking in basic and continuation education in the fields specified in the action by field of study in 2020–2025. • The number of professionals who have been provided with training on human trafficking and related exploitation among the professionals specified in the action by professional group in 2020–2025.		

Actions	**Justification**	**Responsible parties and operators**
Action 6. Increasing children and families' awareness of trafficking in children and related exploitation.	There is no information available about children's awareness of human trafficking and related sexual and other exploitation. Sex education for children must be further developed to ensure that every child is provided with information about what sexual violence, abuse and exploitation mean as offences, as well as information about sexual rights (safety skills, safeguarding personal boundaries and integrity, how to act in dangerous situations). (Kervinen & Ollus, 2019; see Chapter 7: Safety skills education)	THL, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government NGOs, e.g. Family Federation of Finland
Indicators: Trafficking in children will be included as a theme in basic education and secondary-level sex education learning materials and in the subjects of social studies and health education as part of the content of national core curricula and qualifications by 2025.		

SOURCES

Assistance System for Victims of Human Trafficking (2018): Notifications of decisions, 3 January 2018.
Assistance System for Victims of Human Trafficking (2019): Notifications of decisions, 23 April 2019.
Directive 2011/36/EU of the European Parliament and of the Council of on preventing and combating trafficking in human beings and protecting its victims. Available in English at: https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32011L0036
European Commission. 2015. Study on high-risk groups for trafficking in human beings. Final report. Brussels: European Commission.
Jokinen A, Ollus N & Viuhko M. 2011. Ehdoilla millä hyvänsä. Työperäinen ihmiskauppa ja ulkomaalaisten työntekijöiden hyväksikäyttö Suomessa. [*At any price. Work-related human trafficking and exploitation of foreign workers in Finland.*] Heuni Publication Series No. 67. HEUNI, Finland.
Kervinen E. & Ollus N. 2019. Trafficking in children and young persons in Finland. HEUNI Publication Series No. 89b. Helsinki: HEUNI. Available in Finnish at: https://www.heuni.fi/material/attachments/heuni/reports/RwF5tscZD/Lapsiin_ja_nuoriin_kohdistuva_ihmiskauppa_Suomessa.pdf
Koskenoja M, Ollus N, Roth V, Viuhko M & Turkia L. 2018. Tuntematon tulevaisuus – selvitys ihmiskaupan uhrien auttamista koskevan lainsäädännön toimivuudesta. [*An unknown future: A report on the effectiveness of legislation concerning assistance for victims of human trafficking.*] Publication series of the Government's analysis, assessment and research activities 24/2018. Available in Finnish (Summary in English) at: http://urn.fi/URN:ISBN:978-952-287-528-0
Ministry of Social Affairs and Health. 2019. Kuntainfo 3/2019 - Ihmiskaupan uhreilla on oikeus erityiseen tukeen ja palveluihin Suomessa. [*Municipal Info 3/2019 – Victims of human trafficking are entitled to special assistance and services in Finland.*]
Neliapila. 2019. Tilasto Neliapila-järjestöjen tunnistamista ihmiskauppaepäilyistä vuonna 2018. [*Statistics on suspected cases of human trafficking identified by the Four-leaf Clover NGOs in 2018.*] MONIKA Multicultural Women's Association, the Finnish Refugee Advice Centre, the Pro-tukipiste and Victim Support Finland.
Official Statistics of Finland (OSF). 2018. Statistics on offences and coercive measures. Victims of certain offences by age and region 2009–2017. Human trafficking and aggravated human trafficking. Helsinki: Statistics Finland. Available in English at: http://pxnet2.stat.fi/PXWeb/pxweb/en/StatFin/StatFin__oik__rpk__uhri/statfin_rpk_pxt_11cn.px/
Ombudsman for Minorities. 2014. The Finnish National Rapporteur on Trafficking in Human Beings: Report 2014. Assessment of the current state of action against human trafficking and of the fulfilment in criminal proceedings of the rights of victims of human trafficking subjected to sexual exploitation.Available in English at: https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/national_rapporteur_on_trafficking_in_human_beings_-_report_2014.pdf Helsinki: Ombudsman for Minorities.
OSCE/ODIHR. 2004. National Referral Mechanisms. Joining efforts to protect the rights of trafficked persons. A practical handbook. Warsaw: OSCE/ODIHR.
Zimmerman C. & Pocock N. 2013. Human Trafficking and Mental Health: 'My wounds are inside; they are not visible'. The Brown Journal of World Affairs. Volume XIX, issue 1.

14.3 Female genital mutilation

Corresponding author: Mimmi Koukkula, Finnish Institute for Health and Welfare (THL)
Co-authors: Merike Helander, Office of the Ombudsman for Children, and Reija Klemetti, THL

Definition and types

Female genital mutilation (FGM) means procedures performed without medical reasons that involve the partial or total removal of a girl's or woman's external genitalia or damaging their external genitalia in another way. According to the World Health Organization (WHO), FGM can be classified into four categories. Type I means the removal of the visible clitoris or the clitoral hood. Type II refers to the partial removal of the labia majora and the labia minora, in addition to the removal of the visible clitoris or the clitoral hood. Type III, or infibulation, is the most radical form, in which the visible clitoris and the labia may be removed and the labia may be sewn together in such a way that only a small hole remains for the discharge of urine and menstrual blood. Type IV includes all other forms, such as minor cuts, burning and piercing. (WHO 2008.)

The mutilation method varies by region. According to estimates, Type III is most common among women and girls living in the Nordic countries who have undergone FGM. (Ziyada et al. 2016). 'Mutilation' is the established term in advocacy work; however, in work with clients, it is advisable to use the term that the client uses or the neutral term 'circumcision'.

The typical age for FGM varies between cultures and regions, but girls generally undergo the mutilation between the ages of 4 and 10. Traditionally, a ceremony has been organised to celebrate the procedure. In recent years, however, the procedure has been increasingly performed in secrecy, as the tradition of FGM is prohibited by law in many countries. (UNICEF 2018, WHO 2018a.)

FGM has many types of health harms

FGM causes many types of health problems for girls. The severity of these problems depends on the method and extent of the mutilation and on the conditions in

which the procedure was performed, among other factors. The most common immediate health harms include intense pain, bleeding and infections, as well as mental problems caused by the traumatic experience. Long-term health harms include menstrual pain, problems with urinating, problems with sexual intercourse, infertility, problems with childbirth, and mental health problems. (WHO 2018a, 2018b, Berg & Underland 2013, Reisel & Creighton 2014.)

Reasons for the continuation of the tradition

FGM is an ancient tradition regarded as respectable in communities. It is originally intended to protect the child. It can be seen to arise from the parents' need to commit the girl strongly to her culture, in addition to ensuring her chastity and thereby her eligibility for marriage. Although no religion requires FGM, incorrect and unclear interpretations of religion enable this practice to continue on religious grounds. FGM was practised before the birth of Christianity and Islam. Justification for FGM also includes social, moral, aesthetic, sexual and economic reasons, as well as reasons related to purity. In many communities, FGM is an important rite of passage. The reasons for FGM vary between countries, regions and cultures. (Berg & Denison 2013, Isman, Ekéus & Berggren 2013, WHO 2018a.) Lack of information about the harmful effects of this tradition allows it to continue. Understanding the reasons that enable the tradition of FGM to continue is the most effective way to eliminate this harmful practice.

FGM is practised around the world

It is estimated that more than 200 million girls and women in the world have undergone FGM, and around 3 million girls are at risk. FGM continues to be a common practice in some African countries, such as Somalia, Guinea and Djibouti. FGM is also practised in some communities in the Middle East, Asia and South America, and in other parts of the world through immigration. (WHO 2018a, UNICEF 2018.)

FGM has decreased over the past 30 years, but unevenly in different countries (Kandala et al. 2018). In Europe, around 180,000 girls are estimated to be exposed to the risk of FGM (EIGE 2013). In addition, girls who have arrived in Europe as immigrants are sometimes sent back to their country of origin for FGM (Johnsdotter 2019).

Female genital mutilation in Finland

Comprehensive information about girls and women who have undergone FGM is not yet available in Finland, but such information is being collected for the Medical Birth Register and the Care Register for Health Care, for example. The Maternity Card also includes questions about FGM. In addition, some studies by the Finnish Institute for Health and Welfare have examined the prevalence of FGM. In the Migrant Health and Well-being Study, around 70 per cent of women with Somali backgrounds living in Finland and around 30 per cent of women with Kurdish backgrounds living in Finland reported that they had undergone FGM, but the study included no questions about the extent of mutilation (Koponen & Mölsä 2012, Koukkula et al. 2016).

In the Survey on work and wellbeing among people of foreign origin, around 19 per cent of women coming from countries where the tradition of FGM is practiced reported that they had undergone the mutilation. (Koponen et al. 2015.) In addition, new information is available about the situation among women who sought asylum in Finland in 2018. In the Asylum Seekers' Health and Wellbeing (TERTTU) Survey, around 11 per cent of women reported that they had undergone FGM. No girl aged under 12 was reported to have undergone FGM. (Koukkula & Klemetti 2019b.)

In accordance with guidelines provided by the European Institute for Gender Equality, the Finnish Institute for Health and Welfare has calculated estimates of the number of girls and women living in Finland who have undergone FGM or are at risk of FGM (EIGE 2015). The prevalence of the tradition in the country of origin, the common age for the mutilation in each country and the number of girls in Finland originating from each country have been taken into account in the calculations. Statistics provided by Statistics Finland and the Finnish Immigration Service were used in the calculations.

It is estimated that there are currently around 10,000 girls and women in Finland who have undergone FGM. In addition, around 650 girls may be at a risk of being cut or mutilated if girls born in Finland are not subjected to this tradition. If the tradition of FGM does not discontinue after immigration and girls born in Finland are also mutilated or cut, it is estimated that around 3,080 girls are at risk. More detailed information about the impact of immigration on the discontinuation of the tradition is not available. The effect of preventive work on a possible change in

attitudes is not taken into account in the calculations. Girls living in Finland who are at a risk of becoming subjected to FGM and their parents most commonly originate from Somalia, Sudan, Egypt, Iraq, Syria and Turkey. (Koukkula & Klemetti 2019a.)

Preventive work and legislation in Finland

The UN Convention on the Rights of the Child was enacted as a law in Finland in 1991. It guarantees all children the right to protection from all types of violence, for example (Article 19 in particular). In accordance with the Convention, children are also entitled to the best possible health. The countries that have signed the Convention are committed to taking all effective and appropriate actions to eliminate traditional practices that are harmful for children's health (Article 24). The Committee on the Rights of the Child, which monitors the implementation of the Convention, has paid special attention to FGM as a practice harmful for children (e.g. General Comment No. 18, 2014).

The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) came into effect in Finland in 2015. The Convention requires Finland to have comprehensive guidelines on what actions to take to prevent FGM, how to address situations involving a threat of FGM, how to protect girls from the mutilation and how to start legal proceedings against any persons performing FGM.

The Ministry of Social Affairs and Health has prepared an implementation plan for the Istanbul Convention (Ministry of Social Affairs and Health, 2017), and this requirement has been taken into account in the plan. To implement the Convention, the Finnish Institute for Health and Welfare updated the Action plan for the prevention of FGM in cooperation with the Ministry of Social Affairs and Health in early 2019. The purpose of the updated Action plan is to maintain the actions that have been implemented in Finland to prevent FGM and to develop new methods to help girls and women who have undergone FGM, for example. The Action plan also aims to further develop training for professionals on addressing the phenomenon and on the notification duties.

Section 7 of the Finnish Constitution guarantees everyone's right to life, personal liberty, integrity and security. The protection of personal integrity is closely related to section 10 of the Finnish Constitution, which guarantees everyone's private

life. This includes everyone's self-determination over their lives and bodies (HE 309/1993 vp, 53). On the other hand, guaranteed fundamental rights also include freedom of religion and conscience (section 11), but this does not allow anyone to perform actions that violate human dignity or other fundamental rights or go against the basic principles of the judicial system. Such actions include FGM, for example (HE 309/1993 vp, 56).

The Criminal Code of Finland (39/1889) does not include provisions expressly concerning FGM. As yet, cases involving FGM have not been processed in a court of law in Finland. However, in its decision (KKO:2008:93) concerning non-medical male circumcision, the Supreme Court stated that FGM should be regarded as a procedure comparable to aggravated assault.

In accordance with chapter 21 of the Criminal Code, FGM is punishable as an assault (section 5) or aggravated assault (section 6). The maximum punishment for aggravated assault is ten years of imprisonment. A family member who does not perform the act of FGM but organises the procedure or contributes to its implementation may be guilty of a crime (chapter 5, section 6 of the Criminal Code). In accordance with the laws of Finland, FGM is a punishable crime even when it is committed outside Finland and has been directed at a Finnish citizen or a foreigner living permanently in Finland (chapter 1, section 5 of the Criminal Code) and if the act is also a crime in accordance with the laws of the place where it is performed or if the act is performed by a citizen of Finland or a person who lived permanently in Finland at the time of the crime or lives permanently in Finland at the beginning of the legal proceedings (chapter 1, section 11 of the Criminal Code).

In Finland, the Child Welfare Act (417/2007, section 25) prescribes the obligation of the authorities and many other parties working with children to file a child welfare notification and a report with the police if a child is suspected of having been subjected to a sexual offence or to assault more severe than petty assault. In addition, everyone has an obligation to notify the police or the concerned person if they learn that a serious crime, such as aggravated assault, is being prepared (chapter 15, section 10 of the Criminal Code). This does not apply to persons who would have to denounce a person who is close to them in order to prevent the crime (chapter 15, section 10 of the Criminal Code). However, parents or the authorities, for example, may have an obligation to prevent FGM based on chapter 3, section 3 of the Criminal Code. In such a case, a person who neglects the

prevention of FGM will be convicted of assault or aggravated assault in the same manner as the perpetrator. (Figures 23–24.)

For a girl, the risk of FGM may be grounds for asylum in Finland. Any threat of FGM will always be examined by the authorities during the asylum interview when the asylum seeker is underage and FGM is practised in their home region or demographic group. The threat of FGM will be addressed during the asylum interview in accordance with the girl's age and level of development. If a girl is seeking asylum with her family, the issue will primarily be addressed during her guardians' asylum interview to determine the guardians' attitudes towards FGM. The child may also be heard, even if she is aged under 12. The child will be heard particularly in cases where there is reason to believe that the parents are planning FGM for the child. (Finnish Immigration Service 2015)

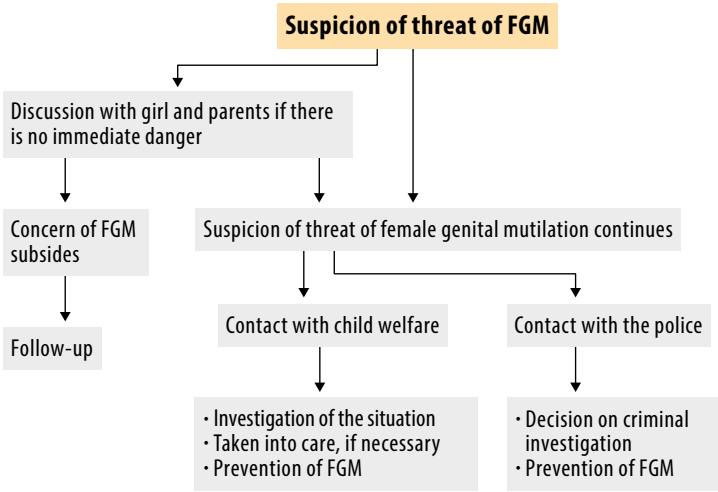


Figure 23. Actions concerning a threat or suspected cases of FGM. (Koukkula & Klemetti, 2019a.)

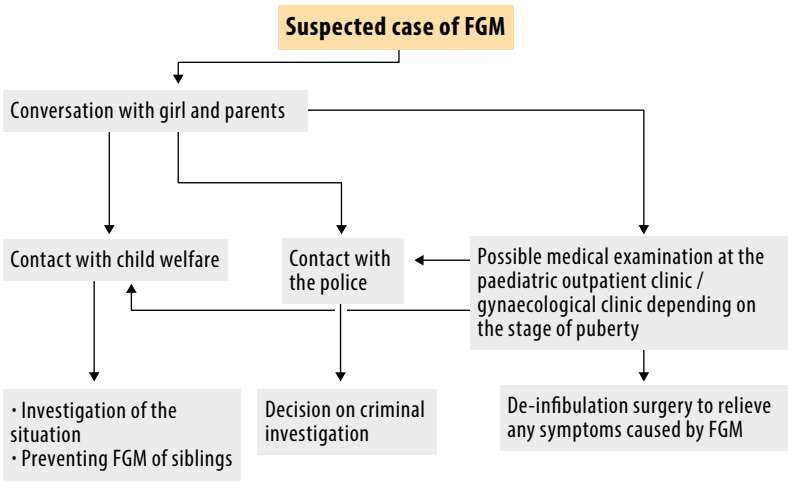


Figure 24. Actions after female genital mutilation. (Koukkula & Klemetti, 2019a.)

Encountering the tradition of FGM may be a new and challenging situation for Finnish social welfare, healthcare, education and media professionals and for the Finnish police and professionals within the reception system. Based on research evidence, professionals working with clients who have undergone or are at risk of FGM have insufficient information about the mutilation, the treatment of girls and women who have undergone FGM, and legislation related to FGM (Koukkula et al. 2014, Koukkula et al. 2017). A key aspect of preventing FGM is that professionals address the issue. It is also crucial that information is provided to the groups at risk of FGM, in addition to professionals to eradicate the tradition.

Work to prevent FGM has been carried out in Finland since the 1990s. The Action plans on sexual and reproductive health (2007 and 2014) include recommendations and suggest actions to prevent FGM. The issue has also been taken into account in the electronic Handbook for Child Health Clinic Services (THL 2019a) and Handbook for Child Protection (THL 2019b) of the Finnish Institute for Health and Welfare. Several projects promoting health and wellbeing among immigrants are in progress in Finland, along with projects to prevent FGM. For example, the Finnish League for Human Rights and African Care have worked for a long time to promote changes in attitudes among professionals and people with immigrant backgrounds and to offer peer support. The Finnish Institute for Health and Welfare launched an online training programme called Multiculturalism in work with customers in cooperation with other operators in autumn 2018. The programme includes a module about

FGM (THL 2018). In addition, information and tools for professionals are available on the Finnish Institute for Health and Welfare website (THL 2019c).

Finland had a separate Action plan for the prevention of circumcision of girls and women for 2012–2016 (Ministry of Social Affairs and Health 2012), and an updated Action plan was published in early 2019 (Koukkula & Klemetti, 2019a). The main purpose of the Action plan is to prevent FGM in Finland and to prevent girls living in Finland from being taken abroad to be mutilated, as well as improving the wellbeing and quality of life of girls and women who have undergone FGM. For this reason, the provision of information to the groups at risk will be increased concerning the anti-FGM legislation in Finland, the health harms of FGM, the nature of FGM as a violation of human rights, and other aspects that may contribute to the discontinuation of the tradition. The knowledge and skills of professionals and students will be improved, particularly with regard to the statutory notification duty concerning a threat or cases of FGM, as well as addressing the issue. People in positions of trust and in managerial positions, as well as educational and research organisations, will be provided with information and means to prevent FGM and to promote the health and wellbeing of women and girls who have undergone FGM.

The purpose of the Action plan for the prevention of female genital mutilation, which was updated in 2019, is to maintain the good practices that have been implemented in Finland to prevent FGM and to develop new ways to help girls and women who have undergone FGM, for example. For the time being, the Finnish Institute for Health and Welfare is responsible for coordinating the implementation of the Action plan. That Action plan is not limited to specific years. A mid-term evaluation of the current Action plan will be carried out four years after the completion of its preparation to ensure its implementation in practice.

Table 24. Female genital mutilation. Objectives and actions for 2020–2025.

FEMALE GENITAL MUTILATION		
General objective: the implementation of the actions specified in the Action plan for the prevention of female genital mutialtion to prevent FGM and help girls and women who have undergone mutilation.		
Actions	**Justification**	**Responsible parties and operators**
The objectives and actions specified in the Action plan for the prevention of FGM will be taken into account in decision-making in various administrative branches. (Koukkula & Klemetti, 2019.) The Action plan will also be taken into account regionally and locally and in various fields (e.g. healthcare and social welfare, early childhood education, educational institutions, reception and integration work, the police, the media, organisations).	There are girls in Finland who may be at a risk of FGM, which is why attention must be paid to preventing FGM at the national level. The Istanbul Convention (CoE No 2010 in 2011, Finnish Treaty Series 53/2015) obligates Finland to address FGM. A national Action plan has been prepared for the prevention of FGM. The Action plan provides guidelines on addressing the issue in healthcare, social welfare, early childhood education, education, training, youth work, reception and integration work, the police, the media and organisations.	Ministry of Social Affairs and Health, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Justice, Ministry of the Interior/the police, Ministry of Economic Affairs and Employment, THL Hospital districts/regions Municipalities, the Finnish Immigration Service and reception centres Media Various organisations and communities, such as immigrant organisations, religious associations and communities.
Indicators: • Information from healthcare and social registers and from the registers of the police, population surveys • The intention is to assess the implementation of the Action plan for the prevention of FGM through an interim evalutation in 2023. The purpose of the interim evaluation is to examine whether the issue has been taken into account by various parties and in the operating environments specified in the Action plan. The interim evaluation will also examine the inclusion of the issue in training for professionals, municipal welfare reports, teaching programmes and scientific research, as well as communities' views on FGM and organisations' actions to prevent FGM.		

SOURCES

Berg R. C. & Denison E. 2013. A tradition in transition: Factors perpetuating and hindering the continuance of FGM/cutting (FGM/C). Summarized in a Systematic Review. Health Care for Women International. 34; 10: 837–859.

Berg RC. & Underland V. 2013. The Obstetric Consequences of FGM/Cutting: A Systematic Review and Meta-Analysis. Obstetrics and Gynecology International, Vol. 2013. Article ID 496564, 15. http://dx.doi.org/10.1155/2013/496564

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Constitution of Finland 731/1999. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/19990731

Criminal Code of Finland 39/1889. Available in English at: https://www.finlex.fi/en/laki/kaannokset/39/en20070417

European Institute for Gender Equality (EIGE). 2013. FGM in the European Union and Croatia, Vilnius, Lithuania.

Finnish Immigration Service. 2015. Booklet: FGM. Available in English at: https://migri.fi/documents/5202425/6197803/Female+genital+mutilation+%28en%29

Finnish Institute for Health and Welfare, 2018. Monikulttuurisuus asiakastyössä -verkkokoulu [*Online training: multiculturalism in work with customers*]. Available in Finnish at: https://verkkokoulut.thl.fi/web/monikulttuurisuus

Finnish Institute for Health and Welfare (THL). 2019a. Lastenneuvolakäsikirja. [*Handbook for Child Health Clinic Services*]. Available in Finnish at: https://thl.fi/fi/web/lastenneuvolakasikirja

Finnish Institute for Health and Welfare (THL). 2019b. Lastensuojelun käsikirja [*Handbook for Child Protection*]. Available in Finnish at: https://thl.fi/fi/web/lastensuojelun-kasikirja

Finnish Institute for Health and Welfare (THL). 2019c. Website: Prevention of female circumcision (FGM).Available in English at: https://thl.fi/en/web/migration-and-cultural-diversity/immigrants-health-and-wellbeing/sexual-and-reproductive-health-of-immigrants/prevention-of-female-circumcision-fgm-

HE 309/1993 vp Proposal of the Finnish Government to the parliament on changing the constitutional regulations of basic rights. Available in Finnish at https://www.finlex.fi/fi/esitykset/he/1993/19930309

Isman E, Ekéus C & Berggren V. 2013. Perceptions and experiences of FGM after immigration to Sweden: An explorative study. Sexual and Reproductive Healthcare. 2013; 4: 93–98.

Johnsdotter S. 2019. Meaning well while doing harm: compulsory genital examinations in Swedish African girls. Sexual and Reproductive Health Matters. 27; 2: 87–99.

Kandala N-B, Ezejimofor M. C, Uthman O. A & Komba P. 2018. Secular trends in the prevalence of FGM/cutting among girls: a systematic analysis. BMJ Global Health. 3; 5: 1–7. https://gh.bmj.com/content/3/5/e000549

Koponen P. & Mölsä M. 2012. Naisten ympärileikkaus [*Female Circumcision*]. In: A Castaneda, S Rask, P Koponen, M Mölsä, & S Koskinen (eds.). Turvapaikanhakijoiden terveys ja hyvinvointi. Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa [*Migrant health and wellbeing – A study on persons of Russian, Somali and Kurdish origin in Finland*]. Finnish Institute for Health and Welfare Reports 61/2012. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-245-739-4

Koponen P, Jokela S, Skogberg N, Castaneda A, Suvisaari J, Laatikainen T & Koskinen S. 2015. Terveys. Ulkomaalaistaustaiset kokevat terveytensä hyväksi, mutta terveysongelmien yleisyydessä on suuria eroja. [*Health. People of foreign origin have a good level of perceived health, but there are major differences in the prevalence of health problems.*] In: T. Nieminen, H. Sutela, & U. Hannula (eds.), Ulkomaista syntyperää olevien työ ja hyvinvointi Suomessa [*Survey on work and wellbeing among people of foreign origin in Finland*]. Helsinki: Statistics Finland, 151–162.

Koukkula M. & Klemetti R. 2019a. Tyttöjen ja naisten sukuelinten silpomisen (FGM) estämisen toimintaohjelma [*Action plan for the prevention of FGM*]. Publications of the Ministry of Social Affairs and Health 2019:1. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-00-4029-1

Koukkula M. & Klemetti R. 2019b. Sukuelinten silpominen ja ympärileikkaukset [*Genital mutilation and circumcision*]. In: N Skogberg, K-L Mustonen, P Koponen, Tiittala P, Lilja E, Ahmed Haji Omar A, Snellman O & Castaneda A. E (eds.) 2019. Turvapaikanhakijoiden terveys ja hyvinvointi: Tutkimus Suomeen vuonna 2018 tulleista turvapaikanhakijoista [*Asylum seekers' health and wellbeing: A survey among newly arrived asylum seekers to Finland in 2018*]. Finnish Institute for Health and Welfare Reports 12/2019, 174–176. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-343-351-9

Koukkula M, Keskimäki I, Koponen P, Mölsä M & Klemetti R. 2016. FGM/cutting among women of Somali and Kurdish origin in Finland. Birth. 2016; 43: 240–246.

Koukkula M, October M, Kolimaa M & Klemetti R. 2017. Tyttöjen ja naisten ympärileikkauksen estämisen toimintaohjelman 2012–2016 (FGM) loppuarviointi [*Final review of the Action plan for the prevention of FGM 2012–2016*]. Finnish Institute for Health and Welfare Discussion Papers 4/2017. Available in Finnish (English abstract) at: http://urn.fi/URN:ISBN:978-952-302-816-6

Koukkula M, Parekh S & Klemetti R. 2014. Tyttöjen ja naisten ympärileikkauksen estämisen toimintaohjelman 2012–2016 (FGM) väliarviointi [*Interim review of the Action plan for the prevention of FGM 2012–2016*]. Finnish Institute for Health and Welfare, Discussion Papers 26/2014.

Ministry of Social Affairs and Health 2012. Action plan for the prevention of female genital mutilation (FGM) 2012–2016. Publications of the Ministry of Social Affairs and Health 2012:8. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-952-00-3343-9

Ministry of Social Affairs and Health 2017. Action plan for the Istanbul Convention for 2018–2021. Publications of the Ministry of Social Affairs and Health 2017:16. Available in Finnish (English summary) at: http://urn.fi/URN:ISBN:978-952-00-3970-7

Reisel D. & Creighton S. 2014. Long term health consequences of FGM (FGM). Maturitas. 80: 48–51.

Supreme court decision, KKO:2008:93.

UNICEF. 2018. Monitoring the situation of children and women. FGM and cutting. https://data.unicef.org/topic/child-protection/female-genital-mutilation/

UN Committee on the Rights of the Child, 2014. General comment No. 18 (2014) on harmful practices. CRC/C/GC/18. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?SymbolNo=CEDAW/C/GC/31/CRC/C/GC/18

United Nations A/RES/44/25 in 1989 and Finnish Treaty Series 60/1991. Convention on the Rights of the Child. UN Convention on the Rights of the Child A/RES/44/25 in 1989 available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060/19910060_2

World Health Organization (WHO). 2008. Eliminating FGM. An interagency statement – OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. Geneva, Switzerland. http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/

World Health Organization (WHO). 2018a. Fact sheet. http://www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation

World Health Organization (WHO). 2018b. Care of girls and women living with FGM: a clinical handbook. Geneva. http://www.who.int/reproductivehealth/publications/health-care-girls-women-living-with-FGM/en/

Ziyada M, Norberg-Schulz M & Johansen R. E. 2016. Estimating the magnitude of FGM/cutting in Norway: an extrapolation model. BMC Public Health. 16; 110: 2–12.

14.4 Non-medical circumcision of boys

Corresponding author: Katriina Bildjuschkin, Finnish Institute for Health and Welfare (THL)
Co-authors: Merike Helander, Office of the Ombudsman for Children, and Tiina Vilponen, Sexpo

Definitions

During circumcision, the foreskin of a boy's penis is removed completely or partially. The procedure may be performed on medical grounds, in which case the procedure and the interference with personal integrity are based on consent from the guardian or the boy. If the procedure is based on cultural or religious traditions, it is regarded as non-medical circumcision.

Prevalence

Around 2,000 boys are circumcised in Finland each year based on medical grounds. According to the Finnish Medical Association's estimate, the actual need for circumcision on medical grounds is around 300 cases per year. (Finnish Medical Association 2013). It is estimated that around 400 boys are circumcised each year with no medical grounds (Finnish Immigration Service & THL 2016), but the accurate number is not known.

Non-medical circumcision of boys has a long tradition in Judaism and Islam. However, this tradition is increasingly being questioned in religious communities and has even been discontinued in some cases.

In the United States, more than 50 per cent of boys are circumcised for religious or cultural reasons, while the corresponding proportion is only 5–10 per cent in Europe. Doctors' views on the necessity of the procedure vary greatly between Europe and the United States. There is a tendency for seeking to guide medical operations based on cultural views. (Finnish Medical Association 2013).

Harmful effects of non-medical circumcision

The procedure may cause immediate complications, such as bleeding, infections, penile necrosis or even the death of the child subjected to the procedure. Later complications include urethral stricture, the need for repeating the procedure and loss of sexual sensitivity (Lindahl 2015). In Finnish healthcare, the prevailing view is that non-medical circumcision is an unnecessary procedure.

Many of the health benefits, such as the prevention of yeast or urinary tract infections, have been proven to be non-existent or minor. More than 100 circumcisions are needed to prevent one urinary tract infection that can be treated with antibiotics. The prevalence of complications after circumcision is 2:100. (Finnish Medical Association 2013). The harmful effects of circumcision are greater than its benefits. An increasing number of studies on the long-term harmful effects of circumcision have been published in recent years.

Permissibility of non-medical circumcision

As yet, non-medical circumcision of boys has not been explicitly prohibited by law in Finland. In its statement, the Finnish Medical Association has recommended that a child should not be circumcised before they can decide on the matter themselves (Finnish Medical Association 2013).

When determining guidelines on circumcision, the effects of the procedure on equality must be examined, as well as assessing the realisation of the rights of the child and equality before the law. The parents' right to practise a religion does not entitle them to break the law or restrict the child's freedom of religion by imposing irreversible procedures on their genitals without medical grounds.

A statement by paediatricians and ombudsmen for children (2013) and a statement by the European Council (2013) take a stand on non-medical circumcision of boys. The goal is not to prohibit circumcision. Instead, the goal is to postpone the procedure until the boy can decide whether he wants to be circumcised. (Ombudsman for Children 2013, Hakalehto & Helander 2017, Ombudsman for Children 2015.)

According to the Code of Medical Ethics (2013) of the Finnish Medical Association, it is recommended that the issue be discussed with parents requesting circumcision for their child in order for the parents to forgo the procedure or postpone it until the boy can decide on the procedure (Finnish Medical Association, 2013, 100–101).

Legislative reform has been suggested on many occasions. For the time being, however, the permissibility of the procedure is based on a guideline by the Ministry of Social Affairs and Health (2015).

- Non-medical circumcision of boys is not part of publicly funded healthcare.
- Circumcision may only be performed by an authorised physician. Circumcision must be performed under appropriate and sterile conditions
- under local anaesthesia administered by the physician.
- Before performing a circumcision, a physician must provide the child's guardians with sufficient information about the nature, effects and possible disadvantages of circumcision and the irreversibility of the procedure.
- The written consent of the guardians is needed, and circumcision may not be performed if one of the guardians opposes it.
- The boy's opinion must be heard about the circumcision, and he must be provided with sufficient information about the procedure and its effects in accordance with his age and level of development. Circumcision may not be performed if the boy opposes it when he is able to understand its meaning based on his age and level of development.

Fundamental and human rights and the case law related to non-medical circumcision

Legislation protecting children

Chapter 21, sections 5, 6 and 7 of the Finnish Criminal Code prohibit assault, aggravated assault and petty assault. Circumcision of boys is an irreversible surgical procedure that invades the child's physical integrity. The right to life, personal liberty, integrity and security are also guaranteed in section 7, subsection

1 of the Finnish Constitution. According to section 7, subsection 3 of the Finnish Constitution, the personal integrity of the individual 'shall not be violated, nor shall anyone be deprived of liberty arbitrarily or without a reason prescribed by an Act'. In addition, the right to privacy (section 10 of the Finnish Constitution) includes the individual's right to control over themselves and their body.

According to the Act on the Medical Use of Human Organs and Tissues (101/2001), non-renewable tissue must not be removed from minors. In ritualistic circumcision, tissue is removed from a minor. In addition, Finland has signed a biomedical agreement that prohibits healthy tissue from being removed without consent from the individual in question.

Human rights perspective

The UN Convention on the Rights of the Child (1989) emphasises the child's right to physical integrity. Every child has the inherent right to life and to survival and development to the maximum extent possible (Article 6). Children must be protected from all forms of physical or emotional violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, for example (Article 19). The UN Convention on the Rights of the Child (1989) also guarantees children the right to the enjoyment of the highest attainable standard of health (Article 24). The countries that have signed the Convention are committed to taking all effective and appropriate actions to eliminate traditional practices that are harmful for children's health. The UN Committee on the Rights of the Child (2013) has stated that 'attention also needs to be given to harmful gender-based practices and norms of behaviour that are ingrained in traditions and customs and undermine the right to health of girls and boys' (General comment No. 15; see also this Action Plan Chapter 4).

In Finland, non-medical circumcision of boys has been addressed in three decisions of the Supreme Court. According to the Supreme Court of Finland, circumcision of bus – which in itself meets the criteria of assault – is not punishable in a situation where it can be deemed to serve the interest of the child (KKO:2008:93). The Supreme Court of Finland required, for example, that the guardians must decide on the procedure together. In addition, the procedure must be performed appropriately in hygienic conditions, using local anaesthesia. The Supreme Court of Finland has also deemed that the guideline by the Ministry of Social Affairs and Health on non-medical circumcision is only a recommendation and that penal

liability in a case concerning assault cannot be based on such a recommendation. For this reason, the procedure and its permissibility should be regulated at the level of legislation. (KKO:2016:25.)

Protecting the child from all violence and from unnecessary invasion and pain is at the core of regulations concerning child-rearing and of international agreements in national and international level. It is time to discuss whether this tradition should be examined from a new perspective – from the perspective of stopping violations of the child's physical integrity based on consent from their guardian and postponing the procedure until the child can decide for themselves.

Table 25. Non-medical circumcision of boys. Objectives and actions for 2020–2025.

NON-MEDICAL CIRCUMCISION OF BOYS		
Objective: Non-medical circumcision of boys must not be performed until the person in question gives their consent based on information.		
Actions	Justification	Responsible parties and operators
Action 1. Discussion will be started about an age limit – that is, postponing circumcision until the boy can participate in making the decision (e.g. round-table discussions)	• Decisions of the Supreme Court requiring legislation. • Convention on the Rights of the Child (UN 1989, Finnish Treaty Series 59-60/1991) • Lanzarote Convention (CoE No 201 in 2007, Finnish Treaty Series 88/2011) • Social Welfare Act (1301/2014): according to the Act, special attention must be paid to ensuring the child's physical integrity (section 5). • Programme of Prime Minister Antti Rinne's Government 2019	Ministry of Social Affairs and Health, THL
Indicators: • The age when circumcision is performed will be monitored by 2025 • Statistics on non-medical circumcision performed on underage boys at university hospitals 2020–2025		

SOURCES

Act on the Medical Use of Human Organs and Tissues 101/2001. Available in Finnish at https://www.finlex.fi/fi/laki/ajantasa/2001/20010101

Constitution of Finland 731/1999. Available in English at: https://www.finlex.fi/en/laki/kaannokset/1999/19990731

Council of Europe Treaty Series No 201 in 2007 and Finnish Treaty Series 88/2011. Convention on the Protection of Children against Sexual Exploitation and Abuse (the 'Lanzarote Convention').

Council of Europe Treaty Series No 201 in 2007 available in English at: https://rm.coe.int/1680084822 Finnish Treaty Series 88/2011 available in Finnish and English at: https://www.finlex.fi/fi/sopimukset/sopimussarja/2011/ss20110088.pdf

Criminal Code of Finland 39/1889. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/1999/en19990731.pdf

Finnish Government. 2019. Programme of Prime Minister Antti Rinne's Government 6 June 2019: INCLUSIVE AND COMPETENT FINLAND – a socially, economically and ecologically sustainable society. Publications of the Finnish Government 2019:25. Available in English at: http://urn.fi/URN:ISBN:978-952-287-760-4

Finnish Immigration Service and Finnish Institute for Health and Welfare. 2016. Circumcision of Boys. https://thl.fi/documents/920447/3150543/ympärileikkaus_poika_en.pdf/2c1c0c0f-3f8a-4a69-a696-5fa43aa5e02a

Finnish Medical Association. 2013. Lääkärin etiikka, 7. painos [*Medical Ethics, 7th edition*]. Available in Finnish at: https://www.laakariliitto.fi/site/assets/files/5164/laakarin_etiikka_2013.pdf

Finnish Medical Association. 2013. Finnish Medical Association and Finnish Medical Society Duodecim: Kulttuurierot ohjaavat poikien ympärileikkausta. [*Cultural differences guide boys' circumcision*]. Available in Finnish at: https://www.laakariliitto.fi/uutiset/ajankohtaista/suomen-laakariliitto-ja-suomalainen-laakariseura-duodecim-kulttuurierot-ohjaavat-poikien-ymparileikkausta/

Hakalehto S. & Helander M. 2017. Poikien ei-lääketieteellinen ympärileikkaus lapsen oikeuksien näkökulmasta [*Non-medical circumcision of boys from the perspective of the rights of the child*]. Defensor Legis. 6: 942–961.

Initiative by the Ombudsman for Children for legislation concerning boys' non-medical circumcision to the Ministry of Social Affairs and Health, 8 October 2015.

Lindahl H. 2015. Ympärileikkaus. Lääketieteellinen näkökulma *[Circumcision. The medical perspective]*. Proposal presented during a round-table discussion held by the Ombudsman for Children on 15 June 2015, including references. Available in Finnish at http://lapsiasia.fi/wp-content/uploads/2015/06/Alustus_Harry_Lindahl.pdf

Ministry of Social Affairs and Health. 2015. *Guideline of the Ministry of Social Affairs and Health on boys' circumcision*] 20 January 2015. Available in Finnish at: https://stm.fi/documents/1271139/1367411/Ohje+poikien+ei+l%C3%A4%C3%A4ketieteellisest%C3%A4+ymp%C3%A4rileikkauksesta.pdf/80fa20c0-1917-4dc0-912d-16cc5fb380eb

Ombudsman for Children. 2013. Pohjoismaisten lapsiasiavaltuutettujen ja lasten lääketieteen ammattilaisten yhteinen julkilausuma: Annetaan poikien itse päättää ympärileikkauksesta. *[Joint statement by the Nordic Ombudsmen for Children and pediatric professionals: Let boys decide on their circumcision]*. Available in Finnish at: http://lapsiasia.fi/tata-mielta/aloitteet/aloitteet-2013/pohjoismaisten-lapsiasiavaltuutettujen-ja-lasten-laaketieteen-ammattilaisten-yhteinen-julkilausuma

Social Welfare Act 1301/2014. Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2014/20141301

Statement of the European Council 2013: European Council 2013 Children's right to physical integrity. http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=20174&fbclid=IwAR2RZz0N-Rp7MbSkkJPB5TZKEM70Kpg3qOFo8I7FMZCaobXXTF8yLw1wiWOM

Supreme Court decision, KKO:2008:93.

Supreme Court decision, KKO:2016:25.

United Nations A/RES/44/25 in 1989 and *Finnish Treaty Series*60/1991. *Convention on the Rights of the Child*. UN Convention on the Rights of the Child A/RES/44/25 in 1989) available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
Finnish Treaty Series 60/1991 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopstek-sti/1991/19910060

United Nations Committee on the Rights of the Child: General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of living (Article 24). Available in English at: https://www.refworld.org/docid/51ef9e134.html

ADDITIONAL INFORMATION

This tradition is increasingly being questioned in religious communities and has even been discontinued in some cases:
https://www.jfed.org/sprout/mazel-tots/brit-shalom/
https://www.haaretz.com/even-in-israel-more-and-more-parents-choose-not-to-circumcise-1.5178506
http://www.beyondthebris.com/p/about.html?m=1
http://www.celebratingbritshalom.com/
https://www.lisabravermoss.com/alternatives-to-jewish-bris.html
http://jewishcircumcision.org/

14.5 Children, young people and violent extremism

Corresponding authors: Ann-Sofie Nyström, Merja Mikkola, Finnish Institute for Health and Welfare (THL) and Pirjo Lillsunde, Ministry of Social Affairs and Health
Co-authors: Tarja Mankkinen, Ministry of the Interior, and Satu Honkala, Finnish National Agency for Education

Introduction

Hate speech, racism and violent extremism have increased in Europe. According to estimates by the Ministry of the Interior, the threat of violent radicalisation and extremism is still small in Finland in comparison with many other EU Member States. However, the threat has been on the increase in recent years. According to a situation report issued by the Ministry of Interior in 2018, violent extremist groups operating in Finland include violent non-parliamentary far right, violent non-parliamentary far left as well as religiously motivated violent extremism. The first religiously motivated terrorist attack in Finland took place in Turku in August 2017. In addition, school killings, for instance, have been linked to violent extremism.

Violent radicalisation and extremism are not new phenomena in Finland. There are historical examples of violent extremist activities seeking to change society through violent means. However, since 9/11, the escalation of the conflict in Syria and Iraq and the establishment of ISIL (also called ISIS, Daesh), the media has put a particularly strong focus on violent extremism as a phenomenon.

Violent extremism as a phenomenon also affects children and young people. There are children and young people living in Finland whose guardians support a violent extremist ideology. Guardians may pass on their values and attitudes to their children regarding, for instance, linguistic and cultural diversity, or ethnic and religious groups, or the justification of violence. Children may become subject to indoctrination (the process of imposing beliefs and ideas on them), in which case their social network is often very limited. Some extremist organisations also actively recruit children and young people.

Participation in violent extremist activities or exposure to violent extremism excludes the child or young person from his or her ordinary daily life. In such a case, returning to society may be even more difficult than in cases where social exclusion

arises from other reasons. In other words, violent extremism should be addressed as early as possible.

What is the definition of violent radicalisation and extremism?

Radicalism is a line of opinion that aims for a profound change in, for example societies. Change can also be a positive force in terms of development. Radicalism is a natural part of a young person's growth and process to form a personal worldview (Sieckelinck et al., 2015, 331). Radicalism, however, is often associated with violent extremism and terrorism (Sedgewick 2010, 483–484).

There is no single, internationally approved definition for violent radicalisation and extremism. The nationally established definition of violent extremism refers to using violence, threatening with it or encouraging or justifying it on ideological grounds. Violent radicalisation is a process where individuals resort to using violence, threatening with it or encouraging or justifying it on ideological grounds. An ideology is a structure of thoughts based on interpretations of groups of people, the world, religion, relationships between people and states, human dignity, the sacred and non-sacred or similar, as well as interpretations of beliefs that guide an individual's behaviour. (Ministry of the Interior 2016, 11.)

As the process of radicalisation advances, the individual or group begins to approve of and idealise the use of violence, regardless of what type of ideology or influences that are used to justify the use of violence. Radicalisation does not necessarily mean that the individual uses or intends to use violence. However, radicalisation may lead to a situation where violence becomes an increasingly likely option for an individual, led by an ideology. (Ministry of the Interior 2017a, 11–12). There are always several reasons behind radicalisation, and there is no such thing as a typical profile of a radicalised person.

Violent extremism may be politically or religiously justified, and extremist violence may, for instance, target ethnic or religious minorities. Violent extremist groups divide people into friends and enemies. One of the forms of violent extremism is provided by lone actors that usually commit their violent acts alone, although they often are part of larger networks. Information about attacks planned by lone actors usually leak into the public domain in one way or another, either

to their loved ones or through social media. Lone actors are, however, difficult to identify in advance. (Ministry of the Interior 2017a, 25–26).

Many researchers speak of pull and push factors as a model of explanation for violent radicalisation. Pull factors refer to factors that pull the individual towards violent extremist groups. Such factors may, for instance, include a sense of community, meaning and belonging. Push factors are, on the other hand, factors in the individual's own life or in their environment that push them further away from their community and society. Such factors may, for instance, include experiences of social exclusion or inequality. (Horgan 2008; van Ginkel & Entenmann 2016, 53.) According to Horgan (2008b, 6–7), political dissatisfaction, emotional vulnerability, the perception of violence in relation to morals and connections to people who already have joined a violent extremist group, may trigger and contribute to the radicalisation of an individual. The geopolitical situation may also trigger radicalisation (Goerzig & Al-Hashimi 2015, 13–14).

An individual's ability to think critically and media literacy skills protect against violent radicalisation. In addition, social relationships, cognitive skills (ability to process information) and resilience - that is, an individual's ability to recover from challenging situations – have been identified as key protective factors (RAN 2018a).

Prevention of violent extremism and radicalisation

Preventive work is the most effective way to prevent violent extremism and radicalisation. Prevention is always more effective than mending the consequences. When preventing violent extremism, the ultimate conditions conducive to violent radicalisation are addressed, and the risk of radicalisation is reduced through practical measures. In addition, more extensive preventive actions concerning communities, groups and individuals are implemented to increase their resistance to violent extremist narratives that provoke violence.

In Finland, the national work is coordinated by the Ministry of the Interior through the National Action Plan for the Prevention of Violent Radicalisation and Extremism (2019–2021) (Ministry of the Interior 2019a).

That action plan describes the common strategy, goals and actions that guide the prevention of violent radicalisation and extremism. The action plan for the

prevention of violent radicalisation and extremism has been prepared in extensive cooperation with representatives of authorities, civil society and communities. In that action plan sets goals and actions for various actors, such as the education sector, social and healthcare services and the police. These actors have prepared the action plan together and each actor is responsible for complying with the strategy with regards to their respective sector. (Ministry of the Interior 2019a.) The national action plan for the prevention of violent radicalisation and extremism implements the international goals set by the European Council (see CoE 2014) and the UN (see UN 2016). The European Commission coordinates the prevention of violent radicalisation at the EU level. Research and practical actions to prevent violent and extremism and radicalization are also being developed through Nordic cooperation. The Nordic countries signed a cooperation agreement in 2015. As part of the cooperation, the Nordic Safe Cities network reinforces cooperation between cities and municipalities.

The education sector is a key actor when it comes to preventing violent extremism, since all children and young people attending compulsory education, as well as adults, can be reached comprehensively through teaching and education. Phenomena visible in the society are also reflected in educational institutions and early childhood education. The education sector and early childhood education play a key role in preventing polarisation, racism and hate speech. Content, methods and goals supporting extensive prevention in education are already an essential part of activities in the education sector and early childhood education.

Schools and educational institutions have two main tasks when it comes to preventing violent radicalisation. These are identifying and responding to the need for psychosocial support, as well as supporting growth into citizenship in such a way that schools are perceived as places where it is possible to discuss social issues openly and critically. The idealisation of violence or encouragement to violence must be addressed through education. It is, however, important to think about how this can be done in a way that also supports the development of the learner's critical thinking. The school is a significant place for children and young people to discuss social issues and explore their own role in society. (Ministry of the Interior 2020.)

Violent extremism as a phenomenon affects children and young people in many ways. They are exposed to violent extremism through news and media on a daily

basis. Studies have shown that violent extremist groups have moved their activities from physical spaces and environments to the Internet and social media platforms, such as Facebook, Twitter, YouTube, VKontakte and Telegram. Forums favoured by the violent far right extremist groups, such as 4chan and 8chan, have been used to spread extremist ideologies and exchange of violent and racist thoughts. Through these forums, individual supporters of violent far right extremist ideologies have become radicalised and later committed acts of violence leading to losses of life. (Bjørgo & Ravndal 2019.)

Increasing media literacy and discussion about phenomena in society prevent children and young people from becoming attracted to and joining violent far right extremist groups. To process current phenomena in the society, learners need information and skills, so that they can discuss and understand them. Adults should discuss events featured in the media with children and young people to prevent imaginary events and explanations from being associated with such events. Personnel at schools and educational institutions may find it uncomfortable and difficult to discuss such topics. In addition, it is not always clear how one should respond to comments pointing to extremist ideologies. The personnel may lack accurate information, experience and good practices related to the phenomena. Personnel at schools and educational institutions should be provided with training, so that they can discuss themes and events related to violent extremism directly with the children and young people whenever such themes and events naturally arise in the daily life of the school. According to a recent Finnish study, there is a great need for increasing of information among personnel (Katja Vallinkoski 30 June 2019, oral report).

Children and young people must be guided to operate in a pluralistic society that understands diversity and respects human rights and equality in line with the values and principles of democracy. It is important that children and young people learn to understand diversity and similarity and, above all, live in peace while respecting one another. Local religious communities and their leaders may also contribute to preventing violent extremism. Within these communities, it is possible to detect changes in a young person's behaviour or attitudes at an early stage. These changes can be discussed and their progression can perhaps be prevented within the community.

Children and young people in violent extremist groups

There is a major risk that a child will adopt an extremist ideology if the child's parents actively support such an ideology (Sikkens et al., 2017). According to a study by Pels and de Ruyter (2012), children of families who support a violent far right extremist ideology often support the same ideology as their parents. Young people in the Nordic countries have joined violent far right extremist groups particularly in situations when searching for their identity and to gain experiences of inclusion (according to Bjørgo 1997, Caiani 2017). On the other hand, interest in the skinhead subculture of the 1990s and the music subculture idealising white supremacy has decreased among young people, and these movements have become smaller. However, there are still significant youth movements that support violent far right extremist ideologies in Western Europe (Bjørgo & Ravndal 2019).

International studies show that many of the young people who left for the conflict zone in Syria and Iraq come from families in which the parents do not support a violent extremist ideology. In fact, according to some studies, some of the young people who left for the conflict zone wanted to distance themselves from their parents' westernised lifestyle and ideology. It was a conscious decision for these young people to leave. (RAN 2018b, 3.) There were also parents who took their children to the conflict zone and through that exposed them to terrorist propaganda. Some of the parents who left for the conflict zone wanted their children to participate in military training and armed combat, and some allowed their daughters to be married after puberty.

Violent extremist groups spread hatred and propaganda encouraging violence online to recruit new members and supporters. Isil, in particular, has used the media effectively to encourage people to join the hostilities in the conflict zone in Syria and Iraq and to conduct attacks in Europe. Some extremist organisations also actively recruit children and young people. There is little research-based information available about the recruitment of Finnish children and young people by violent extremist groups. There are, however, cases in which a child or young person has been recruited by a violent extremist group in Finland.

Online recruitment or attraction resembles the grooming phenomenon. In addition, young people attending various events by chance are engaged in conversation in an attempt to recruit them. The child or young person is often encouraged to talk about things that bother him or her, and is thereafter is led to believe that all

problems will be solved by joining the violent extremist group. The adult recruiter usually aims to build strong trust between them and the child or young person in the same manner as a paedophile (Almohammad 2018, 9). Children and young people are particularly vulnerable to persuasion, as their development is still in progress and their social network has a major impact on their development (van der Heide et al. 2017, 5). In most cases, a young person joins a violent extremist group because of friends that are joining as well.

Schools and educational institutions should provide children and young people with skills to resist different forms of recruitment. Schools and educational institutions seek to build such knowledge and skills in various ways. Critical thinking, media literacy and democratic skills are central elements in the national core curriculum for basic education. Professionals need information about how children and young people may be recruited and how to prevent this.

Although there is little research-based information available about the connection between violent radicalisation and mental health issues, some people seeking to join violent extremist groups are in a vulnerable emotional state (RAN 2019; Gøtzsche-Astrup & Lindekilde 2019). For this reason, it is important to improve the availability of mental health services for young people to prevent radicalisation. It should, however, be kept in mind that violent extremism is not a mental health disorder and not is to be treated using methods pertaining to mental health. On the other hand, involvement in violent extremist activities may cause mental health issues. However, radicalization is often triggered by other factors than mental health disorders.

Including a child or young person in the support system

Children and young people exposed to violent extremism are in a very vulnerable situation and need special protection. Parents who support and promote violent extremism may through their upbringing isolate the child from society. On the other hand, the family may be the first to notice changes in the behaviour of a child or young person going through the process of radicalisation and who has joined a violent extremist group (RAN 2018b, 4). Signs of violent radicalisation may include isolation, a change in the circle of friends or a sudden change in speech or behaviour.

Support and help should be sought as early as possible if there is concern about the wellbeing of a child or young person. Children's and young people's need for support must be assessed multi-professionally. In terms of the child's or young person's future, it is particularly important that they are not derailed from their path of growth and learning.

In early childhood education, there is a reason for concern about a child's growth and development in cases where one or several family members support violent extremism. Some guardians may also be perceived by early childhood education personnel as a potential security threat. A member of staff must never set up a meeting with a guardian who may behave in a threatening way. At least two members of staff should be present in such meetings. Special education teachers, staff at child health clinic and child protection services may be asked to be present to assess the situation and to contact the police, if necessary. It is important that everyone knows who to contact if needed and that everyone acts as agreed. Early childhood education does not take a stand on matters related to custody and meeting rights.

In educational institutions, situations that cause concern may be discussed at a general level together with the multi-professional student welfare. Student welfare experts will decide whether there is a need for help and support from other professionals, or whether the educational institution and student welfare experts can address the situation first. If a discussion with the child or young person does not resolve the situation it is possible to offer support through individual student welfare or guide the child or young person to child protection services (see also Chapter 9).

If the child or young person is thought to pose a potential security threat due to violent radicalisation, preventive actions are no longer sufficient. In these cases, help from external experts is needed. The police can assess what measures are needed, and can, if needed, forward the case to the local Anchor team. (Ministry of the Interior 2020.)

The child protection services must always contacted if there is reason to believe that a child's growth and development is at risk. Some parties[24] are obligated to file a child welfare notification regardless of the confidentiality regulations. Such parties include, for example, social and healthcare services, the education sector and children's daycare. (Child Welfare Act 2010/88, section 25.)

Both educational institutions and providers of social and healthcare services should have clear guidelines and procedures for how to deal with cases in which there is a reason for concern about a child's wellbeing and health , due to its own or its guardians' participation in violent extremist activities. The personnel must also be provided with guidelines on about when to contact, for instance, child protection services or the police. In addition, personnel in social and healthcare services must be provided with information about how to support a child or young person who participates in the activities of a violent extremist group and/or supports a violent extremist ideology. They must also be provided with information about how to support the child or young person in the process of leaving the violent extremist group. Multi-professional support through student welfare is particularly important when helping a radicalised child or young person. Student welfare personnel serve as mediators between school, home and social and healthcare services.

The support offered to the child or young person and the family must be designed according to individual needs. There is no single path or method that will work in all cases. The personnel should examine whether the case is an isolated case or whether there are many families or individuals within the community that share the same violent extremist ideology. Interventions shall be planned accordingly.

In many cases, the social network of the child or young person is very limited. For this reason, they should be supported in creating a new kind of support network. Joining a sports club or local youth activities may be means to expand the child's

24 Social and healthcare services and child daycare; education services; youth services; the police service; the Criminal Sanctions Agency; fire and rescue services; social welfare and healthcare service providers; education or training provider; a parish or other religious community; a reception centre and organisation centre referred to in section 3 of the Act on Reception of People Seeking International Protection (746/2011); a unit engaged in emergency response centre activities; a unit engaged in morning and afternoon activities for schoolchildren; Customs; the Border Guard; the enforcement authorities; Social Insurance Institution of Finland. Other persons may also submit such a notification, notwithstanding any confidentiality regulations that may apply (chapter 5, section 25 of the Child Welfare Act (12 February 2010/88)).

or young person's network and enable them to learn about alternative groups and perspectives. (RAN 2018b, 5.)

Therapy services may also be offered to the child or young person. According to studies, high-risk families have benefitted from therapy (Aronen, 1993). Therapy can be offered to the child only or to the whole family, depending on the situation. Sometimes it may be impossible to include the family in the process if the parents refuse to cooperate for one reason or another. In such cases, it may be possible to contact the grandparents or other close ones. (RAN 2018b, 6–7.) However, the grandparents or other distant relatives can be contacted only with consent from the child or young person, or with consent from the parents, if the child is very young.

In some cases, the child or young person must be offered trauma therapy. This is especially the case if the child or young person is showing symptoms of a post-traumatic stress reaction. The more severe traumas that the child or young person has experienced, the higher the probability of mental health problems or disorders is over time. (RAN 2016; see also Chapters 2, 8, 10–11). If the child has grown up in a violently radicalised family, he or she may feel very loyal towards the parents. This must be taken into consideration when working with the child. Building trust is essential, regardless of whether the parents' opinions and views differ from the employee's views.

It may be difficult or almost impossible for a child or young person to distance themselves from an extremist ideology if their family supports violent extremism and the child or young person still lives with their family. The situation is serious if the cross-generational violent extremism or the trauma caused by it is severe (RAN 2018b), and if the growth and development of the child or young person is at great risk. Taking the child into custody may be the only way to ensure that the child's growth and development is secured. Social service personnel must assess whether the situation calls such measures. This is based on the Child Welfare Act (417/2007). Actions to take the child into custody may be taken only if the child's growth and development are clearly at risk or if other support measures are not available or suitable or proven to be inadequate (THL 2019). The child's interest always comes first.

Support for children and young people who have returned from the conflict zone

The Syrian Civil War and the violent terrorist group Isil have been exceptionally successful in attracting young people from western countries. The foreign fighter phenomenon, which has attracted a great deal of media attention, also affects children and young people as the majority of foreign fighters were young men. There are also children who have travelled to the conflict zone together with their families. Around 20 per cent of the people who left for the conflict zone were women.

There is no general definition of a foreign fighter. According to Finnish research, a foreign fighter is a person who has travelled to a conflict zone with the intention to join a military group and participate in its operations. A foreign fighter does not have previous ties to the countries in the conflict zone, for example through citizenship. (Creutz et al. 2015, 5–6.) Travelling to a conflict zone for terrorist purposes was criminalised in December 2016. This means that travelling or attempting to travel is a crime. (Ministry of the Interior 2017a.)

The people who have left Finland for the conflict zone are part of an extensive stream of foreign fighters to Iraq and Syria (Creutz et al. 2015, 5). According to an estimate by Europol (2017, 12), around 5,000 people have left Europe for the conflict zone. It is estimated that around 70–100 people, including young women, have left Finland for the conflict zone (Ministry of the Interior 2017b). In relation to the population, this is a large number. The number of people travelling to the conflict zone has decreased since 2016 and it is currently rare that people travel to the area (Ministry of the Interior 2017a). This is due to the downfall of Isil, which began in 2016, as well as efficient preventive actions implemented by the authorities.

Some of the adult women or men who left for Syria also took their children to the conflict zone in Syria and Iraq. Around 30 children have been taken to the conflict zone. Some of these children have grown up and become adults while residing in the conflict zone. In addition, children with ties to Finland have been born in the conflict zone. (Ministry of the Interior 2018, 28.) Verifying the origin of the children who have been born in the conflict zone may pose challenges. Furthermore, the women who have resided in the conflict zone are likely to have supported terrorist activities. The children have often been subjected to violent propaganda and indoctrination to impose teachings and beliefs on them that encourage violence.

It can be assumed that boys have participated in military training from a very early age, perhaps since they were aged under 10. Children and young people may also have been tortured (Almohammad 2018). Girls have, for example, been deemed to be ready for marriage at the age of 9.

According to a situation report by the Ministry of the Interior, around 20 people have returned to Finland from the conflict zone, and it is very possible that this number will continue to grow. Some of the people who have returned may have participated in military operations in the conflict zone. Some of the women who have travelled to the conflict zone are held together with their children in a closed camp maintained by Kurds and guarded by soldiers in Syria. It is very difficult for these women and their children to leave the camp for Finland on their own. According to its laws, Finland cannot prevent a Finnish citizen or person with a permanent residence permit from returning to Finland.

Children returning from the conflict zone will probably need various kind of support during a long time. The conditions in the conflict zone vary– not everyone has participated in military training nor used violence, but everyone has resided under exceptional conditions.

According to van der Heide and Geenen (2017, 1), indoctrination and military training are quite probable in the case of children aged over 9 and young people in particular. This is why it is necessary to examine to what extent they have approved the use of violence and the norms of Isil. All these children and young people must be provided support based on individual needs. Working groups within the child forensic psychiatry have an objective way of hearing children, a strong experience in interviewing children who have been traumatised in various ways as well as in assessing the damage and providing guidance on support measures. In addition, educational institutions providing preparatory training programmes for immigrants often have experience in supporting children and young people who have returned from traumatic conditions. The ministers have confirmed an operating model based on cooperation between the authorities concerning individuals returning from the conflict zone. In the spring of 2019, the model was updated with regard to the situation in the conflict zone (Ministry of the Interior 2017b).

According to Finnish research (Nyström 2018), individuals who have returned from the conflict zone may need support upon their return. These people have lived in

a violent environment, witnessed and perhaps also experienced violence and may be deeply traumatised. They may need social guidance and support with finding a home as well as counselling upon their return. Research shows that impartial support and counselling is important regardless of whether the person is subject to a police investigation or legal proceedings or not. Providing of support facilitates their adaptation to society and prevents social exclusion. This concerns young people in particular, as they are likely to be in an even more vulnerable situation than adults after returning home.

It is important that social and healthcare personnel, teachers and early childhood education staff understand the situation of the families and children who have resided in the conflict zone and are able to help child returnees with various symptoms. In addition, children and young people returning to Finland are likely to have insufficient education and language skills compared with their peers and, consequently, an inadequate ability to express themselves and their feelings.

Table 26. Children, young people and violent extremism. Objectives and actions for 2020–2025.

CHILDREN, YOUNG PEOPLE AND VIOLENT EXTREMISM		
Objective 1: Children and young people who have been exposed to violent extremism will be provided with systematic, high-quality support in a timely manner through a multi-professional approach using actions that have been proven to be effective		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Prevention: The ability of the authorities, professionals and volunteers who work with children to prevent violent radicalisation through education will be improved. Educational materials and training activities regarding violent extremism and radicalisation will be developed for professionals in the field of education and in social and healthcare services.	Online youth workers and police officers may encounter young people interested in violent extremism groups and their activities. Online youth workers' and police officers' awareness and ability to identify violent extremist groups and their activities must be improved. The ability of professionals and volunteers to engage in discussions with young people and to question the ideologies of violent extremist groups o on factual grounds must also be improved. The abilities and preparedness of representatives of various professions to identify and support people who have undergone violent radicalisation will be strengthened through training. The abilities and preparedness of representatives of various professions to identify and support people who have undergone violent radicalisation will be strengthened by providing of training, including in-service training, related to the theme. The use of existing educational materials and distance learning opportunities for example in the field of education and in social and healthcare services, will be ensured.	Ministry of the Interior, Ministry of Education and Culture, National Police Board of Finland Ministry of Social Affairs and Health, THL, Finnish National Agency for Education Children and family organisations, such as Save the Children Finland and UNICEF Finland
Indicators: • Availability and quality of online training and number of people who have completed the training by occupational group by 2025. • Number of trained professionals in education, social and healthcare services by 2025. • The training in various sectors is consistent and complementary, as successful activities are the result of cooperation between professionals in various fields.		

Actions	Justification	Responsible parties and operators
Action 2. Active and multidisciplinary cooperation between professionals in various fields will be strengthened to prevent violent radicalisation.	Multi-professional and multidisciplinary cooperation plays a key role in facilitating participation in particular, and such cooperation is also particularly significant in helping a child or young person who has undergone a process of violent radicalisation. Professionals working in health and social services, education and youth services participate in the Anchor work as coordinated by police departments. This cooperation is based on the manual for Anchor work and on the national action plan. (Ministry of the Interior, 2019b)	Ministry of the Interior/ police, Ministry of Education and Culture, Ministry of Social Affairs and Health
Indicators: Increase in the number of Anchor teams by 2025 and the proportion of representatives of various occupational groups in these teams.		

Actions	Justification	Responsible parties and operators
Action 3. Centralised special expertise: Highly demanding special expertise will be centralised within the collaborative area.	Supporting children and young people in the process of disengagement from violent radicalisation is highly challenging and requires special expertise. Within the collaborative areas, expert assistance can be provided equally across the area to the education and cultural sector as well as to social and healthcare service professionals at a primary and specialised social service level.	Ministry of Social Welfare and Health, THL
Indicators: Services requiring special expertise are provided close to the child or young person as part of primary and specialised social services with support from specialised experts by 2025.		

Objective 2: Research and investigation will be developed concerning violent extremism and radicalisation		
Actions	**Justification**	**Responsible parties and operators**
Action 4. Research related to violent extremism will be increased and research-based operating models will be developed.	Scientific research plays a significant role in developing operational guidelines, tools and training for professionals, as well as legislation, exchange of information and multi-professional cooperation in the field. Research projects related to identification of radicalised individuals as well as study and development of suitable treatment and support actions for radicalised individuals should be supported.	Universities, Police University College Ministry of Social Affairs and Health, Ministry of the Interior, THL
Indicators: Research conducted with regard to the phenomenon in 2020–2025.		

SOURCES

Almohammad A. 2018. ISIS child soldiers in Syria: The structural and predatory recruitment, enlistment, pre-training indoctrination, training and deployment. The Hague: ICCT.

Aronen E. 1993. The effect of family counselling on mental health of 10–11-year-old children in low- and high-risk families: a longitudinal approach. Journal of Child Psychology and Psychiatry 34; 2: 155–156.

Bjørgo T. & Ravndal AJ. 2019. Extreme-Right Violence and Terrorism: Concepts, Patterns, and Responses. ICCT Policy Brief.

Bjørgo T. 1997. Racist and Right-Wing Violence in Scandinavia: Patterns, Perpetrators and Responses. Oslo: Tano Aschehoug

Caiani M. 2017. Radical right-wing movements: Who, when, how and why? Sociopedia.isa.

Child Welfare Act 417/2007.
Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Creutz K, Saarinen J & Juntunen M. 2015. Syrjintä, polarisaatio, nuoriso ja väkivaltainen radikalisoituminen [*Discrimination, polarisation, youth and violent radicalisation*]. SYPONUR interim report. SSKH Notat 5/2015.

European Council. 2014. Guidelines for the EU Strategy for Combating Radicalisation and Recruitment to Terrorism 2014. http://statewatch.org/news/2014/dec/eu-council-2014-11-27-13469-rev1-draft-strategy-radicalisation-recruitment.pdf

Europol. 2017. European Union terrorism situation and trend report 2017. https://www.europol.europa.eu/tesat/2017/

Ex Post Paper RAN H&SC. 2016. Children and youth growing up in a radicalized family/environment. 2016, Hamburg (DE).

Ex Post Paper RAN YF& C. 2018b. Vulnerable children who are brought up in an extremist environment. 21–22 June, Stockholm (SE).

Finnish Institute for Health and Welfare (THL). 2019. Huostaanotto [*Taking a child into care*]. Available in Finnish at: https://thl.fi/fi/web/lastensuojelun-kasikirja/tyoprosessi/huostaanotto

Goerzig C. & Al-Hashimi K. 2015. Radicalisation in Western Europe. Integration, public discourse, and loss of identity among Muslim communities. New York. Routledge

Gøtzscge-Astrup O. & Lindekilde L. 2019. Either or? Reconciling findings on mental health and extremism using a dimensional rather than categorical paradigm. Journal of Forensic Sciences. 64:4, 982–988.

Horgan J. 2008. From profiles to pathways and roots to routes: Perspectives from psychology on radicalization into terrorism. The Annals of the American Academy of Political and Social Science. 618; 16: 80–94.

Ministry of the Interior. 2016. National Action Plan for the Prevention of Violent Radicalisation and Extremism. Publications of the Ministry of the Interior 15/2016.

Ministry of the Interior. 2017a. Annual report 2017 National Action Plan for the Prevention of Violent Radicalisation and Extremism. Publications of the Ministry of the Interior 23/2017.

Ministry of the Interior. 2017b. Proposal for Arranging Cross-sectoral Cooperation on Managing Returnees from Conflict Zones, including a proposal for combining NGOs' services with the action of the authorities. Publications of the Ministry of the Interior 11/2017.

Ministry of the Interior. 2018. Violent extremism in Finland – situation overview 1/2018. Threat assessment of violent extremism in Finland in 2017 and trends. Women and children in radical Islamist terrorist organisations under special review. Publications of the Ministry of the Interior 13/2018.

Ministry of the Interior. 2019a. Preventive work to combat violent radicalisation and extremism. https://intermin.fi/en/police/violent-radicalisation

Ministry of the Interior. 2019b. Anchor manual on multi-professional Ankkuri (Anchor) work. Publications of the Ministry of the Interior 2019:16. Available in Finnish and Swedish at: http://urn.fi/URN:ISBN%20978-952-324-256-2

Ministry of the Interior. 2020. National Action Plan for the Prevention of Violent Radicalisation and Extremism 2019–2023: Government resolution 19 December 2019 Publications of the Ministry of the Interior 2020:3. Available in English at: http://urn.fi/URN:ISBN:978-952-324-625-6

Nyström A. 2018. Till Syrien och tillbaka – en kvalitativ studie om unga vuxnas resor till Syrien, deras livssituationer, behov och möten med myndigheter efter hemkomsten [*To Syria and back – a qualitative study about young adults and their journeys to Syria, their life situations and their encounters with authorities upon their return to Finland*]. Master's thesis, University of Helsinki.

Pels T. & de Ruyter DJ. 2012. The influence of education and socialization on radicalization: An exploration of theoretical presumptions and empirical research. Child Youth Care Forum 41:33, 311–325.

RAN Ex Post Paper. 2019. Understanding the mental health disorders pathway leading to violent extremism, 13 March 2019. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_h-sc_understanding_the_mental_health_190313_25_en.pdf

RAN Issue Paper. 2018a. Protective and promotive factors building resilience against violent radicalization.

Sedgwick M. 2010. The concept of radicalization as a source of confusion. Terrorism and Political Violence 22; 4: 479–494.

Sieckelinck S, Kaulingfreks F & De Winter M. 2015. Neither villains nor victims: Towards an educational perspective on radicalisation. British Journal of Educational Studies. 63; 3: 329–343.

Sikkens E, van San M, Sieckelinck S & de Winter M. 2017. Parental influence on radicalization and deradicalization according to the lived experiences of former extremists and their families. Journal for Deradicalization 12.

United Nations. 2016. Resolution A/RES/70/291. https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/291

Van der Heide L. & Geenen J. 2017. Children of the caliphate. Young IS returnees and the reintegration challenge. Den Hague: ICCT.

van Ginkel & Entenmann (eds.). 2016. The foreign fighter phenomenon in the European Union. Profiles, threats and policies. The Hague: ICCT.

14.6 Honour-related violence

Corresponding author: Lisa Grans, Åbo Akademi University
Co-authors: Pirjo Lillsunde, Ministry of Social Affairs and Health, and Johanna Latvala, Finnish League for Human Rights

Honour-related violence is characterised by the use or threat of gendered violence to protect or restore a family's honour when it is suspected that a family member is not complying (or does not intend to comply) with the rules related to social and sexual behaviour that are maintained by the community. Honour-related violence violates a child's physical and/or mental integrity or self-determination. This may include emtional or physical violence against the child, such as strict restrictions and control (related to social interaction and clothing, for example), abuse or forced marriage. Female genital mutilation (see Chapter 14.3) is also regarded as a form of honour-related violence.

Honour-related violence differs from other violence, such as corporal punishment, against children in the sense that its purpose is not only to punish or control the child's behaviour, but also to protect the family's reputation within the community. Actual or perceived external pressure to use violence to protect the family's honour plays an important role. In addition, honour-related violence is strongly gendered, because girls and boys are expected to behave differently (in a heteronormative manner). Consequently, most child victims of honour-related violence are pre-teen or teenage girls. Honour-related violence is also exercised by family members other than the parents, and there may be several perpetrators. When the community is aware of the child's behaviour, violence against the child will not necessarily be concealed from the members of the community. Instead, the family may seek to prove that they are cherishing their honour.

As yet, the prevalence and forms of honour-related violence have not been studied extensively in Finland, and separate statistics on honour-related violence have not been compiled. There is no separate action plan concerning honour-related violence in Finland, nor are there separate national guidelines for such occurrences of violence. The School Health Promotion Study of the Finnish Institute for Health and Welfare or the Youth Crime Survey of the Institute of Criminology and Legal Policy do not include separate questions concerning honour-related violence against children and young people. The Finnish League for Human Rights (2016)

has studied the visibility of the phenomenon in the work of the authorities and professionals, as well as their possibilities to prevent and address such violence. The study provides information about the various forms of honour-related violence in Finland, but does not examine its prevalence.

According to international human rights legislation, the authorities must not only punish, but also prevent, violence against children and members of other groups in vulnerable situations (e.g. European Convention for the Protection of Human Rights and Fundamental Freedoms CoE No 5 in 1950, Finnish Treaty Series 63/1999). The UN Convention on the Rights of the Child (1989) prohibits all physical and emotional violence against children (Finnish Treaty Series 59–60/1991).

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention, CoE No 2010 in 2011) expressly requires the prevention of and punishment for the various forms of violence and domestic violence against women, including honour-related violence (Finnish Treaty Series 53/2015, Article 5(2)).

This convention requires Finland to have guidelines in place on what actions to take to prevent honour-related violence and address situations involving a threat of violence (taking the special characteristics of the specific form of violence into account and through cooperation between various parties to protect and support the victim). The Convention also requires Finland to ensure that 'honour' cannot be deemed to justify acts of violence (Article 12). In addition, the Convention requires Finland to have programmes in place to teach non-violent behaviour to perpetrators of domestic violence so that violence can be prevented from being repeated and violent behaviour patterns can be changed (Article 16). (Council of Europe 2011, 19.) The provision also concerns honour-related violence. Finland has a very limited number of programmes for perpetrators of honour-related violence (see also Chapters 4 and 8).

According to the Act on Child Custody and Right of Access (361/1983; updated version 190/2019), a child must not be oppressed, subjected to corporal punishment or otherwise treated in a harmful manner, and their growth into independence, responsibility and adulthood must be supported and encouraged. The Criminal Code of Finland does not include provisions concerning honour-related violence in particular. Instead, general provisions on assault, coercion, illegal

threats and persecution, for example, apply to honour-related violence. All violence, including less severe violence, is prohibited by the Criminal Code, even in cases where a family member is guilty of such violence for parenting purposes (39/1889).

In Finland, strong social control and pressure, which may involve emotional violence, are common forms of honour-related violence. Another common form of honour-related violence is threatening with physical violence or death. According to the same report, violence against underage children, including severe physical violence, occurs in Finland, along with forced marriages. (Hansen et al., 2016.)

The most important actions to prevent honour-related violence include work to facilitate changes of attitude within communities and supporting parents and other family members in adopting non-violent upbringing, as well as providing information about the equality of boys and girls in connection with preventive child protection by addressing the issue at meetings between the parents and in early childhood education units, teachers or school healthcare professionals, for example.[25] Opportunities to address violence should not be neglected because of ethnic or cultural background. Timely discussions with parents are also the best way to prevent forced marriages and FGM. However, if someone at school, for example, notices that the child has disappeared (after the summer holiday or at another time), a child welfare notification must always be filed, and the authorities must investigate what has happened to the child (see also Chapters 4, 6, 8–9, 13).

Minimising the risk of honour-related violence (when deciding on custody and meeting rights, for example) requires that the relevant authorities, such as early education teachers, class teachers, the police and social welfare and healthcare professionals (e.g. school social workers) recognise the special characteristics of the form of violence in question and know how to act in situations where the child is at risk of honour-related violence. According to a study (2016) by the Finnish League for Human Rights, the authorities and professionals generally have insufficient

25 In addition to child welfare services, municipalities provide preventive child protection to promote children's and young people's wellbeing in cases where the child or the family is not a child welfare customer. Preventive child welfare is used to promote and safeguard the growth, development and wellbeing of children and to support parenting Preventive child welfare includes support and special support provided through education, youth work, day care, maternity and child health clinic services, and other social welfare and healthcare services. When a child is a child welfare client, such support is provided as part of outpatient care, foster care or aftercare. Child Welfare Act, section 3a.

information about the special characteristics of honour-related violence and how to address such violence. In 2012, the Ministry of Social Affairs and Health published an online training package related to honour-related violence in cooperation with other actors, but the content of the package is partly outdated.

Table 27. Honour-related violence. Objectives and actions for 2020–2025.

HONOUR-RELATED VIOLENCE		
General objectives: Honour-related violence against children is addressed and prevented more effectively across Finland		
Objective 1: Professionals whose work includes issues concerning honour-related violence are able to recognise, prevent and address honour-related violence.		
Actions	**Justification**	**Responsible parties and operators**
Action 1. The inclusion of the phenomenon of honour-related violence in the relevant authorities' basic and supplementary training will be negotiated. The existing training materials on honour-related violence (Ministry of Social Affairs and Health) will be updated and actively included in training. Information will be provided about honour-related violence.	The Istanbul Convention (Article 15) requires that training be organised for professionals working with victims or perpetrators of violence on preventing and recognising violence, as well as on equality, the victims' needs and rights and the prevention of revictimisation. The existing material includes both training materials and self-study materials, but many links are outdated. The authorities and professionals need information and training on the topic, and consistent training materials facilitate both the organisation of training and self-study. Discussion of the phenomenon in professional magazines would motivate professionals to seek additional and supplementary training.	Ministry of Social Welfare and Health, THL, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Economic Affairs and Employment, higher education institutions (incl. the Police University College), NGOs
Indicators: • By 2025, the relevant reports submitted by Finland to international human rights bodies will state that several relevant basic training programmes deal with the special characteristics of honour-related violence and their consideration in work and that additional and supplementary training programmes on the topic are in progress. • The training materials have been updated and have been taken into use by the end of 2022.		

Actions	**Justification**	**Responsible parties and operators**
Action 2. Clear instructions concerning honour-related violence against children will be prepared for early education teachers, class teachers, the police, and social welfare and healthcare professionals (incl. school social workers).	According to the study (2016) by the Finnish League for Human Rights, key professionals need guidelines on how to act when they encounter victims of honour-related violence in their work. The Istanbul Convention's requirement for appropriate training (Article 15) includes a requirement to prepare clear instructions for various occupational groups (Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence, section 99).	Ministry of Social Affairs and Health, THL, Ministry of Justice, Ministry of the Interior, Ministry of Education and Culture, National Police Board of Finland, Finnish National Agency for Education Municipalities Human rights organisations and organisations working with and for children
Indicators: By the end of 2025, early education teachers, class teachers, the police, and social welfare and healthcare professionals (incl. school social workers) will have clear guidelines for situations concerning honour-related violence against children.		

Objective 2: Cooperation between organisations and communities against honour-related violence is supported.		
Actions	**Justification**	**Responsible parties and operators**
Action 3. Cooperation between the authorities and organisations (incl. immigrant organisations) against honour-related violence will be increased, and sufficient resources will be ensured for the organisations.	According to the Istanbul Convention (Article 9), the state must support non-governmental organisations' and civic society operators' work against honour-related violence. Non-governmental organisations working with immigrant communities play a key role in promoting equality between girls and boys and in providing information about the harmful effects of violence within communities that practise the tradition with the goal of changing attitudes to encourage anti-violence attitudes.	Ministry of Social Affairs and Health, Ministry of Economic Affairs and Employment, National Police Board of Finland Municipalities Network coordinated by the Finnish League for Human Rights against honour-related violence Immigrant organisations
Indicators: Reports to providers of funding show in 2025 that non-governmental organisations' work concerning honour-related violence is nationally more extensive and systematic than in 2019 and that child victims are taken into account in their work.		

Actions	**Justification**	**Responsible parties and operators**
Action 4. Guidelines will be prepared to support discussions with families in preventive child protection.	Through preventive child protection, it is possible to prevent violence in accordance with the requirements of the Istanbul Convention (CoE 2011, Article 11), the UN Convention on the Rights of the Child (UN 1989, Article 19), the Child Welfare Act (417/2007) and the Social Welfare Act (1301/2014). Families must be provided with alternatives to the use of honour-related violence and with information about equality between girls and boys. In addition, it may be advisable to include other family members than the parents in discussions between child welfare professionals and the family if the parents pose a threat to the child's safety.	Ministry of Social Affairs and Health, THL, the network coordinated by the Finnish League for Human Rights against honour-related violence Human rights organisations and organisations working with and for children
Indicator: Guidelines to support the prevention of honour-related violence in preventive child protection will have been prepared by 2022.		

Objective 3: Information is collected about the extent and forms of honour-related violence and about its effective prevention		
Actions	**Justification**	**Responsible parties and operators**
Action 5. A question measuring the prevalence of honour-related violence will be prepared that may possibly be included in the School Health Promotion Study in the future. Information about parties that offer help is provided in connection with the potential question.	The Istanbul Convention (Article 11) includes a requirement to compile statistics on various forms of violence against girls and women and to prevent such violence. Studies on honour-related violence against children have not previously been prepared in Finland. Information about the prevalence of various forms of honour-related violence will facilitate allocation of resources. The School Health Promotion Study also offers good opportunities to provide pupils and students with information about where to get help with issues concerning honour-related violence.	THL, NGOs, researchers
Indicators: With regard to the School Health Promotion Study, the possibility to include a question measuring the prevalence of honour-related violence is examined. It would be possible to provide information about national actors that offer help in connection with the question.		

Actions	**Justification**	**Responsible parties and operators**
Action 6. Possibilities to compile statistics on crimes related to honour-related violence will be explored.	The Istanbul Convention (Article 11) requires that statistics be compiled on the prevalence of honour-related violence and that research be supported, so that the basic causes and consequences, prevalence, conviction rates and the effectiveness of implemented actions related to this phenomenon can be studied. A study is needed that examines the effectiveness of various prevention methods.	Ministry of the Interior, National Police Board of Finland, Institute of Criminology and Legal Policy/ University of Helsinki, THL, Ministry of Social Affairs and Health
Indicators: Possibilities to compile statistics on honour-related violence are explored by 2022.		

SOURCES

Child Welfare Act 417/2007.
Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417.

Council of Europe (CoE). 2011. Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series No. 210.

Council of Europe Treaty Series No 2010 in 2011 and Finnish Treaty Series 53/2015. Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. (Istanbul Convention). CoE Treaty Series No 2010 in 2011 available in English at: https://rm.coe.int/168008482e. Finnish Treaty Series 53/2015. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053

Council of Europe Treaty Series No 5 in 1950 and Finnish Treaty Series 63/1999.
European Convention for the Protection of Human Rights and Fundamental Freedoms, the 'European Convention on Human Rights'. CoE Treaty Series No 5 in 1950 available in English at: https://www.coe.int/en/web/conventions/search-on-treaties/-/conventions/rms/0900001680063765.
Finnish Treaty Series 85–86/1998 available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1999/19990063

Criminal Code of Finland 39/1889. Available in English at: https://www.finlex.fi/fi/laki/kaannokset/1999/en19990731.pdf

Hansen S, Sams A, Jäppinen M & Latvala J. 2016. Kunniakäsitykset ja väkivalta – selvitys kunniaan liittyvästä väkivallasta ja siihen puuttumisesta Suomessa [*Concepts of honour and violence – A report on honour-related violence and its addressing in Finland*]. Finnish League for Human Rights.

Laki lapsen huollosta ja tapaamisoikeudesta annetun lain muuttamisesta 190/2019. [*Reform of the Act on Child Custody and Right of Access*] Available in Finnish at: https://www.finlex.fi/fi/laki/alkup/2019/20190190#Pidp446453008

United Nations A/RES/44/25 in 1989 and Finnish Treaty Series 60/1991. Convention on the Rights of the Child. UN Convention on the Rights of the Child A/RES/44/25 in 1989) available in English at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx. Finnish Treaty Series 60/1991. Available in Finnish at: https://www.finlex.fi/fi/sopimukset/sopsteksti/1991/19910060/19910060_2

ADDITIONAL MATERIAL

Grans L. 2017. Honour-Related Violence and Children's Right to Physical and Psychological Integrity, Nordic Journal of Human Rights. 35:2.

Hong T. 2017. Valtion huolellisuusvelvoite kunniaan liittyvän väkivallan vastustamisessa [*The state's duty of care in combating honour-related violence*]. In: Niemi, Johanna, Kainulainen, Heini and Honkatukia, Päivi, Sukupuolistunut väkivalta. Oikeudellinen ja sosiaalinen ongelma [*Gendered violence. A legal and social problem*].

Honkatukia P. & Keskinen S. 2017. The social control of young women's clothing and bodies: A perspective of differences on racialization and sexualization. Ethnicities. 18:3.

Lidman S. & Hong T. 2018. "Collective violence" and honour in Finland: a survey for professionals. Journal of Aggression. 10:3.

14.7 Violence against children in religious communities – the perspective of experts by experience

Corresponding author: Katariina Kilpeläinen
Co-authors: Epi Ylinen, Seija Ristolainen and Rauni Kortesalmi

This chapter addresses violence against children in religious communities from the perspective of experts by experience. This chapter differs from the other chapters of this Action Plan in the sense that the content is provided by adults who have experienced violence during their own childhood. The steering group for the prevention of violence against children at the Finnish Institute for Health and Welfare considered the discussion of this topic to be such a significant part of the phenomenon of violence against children that the group decided to include this chapter in the Non-violent Childhoods 2020–2025 Action Plan. In addition to the information provided by experts by experience, there is some research-based information collected in Finland about violence against children in various religious communities. In addition, the media has brought up a few cases of violence, which have provoked discussion about the phenomenon.

The authors of this chapter are mainly experts by experience participating in peer support groups, in addition to authors to whom the matter is familiar through their various roles, for example as professionals One of the authors has broad and varied experience in helping victims of domestic violence. Experts by experience contribute to many peer groups that discuss violence in religious communities. Such peer groups include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon Family Groups for friends and relatives of alcoholics and the UUT (Support for Victims of Religious Abuse). The largest peer groups within the UUT are Pentecostalists, Jehovah's Witnesses, Mormons and Laestadians. The experiences presented in this chapter are related to three religious communities: Laestadianism, Pentecostalism and the Evangelical Lutheran Church.

The members of the peer groups are adults who have been traumatised due to violence in their childhood or youth. At the time it took place, they had no tools or opportunities to understand and process the consequences of having been victimized by severe violence. They have not been able to process these experiences until adulthood.

The authors are members of the following peer groups:

Some of the names of the peer groups have been changed to ensure anonymity.

#memyös (metoo): around 12,000 members; people who have been subjected to sexual violence and harassment at different ages; closed Facebook group; no daily interaction.

#support group for people in the stabilisation phase of dissociative symptoms: around 600 members; mainly people who have, as children, been subjected to various types of violence, such as sexual violence, and who are now in the stabilisation phase of trauma; closed Facebook group; daily discussion about the various aspects of dissociation.

#syvällesukeltajat (deep divers): around 30 members; people who have been subjected to sexual violence in their childhood or youth; most of the members have been severely traumatised; former or active members of Pentecostalism, Laestadianism and the Evangelical Lutheran Church, among other religious communities; peer support activities are based on active, journal-like dialogue.

#korpivaellus (journey through the wilderness): around 30 members; a network for women who are or have been members of the Laestadian community and have been subjected to sexual violence as children; discussion forum; real-life meetings are the primary form of interaction. Some of the members have distanced themselves from the religious community. The members of the peer group also know a large number of victims who are not part of the network. Many of the members of the group have formed a clear understanding of phenomena related to violence and their impacts on the whole community.

Introduction

According to the Church Research Institute, there are around 1,000 registered religious communities in Finland. In this chapter, 'religious community' refers to a community organised closely around religion. Tens of thousands of children in Finland are living within the sphere of influence of religious communities (Hurtig 2011).

In this chapter, the descriptions of violence are mainly related to spiritual and sexual violence, because the experts by experience who contributed to this chapter are most familiar with these types of violence through their personal experiences. Religious communities also involve many other phenomena related to violence that are discussed in this Action Plan (e.g. Chapters 8 and 13). Generally, all of the issues discussed in the programme can also apply to the context of religious communities, as religious communities are part of the surrounding society. Religion has not been proven to eliminate violence (e.g. Linjakumpu 2015, Hurtig 2013, Ruoho 2013).

When it comes to serious violent crime, the authorities must always have a role in managing and preventing incidents. Religious communities do not have sufficient expertise or authority to manage issues of this type, but they have a statutory obligation to report to the authorities any suspected cases of sexual violence against children, for example. In Finland, sexual violence against children in religious communities became a topic of public discussion through cases reported in the media. Sexual violence within Conservative Laestadianism in particular has been discussed publicly, and the reported cases have driven transformation and discussion within the community (Hurtig 2011). Changes in the practices of a religious community often arise from within the community when difficult or hushed-up issues are finally addressed.

In this chapter, it is suggested that religious communities should have ethical guidelines or codes that safeguard the interests of children in suspected cases of violence against children.

Spiritual violence

According to the Evangelical Lutheran Church (EVL 2018), **spiritual violence** is emotional violence that involves a religious dimension. Spiritual violence manifests itself as intimidation, proselytising, blaming, exclusion and control in an effort to invalidate other people's worldviews, lifestyles or opinions. (Pisilä 2014, 1.) Through spiritual language and meanings, a person can be made to feel that there is something fundamentally wrong with them or that they have made a serious mistake (Hurtig 2013, 152). According to Ruoho (2013, 18), spiritual violence includes all forms of violence that involve a spiritual dimension to any degree. In other words, violence can be emotional, physical, sexual or financial.

Spiritual violence is invisible and difficult to detect and define. It is a hidden phenomenon that is not often discussed outside religious circles. However, not all violence within religious movements is spiritual violence. (Linjakumpu 2015, 10.)

Membership of a religious community often provides externally stable conditions for family life. However, religions do not automatically provide safety in childhood. The parents' personalities, life histories, abilities and capabilities, as well as the overall family situation, shape parenthood and, consequently, childhood more effectively than religious convictions. (Hurtig 2013,140–143.) Distorted power relations in a family may manifest themselves as circumstances where the adults decide what is good, true and right. In such circumstances, the child is deprived of opportunities to express their views. If spiritual interpretations are combined with distorted power relations, the family may form an operating model in which the adults are repeatedly entitled to mercy and forgiveness, while the child has an obligation to understand the parents, forgive and keep quiet. The child always has weaker opportunities to assign meanings than the adult (Hurtig 2011) (see also Chapter 8). In the experiences of the experts by experience who contributed this chapter, spiritual violence is intertwined with other experiences of violence in situations where violence is sought to be addressed within the family or religious community.

Sexual violence against children in religious communities

Suspected cases of sexual offences against children must always be reported to the police and the child welfare authorities, even if the reputation of the religious community is at stake. No religious community has the right to ignore the authorities and the law by discussing the issue only within the religious community or disregarding the issue (Child Welfare Act [417/2007], section 25; Ruoho 2013, 236–239). The religious community must not assess the severity of the violence in any suspected cases. Instead, they must listen to the victims and report the cases to the authorities in line with a low-threshold policy (see e.g. Evangelical Lutheran Church of Finland 2018).

For a member of a religious community, the community is a significant context affecting the life of the individual and their family. For this reason, the meanings that the community assigns to violence may have an impact on speaking about experiences of violence. If the community expects violence-free family life

according to their norms, families may try to avoid and postpone addressing issues (Hurtig 2011). Religious communities do not have any characteristics that in themselves would prevent sexual violence against children from occurring at home (Laitinen 2004). According to Kallio (2019), sexual violence is usually concealed by openness. It occurs in places and relationships that are expected to be safe, which prevents the abuser from being exposed.

Religious communities are not separate from the rest of the society, and violence against children can occur in religious communities – physical, sexual and emotional violence. Special features to the phenomenon may be affected by how violence is addressed and in attitudes towards those who bring up their experiences of violence. A religious community may expect individuals to be adaptable, flexible, diligent, committed to the community and cooperative. For a member who has experienced violence, these unspoken expectations may become a burden. Personal experiences may be in conflict with the official teachings of the community and other members' ways of speaking and thinking, which may make it difficult for an individual to speak about their experiences (Hurtig 2011).

According to Karjanlahti (2015, 69), people who had experienced sexual violence as children felt that their background as a member of a religious community had a negative impact on exposing and addressing sexual violence. In her study, Hurtig (2013, 178) pays attention to the lack of courage and action in identified cases of sexual offence. People who have been subjected to sexual violence in a religious community may have felt abandonment, belittlement and lack of support from their family and friends (Karjanlahti 2015, 66). Inappropriate attitudes towards the victim after sexual violence and the related events have been revealed are traumatising for the victim (Laitinen 2012, 162–163). According to Salin (2012, 109–111), if the victim is made to feel guilty, they are susceptible to depression and feelings of detachment at home and in their circle of friends.

The community may have certain authority figures that people have learned to trust. In such circumstances, it may be difficult for the child to challenge the adult, who may have a position of authority. In a religious community, people may feel that what the community has to offer is the only way to salvation and truth, and that the rights of an individual are secondary (Hurtig 2011). People may feel that if an individual is questioning a religious authority figure, they are actually questioning God (Ruoho 2013, 18–21). The ways of thinking of the members of

some religious communities include elements of what is known as 'prosperity theology'. This means that believers are under special protection. God gives only happiness, success and good things to his own, and difficulties are not supposed to be part of life.

Addressing violence in religious communities may be challenging because the perpetrator may cover up their acts through religion or justify their abusive behaviour towards the victim through religion and religious teachings. It is particularly difficult for children to speak about the violence they have experienced if they have been disparaged or silenced or have been intimidated by threats of sin and the fire of hell if they tell anyone. Experiences of this type have been shared in the peer groups referred to in this chapter. The groups have also discussed the fact that sexual violence against boys is not always identified in religious communities, and that women can also be perpetrators.

The following experiences of individuals have been selected in such a way that they reflect the experiences of violence of many peer group members and the consequences of violence:

- An adult/parent using sexual and other forms of violence silences the victim by requiring forgiveness and intimidating them by referring to the Bible. Sometimes the perpetrator justifies the sexual violence by reciting biblical quotations, such as "God himself will provide the lamb for the offering". The abuse of biblical quotations and forgiveness in upbringing and the exercise of power cause anxiety in the child, because the child feels that they cannot live by the Bible. The child fears the punishment – that they will be "cast into the lake of fire and brimstone", or that God will teach them a lesson, or that the Heavenly Father will punish them, or: "But if you do not forgive others their sins, your Father will not forgive your sins". (Experts by experience.)
- "I didn't realise that something was wrong until my father apologised to me for having sexually abused my sister. I was ten years old when he apologised. He never apologised for having sexually abused me – not to me or my sister. He just proclaimed that all confessions must be kept secret and that

we must not tell anyone. He later forced me to apologise to my mother for having pleased him sexually. I was intimidated by threats of faith and sin. The situation was turned around, and the child was silenced. The child was made out to be the guilty party, and the adult shunned all responsibility." (Expert by experience.)

- "I proclaimed absolution to my perpetrator for his sins in the name of Jesus and His blood, after he had raped me and caused severe physical damage when I was five. After I had granted absolution to him, my mother said that I would not remember anything about what had happened because I was so young. And I didn't, for decades – until the incident finally resurfaced in my consciousness, and my current family and I were hit by a deep crisis. I was angry and bitter towards the perpetrator and my mother, because they had not addressed the abuse in any way, even though they should have done so. My current family had absolutely nothing to do with the incident, but they suddenly found themselves in the middle of an endless nightmare. I spent years in therapy, and that was a time of great uncertainty for my family. Some of my children had conflicts, and they had difficulty finding their place in life or building a long-lasting relationship. It isn't easy for children to find a good direction for their lives when the mother's soul has been broken. Many of my children and their friends began to avoid our religious community. My children abandoned not only the community, but also their Saviour, which makes my heart bleed." (Expert by experience.)
- "The mother or an adult or sibling taking care of the child may sometimes mask sexual violence as care. For example, a perpetrator may apply cream to a small child's external genitals in a way that makes the child squirm and seek to escape the situation, but the perpetrator continues to apply cream in such a way. If an outsider walks in, they will not notice anything unusual: the perpetrator is only caring for the baby. A mother may also use toys and other objects to penetrate a child." (Expert by experience.)

The significance of the mother-child relationship and women as perpetrators

As stated in the previous chapter, religious communities may have norms for family life that the members are expected to follow. This can make it more difficult to address problems in families. This paragraph discusses mothers as perpetrators in religious communities, based on the experiences of the experts by experience who have contributed to this chapter. This topic has barely been studied in Finland.

Motherhood has great value and significance in Laestadianism. The infallible Sarah, a biblical matriarch, is seen as a role model. Cases where the mother has enabled sexual or other types of violence, or has been the perpetrator, have been discussed in peer groups for people who have experienced violence in a religious community. In families with many children, the children often grow up at home with the mother, because this is the most economical option. In such circumstances, the mother can use many types of violence, subjugation and manipulation without anyone noticing anything. At the same time, the mother may seek to raise her children, girls in particular, to become carers, to reduce her workload at home. Children may be expected to work from morning to night, and their primary duty is to help and support the mother. The children have no time for normal play. Their natural tendencies and strengths are ignored or are not appreciated as they are required to take excessive responsibility for their siblings and for running the household. They are unable to form an identity, and it is difficult for them to feel valuable. In such families, the children do not usually get any support for school or friendships. The older siblings may be forced to occasionally skip school and look after the younger siblings. This may make it difficult for them to live alone and build a life later. (Experts by experience.)

A mother's decision to protect her children from violence by leaving a violent partner should not evoke guilt in the mother (cf. Child Protection Act, section 4). Although divorce is regarded as a sin in many religious communities, the reasons leading to divorce are overlooked. After a divorce in such circumstances, the mother spends all her energy on processing her and her children's symptoms of trauma and running the household (see Chapter 10.3). The perpetrator may spread misinformation and slander his former partner and family and thereby provoke a reaction in the community that meets the criteria for persecution by turning the other members of the community against his victims (see also Chapter 8). In Laestadianism, many women who have gone through divorce have networked, and they feel that they have received valuable peer support. (Experts by experience.)

Action/lack of action by professionals

According to experts by experience who have been subjected to violence in religious communities, professionals in various fields do not always see them as individuals because of preconceived notions. Examples of meetings of this type:

- A Laestadian man who had been subjected to severe sexual violence and other forms of violence by his mother was left without help because of the strong views of an employee at a psychiatric clinic. In this employee's opinion, Laestadian mothers are victims to such an extent that all excesses can be explained by stress.
- There are cases in which underage children have repeatedly taken their younger siblings to emergency clinics, but healthcare professionals have not intervened in any way. Such situations reoccur in large families.
- The school/maternity and child health clinic services/ child protection department has not addressed symptoms experienced by children, because: "They're Laestadian, so the family is a little strange". Even severe symptoms have been explained in this way.
- The child protection department has not taken the children into custody, because the family is large, and taking many children into custody at the same time would be costly for the municipality.
- At school, the reasons for absences have not been addressed when a child has repeatedly stayed at home to take care of their younger siblings, because the mother has had other things to do. Such situations reoccur in large families.
- A home help who took care of the children in a family during the day was completely indifferent to the fact that the children spent the evening and night on their own. The family had eight children, and the oldest, a 13-year-old, took care of the younger siblings, with the youngest one being a 2-year-old. The parents were on a subsidised one-week spa holiday.

- Religious themes and experiences have been discussed in therapy or similar contexts because of the curiosity of the therapist or other professional. The treatment has been derailed, and has not been helpful for the client. Matters arising from the young person's needs have been overlooked, and in the worst case, they have been left without any help.
- "When I have been seeking help for my problems, it has been hurtful if there has been a tendency to affect my spirituality. In my therapy as an adult, it has been possible to also discuss religious themes. This has required respect, trust and even a good sense of humour. I wish everyone who has been wounded in a religious community would have the opportunity experience something like this. Assumptions and strict views are not beneficial for anyone. All they do is make you close up."
- "Cooperation with the victims and their communities should be based on respectful dialogue that strengthens what is good and works to prevent violence against children."
- "Many members of peer networks who have experienced sexual violence feel that the actions and attitudes of child welfare departments and the police have traumatised them further. For the victims, the priority is treatment that supports them appropriately – that is, psychotherapy. The action taken by the police must serve to ensure that the criminal action is discontinued, that there will be no more victims and that the perpetrators are held accountable."

The good features of religious communities

Religious communities also have many features that empower individuals and prevent violence.

Most families in religious communities are ordinary and healthy Finnish families. Religious communities are dear and important to many of their members. Singing and playing music together in particular bring safety and joy to everyone, including children. At its best, a strong sense of community is enriching, based on good interaction between people of different backgrounds. The teachings of religious

communities do not justify violence, but biblical interpretations may distort people's thinking.

Peer support activities have emerged in the Laestadian community over the past few years, and have been well received among the members. The Central Association of the Finnish Associations of Peace (SRK) has supported these activities by organising peer support courses at adult education centres. The people participating in peer support activities have usually processed their traumatic experiences to some extent. They are relieved to find that they are not alone with their experiences. In peer support groups, the participants can talk openly, freely and without fear.

It is important to process traumatic memories, because unconscious memories may leave the victim susceptible to overwhelming emotions, observations, behavioural patterns and bodily sensations. With a more coherent understanding of their life story, the victims will find a richer social, autobiographical and bodily feeling of their present self. (Siegel 2010, 331,320.) Peer support activities have been found to support this process.

- 'I have received a great deal of help and support from the Laestadian people in my life who have actually and beautifully lived their lives in accordance with their faith. I have received support from them even when I have not been sure whether I want to belong to the community any longer.' (Experts by experience)

Many people who have experienced violence or abuse in religious communities nevertheless feel that their convictions and faith bring them safety, which is why the victims do not necessarily leave their religious communities.

Table 28. Violence against children in religious communities. Objectives and actions for 2020–

14.7 VIOLENCE AGAINST CHILDREN IN RELIGIOUS COMMUNITIES – THE PERSPECTIVE OF EXPERTS BY EXPERIENCE		
Objectives: An ethical operating model (ethical code) will be created for religious communities to address situations related to violence against children in accordance with the regulations and the child's interests, as well as ensuring the reliability of the people participating in the activities of religious communities.		
Actions	**Justification**	**Responsible parties and operators**
Action 1. The social work departments or boards of directors of the local and central organisations of religious communities/churches will prepare a clear operating model for addressing situations related to violence against children (cooperation with child welfare services, the police and healthcare).	Children are entitled to respectful treatment, physical integrity, an understanding of their bodily autonomy and an awareness of being protected by adults (Convention on the Rights of the Child, Finnish Treaty Series 59–60/1991). The public authorities must guarantee the observance of basic rights and human rights (Finnish Constitution, section 22). According to section 25 of the Child Welfare Act, parishes and other religious communities also have an obligation to report suspected cases of violence against children, for example. Difficult issues are easier to address when clear guidelines are in place.	Local and national management in religious communities/ churches Ministry of Social Welfare and Health, THL
Indicators: • An ethical operating model for situations related to violence against children will have been introduced in various religious communities by 2025. • The central organisations of religious communities will monitor and assess compliance with the operating model annually and will also collect information from their locations.		

Actions	**Justification**	**Responsible parties and operators**
Action 2. The backgrounds of employees and, if the requirements are fulfilled, also holders of positions of trust in religious communities/churches are checked in accordance with the related law, and people who have engaged in inappropriate behaviour are released from their duties or positions of trust.	Act on checking the criminal background of persons working with children (504/2002). Holders of administrative positions and people working with children and young people must be suitable for their duties in terms of ethics and criminal law. In suspected cases of violence, external and objective authorities must be consulted to ensure that the child's interests are safeguarded.	Ministry of the Interior, National Police Board/ the police, Ministry of Justice
Indicators: The persons in charge/boards of directors in religious communities monitor and assess annually how many background checks have been conducted in local and central organisations and whether persons who are reported to have committed, are suspected of having committed or have been convicted of committing crimes of violence against children have been released from their duties or positions of trust.		

SOURCES

Act on checking the criminal background of persons working with children (504/2002). Available in English at: https://www.finlex.fi/en/laki/kaannokset/2002/20020504

Child Welfare Act 417/2007. Available in English at: https://www.finlex.fi/en/laki/kaannokset/2007/en20070417

Evangelical Lutheran Church of Finland (EVL). 2018. Turvallinen seurakunta. [*A Safe Parish*.] Publications of the Evangelical Lutheran Church of Finland 2018. Available in Finnish at: https://evl.fi/documents/1327140/44385363/turvallinen-seurakunta-julkaisu.pdf

Hurtig J. 2011. Tuntematon turvattomuus – uskonnollinen yhteisö lapsena koetun väkivallan ympäristönä [*Unknown insecurity – Religious community as an environment for violence experienced in childhood*], in: J. Simola, J. Ihalainen, K. Kuusinen-James, M. Seppänen, & T. Rytkönen (eds.). Turvallinen perhe-elämä ei synny sattumalta [*Safe family life is not created by chance*]. Municipal service structure development project. Regional Council of Päijät-Häme A189. 2011. Available in Finnish at: https://docplayer.fi/6492029-Turvallinen-perhe-elama-ei-synny-sattumalta.html

Hurtig J. 2013. Taivaan taimet. Uskonnollinen yhteisöllisyys ja väkivalta [*Seedlings of heaven. Religious community and violence*]. Vastapaino. Hansaprint. 2013.

Karjanlahti K. 2015. Lapsen seksuaalinen hyväksikäyttö. Uhrien kokemuksia oireista ja tunnistamisesta sekä läheisten ja uskonyhteisön suhtautumisesta uhriin ja tekijään ilmitulon jälkeen [*Sexual abuse of children. Victims' experiences of symptoms and identification and the attitudes of close ones and the religious community towards the victim and the perpetrator after exposure*]. Final project. Vaasa University of Applied Sciences (VAMK). Health Care and Social Services. 2015.

Laitinen M. 2004. Häväistyt ruumiit, rikotut mielet [*Disgraced bodies, broken minds*]. Doctoral dissertation. University of Lapland, Rovaniemi. Tampere: Vastapaino.

Laitinen M. 2012. Lapsen seksuaalisen hyväksikäytön epäilyn tutkiminen [*Evaluation of suspected child sexual abuse*]. In: Maijan tarina [*Maija's story*]. 156–168. Eds. Hurtig J & Leppänen M. Hämeenlinna. Kariston Kirjapaino.

Linjakumpu A. 2015. Uskonnon varjot. Hengellinen väkivalta kristillisissä yhteisöissä [*Shadows of religion. Spiritual violence in Christian communities*]. Tampere: Vastapaino.

Pisilä M. 2014. Hengellisen väkivallan mestari [*The Master of Spiritual Violence*]. Master's thesis. University of Eastern Finland. 2014

Ruoho A. 2013. Päästä meidät pelosta. Hengellinen väkivalta uskonnollisissa yhteisöissä. [*Deliver us from fear. Spiritual violence in religious communities.*] Kustannusosakeyhtiö Nemo. Helsinki: Hansaprint.

Salin E. 2012. Trauman synty ja korjaaminen [*Origin and treatment of trauma*]. In: Hurtig Johanna, Leppänen Mari. Maijan tarina. Lasten seksuaalinen hyväksikäyttö yksilön ja yhteisön traumana [*Sexual abuse of children as individual and communal trauma*]. Kirjapaja. Hämeenlinna: Kariston Kirjapaino.

Siegel DJ. 2010. Mielitaju. Original work in English: *Mindsight. The New Science of Personal Transformation.* Basam Books Oy. Helsinki 2010.

APPENDICES

Appendix 1 Document of establishment the steering group in 2018

TERVEYDEN JA HYVINVOINNIN LAITOS

PÄÄJOHTAJAN PÄÄTÖS 46/2018 1(4)
THL/1/0.01.00/2018

4.9.2018

KANSALLISEN LASTEN JA NUORTEN TURVALLISUUDEN EDISTÄMISEN OHJELMAN LAPSIIN KOHDISTUVAN VÄKIVALLAN EHKÄISY

Terveyden ja hyvinvoinnin laitos (THL) asettaa ohjausryhmän vuosille 2018 – 2025 laatimaan, seuraamaan ja arvioimaan *Kansallisen lasten ja nuorten turvallisuuden edistämisen ohjelman* lapsiin kohdistuvan väkivallan ehkäisyn osa-alueelle asetettavia tavoitteita ja toimenpiteitä.

Taustaa

THL:n koordinoiman Kansallisen lasten ja nuorten turvallisuuden edistämisen ohjelman tavoitteena on alle 25-vuotiaiden tapaturmien ja itsemurhien sekä alle 18-vuotiaisiin kohdistuvan väkivallan ehkäiseminen. Maaliskuussa 2018 THL:n ja sosiaali- ja terveysministeriön yhteisellä päätöksellä lapsiin kohdistuva väkivalta lisättiin uutena kokonaisuutena ohjelmaan. Vuodesta 2017 lähtien alaikäisiin lapsiin kasvatustarkoituksessa kohdistettu kuritusväkivalta on ollut osa ohjelmaa jatkona sosiaali- ja terveysministeriön Älä lyö lasta -toimintaohjelmalle 2010 – 2015.

Vuodesta 2016 lähtien *Lasten ja nuorten turvallisuuden edistämisen ohjelman* ohjausryhmänä on alle 25-vuotiaiden tapaturmien ja itsemurhien ehkäisyn osuudessa toiminut sosiaali- ja terveysministeriön *Koti- ja vapaa-ajan tapaturmien ehkäisyn koordinaatioryhmä*. Koska em. koordinaatioryhmä koostuu lähinnä tapaturmien ja onnettomuuksien ehkäisyn asiantuntijoista, nähdään tarpeellisena perustaa *Lasten ja nuorten turvallisuuden edistämisen ohjelman* lapsiin kohdistuvan väkivallan ehkäisyn kokonaisuutta ohjaamaan oma erillinen ohjausryhmä.

Ohjausryhmän tehtävä

1) Ohjata, toimeenpanna ja seurata Kansallisen lasten ja nuorten turvallisuuden edistämisen ohjelman alle 18-vuotiaisiin kohdistuvan väkivallan ehkäisytyötä kansallisesti.
2) Valmistella ja laatia tavoite- ja toimenpidesuunnitelma vuosille 2019 – 2025 em. ohjelman lapsiin kohdistuvan väkivallan ehkäisyn osuuteen.
3) Osallistua em. ohjelman lapsiin kohdistuvan väkivallan ehkäisy -osuuden väliarviointityöhön vuonna 2022 ja ohjelmakauden 2018 – 2025 tulosten arviointiin vuosina 2024 – 2025.

Ohjausryhmän kokoonpano

Puheenjohtaja ja varapuheenjohtaja

Terveyden ja hyvinvoinnin laitos (THL) nimeää suostumuksensa mukaisesti asetettavaan ohjausryhmään:

Puheenjohtaja	Pirjo Lillsunde, neuvotteleva virkamies, sosiaali- ja terveysministeriö
Varapuheenjohtaja	Pekka Heikkinen, poliisitarkastaja, Poliisihallitus

www.thl.fi

Terveyden ja hyvinvoinnin laitos • Institutet för hälsa och välfärd • National Institute for Health and Welfare
Mannerheimintie 166, Helsinki, Finland PL/PB/P.O. Box 30, FI-00271 Helsinki, puh/tel +358 29 524 6000

Jäsenet

THL nimeää jäseniksi suostumuksensa mukaisesti seuraavat henkilöt (varajäsenet on merkitty sulkuihin)

Ensi- ja turvakotien liitto (ETKL)	Tiina Muukkonen, kehittämispäällikkö
Helsingin ja Uudenmaan sairaanhoitopiiri (HUS)	Merja Oksanen, osastonlääkäri (Irene Ojansuu, sosiaalityöntekijä)
Itsenäisyyden juhlavuoden lastensäätiö (Itla)	Taina Laajasalo, tieteellinen päätoimittaja (Petra Kouvonen, kehitysjohtaja, säätiön asiamies)
Itä-Uudenmaan poliisilaitos	Heidi Niemi, rikoskomisario (Eija Valonen, ylikonstaapeli)
Kuopion yliopistollinen sairaala (KYS)	Marja Darth, apulaisylilääkäri (Tarja Koskinen, linjajohtaja)
Lapsiasiavaltuutetun toimisto	Merike Helander, lakimies
Lastensuojelun Keskusliitto (LSKL)	Sauli Hyvärinen, johtava asiantuntija
Lyömätön linja Espoossa ry	Miika Peltonen, väkivaltatyön asiantuntija (Mika Värränkivi, väkivaltatyön asiantuntija)
Mannerheimin Lastensuojeluliitto (MLL)	Marie Rautava, ohjelmajohtaja (Tatjana Pajamäki, auttavien puhelinten päällikkö)
Maria Akatemia ry	Hanna Kommeri, ehkäisevän väkivaltatyön vastaava (Sari Nyberg, toiminnanjohtaja)
Oikeusministeriö (OM)	Elina Ruuskanen, erityisasiantuntija (Minna Piispa, neuvotteleva virkamies)
Opetushallitus (OPH)	Marjo Rissanen, opetusneuvos (Miriam Schwartz, asiantuntija)
Opetus- ja kulttuuriministeriö (OKM)	Heli Nederström, opetusneuvos
Pelastakaa Lapset ry	Nina Vaaranen-Valkonen, erityisasiantuntija (Jenni Häikiö, suunnittelija)

Pirkanmaan sairaanhoitopiiri (PSHP)	Minna Joki-Erkkilä, apulaislääkäri (Teija Hyytiäinen, erikoislääkäri)
Pohjois-Pohjanmaan sairaanhoitopiiri (PPSHP)	Tiina Tenhunen, erikoislääkäri
Poliisihallitus (POHA)	Måns Enqvist, poliisitarkastaja
Sosiaali- ja terveysministeriö (STM)	Marjo Malja, sosiaalineuvos (Ritva Halila, ylilääkäri)
Suomen Kuntaliitto ry	Hannele Häkkinen, erityisasiantuntija (Aila Puustinen-Korhonen, erityisasiantuntija)
Suomen Mielenterveysseura	Marjo Hannukkala, johtaja (Maatu Arkio-Lampinen, verkko- ja nuorten palveluiden koordinaattori)
Suomen UNICEF ry	Mirella Huttunen, kotimaan vaikuttavuustyön päällikkö (Sanna Koskinen, kotimaan vaikuttamistyön asiantuntija)
Tampereen yliopisto (UTA)	Eija Paavilainen, professori (Tarja Pösö, professori)
Turun yliopistollinen keskussairaala (TYKS)	Anna-Mari Salmivalli, apulaisylilääkäri (Johanna Pirinen, psykologi)
Työ- ja elinkeinoministeriö (TEM)	Juha-Pekka Suomi, vanhempi hallitussihteeri
Valtakunnansyyttäjävirasto	Anu Mantila, valtionsyyttäjä (Leena Salovartio, kihlakunnansyyttäjä)
Väestöliitto ry	Minna Säävälä, perhetoimintojen johtaja (Kirsi Porras, erityisasiantuntija)

Lisäksi THL määrää ryhmän jäseniksi seuraavat THL:n henkilöt:

- Anu Castaneda, tutkimuspäällikkö, Hyvinvointiosasto/HYVA
- Helena Ewalds, yksikönpäällikkö, Valtion palvelut/VAME
- Tuovi Hakulinen, tutkimuspäällikkö, Hyvinvointiosasto/HYLA
- Marke Hietanen-Peltola, ylilääkäri, Hyvinvointiosasto/HYLA
- Jukka Mäkelä, erityisasiantuntija, Hyvinvointiosasto/HYLA
- Päivi Nurmi-Koikkalainen, kehittämispäällikkö, Hyvinvointiosasto/HYVA
- Martta October, kehittämispäällikkö, Hyvinvointiosasto/HYLA

Sihteerit ja asiantuntijat

THL määrää ohjausryhmän sihteeriksi kehittämispäällikkö Ulla Korpilahden (HYVO/HYVI). Ohjausryhmä voi halutessaan kuulla ryhmän ulkopuolisia asiantuntijoita. Lisäksi ohjausryhmän alaisuuteen voidaan perustaa tarpeen vaatiessa alatyöryhmiä, jotka valmistelevat esimerkiksi jonkin ohjelmaan kuuluvan osa-alueen tavoitteiden ja toimenpiteiden laadintaa sekä tarkempaa toimeenpanoa käytännössä.

Ohjausryhmän täydentäminen

Ohjausryhmää täydennetään toimikauden aikana tarvittaessa. Varsinaisen jäsenen estyessä nimetty edustaja voi pyytää organisaatiostaan varaedustajan osallistumaan kokoukseen.

Toimikausi Ohjausryhmän toimikausi alkaa 4.9.2018 ja päättyy 31.12.2025.

Ohjausryhmän kokoukset järjestetään THL:ssä 2 – 4 kertaa vuosittain. Syksyllä 2018 toiminnan aloitusvaiheessa pidetään vähintään kaksi kokousta.

Kustannukset ja korvaukset

Ryhmä kokoontuu virka-aikana, eikä erillisiä kokouspalkkioita tai matkakorvauksia makseta.

Ryhmän jäsen voi osallistua ohjausryhmän päätöksentekoon vasta, kun jäsenen sidonnaisuuksien arviointi on suoritettu.

Ylijohtaja, pääjohtajan sijaisena Marina Erhola

Johtaja Tuire Santamäki-Vuori

JAKELU Päätöksessä mainitut

TIEDOKSI THL/Kirjaamo

Appendix 2 List of editors

- **Ulla Korpilahti**, PHN, M.Sc., PhD student (Social Policy), Development Manager, Finnish Institute for Health and Welfare and University of Turku
- **Hanna Kettunen** M.Soc.Sc., Senior Researcher, Finnish Institute for Health and Welfare
- **Erika Nuotio**, B.A., M.Soc.Sc. student, Trainee Higher Education Officer, Research Associate, Finnish Institute for Health and Welfare and Tampere University. From year 2020 M.Soc.Sc. student Tampere University
- **Satu Jokela**, Midwife, MHSc., Development Manager, Finnish Institute for Health and Welfare
- **Vuokko Maria Nummi**, M.Soc. Sc., Medical journalist, Healthcare Communications Specialist
- **Pirjo Lillsunde**, PhD, Adjunct Professor, Ministerial Adviser, Ministry of Social Affairs and Health

Appendix 3 List of authors

- **Sanna Ahola**, Lawyer, Expert, Human Rights Centre
- **Minna Andell**, M. A. (Educ.), Special Needs Teacher at City of Turku. Social Safety Skills Educator
- **Eeva Aronen**, Professor of Child Psychiatry, University of Helsinki, Finland
- **Katriina Bildjuschkin**, M.A (education), Midwife, Specialist in Sexuality education, Finnish Institute for Health and Welfare
- **Raisa Cacciatore**, M.D., Child psychiatrist, Special competence in adolescent health, EMDR Europe Accredited Practitioner, Specialist Physician in Child Sexuality Education, Family Federation of Finland
- **Anu Castaneda**, PhD, Adjunct Professor, Research Manager, Finnish Institute for Health and Welfare
- **Marja Darth**, M.D., specialized in child psychiatry, Head of Department, Child and Adolescent Forensic Unit, Kuopio University Hospital
- **Lisa Grans**, D.Soc.Sc., University Teacher, Åbo Akademi University. From year 2020 Postdoctoral Researcher, Åbo Akademi University
- **Tuovi Hakulinen**, PhD, Adjunct Professor (Health Promotion), Research Manager, Finnish Institute for Health and Welfare
- **Merike Helander**, LL.M., Lawyer, The Office of the Ombudsman for Children
- **Jenni Helenius**, EdD, Program Manager, Mannerheim League for Child Welfare
- **Marke Hietanen-Peltola**, M.D., Chief Physician, Finnish Institute for Health and Welfare
- **Satu Honkala**, LL.M., BA(Ed), Counsellor of Education, Finnish National Agency for Education EDUFI
- **Maarit Huuska**, M. Sc., Senior Social Worker, Gender Diversity & Intersex Centre of Expertise
- **Esa Iivonen**, LL.M, Senior Specialist, The Mannerheim League for Child Welfare
- **Riikka Ikonen**, PhD, Senior Researcher, Finnish Institute for Health and Welfare

- **Antti Impinen**, PhD, Senior Planning Officer, Finnish Institute for Health and Welfare
- **Anna-Maria Isola**, D.Soc.Sc., Research Manager, Equality and Inclusion, Finnish Institute for Health and Welfare
- **Satu Jokela** MHSc., Midwife, Development Manager, Finnish Institute for Health and Welfare
- **Minna Joki-Erkkilä**, M.D., specialized in obstetrics and gynaecology and as well as in adolescent medicine, Tampere University Hospital, Pirkanmaa Hospital
- **Anniina Jokinen**, M.Soc.Sc., Senior Programme Officer, European Institute for Crime Prevention and Control HEUNI
- **Vasilisa Järvilehto**, Psychologist (M.Sc.), Forensic Investigative Unit of Children and Adolescents, HUS Helsinki University Hospital
- **Markus Kaakinen** Postdoctoral Researcher, Dr. Soc. Sci. Institute of Criminology and Legal Policy, University of Helsinki
- **Mirjam Kalland**, Professor in Early Education and Care, University of Helsinki
- **Piia Karjalainen**, M.Ed., Scientific Editor, Itla Children's Foundation. Visiting Researcher, Finnish Institute for Health and Welfare
- **Pia Keiski**, PhD, Senior Lecturer, Tampere University of Applied Sciences. From year 2020 Principal Lecturer, Tampere University of Applied Sciences
- **Elina Kervinen**, M. Soc.Sc., Researcher, European Institute for Crime Prevention and Control HEUNI. From year 2020 Programme Analyst EVAW, UN Women Tanzania
- **Hanna Kettunen** M.Soc.Sc., Researcher, Finnish Institute for Health and Welfare
- **Katariina Kilpeläinen**, M.Sc.
- **Reija Klemetti**, Adjunct Professor, Research Manager, Finnish Institute for Health and Welfare
- **Pia Kola-Torvinen**, M. A. (Educ.), PhD student (Educ.), Counsellor of Education, Finnish National Agency for Education EDUFI

- **Ulla Korpilahti**, PHN, M.Sc., PhD student (Social Policy), Development Manager, Finnish Institute for Health and Welfare and University of Turku
- **Rauni Kortesalmi**, PHN
- **Mimmi Koukkula**, Midwife, MHS, Specialist, Finnish Institute for Health and Welfare
- **Sanna Koulu**, LL.D., Postdoctoral Researcher, University of Lapland. From year 2020 Senior Specialist, Ministry of Social Affairs and Health
- **Taina Laajasalo** PhD, Adjunct Professor (Forensic Psychology), Chief Specialist, Finnish Institute of Health and Welfare
- **Hanna Lahtinen**, M.Sc., Psychologist (specialized in forensic psychology), University teacher, University of Eastern Finland
- **Hanna-Leena Laitinen**, M.Soc.Sci., Social Worker, Advisor, Analyst, Save the Children Finland. From year 2020 Director of Public Affairs and Advocacy, Senior Specialist, Protect Children
- **Kai Laitinen**, M.Soc.Sc, Executive Director, The Federation of Special Welfare Organisations EHJÄ
- **Kaija Lajunen** Lic. (Psych.), psychologist specialized in psychotherapy, Senior Trainer in Psychotherapy for Families and Couples, FamServices Oy
- **Johanna Latvala**, PhD, Manager, gender-based violence, Finnish League for Human Rights
- **Heli Lehrbäck**, Senior Constable, Häme Police Department
- **Pirjo Lillsunde**, PhD, Adjunct Professor, Ministerial Adviser, Ministry of Social Affairs and Health
- **Saila Lind**, Social Work trainee, B.Soc.Sc, Finnish Institute for Health and Welfare
- **Tove Lönnqvist**, M.Soc.Sc, Development Manager, Save the Children Finland
- **Tarja Mankkinen**, M.Soc.Sc, Head of Development, Police Department, Ministry of the Interior
- **Merja Mikkola**, VTM, M.Pol.Sc., Development Manager, Finnish Institute for Health and Welfare
- **Anna Moring**, PhD, Leading expert, Finland for All Families network

- **Tiina Muukkonen**, Lic.Soc.Sc, Development Manager, interpersonal violence prevention, The Federation of Mother and Child Homes and Shelters
- **Jukka Mäkelä**, M.D., Child Psychiatrist, Chief Expert, Finnish Institute for Health and Welfare
- **Veikko Mäkelä**, M. Soc.Sc., Senior Advisor, National Assistance System for Victims of Human Trafficking. From year 2020 Project Manager, National Assistance System for Victims of Human Trafficking
- **Anna Nikupeteri**, D.Soc.Sc, Postdoctoral Researcher, University of Lapland/ Faculty of Social Sciences
- **Rut Nordlund-Spiby**, M.Soc.Sc. Specialist, Finnish Institute for Health and Welfare
- **Ann-Sofie Nyström**, M.Soc.Sc., Consultant, United Nations
- **Eija Paavilainen**, PhD, Professor, Faculty of Social Sciences/ Health Sciences, Tampere University and South Ostrobothnia Hospital District
- **Jukka Peltola**, Professor of Neurology, Chief Physician of Neurology, Tampere University and Tampere University Hospital, Pirkanmaa Hospital District
- **Maria Peltola**, M.D., specialist doctor, Tampere University Hospital, Pirkanmaa Hospital District
- **Päivi Petrelius**, D.Sc., Development Manager. Finnish Institute for Health and Welfare. From year 2020 Chief Specialist, Solutos
- **Kirsi Porras**, Trauma Psychotherapist, Specialist in Sexological Counselling (NACS), Nurse, Specialist in Adolescent Sexual Trauma, Väestöliitto the Family Federation of Finland. From year 2020 Specialist in Sexological Counselling (NACS) and Sexual Therapist, The Aava Medical Centre
- **Kaija Puura**, Professor of Child Psychiatry, Chief Physician of Child Psychiatry, Tampere University, Tampere University Hospital, Pirkanmaa Hospital District
- **Tarja Pösö**, D.Sc., Professor in Social Work, Faculty of Social Sciences, Tampere University.

- **Anna Raeste**, Bachelor of Social Sciences (B. Soc. Sci.), Research Assistant, Institute of Criminology and Legal Policy, University of Helsinki, Finland
- **Marie Rautava**, Psychologist, special degree, Program Director, Mannerheim League for Child Welfare
- **Riikka Riihonen**, M.D., Doctor in Training (Child Psychiatry), City of Valkeakoski
- **Marjo Rissanen**, PhD, Counsellor of Education, Head of Unit, Finnish National Agency for Education EDUFI
- **Seija Ristolainen**, Midwife, Gardener, Paraprofessional at School (retired)
- **Matti Salminen** Master of Education, Director of the State Child Welfare Institutes, Finnish Institute for Health and Welfare/State Child Welfare Institutes
- **Anna-Mari Salmivalli**, LLM, M.D., specialized in child psychiatry, Chief Physician, Forensic Investigative Unit of Children and Adolescents, Intermunicipal Hospital District of Southwest Finland
- **Christina Salmivalli**, PhD, Professor of Psychology, University of Turku
- **Minna Säävälä**, PhD, Adjunct Professor, Manager, Family Federation of Finland
- **Lotte Telakivi**, M.A., Youth Policy and Advocacy Expert, Seta ry – LGBTI Rights in Finland
- **Tiina Tenhunen**, M.D., specialized in child psychiatry, Forensic investigative unit of children and adolescents, Oulu university hospital
- **MONET – THL's expert group for cultural diversity**, Finnish Institute for Health and Welfare
- **Hanna Tulensalo**, Lic.Soc.Sc, Development Manager, Save the Children Finland
- **Sarimari Tupola**, M.D., Paediatrician, specialized in social paediatrics, HUS Helsinki University Hospital
- **Nina Vaaranen-Valkonen**, MS, Psychotherapist, Senior Advisor, Hotline Manager, Save the Children Finland. From year 2020 Executive Director, Senior Specialist, Protect Children

- **Tiina Vilponen**, M.Th., Clinical Sexologist (NACS), Director of Relationship Therapy Center, Sexpo
- **Niina Väkeväinen**, M. Sc., Legalized Social Worker, Senior Officer, Regional State Administrative Agencies`: AVI Southern Finland. From year 2020 Chief Senior Specialist, Social Services, Regional State Administrative Agencies`: AVI Southern Finland
- **Kirsi Wiss** Specialist, M.Sc. (Public Health), Finnish Institute for Health and Welfare. From year 2020 Project Manager, Finnish Institute for Health and Welfare
- **Mirja Ylenius-Lehtonen**, Early Childhood Education Teacher, Special Needs Teacher at City of Turku. Social Safety Skills Educator
- **Epi Ylinen**, B.A.

Appendix 4 Targets and 93 actions of Non-Violent Childhoods 2020–2025

RIGHTS OF THE CHILD		
Overall objective: To better safeguard children's right to protection from violence and to provide child victims of violence with better access to support services.		
Objective 1: To ensure systematic implementation of the Convention on the Rights of the Child.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Taking the protection of children from violence and support for child victims of violence and their families into account in the National Strategy for Children.	The public authorities must guarantee the observance of basic rights and liberties and human rights (Finnish Constitution, Section 22). States Parties must undertake all appropriate actions to implement the Convention on the Rights of the Child (CRC Art. 4). The UN Committee on the Rights of the Child recommends developing a national plan of action (Child Strategy) based on the Convention on the Rights of the Child.	Finnish Government and its ministries Finnish Institute for Health and Welfare (THL), Finnish National Agency for Education Municipalities and regions Child and family organisations such as Central Union for Child Welfare, Federation of Mother and Child Homes and Shelters, Mannerheim League for Child Welfare (MLL), Save the Children Finland, Finnish Committee for UNICEF, and Family Federation of Finland
Indicator(s): The National Strategy for Children completed by the end of the 2019–2023 government term, with the protection of children from violence and support for child victims of violence taken into account in the Strategy and its action plan.		
Action 2. Assessing the impacts on children and young people as part of central and municipal government decision-making processes. The assessment will include the safety and security of children's and young people's growth environments as one of its perspectives (incl. prevention of unintentional injuries, suicides and violence against children, etc.).	The best interests of the child must be assessed and taken as a primary consideration in all decision-making processes concerning children (CRC Art. 3). Obligations to assess health and welfare effects set out in Sections 11–12 of the Health Care Act (1326/2010).	Finnish Government and its ministries; THL Municipalities and regions
Indicator: Assessments of impacts on children and young people are in regular use within ministries and municipalities by the end of the 2019–2023 government term. Achievement of this objective is monitored as part of various studies and surveys, including municipal wellbeing reports and the study conducted by the Institute of Criminology and Legal Policy (Krimo) on social impact assessments in the Government's legislative proposals.		

Objective 2: To make a good knowledge base available on violence experienced by children and young people.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Securing and harmonising the knowledge base on violence against and experienced by children and young people so as to also provide information on violence experienced by children in vulnerable situations. Compiling information from different sources on a regular basis.	The UN Committee on the Rights of the Child has urged Finland to strengthen the statistical system and analysis on the implementation of the CRC, and to ensure that data is collected and used to inform policies and programmes in relation to poverty, violence, children with disabilities, minority and immigrant children and children deprived of a family.	THL, University of Helsinki Institute of Criminology and Legal Policy (Krimo) National Police Board (POHA)/police statistics Higher education institutions Child welfare organisations
Indicator: The prevalence of violence against children and young people is investigated as part of different population studies, crime trends studies and other studies and surveys, while also assessing the adequacy of information. The knowledge base and data collection efforts have been harmonised by 2025, agreeing on regular compilation of information from different sources.		

Objective 3: To increase provision of education and training and dissemination of information concerning children's rights.		
Actions	**Rationale**	**Responsible parties and participants**
Action 4. Increasing provision of education and training and dissemination of information concerning children's rights. This will be done in keeping with the policy guidelines to be made by the steering group for the prevention of violence against children.	States Parties are required to make the principles and provisions of the CRC widely known, by appropriate and active means, to adults and children alike (CRC Art. 42). The Committee on the Rights of the Child has urged Finland to reinforce dissemination of information and provision of education and training concerning child rights (UN Committee on the Rights of the Child concluding observations for Finland 2011).	Ministries, especially Ministry of Education and Culture, Ministry of Social Affairs and Health and Ministry of Justice Finnish National Agency for Education, THL Municipalities NGOs, incl. Finnish Committee for UNICEF, MLL, Office of the Ombudsman for Children, national communications network on the rights of the child
Indicator: The quality and quantity of education, training and information concerning child rights and awareness of child rights monitored in 2020–2025 (sampling and surveys).		

INCLUSION PROMOTES SECURITY AND PREVENTS VIOLENCE		
Overall objective: Children and young people's experiences of inclusion increase		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Increasing knowledge of the links between experiences of inclusion and safety and security and the prevention of violence, based on qualitative and quantitative material, as well as material created in cooperation with children and young people, as a basis for future actions.	There is a need to gather fragmented information into a coherent knowledge base on the links between experiences of inclusion, safety and security and violence, in order to present concrete actions concerning the role of inclusion as part of the work against violence.	Finnish Institute for Health and Welfare/Sokra project, Ministry of Social Affairs and Health, Ministry of Justice NGO organisations working with and for children, young people and families
Indicator: By 2022, a report on the links between experiences of inclusion and safety and security and prevention of violence has been produced based on various materials.		

MULTIDISCIPLINARY COOPERATION AND EXCHANGE OF INFORMATION		
Objective 1: Coordination of preventive multidisciplinary work has been agreed upon and effective practices have been created for each hospital district and in large cities.		
Actions	**Justification**	**Responsible parties and operators**
Action 1. A multidisciplinary expert group on anti-violence work will be established at least for each hospital district/ region and in large cities. The team has expertise in the phenomenon of violence in all sectors and at all levels. The teams are responsible for providing education at the basic level and implementing cooperation in practice between the basic level, special level and demanding special level.	Violence against children is a major problem in society. It can only be approached through cooperation at every level. Cooperation requires both management-level commitment in various sectors and expertise in anti-violence work at all levels.	Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Education and Culture Hospital districts/regions Municipalities
Indicators: Multidisciplinary expert groups on anti-violence work have been established by 2022. The responsible parties organise a survey for special responsibility areas /hospital districts on the operations and composition of multidisciplinary expert working groups.		

Objective 2: Structures and operating methods will be established for multidisciplinary work related to investigation, protection and support		
Actions	**Justification**	**Responsible parties and operators**
Action 2. Nationally comprehensive multidisciplinary cooperation in line with the European Barnahus Quality Standards and the LASTA/screening model will be established to ensure equal child-centred investigation, information-sharing and support for all children and young people who are suspected of having been subjected to abuse or sexual violence, regardless of their place of residence.	Multidisciplinary cooperation is be used in an uneven manner across the country in the investigation process for suspected offences against children. The support provided to children and young people is variable and often insufficient. Based on background information from other sectors, the police can make a more comprehensive assessment of the overall situation of suspected offences against children. Similarly, in identifying the need for child protection, the social welfare sector benefits from extensive background information collection. Long preliminary investigation periods are not in the best interests of a growing child. A child-friendly legal process includes avoiding unreasonable delays, and very early collection of background information would reduce delays during the preliminary investigation phase. A child-friendly legal process also includes interviewing the child in child-friendly facilities. (European Barnahus Quality Standards, Barnahus Quality Standards, 2017)	Ministry of the Interior, Finnish Institute for Health and Welfare, Ministry of the Interior, National Police Board of Finland Municipalities Forensic psychiatry/psychology units for children and young people at university hospitals
Indicators: The method of collecting background information has been standardised by 2023. The responsible parties will examine the standardisation of the operating method through a survey targeted at police departments and hospital districts/special responsibility areas (Erva). A model has been piloted and documented in the largest family centres in which the interview of and support for a child who has experienced violence can in some cases take place in a family centre by 2023. The need for resources for the operations for the preliminary investigation and prosecution authorities will be described and calculated.		

Actions	Justification	Responsible parties and operators
Action 3. Special training in investigating crimes against children will be made a permanent part of the continuing education offering of the Police University College.	The Criminal Investigation Act (Chapter 4, Section 7) states the following: 'To the extent possible, investigation actions directed at persons under the age of 18 years shall be assigned to investigators particularly trained in this function'. Similarly, according to the Barnahus quality standards (Barnahus Quality Standards, 2017), the interview of a child should be conducted by a specially trained professional using an evidence-based interview method. In Finland, the interviews of some children and young people continue to be conducted by police officers with no special training. The investigation of suspected offences against children requires both special and further training for the police.	Ministry of the Interior/ Police, National Police Board of Finland
Indicator: Special training has been established by 2025. Special training is part of the continuing education offering of the Police University College.		

Actions	Justification	Responsible parties and operators
Action 4. In police departments and the prosecution system, investigations of suspected offences against children are centralised in special units, which will be provided with sufficient resources. Their structure and operations will be further specified in cooperation with the police and the prosecution system.	A child-friendly legal process includes preventing unreasonable delays. Sufficient resources for the police and the prosecution system, as well as special expertise, accelerate investigations, in addition to ensuring that investigations are conducted in a child-friendly manner.	Ministry of the Interior/ Police, National Police Board of Finland Ministry of Justice Office of the Prosecutor General
Indicator: Statistics provided by the Police University College; statistics on criminal and legal processes; number of police officers with special training and their participation in interviewing children		

SAFETY SKILLS EDUCATION		
Overall objective: Every child and young person has the right to feel safe.		
Objective 1: Strengthening parents' knowledge of safety skills education and their ability to support children's socio-emotional skills		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Identifying the most suitable evidence-based indicators for screening and identifying parents' harmful childhood experiences (e.g. ACEs-IQ and SEEK). A similar study is conducted on indicators that assess the socio-emotional skills of young children (e.g. SDQ and BITSEA).	Parents' harmful childhood experiences, as well as problems with the socio-emotional development of young children, are poorly recognised. Referrals to child psychiatric outpatient clinics have increased by 22% between 2011 and 2015 (Huikko et al. 2017).	Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare (THL) Municipalities Higher education institutions
Indicators: By 2025, a study of suitable indicators has been carried out and recommendations have been prepared for their use. National studies concerning child health clinic services and school healthcare/THL's results concerning the working methods used in the services in 2020–2025.		

Objective 2: Strengthening the ability of professionals working with children to identify and reinforce children's socio-emotional skills		
Actions	**Justification**	**Responsible parties and operators**
Action 2. A study will be carried out in 2020–2025 on the content of and need for continuing education in universities, vocational institutes and universities of applied sciences concerning studies related to the identification and systematic strengthening of the socio-emotional skills of early childhood education teachers and social welfare operators (Ministry of Education and Culture).	The majority of children participate in early childhood education, and practically all children in Finland participate in pre-primary and basic education because of compulsory education.	Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health, THL Higher education institutions and vocational institutes
Indicators: A study on the content of and need for continuing education has been carried out by 2025.		

Objective 3: Ensuring safe sexual development for all children and young people equally		
Actions	**Justification**	**Responsible parties and operators**
Action 3. Including an obligation to provide age-appropriate and developmentally appropriate sexuality education in national guidelines (national core curricula for early childhood education, pre-primary education and basic education), taking vulnerable groups into account in particular (see Chapter 13).	The national core curricula enable the provision of sexuality education in early childhood education, pre-primary education and basic education, but do not include a specific obligation to provide sexuality education.	Finnish National Agency for Education, Ministry of Education and Culture
Indicators: By 2025, age-appropriate and developmentally appropriate sexuality education has been included as a specific obligation in the national core curricula for early childhood education, pre-primary education and basic education.		

Actions	**Justification**	**Responsible parties and operators**
Action 4. Increasing the knowledge and competences of early childhood education, pre-primary education and basic education staff concerning age-appropriate safety skills and sexuality education through further training. Particular attention will be paid to the special needs of children and young people in vulnerable situations.	Children and young people in vulnerable situations experience more discrimination, harassment and violence than other children and young people. They are easily excluded from safety skills education, advice and support, and it may be particularly difficult for them to identify that they have experienced violence (see also Chapter 13).	Finnish National Agency for Education, Ministry of Education and Culture Higher education institutions and vocational institutes Trade unions
Indicator: Further training on age-appropriate safety skills and sexuality education has been provided to early childhood education, pre-primary education and basic education staff between 2020 and 2025.		

Actions	Justification	Responsible parties and operators
Action 5. A study will be conducted on the safety-related practices of operators who organise voluntary friend/support person activities for children and young people. • How is safety reflected in their operational structures? • Has the safety action plan been recorded in the annual report? Is it available on the association's website, for example? • How is safety reflected in recruitment and is training provided to support persons? • How are support persons' activities monitored?	Parties that organise voluntary support activities for children and young people have different practices for organising their activities and ensuring safety. According to various regulations and international agreements (e.g. the UN Convention on the Rights of the Child), the child has the right to a safe growth environment.	THL, Ministry of Social Affairs and Health Municipalities and organisations The action is supported by: OmaKamu (voluntary friends for children and young people) Federation of Special Welfare Organisations (EHJÄ) Harjula Settlement Association Häme Settlement Association All Our Children City of Vantaa support person and support family activities City of Helsinki support person activities for children and young people Save the Children Finland
Indicator: By 2022, a study has been carried out on the safety-related practices of operators who organise voluntary friend/support person activities for children and young people.		

[1] In this action plan, 'vulnerable groups' refers to children with intellectual and other disabilities, ethnic groups, linguistic and cultural minorities, children in foster care and children belonging to sexual and gender minorities.

DOMESTIC VIOLENCE IN THE FAMILY		
Overall objective: Every child and young person in Finland will have the right to be protected and live in safety and security, free from violence and neglect.		
Objective 1: Children and young people will have the right to a safe growth environment: Protective and risk factors for violence and addressing the issue		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Child and family services (maternity and health clinic services, early childhood education and care, schools and educational institutions incl. pupil and student healthcare and welfare services, social work, child welfare, child guidance and family counselling clinics, specialised medical care, NGOs and Church family counselling) will: • systematically address the prerequisites of children's safe growth and growth environment; • identify risk factors for violence together with families. Services will take account of the needs for culturally sensitive information among parents from immigrant and refugee backgrounds and support for good parenting. Maternity and child health clinic services will promote a safe and positive parenting approach by providing parents with psychoeducation on the subject in keeping with their child's age and developmental stage. Maternity and child health clinic services will make systematic use of the THL domestic violence enquiry and assessment form with both parents during different appointments. Efforts will continue to deploy the tools developed in support of addressing the issue with children, such as the Safety10 method developed by the Federation of Mother and Child Homes and Shelters.	Legislation and binding agreements, including: • Health Care Act (1326/2010); • Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991); • Basic Education Act (628/1998); • Child Welfare Act (417/2007). Children will have a universal right to feel safe and cared for.	Ministry of Social Affairs and Health, Ministry of Education and Culture, Finnish Institute for Health and Welfare (THL), Finnish National Agency for Education Municipalities NGOs, e.g. Central Union for Child Welfare, Federation of Mother and Child Homes and Shelters, Mannerheim League for Child Welfare, Family Federation of Finland
Indicators (assessment of services with existing indicators): • national follow-up study of maternity and child health clinic and school health care services 2020–2025: percentage shares of addressing issues and screening at health centers; • studies conducted by the Central Union for Child Welfare in 2020–2025 on parenting attitudes in Finland and attitudes towards corporal punishment and other such subjects.		

Action 2. Parents/guardians going through separation will be encouraged to plan co-parenting and draw up a parenting plan, for example, in primary-level municipal services for families with children (maternity and child health clinic services, social family work, early childhood education and care, schools, other educational institutions). • www.stm.fi/vanhemmuussuunnitelma (in Finnish) Parents should not be encouraged to draw up a parenting plan unless there is certainty that this will not endanger the safety and security of the children or a parent potentially subjected to violence. Divorce services will aim to provide individual and group-based support in order to arrange co-parenting and help families adjust to a new situation. Children may also be provided with age-appropriate divorce groups to deal with parental separation. **Action 3.** The competencies of child welfare officers, family social workers, child welfare and visitation place workers to identify and intervene in various forms of post-separation violence will be enhanced by means such as training courses and a guide for child welfare officers.	Marriage Act (234/1929) Social Welfare Act (1301/2014) Child Custody and Right of Access Act (361/1983, as amended by Act 190/2019) Istanbul Convention (Finnish Treaty Series 31/2015) Implementing the Child Custody Act requires continuing training on prevention and identification of and early intervention in post-separation violence.	Ministry of Social Affairs and Health, THL
Indicators: • surveys for child welfare officers on the number of parenting plans (not legal documents) in 2020–2025; • numbers of training sessions for child and divorce welfare officers and training participants in 2025; • results of the national follow-up study of maternity and child health clinic and school health care services for 2020–2025 on the extent to which parenting plans have been discussed with the parents of children and young adults during a separation.		

Action 4. A written regional description of the integrated care and service pathway will be drawn up to help identify and address violence. A written regional description will be drawn up of the integrated care and service pathway for children and families exposed to violence from primary level through to specialised medical services and its implementation will be monitored.	A common barrier to addressing the issue is uncertainty about appropriate procedures and about where to refer children and families at risk of or with experiences of violence. Gaps in integrated care and service pathways in terms of violence: • Procedures for identifying violence against children have been recorded in a policy at 38% of health centres, while 51% do not have a recorded policy and 11% have no policy at all. • Procedures for identifying intimate partner violence have been recorded in a policy at 60% of health centres, while 38% do not have a recorded policy and 2% have no policy at all. (Hakulinen et al., 2018.)	Hospital districts/regions Ministry of Social Affairs and Health, THL Municipalities
Indicators: • results of the national follow-up study of maternity and child health clinic and school health care services on identification of violence and integrated care and service pathways for 2020 to 2025; • jointly agreed, written policies on identification of violence against children and integrated care and service pathways in place by 2025.		

Action 5. Primary-level services will provide families with psychosocial support and care without delay: • additional appointments at maternity and child health clinic services and home visits; parenting groups based on evidence, symptoms or problems; peer support activities; • home services for families with children as part of social work; family work and other suitable services; • services provided by child guidance and family counselling clinics (parenting support, divorce counselling and children's psychosocial support). Positive parenting practices will be promoted at the municipal level by making use of evidence-based parenting support techniques, such as structured parenting programmes (Incredible Years, PCIT, Triple-P, Strongest Families). Some of these, such as the Incredible Years programme, are also suitable for early childhood education and care and schools. The family centre model will create closer multi-sector cooperation between professionals working with families and, when functioning effectively, will enable early identification of violence and provision of assistance. Where necessary, families will also have access to specialised services without undue delay through local child psychiatric outpatient units, child psychiatric home nursing, family work with child psychiatric orientation, etc.	Services should be made equally available throughout the country. Multidisciplinary and expert help provided directly at home is necessary. Everyday assistance is sometimes a priority over conversational help. Assistance should be easily available and provided as quickly as possible. Current research evidence supports the role of parenting support and structured parenting programmes mainly based on behavioural techniques in reducing violence and neglect against children and preventing re-traumatisation. The benefits of peer support are backed up by research evidence.	Ministry of Social Affairs and Health, THL Primary healthcare and specialised medical care; municipalities NGOs
Indicators: • Sotkanet Indicator Bank: data on provision of social work home services in municipalities in 2020–2025; • results of the THL national follow-up study of maternity and child health clinic and school health care services on the numbers of home visits and additional appointments in 2020–2025 and working methods used by staff in these services in 2020–2025; • monitoring of the establishment of practicable and evidence-based working methods included in recommendations as part of the service system: THL recommendations for maternity and child health clinic and school health care services, TOIMIA database, Itla Children's Foundation/Invest, Nursing Research Foundation, 2020–2025; • shelter services for families and numbers of children in shelters in 2020–2025 (THL statistics).		

Objective 2: Children and young people subjected to violence will receive help and support.		
Actions	**Rationale**	**Responsible parties and participants**
Action 6. Knowledge of different forms of violence, including emotional violence and neglect, will be improved among various parties involved in child and family services and in the criminal justice system, while also increasing awareness of the harmful effects and long-term consequences of violence. Competence will be enhanced by means such as training programmes provided by forensic psychology/psychiatry units for children and young people within the collaborative areas for healthcare and social welfare and the Barnahus project, including e-learning programmes. Barnahus e-learning programmes are intended for parties involved in child and family services, including: • healthcare professionals; • education and care professionals; • third-sector parties; • social counsellors and social workers operating in community, substitute and aftercare services in the child welfare sector.	The long-term consequences of violence and the forms and harmful effects of emotional violence, in particular, are not sufficiently known at different levels of the court system and within healthcare and social welfare or divorce counselling services.	Ministry of Social Affairs and Health, Ministry of Justice, Ministry of the Interior/Police National Police Board, THL Hospital districts/regions
Indicators: • numbers of training programmes implemented in 2020–2023 (e.g. completions of EPRAS, LAPE and Barnahus e-learning programmes), including numbers of completed Barnahus project e-learning programmes by region and occupational group; • Central Union for Child Welfare studies on parenting attitudes in Finland, including a study on parenting practices relating to emotional violence.		

Actions	Rationale	Responsible parties and participants
Action 7. All children and young people who have experienced violence will have guaranteed access to conversational support and psychological assessment (incl. assessment of trauma symptoms) and the required trauma care by a service unit for children and young people with adequate focus on violence issues (e.g. child guidance and family counselling clinic or child psychiatric outpatient unit). Other workers, including those in early childhood education and care and pupil welfare services, should also be capable of discussing violence with children or young people and help children and families protect themselves against violent experiences.	Legislation and binding agreements: • Convention on the Rights of the Child (Finnish Treaty Series 59–60/1991) • Lanzarote Convention (Finnish Treaty Series 88/2011) • Istanbul Convention (Finnish Treaty Series 53/2015) • Child Welfare Act (417/2007) • Health Care Act (1326/2010). Children and young people subjected to violence should be able to receive a timely and high-quality assessment of their physical and mental injuries (Finnish Treaty Series 59–60/1991). Where necessary, children and young people have the right to receive specific assistance and support as well as mental health and victim support services (incl. Victim Support Finland) as determined by experts without undue delay caused by a potential police investigation or other enquiries relating to the violent incident.	Ministry of Social Affairs and Health, THL Hospital districts/regions Municipalities
Indicators: • estimates of access of children and young people with experiences of violence to care assessment and treatment by specific catchment area (Barnahus project) by 2025; • numbers of programmes organised within the Barnahus project on working models suitable for support and care of children exposed to violence and other training programmes and participants in 2020–2023; • progress made in children's wellbeing and functioning during and after support services provided by shelters in 2020–2025, based on an evaluation survey for children developed within a project run by the Federation of Mother and Child Homes and Shelters (ETKL).		

VIOLENCE, BULLYING AND HARASSMENT IN EARLY CHILDHOOD EDUCATION, EDUCATIONAL INSTITUTIONS AND GUIDED HOBBIES (SPORTS AND EXERCISE ACTIVITIES)		
Overall objective: Violence, bullying and harassment experienced by children and young people in various operating environments will decrease.		
Objective 1: (early childhood education): The prevention of bullying in early childhood education units will be systematic and based on expertise in evidence		
Actions	**Justification**	**Responsible parties and operators**
Action 1. The following aspects of local early childhood education curricula will be assessed and monitored: • How bullying, violence and harassment are prevented and addressed and how the implementation of actions is monitored.	According to the national core curriculum for early childhood education and care (2018), local curricula describe how bullying, violence and harassment are prevented and addressed and how the implementation of actions is monitored. As yet, there is no information about the extent to which these aspects have been recorded in local early childhood education curricula and what actions they include.	Finnish National Agency for Education
Indicators: By 2025, local early childhood education curricula will include aspects related to preventing and addressing violence, bullying and harassment and monitoring the implementation of actions (assessment based on a sample in line with a separately agreed upon plan).		

Actions	**Justification**	**Responsible parties and operators**
Action 2. Support material will be developed for providers of early childhood education, service providers and personnel on how to prepare an early childhood education curriculum that covers preventing and addressing violence, bullying and harassment and monitoring the implementation of actions.	There is no support material for providers of early childhood education or operators in the field on how to supplement an early childhood education curriculum in line with the suggested actions. According to an assessment conducted by the Finnish Education Evaluation Centre (Repo et al. 2019), some early childhood education managers find that the prevention of bullying is deficient in terms of a systematic approach and guidelines.	Finnish National Agency for Education
Indicators: Support material for supplementing local early childhood education curricula to the extent described above will be available in 2025.		

Actions	Justification	Responsible parties and operators
Action 3. A research and development project will be started to collect information about violence and bullying in early childhood education, and an evidence-based action plan will be prepared to prevent violence and bullying.	There is little research on bullying and its prevention in early childhood education. It is known that problems involving bullying begin to show at an early age and that their systematic prevention should be started earlier, but there is no evidence-based information about effective actions. The development of a programme to prevent bullying is included in the Programme of Prime Minister Sanna Marin's Government (2019, p. 179).	Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health, THL
Indicators: The research and development project will have been started by 2025.		

Objective 2: (schools and educational institutions): Children and young people will be provided with better opportunities to discuss/share their experiences of violence, bullying and harassment		
Actions	**Justification**	**Responsible parties and operators**
Action 4. Addressing the threat and experiences of bullying, violence and harassment will be ensured in all contacts with school and student healthcare, as well as with services provided by school social workers and psychologists. Suitable work practices and tools will be developed for this purpose, and training and guidance will be provided. Special attention will be paid to children and young people in a vulnerable situations in addressing bullying, violence and harassment and developing tools, training and guidance (see Chapter 13)	Many children and young people do not tell anyone about the bullying, violence and harassment that they have experienced. Overall, many pupils feel that they do not have any opportunities to discuss their concerns with adults at school. (THL, 2019) The results of the School Health Promotion Study show that children and young people in a vulnerable situations experience more bullying than others. (THL, 2019) Schools and educational institutions have a statutory obligation to engage in equality and non-discrimination planning related to their operations.	Finnish Institute for Health and Welfare, Finnish National Agency for Education
Indicators: Pupils will have more opportunities to tell adults at school about violence, bullying and harassment and will feel that they receive better support in these issues from adults at the school. Prevalence of pupils who have told an adult at school about bullying – trend data from School Health Promotion Studies (THL)and KiVa surveys between 2020 and 2025 will be examined.		

Actions	Justification	Responsible parties and operators
Action 5. The knowledge base on violence, bullying and harassment experienced by young people will be expanded to cover practical training periods and work practice programmes.	As yet, no information is available about violence, bullying and harassment experienced during practical training periods and work practice programmes.	Finnish Institute for Health and Welfare, Finnish National Agency for Education
Indicators: Questions concerning violence, bullying and harassment during practical training periods and work practice programmes for lower secondary school students and secondary-level students in surveys/studies examining the issue.		

Objective 3: (guided hobbies): Bullying and harassment in guided hobby activities will decrease		
Actions	**Justification**	**Responsible parties and operators**
Action 6. Sports clubs and other parties providing guided exercise activities must systematically implement guidelines for work against hurtful treatment, bullying and harassment. Such guidelines cover training for instructors and coaches on identifying situations related to bullying, harassment and exclusion in hobby environments, as well as addressing such situations in an age-appropriate manner.	According to studies (LIITU 2016, Mannerheim League for Child Welfare 2018–2019), bullying, harassment and inappropriate treatment occur in exercise activities for children and young people. Sports organisations' and sports clubs' expertise in and tools for preventing and addressing the problem are partly deficient. Work to this effect has been started by the Olympic Committee, the Family Federation of Finland and sports federations (e.g. the You Are Not Alone service), but more expertise is needed. The issue can be addressed in part through the development of criteria for state subsidies (federations' rules).	Ministry of Education and Culture, Olympic Committee, sports federations, sports clubs, Family Federation of Finland, child welfare organisations

Actions	Justification	Responsible parties and operators
Action 7. The prevalence of bullying and sexual harassment in guided sports and exercise activities will be examined regularly through nationwide studies, so that the impacts of actions can be assessed	The actions related to Action 6 must be monitored and their effectiveness must be assessed. The development of the phenomenon must be monitored on a more general level through more extensive studies over the long term. (NB! A three-year research project supported by the Ministry of Education and Culture is in progress at the University of Jyväskylä.)	Finnish National Agency for Education, Finnish Institute for Health and Welfare, universities and research institutes Olympic Committee, Finnish Centre for Integrity in Sports (SUEK)
Indicators (Actions 6 and 7): • The preparation of guidelines (level of completion and selection of sports) will be assessed by 2025 • Sports federations' rules and actions concerning the prevention of bullying and sexual harassment in 2020–2025 • Systematic nationwide monitoring will have begun during 2020–2025.		
Objective 4: Aggregated information will be available about the effectiveness of methods to prevent violence, bullying and harassment experienced by children and young people in early childhood education and educational institutions		
Actions	**Justification**	**Responsible parties and operators**
Action 8. The level of evidence related to working methods to promote the socio-emotional development of children and young people and prevent bullying in early childhood education, schools and education institutions will be assessed.	In many countries, independent third-party assessments are available of the level of evidence concerning the effectiveness of various methods. So far in Finland, the Early Intervention service of the Itla Children's Foundation has mainly assessed methods targeted at families – the same types of assessments are now needed for the methods used in early childhood education, schools and educational institutions.	Early Intervention resource/Itla Children's Foundation
Indicator: The Early Intervention resource will publish assessments of the working methods implemented in schools, educational institutions and early childhood education units between 2020 and 2025.		

Objective 5: The significance of implementation support for measures to prevent violence, bullying and/or harassment in educational institutions will be examined		
Actions	**Justification**	**Responsible parties and operators**
Action 9. A study will be carried out on the significance of implementation support for actions to prevent violence, bullying and/or harassment in educational institutions and the related results (e.g. decrease in bullying).	Even effective actions and models are not always implemented appropriately. As yet, there is no research in Finland on the significance of implementation support (e.g. supporting schools in integrating anti-bullying models into their practices). Such research produces information that can be used to optimise the support provided (what type of support and how much is needed to implement methods effectively and what factors affect the implementation).	INVEST flagship project/psychology group
Indicator: 1–3 research publications will have been released on the topic mentioned in this Action by 2025.		

PREVENTION OF SEXUAL VIOLENCE AND MINIMISATION OF HARMFUL EFFECTS		
Overall objective: To prevent and reduce the harmful effects of sexual violence on mental, physical, sexual and reproductive health.		
Objective 1: To train all professionals to identify and address sexual violence against children and young people.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. As a first step, adding contents relating to sexual violence and its prevention to basic and continuing education for public health nurses and midwifes, also taking account of children and young people in vulnerable situations (see Chapter 13). Extending these contents to also cover other occupational groups as part of the mid-term review of the Action plan.	Increasing awareness of the issue among professionals will improve their ability to detect and deal with cases in an effective and child-sensitive manner at an early stage (WHO, 2002). Professional training is encouraged in international and national recommendations and Finland is committed to this in accordance with international agreements (Lanzarote Convention, Istanbul Convention). Children and young people in vulnerable situations are exposed to a higher risk of sexual victimisation (results of the 2019 School Health Promotion Study). Professionals require support to interact with these children and young people and to prevent and identify violence (see Chapter 13).	Higher education institutions, Finnish Education Evaluation Centre (FINEEC), Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare (THL)
Indicators: Contents of the study modules of basic and continuing education programmes for public health nurses and midwifes covering sexual violence and its prevention in 2020–2025.		

Objective 2: To support protective factors against sexual violence and to reduce predisposing factors to victimisation and personal risk factors for sexual violence perpetration.		
Actions	**Rationale**	**Responsible parties and participants**
Action 2. Making an inventory of treatment programmes available for people with paedophilic and hebephilic tendencies and the numbers of clients enrolled on these by 2023 within the Finnish Institute for Health and Welfare (THL) as part of the Barnahus project. • Improving the availability of effective treatment programmes for people with paedophilic/hebephilic tendencies in keeping with the nationwide inventory.	Istanbul Convention (Finnish Treaty Series 53/2015)	Ministry of Social Affairs and Health Regions Municipalities
Indicators: The THL inventory of treatment programmes available for people with paedophilic and hebephilic tendencies and the numbers of clients enrolled in 2019–2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 3. Enhancing and harmonising integration actions in terms of the rights of children and women for immigrants from countries that are culturally very different from Finland in this respect. Taking the right of immigrant children and young people to a safe everyday life into account in integration actions. Developing a national operating model and enhancing integration actions by means of an integration package.	The proportion of suspected sexual offenders of foreign origin has risen from 13% in 2009 to 19% in 2018 (Statistics Finland, 2019). Children and young people from foreign backgrounds are also exposed to a higher risk of sexual victimisation (Wickström 2017). Integration is listed as one of the actions to prevent sexual violence in the package of additional actions published by the Finnish Government in February 2019.	Ministry of the Interior, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare (THL), Ministry of Economic Affairs and Employment, Ministry of Justice, Finnish Immigration Service (Migri) Municipalities
Indicators: • relative proportions of immigrants involved in sexual offences against children 2019–2022–2025; • proportions of those who have completed the basic course in Finnish society out of all immigrants in 2022–2025; • a national operating model for integration developed between 2020 and 2025.		

Actions	Rationale	Responsible parties and participants
Action 4. Adding contents dealing with safety skills and sexuality education to national guidelines and recommendations for maternity and child health clinic services.	Maternity and child health clinic services (i.e. the public health nurses and other staff members working at health clinics) reach almost all expecting families and those with children under school age in Finland. The Finnish Institute for Health and Welfare will begin updating the national guidelines and recommendations for maternity and child health clinic services in 2020 (for further details about the theme, see Chapters 7 and 8).	Ministry of Social Affairs and Health, THL
Indicators: Contents dealing with safety skills and sexuality education in national guidelines and recommendations for maternity and child health clinic services in 2020–2025.		

Objective 3: To improve the quality of emergency physical examinations for victims of sexual violence.		
Actions	**Rationale**	**Responsible parties and participants**
Action 5. Improving and standardising the quality of emergency physical examinations relating to sexual offences against children by concentrating examinations in specialised units. Adding a requirement concerning emergency examinations for sexual offence victims to specialisation for paediatric, and gynaecology and obstetrics programmes. Providing registered nurses with continuing training for emergency examinations of sexual offence victims. Conducting physical follow-up examinations after emergency examinations. Submitting medical statements for review by experts.	The quality of emergency physical examinations varies nationally. Act 1009/2008 on organising the investigation of sexual and assault offences against children requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. The Lanzarote Convention (Finnish Treaty Series 88/2011) and the Istanbul Convention (Finnish Treaty Series 53/2015) oblige Finland to develop services provided for child victims of sexual violence. By virtue of the Victims' Directive (2012/29/EU), a victim is entitled to be informed of the type of support and assistance they can obtain, including medical and psychological support, taking due account of the child's best interests as well as their individual needs and characteristics.	Ministry of Social Affairs and Health, THL, Regional State Administrative Agencies (AVI Agencies), Ministry of the Interior Specialised hospital districts
Indicators: • age distribution of victims at Seri Support Centres by 2025; • operational expansion in keeping with the Barnahus model standards by 2025; • integrated care pathways for sexual offence victims and cooperation models in emergency and follow-up examinations in place by 2025; • a continuing training programme for registered nurses and physicians on how to conduct emergency examinations on sexual offence victims coordinated and provided in cooperation between the Tampere University of Applied Sciences, the Pirkanmaa Hospital District (PSHP) and the National Police Board (POHA); • numbers of physical follow-up examinations in 2020–2025; • numbers of reviewed medical statements in expert units (Seri Support Centres, forensic child and adolescent psychiatry units) in 2020 and 2025.		

Actions	Rationale	Responsible parties and participants
Action 6. Ensuring prevention of sexually transmitted diseases and referral for treatment in keeping with the Seri Support Centre model as part of investigations of sexual offences against children and young people. Creating an integrated care pathway and cooperation model between different parties. Drawing up intranet guidelines within specialised medical care and assigning responsibilities for updating these on a regular basis.	Communicable Diseases Act (1227/2016)	THL, AVI Agencies, Ministry of Social Affairs and Health Specialised medical care
Indicators: • annual follow-up rates of patients under the age of 18 receiving HIV post-exposure prophylaxis at infectious diseases outpatient clinics in suspected cases of sexual offences (HILMO system) in 2020–2025; • annual consumption of hepatitis vaccines by hospital in 2020–2025; • a nationwide checklist in place by 2022; • regional integrated care pathways and cooperation models for procedures in keeping with the standards of Seri Support Centres and the Barnahus model in place by 2025.		

Objective 4: To improve inter-agency cooperation in order to ensure victims' access to physical examinations and psychological care.		
Actions	**Rationale**	**Responsible parties and participants**
Action 7. Arranging referral of child victims of sexual offences for treatment in cases where inter-agency cooperation does not require executive assistance from healthcare services. Creating cross-sectoral operating models to improve cooperation between the police, social welfare and healthcare in keeping with the standards of the Barnahus model. Designating local cooperation partners and roles and creating integrated care pathways. Providing public officials with regular training on the operating models.	A health examination is recommended for all children suspected of being victims of sexual offences (Ellonen & Rantaeskola 2016). The Child Welfare Act (417/2007) requires health centres and hospital districts to provide expert assistance in child- and family-specific child welfare and, where necessary, arrange an examination and healthcare and therapy services for the child. The Istanbul Convention (Finnish Treaty Series 53/2015) and the Victims' Directive (2012/29/EU) impose obligations to protect victims, treat them in a sensitive manner and refer them to necessary support services. Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016). Health Care Act (1326/2010, section 12) Social Welfare Act (1301/2014, section 9), Child Welfare Act (417/2007, section 12) Criminal Investigation Act (805/2011, chapter 4, section 18)	MOI, POHA • police (as a referring party) • emergency social services MSAH, THL, AVI Agencies Healthcare and social welfare Specialised medical care
Indicators: • cross-sectoral inter-agency cooperation models for referral from the police or social welfare to healthcare by 2025; • regular local training for police officers and social welfare staff by forensic child and adolescent psychiatry/psychology and medical units.		

Actions	Rationale	Responsible parties and participants
Action 8. developing regional integrated care pathways for sexually victimised children in medical units: providing sexual offence victims with integrated care pathways from psychiatric units for physical examinations and from medical units for psychosocial support and care needs assessments; putting first-line psychological support in place in cooperation between child and adolescent psychiatry units and those investigating offences against children and young people; providing victims with care nationwide in keeping with Barnahus quality standards.	Local authorities are obliged to monitor the wellbeing of children and young people in their wellbeing reports under the Health Care Act (1326/2010, section 12) and the Child Welfare Act (417/2007, section 12). The Child Welfare Act requires health centres and hospital districts to provide expert assistance in child- and family-specific child welfare and, where necessary, arrange an examination and healthcare and therapy services for the child. The programme to address reform in child and family services aims to introduce integrated service packages to child and family services. The Istanbul Convention (Finnish Treaty Series 53/2015) and the Victims' Directive (2012/29/EU) impose an obligation to refer victims to necessary support services. Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016).	Ministry of Social Affairs and Health, THL Specialised medical care
Indicators: • national integrated care pathways between Seri Support Centres, forensic child and adolescent psychiatry/psychology and medical units and other relevant healthcare clinics by 2025 (coordinated by the Barnahus project); • regional care providers with relevant expertise designated for suspected cases of sexual and abuse offences against children and young people by 2025; • outreach psychoeducation and support for forensic child and adolescent psychiatry/psychology and/or medical units in place by 2025.		

Actions	Rationale	Responsible parties and participants
Action 9. Establishing social paediatrics units in all university and central hospitals. Organising follow-up examinations in unclear, alarming cases. Developing and improving cooperation with child welfare services.	While suspicions may not necessarily be confirmed during pre-trial investigations of suspected sexual, physical and other abuse cases, serious concerns about a child's situation may still remain, calling for regular follow-up that requires specialist expertise. Intervention and monitoring are as such actions that can put an end to sexual or other abuse. The programme to address reform in child and family services aims to introduce integrated service packages to child and family services.	Ministry of Social Affairs and Health, THL Specialised medical care/hospital districts
Indicators: Social paediatrics outpatient clinics established by 2025 in all university and central hospitals that do not currently have one.		

Objective 5: To arrange psychosocial support for sexually victimised children and their close family and friends and to ensure that the children are provided with care needs assessments and treatment.		
Actions	**Rationale**	**Responsible parties and participants**
Action 10. Developing regional integrated care pathways for sexually victimised children. Determining responsibilities for monitoring the timeliness and effectiveness of the integrated care pathways. Providing victims and their families with care in keeping with Barnahus quality standards nationwide.	Sexually victimised children should have equal access to psychosocial support, assessment of care needs and treatment. The Lanzarote Convention (Finnish Treaty Series 88/2011): necessary actions are to be taken to assist victims, in the short and long term, in their physical and psychosocial recovery. Integrated care pathways vary nationally and some areas may have no guidance in place at all, increasing the risk of sexually victimised children being excluded from the care that they require.	THL, Ministry of Social Affairs and Health Specialised medical care and primary healthcare Mental health service units for children and young people Child guidance and family counselling clinics
Indicators: Integrated care pathways created by the national Barnahus project and partners by 2025.		

Objective 6: To implement timely and high-quality therapeutic interventions to minimise harm based on up-to-date research.		
Actions	**Rationale**	**Responsible parties and participants**
Action 11. Promoting practices in keeping with trauma-focused cognitive behavioural therapy (TF-CBT) expertise and the Current Care Guideline for Post-traumatic Stress Disorder in healthcare units responsible for treating sexually victimised children.	There are regional variations in access to treatment and in the use of therapeutic interventions shown to be effective on the basis of scientific evidence, placing sexually victimised children in an unequal position and hindering the efficient use of healthcare resources.	Specialised medical care THL
Indicators: Availability of trauma-focused cognitive behavioural therapy in units treating sexually victimised children: numbers of specialised medical care units and other service providers offering TF-CBT in 2020–2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 12. Entrusting university hospitals with the responsibility for training regional parties on the use of therapeutic techniques for sexually victimised children.	Sexually victimised children's prognosis for recovery is better when therapeutic interventions are based on up-to-date research evidence. Healthcare staff require continuous training to ensure quality.	THL, Ministry of Social Affairs and Health University hospitals
Indicators: Parties responsible for training courses designated by hospital district by 2025; numbers of training courses organised in 2020–2025.		

Overall objective: To prevent secondary harm caused by criminal investigation processes and court proceedings.		
Objective 7: To make criminal processes as child-friendly as possible.		
Actions	Rationale	Responsible parties and participants
Action 13. Increasing the resources of and cooperation between law-enforcement and prosecuting authorities to speed up pre-trial investigations and court proceedings. Centralising investigations of sexual offences against children and young people to specially trained investigators and prosecutors. Harmonising and accelerating the practices of appointing trustees nationwide. Improving the flow of information to families at different stages of criminal investigations.	Section 7 of chapter 4 of the Criminal Investigation Act (805/2011) imposes an obligation to ensure that criminal investigation actions do not cause individuals aged under 18 any unnecessary inconvenience at school, at work or in other environments important to them. During a pre-trial investigation, timely cooperation between the police and other authorities is important in terms of a fair trial and the child's best interests.	Ministry of the Interior, Ministry of Justice, Ministry of Social Affairs and Health, THL, POHA
Indicators: • numbers of police investigators specialised in offences against children and special prosecutors by 2025; • length of cases of sexual offences against children from pre-trial investigation to court decision reduced by 2025 when compared with the situation in 2019; • a study on the speed of appointing trustees.		

Overall objective: To develop the treatment of juvenile sexual offenders.		
Objective 8: To assess the care needs of juvenile sexual offenders and to develop integrated care pathways for them.		
Actions	Rationale	Responsible parties and participants
Action 14. Developing the psychiatric care needs assessments of juvenile sexual offenders. Creating national integrated care pathways.	No specific national referral mechanism is in place for juvenile offenders and there are gaps in referral practices. Adolescent psychiatric treatment of juvenile offenders must be organised as a preventive action. The programme to address reform in child and family services aims to introduce integrated service packages to child and family services. Psychosocial support providers should be professional and well versed in the subject.	Ministry of Social Affairs and Health, THL
Indicators: Regional integrated care pathways for referral of sexual offenders created by 2025.		

Actions	Rationale	Responsible parties and participants
Action 15. Providing suspected sexual offenders with an integrated care pathway from the police and social welfare services to units screening for sexually transmitted infections (STIs). Creating a nationwide cross-sectoral pathway for informing suspected offenders of potential infection in the context of sexual violence. Creating a communication pathway to inform the physician who examined the sexual violence victim of a diagnosed STI of an alleged offender.	Public authorities have a general responsibility to systematically combat communicable diseases and prevent their spread (Communicable Diseases Act 1227/2016).	THL, AVI Agencies, Ministry of Social Affairs and Health
Indicators: • number of sexual offenders referred to STI units by the police or social welfare services by 2025; • the cross-sectoral integrated care pathways mentioned under the Action 15 in place by 2025.		

SEXUAL HARASSMENT, GROOMING AND SEXUAL VIOLENCE IN DIGITAL MEDIA		
Overall objective: Preventing serious mental, physical and social harm and traumatic experiences caused by sexual harassment, sexual exploitation and sexual violence in and through digital media.		
Objective 1: Education and training related to the prevention of sexual harassment, sexual exploitation and sexual violence against children		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Further training on sexual harassment, solicitation, sexual exploitation and sexual violence against children in digital media will be provided to people working with children and young people on a daily basis. A basic education pilot project will be implemented in 2020–2022	UN Convention on the Rights of the Child (1989) Adults and professionals working with children and young people must have up-to-date information about the social environments (digital media) of children and young people, as well as about the risks of sexual harassment, solicitation, sexual exploitation and sexual violence. Sexual harassment, sexual exploitation and sexual violence experienced by children in digital media are not sufficiently identified or addressed. Identification needs to be strengthened, so that every child who has been subjected to sexual harassment, solicitation, sexual exploitation and sexual violence receives help. Adults must have the ability to address sexual content in digital media. Operators that provide psychosocial support must be professional and well versed in the subject. Guidance and counselling must be provided without delay.	Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture, THL Organisations working with and for children
Indicators: • Number of continuing education courses organised on the subject in 2020–2025 (degree programmes in education and special education) • Training for experts specialising in sexual offences against children in 2020–2025.		

Actions	Justification	Responsible parties and operators
Action 2. All children and young people within the age range for basic education have received training in safety skills in digital media in separately agreed pilot municipalities. Through education, children and young people have basic digital security skills, an understanding of the risks of digital media and ways to act safely online. A basic education pilot project will be implemented in 2020–2022	It is quite common for children and young people to request and send sexually charged images and videos. Children and young people do not have the ability to identify situations where images are requested in order to be abused for adult sexual purposes (grooming). (Save the Children Finland, 2018.) Children and young people need to be aware of the risks related to digital media in terms of sexual harassment, solicitation and sexual violence and must have ways to protect themselves in digital media. (Save the Children Finland, 2018.)	Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture/National Audiovisual Institute, Finnish Transport Agency, THL, National Police Board of Finland Ministry of the Interior The authorities Organisations working with and for children and families
Indicators: Proportion of educated children and young people in the pilot area by 2023 (interim review)		

Objective 2: Strengthening notification channels and services in situations of sexual harassment, sexual exploitation and sexual violence against children in digital media. Exploring the establishment of a helpline (24/7) (cf. Nollalinja) for situations of violence against children and young people		
Actions	**Justification**	**Responsible parties and operators**
Action 3. Children and young people have information and guidance on where to get help and where to report sexual harassment, solicitation and sexual violence, including violence experienced in digital media. Examining low-threshold services developed and operating at the national level in other Nordic countries for reporting various types of sexual harassment, solicitation and sexual violence and for receiving advice and assistance, regardless of place of residence and background.	Children, young people and adults must have equal opportunities to report violence, harassment, extortion and solicitation and equal access to advice and assistance at a low threshold, regardless of their place of residence and background (cf. regulations and obligations based on international agreements) Adults working with children and young people must have information and guidance on where to get help and where to report sexual harassment, solicitation and sexual violence, including violence against children and young people in digital media. Violent crimes against children, including crimes committed in digital media, are hidden crimes whenever they do not come to the attention of the appropriate authorities.	Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture, Ministry of the Interior/ National Bureau of Investigation, National Police Board of Finland Victim Support Finland Organisations working with and for children
Indicators: By 2023, the preconditions for establishing a support service for children and young people to report various types of sexual harassment, solicitation and sexual violence and receive help have been examined.		

Actions	Justification	Responsible parties and operators
Action 4. Clear cooperation practices to remove illegal images containing depictions of sexual violence against children have been established nationwide. The operations are based on strong international cooperation, and the time that it takes to remove such material from the internet is also monitored at the national level.	Illegal images depicting sexual offences against children remain circulating online. The child victims of acts of sexual violence that has been recorded, stored and distributed in digital media have a significantly elevated risk of developing psychological issues, behavioural disorders and self-destructive behavioural patterns. (Testimony of Sharon W. Cooper, MD, The impact on children who have been victims of child pornography 2012). Sexual offences against children in digital media do not respect national borders. The phenomenon is a hidden crime, and only some of the acts are reported to the authorities. National and international cooperation, special expertise and actions to protect children require multi-professional cooperation between the authorities and organisations. Lanzarote Convention (Decree of the President of the Republic 88/2011), Istanbul Convention (Government Decree 53/2011, Council of Europe 2011).	Ministry of Social Affairs and Health, Ministry of the Interior, Ministry of Transport and Communications Operators Organisations working with and for children
Indicators: The time that it takes to remove imagery depicting sexual violence against children has become shorter by 2025 compared with 2020.		

Actions	Justification	Responsible parties and operators
Action 5. The authorities and professionals have sufficient information and resources to address online sexual offences against children. The following guidelines are taken into account in the development of multi-professional work by the authorities and organisations and in national guidelines: • UN Guidelines regarding the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2019) • Guidelines to respect, protect and fulfil the rights of the child in the digital environment (Recommendation CM/Rec(2018)7 of the Committee of Ministers, Council of Europe 2018)	Lanzarote Convention (European Union Agency for Law Enforcement Cooperation 2007 and Finnish Treaty Series 88/2011) A child rarely reports sexual violence to the authorities. It is even more difficult for a child to report sexual violence if the act has been recorded as an image or video. (Cooper, 2012) Act on Organising the Investigation of Sexual and Assault Offences against Children (19.12.2008/1009) International multi-professional cooperation (INHOPE, 2018, Interpol, Europol) to remove illegal imagery is rapid and effective Under the Criminal Code of Finland, attempts to commit a sexual offence against a child are also punishable (Criminal Code of Finland 39/1889, Chapters 20 and 21). (Child Welfare Act, Chapter 3, Section 15). Supplementary Government Programme (February 2019) in which sexual offences against children and young people are mentioned several times	Ministry of the Interior, National Police Board of Finland/the police, Ministry of Social Affairs and Health, Finnish National Agency for Education, Ministry of Education and Culture Victim Support Finland Organisations working with and for children
Indicators: By 2025, resources, guidance and training in addressing online violent crimes against children have been increased in various fields, taking into account international guidelines on the subject.		

HARM ASSESSMENT IN SEXUAL OFFENCES AGAINST CHILDREN		
Objective 1: To pursue nationwide consistency, equality and quality improvement in terms of assessing harm to child victims of sexual violence.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Developing national guidelines for doctors for assessing medical harm as part of assessing individual harm caused to a child as a result of a sexual offence.	Children are placed on an unequal footing nationwide in terms of assessing harm associated with suspected sexual offences. Children have a legal right to have the harm assessed; see Table 17, International human rights treaties and legislation. The Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008), which also governs harm assessments, requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. No guidance on assessing harm that would also take account of national legislation is in place for doctors in Finland.	Ministry of Social Affairs and Health THL University hospitals
Indicators: A national recommendation for assessing psychological harm developed for doctors by 2023–2025.		

Actions	Rationale	Responsible parties and participants
Action 2. Taking account of and developing interfaces between harm assessments and clinical care needs assessments for children who have experienced sexual violence. Appointing a national responsible body and individuals in charge of developing these assessments by 2022.	For rationale, see Action 1. In addition, attention should be paid to the best possible benefit and the appropriate use of limited healthcare resources.	Ministry of Social Affairs and Health, THL Specialised medical care/regions University hospitals
Indicators: The national responsible body and individuals appointed to develop harm and care needs assessments by 2022, with due regard for the interfaces between these.		

Actions	Rationale	Responsible parties and participants
Action 3. Adding harm assessment contents, including forensic psychiatric/psychological and legal considerations, to training provided for psychiatric doctors and psychologists by 2022. DOCTORS: Including harm assessment training as part of the professional specialisation programme in psychiatry by 2022. Increasing continuing training for specialists involved in conducting psychiatric harm assessments. PSYCHOLOGISTS: Increasing continuing training for psychologists with regard to harm assessment.	See Action 1. Healthcare experts involved in conducting harm assessments have varying competences. Doctors and psychologists require continuous training to ensure the quality of harm assessments. The Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008), which also governs harm assessments, requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately.	Ministry of Social Affairs and Health THL University hospitals Universities (Forensic psychiatry/psychology units)
Indicators: Numbers of continuing training courses organised and participants by professional group by 2025 (higher education institutions, specialised medical care).		

Actions	Rationale	Responsible parties and participants
Action 4. Increasing awareness of the harmful effects of sexual violence and the basis for assessing harm among stakeholders by organising targeted training (lectures, courses) for guardians, trustees, police officers and legal experts (prosecutors, judges, lawyers).	Children are placed on an unequal footing in terms of assessing harm associated with sexual offences. When different professional groups receive training on the harmful effects of sexual violence, requests submitted to forensic child psychiatry units will also be more equally allocated.	Ministry of Justice Ministry of Social Affairs and Health, THL University hospitals (Forensic psychiatry/psychology units)
Indicators: Training/courses on the harmful effects of sexual violence and the basis for assessing harm provided for guardians, trustees, police officers and legal experts; evaluation of the training/courses provided and estimated numbers of participants by professional group by 2023 (universities, university hospitals, forensic child psychiatry/psychology units).		

Actions	Rationale	Responsible parties and participants
Action 5. Conducting a nationwide study on children's access to legal protection with regard to individual harm assessments.	See Table 17, International human rights treaties and legislation. No data is available in Finland on children's access to legal protection with regard to harm assessments.	Ministry of Social Affairs and Health Ministry of Justice THL
A nationwide study on the numbers of individual harm assessments in Finland conducted by 2025 (THL, Ministry of Social Affairs and Health, Ministry of Justice).		

Actions	Rationale	Responsible parties and participants
Action 6. Reviewing harm assessment statements and reporting harm.	The Act on Organising the Investigation of Sexual and Assault Offences against Children (1009/2008), which also governs harm assessments, requires relevant examinations to be administered by individuals with the training and up-to-date professional skills required to perform the task appropriately. Ensuring the quality of harm assessment statements by means of reviews.	Ministry of Social Affairs and Health Ministry of Justice THL University hospitals
Indicators: Harm assessment statements reviewed by experts appointed by THL/Ministry of Social Affairs and Health/responsible body in charge of developing harm assessments in a manner to be determined at a later date by 2025.		

Objective 2: To develop the field of forensic child psychiatry in Finland from the perspective of the harmful effects of sexual violence and to develop research activities. To improve the expertise of doctors involved in assessing the effects of sexual violence.		
Actions	**Rationale**	**Responsible parties and participants**
Action 7. Taking a research-based position on biomarker development as part of a national recommendation for doctors on assessing medical harm by 2025. Assessing international biomarker development and putting any potential biomarkers into use in scientific research into the harmful effects of sexual violence against children by 2025.	It is likely that biomarkers can be used in the future to predict potential risk for subsequent serious harm and to target monitoring and therapeutic interventions more effectively. Scientific research plays an important role when developing competence in Finland, serving the development of the entire field. The rapid international development of research methods will also require a proactive approach in Finland.	Ministry of Social Affairs and Health THL University hospitals Universities
Indicators: Research and development in the field started in Finland by 2025. A research-based estimate on biomarker development completed by 2025.		

CHILDREN AND YOUNG PEOPLE WITH DISABILITIES		
Objective 1: To take the need for special protection of children with disabilities into account in health and social services.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Taking the rights of children with disabilities into account in any future efforts to draft legislation on the self-determination of clients in health and social services.	The efforts to draft legislation on clients' right to self-determination in health and social services will probably continue over the current government term. People with disabilities are in a minority in our society and are vulnerable to discrimination. Moreover, in practical terms, children's rights are often protected less rigorously than those of adults. Any new bill must include clear language on how the rights of a child with disabilities should also be taken into account when the child is a client in disability services rather than in child welfare services.	Ministry of Social Affairs and Health
Indicator: The action has been implemented when the rights of children with disabilities are taken into account in legislation on the self-determination of clients in health and social services.		

ETHNIC GROUPS AND LINGUISTIC AND CULTURAL MINORITIES		
Overall objective: To reduce differences in health, safety and wellbeing related to ethnic or cultural and linguistic minority status and to increase equality and non-discrimination.		
Objective 1: To increase the knowledge base on the phenomena of cultural diversity and wellbeing as a basis for decision-making processes and development efforts.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Taking ethnic groups and linguistic and cultural minorities and their specific issues (e.g. discrimination) into account when producing information on violence, safety and security (incl. data collection and use of record information) as part of monitoring the population's health and wellbeing.	A reliable knowledge base and monitoring information are required to provide a basis for decision-making processes and development efforts.	THL, Ministry of Economic Affairs and Employment
Indicators: • New information on violence, safety and security produced by 2025 as part of monitoring the population's health and wellbeing, taking account of ethnic groups and linguistic and cultural minorities and their specific issues; • A Comprehensive review of integration published every four years, including monitoring data on safety and wellbeing among immigrants.		

Actions	**Rationale**	**Responsible parties and participants**
Action 2. Planning, developing and, wherever possible, implementing the production of data on violence, safety and security (incl. data collection and use of record information) among fringe ethnic groups and linguistic and cultural minorities (such as asylum seekers, incl. unaccompanied minors, and the Saami, the Roma, and undocumented and racialised people) as part of monitoring the population's health and wellbeing.	When collecting data on the whole population there are several fringe groups, requiring separate studies to obtain data. Limited information is currently available on the safety and wellbeing of fringe groups.	THL
Indicators: Planning of data collection projects by 2025, including securing financial resources as well as possible implementation and reporting.		

Objective 2: To ensure that current and future professionals in healthcare and social welfare sectors as well as adjacent fields (e.g. education, security, youth work) are familiar with the phenomena of violence, safety and security linked to cultural diversity and know how to take these into account in their work and to act in a non-discriminatory manner.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Training and knowledge sharing with professionals and students on cultural diversity and related violence, safety and security phenomena as well as on non-discrimination.	Professionals will benefit from increased know-how on cultural diversity and related phenomena, such as relating to violence and safety, in order to promote an equal and inclusive work approach.	THL, Ministry of Economic Affairs and Employment
Indicators: • Deployment rates of PALOMA training, the e-learning course on multicultural aspects of working with clients and other similar programmes in educational institutions and professional organisations, and inclusion of the theme in curricula by 2025; • Training and other materials produced with attention to cultural diversity and related special issues.		

Objective 3: To provide people seeking and granted international protection and other immigrants with special support for non-violence, safety and wellbeing.		
Actions	**Rationale**	**Responsible parties and participants**
Action 4. Producing and disseminating culturally sensitive information about the effects of violence, good parenting, children's rights, equality, right to self-determination and civic awareness for newly arrived immigrants.	Little culturally sensitive material about the above-mentioned themes is currently available for newly arrived immigrants.	THL, Ministry of Economic Affairs and Employment Finnish Immigration Service Reception centres
Indicators: Culturally sensitive material produced, disseminated and used with newly arrived immigrants (TUULI project) by 2022; training courses for immigrants.		

Actions	Rationale	Responsible parties and participants
Action 5. Establishing a national centre of expertise to focus on refugee mental health and to coordinate and disseminate relevant know-how, while also taking the theme of violence and safety (e.g. specialist expertise in 'honour'-related violence) into account when planning the centre.	Spreading existing know-how from specialised services to a wider group of professionals and bodies calls for a coordinated nationwide support structure.	THL University hospitals (Helsinki, Turku, Tampere, Kuopio, Oulu)
Indicators: A national network of centres of expertise established by 2025 (PALOMA2 project).		

Actions	Rationale	Responsible parties and participants
Action 6. Putting a systematic and valid model for initial health assessments in place at reception centres, also gauging violence and safety issues in addition to other details.	It is important for initial health assessments to identify asylum seekers' early support needs, in order to ensure that they will be provided with any services that they may require.	Finnish Immigration Service Reception centres
Indicators: An initial health assessment model put in place nationwide by 2022; development of structured recording processes at reception centres.		

Actions	Rationale	Responsible parties and participants
Action 7. Putting the Let's Talk about Children Discussion model in place at reception centres nationwide, also including safety assessments and child rights perspectives.	The model makes it possible to identify and systematically respond to the needs of children and families with regard to issues such as safety.	Finnish Immigration Service Reception centres
Indicators: The Let's Talk about Children Discussion model adopted nationwide by 2025.		

CHILDREN IN OUT-OF-HOME CHILD WELFARE PLACEMENTS		
Objective 1: To strengthen violence-awareness competence in substitute care.		
Actions	Rationale	Responsible parties and participants
Action 1. The Finnish Institute for Health and Welfare will produce information on the wellbeing of children placed outside the home. Data collection projects (e.g. the School Health Promotion Studies) will provide information about experiences of violence among children placed outside the home. The 'Ask and listen' project carried out by the THL between 2019 and 2021 to study wellbeing among placed children will produce information on experiences of violence and neglect among children placed in substitute care facilities. The results will be reported in 2021. The THL will also produce a code of practice for identifying physical violence and neglect as part of child welfare work on the basis of various sources.	It is necessary to strengthen knowledge, skills and operating capacities and methods concerning violence among those involved in substitute care in order to provide safe substitute care environments for children.	Ministry of Social Affairs and Health, THL Child welfare organisations
Indicators: A code of practice and research information on wellbeing and experiences of violence among children placed outside the home produced by the Finnish Institute for Health and Welfare in 2020–2025. ➔ The code of practice will be adopted by 2025.		

Actions	Rationale	Responsible parties and participants
Action 2. Confirming competence in violence-aware substitute care as one of the prerequisites in procurement, selection and monitoring of substitute care facilities at both municipal and child-specific levels. Including violence-awareness competence and safety skills education provided for children in the self-supervision plans of child welfare institutions.	Monitoring of violence-awareness competence forms part of controlling and supervising the quality of substitute care.	Ministry of Social Affairs and Health, THL Municipalities and regional authorities, municipal social welfare, substitute care facilities
Indicators: Monitoring of competence at municipal, facility- and child-specific levels in place by 2025 as part of municipal plans for the wellbeing of children and young people, municipal processes of procuring, selecting and monitoring substitute care facilities, and self-supervision of substitute care providers.		

Objective 2: To develop the reporting and monitoring procedures relating to the safety of substitute care facilities.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Reinforcing children's and young people's awareness of their rights to safe, non-violent relationships and environments in substitute care and their capacity to recognise certain acts and practices as violence. Developing materials for children on what violence means, in particular in substitute care settings. Creating a national operating model for violence reporting procedures.	The procedures for reporting violent incidents occurring in substitute care should be strengthened so as to ensure that children and young people growing up in out-of-home placements and various substitute care professionals/workers are aware of and have access to channels allowing them to report any violence that they experience or witness in substitute care. → Revised procedures and new reporting methods will create a sense of inclusion and make it possible to see change in incidents of and practices perpetuating violence.	Ministry of Social Affairs and Health, THL Child welfare organisations Municipalities, municipal social welfare, social workers responsible for individual children's affairs (child-specific use of materials)
Indicators: • training materials for children and young people completed and adopted between 2020 and 2025; • a national operating model for violence reporting procedures created by 2025.		

Actions	**Rationale**	**Responsible parties and participants**
Action 4. Confirming that supervision of substitute care includes ensuring that each substitute care facility has provided children and their close family and everyone involved in its operations with information about the procedures in place for reporting violence occurring at the facility or children's other settings. Ensuring that each substitute care facility has in place an agreed procedure known to everyone for monitoring the actions taken to address any identified incidents of violence. Documenting each institutional care unit's risk factors relating to violence and to preparing for, preventing and dealing with incidents in self-supervision plans.	Monitoring and supervision of violence reporting procedures form part of supervision of substitute care, aiming to ensure that placed children (and others) are informed of the means of disclosing violence and the opportunity to expose the use of violence (Child Welfare Act 417/2007, section 79).	Ministry of Social Affairs and Health, THL Municipalities and regional authorities, municipal social welfare, child welfare institutions (self-supervision)
Indicators: The following developments will have taken place in substitute care operations by 2025: • Reporting procedures and knowledge of these are being systematically monitored as part of child-specific client, care and/or upbringing plans and plans concerning good treatment. • Reporting procedures and risk analyses are documented in institutional self-supervision plans. • Violence reporting and its effects are monitored as part of municipal plans for the wellbeing of children and young people.		

Objective 3: To develop safe communication practices.		
Actions	**Rationale**	**Responsible parties and participants**
Action 5. Strengthening the safety skills education relating to communication practices in place for children and young people, as well as safety planning for communications as part of child-specific work and monitoring and supervision of substitute care. Securing resources required to implement safety plans (e.g. space and human resources for supervised meetings).	There is a need to strengthen communication practices that enable children growing up in substitute care to safely maintain relationships with their family members and peers during the placement and create new relationships and social memberships. This also applies to the use of social media. However, not all communications are without risk and the way in which legislation should be applied is not unambiguous.	Ministry of Social Affairs and Health, THL, Ministry of the Interior, Police Child welfare organisations Municipalities and regional authorities, municipal social welfare, substitute care facilities, other child welfare practitioners
Indicators: • safety planning for communications and safety skills education for children and young people relating to communication practices in place as an established part of substitute care operations by 2025; • resources in support of safe communication practices available in child welfare services and monitored as part of municipal plans for the wellbeing of children and young people.		

CHILDREN AND YOUNG PEOPLE BELONGING TO GENDER AND SEXUAL (LGBTIQ) MINORITIES		
Overall objective: To protect LGBTIQ children and young people against specific risks, violence and discrimination.		
Objective 1: To train professionals to identify and recognise LGBTIQ children and young people and their particular needs.		
Actions	**Rationale**	**Responsible parties and participants**
Action 1. Creating a training package about sexual and gender diversity and LGBTIQ families provided as continuing professional development for two key professional groups, such as public health nurses and school social workers. The training will provide capabilities to identify these children and young people and information about factors affecting their wellbeing, risk of violence and means of reducing it. **Action 2.** Implementing a training pilot in cooperation with vocational training providers.	Research shows that LGBTIQ children and young people have psychological problems (such as depression, anxiety and suicidal ideation). LGBTIQ children and young people are more frequently subjected to violence, pressure in the family and emotional abuse when compared with their peers. Healthcare, social welfare and education professionals require more information about and skills to bring up sexual and gender diversity. Furthermore, professionals should be better aware of their own potentially discriminatory attitudes and the non-discrimination legislation binding on them in their work.	Ministry of Education and Culture, Finnish National Agency for Education Higher education institutions and vocational training providers Training package produced by Seta - LGBTI Rights in Finland
Indicator: The training package created between 2020 and 2022 and the training pilot implemented between 2023 and 2025.		

Objective 2: To collect data on violence experienced by LGBTIQ children and young people.		
Actions	**Rationale**	**Responsible parties and participants**
Action 3. Producing nationally targeted information in Finland about the wellbeing and sexual violence and harassment experiences of LGBTIQ minorities.	Information is vital to prevent bullying and violence. Discrimination based on gender expression can affect anyone. The Committee for the Rights of the Child has highlighted the importance of collecting national data on harassment experienced by LGBTIQ minorities. Prior research has established that experiences of sexual violence are clearly more common among non-heterosexual and transgender young people.	THL
Indicators: The THL School Health Promotion Study Team has looked into the possibility to add a question about bullying based on gender identity and gender expression and about sexual violence experienced by LGBTIQ children to the survey by 2022.		

TRAFFICKING IN CHILDREN AND RELATED EXPLOITATION		
General objectives: No child will become a victim of human trafficking or related exploitation. Trafficking in children will be prevented and assistance will be provided to the victims.		
Objective 1: Assistance to child victims and the children of victims of human trafficking will be ensured		
Actions	**Justification**	**Responsible parties and operators**
Action 1. A national action plan against human trafficking will be prepared, including the responsible parties and actions to prevent trafficking in children, for example. The implementation of the action plan will be monitored. • The national action plan will be made for a three-year period and will be renewed regularly. • The resources necessary for the implementation and monitoring of the national action plan will be ensured, and these resources will be specified clearly in the action plan.	Finland does not currently have a national action plan against human trafficking. (Kervinen & Ollus, 2019, 11–12.) Efforts against human trafficking require cross-administrative actions and cooperation, as well as continuous monitoring.	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government, THL
Indicators: The national action plan will be prepared by 2022, and its implementation will be monitored.		

Actions	Justification	Responsible parties and operators
Action 2. A National Referral Mechanism (NRM) for identifying victims of human trafficking will be completed. • The NRM will take into account the special needs of child victims and children of victims by providing clear instructions on referrals, where and which actor to contact in cases of human trafficking.	There is currently no National Referral Mechanism in Finland for victims of trafficking (OSCE/ODIHR 2004). The NRM will include instructions on referring child victims and the children of victims of trafficking to appropriate services and the types of assistance they are entitled to. (Kervinen & Ollus, 2019.) Support, assistance actions and access to services for victims of human trafficking vary between municipalities (Koskenoja et al., 2018). Assistance actions intended specifically for children must be developed in municipalities and within the Assistance System for Victims of Human Trafficking Good experiences of the regional coordination of assistance have been gained in Sweden and the Netherlands, for example.	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government, Ministry of Social Affairs and Health, THL
Indicators: • The NRM will be completed by 2022. • To strengthen regional coordination, contact persons will be hired for cooperation regions by 2022 to coordinate the assistance provided to victims of trafficking in close cooperation with municipalities and the Assistance System. The contact persons will be responsible for collecting and distributing information in their respective areas of operation.		

Actions	Justification	Responsible parties and operators
Action 3. Provision of help and timely access to services, such as mental health services, will be ensured for child victims and the children of victims of human trafficking.	Children and young people who have become victims of human trafficking may be highly traumatised by the exploitation they have experienced and may have both psychological and physical symptoms. Access to mental health services for victims of human trafficking varies between municipalities (Koskenoja et al., 2018). The children of victims of human trafficking may also need special assistance.	Ministry of Social Affairs and Health, Assistance System for Victims of Human Trafficking, THL, Association of Finnish Local and Regional Authorities Municipalities
Indicators: • In accordance with the Government Programme, 'We will enact an act on assistance to victims of human trafficking'. The impacts on children will be assessed in connection with the preparation of legislation. • Access to services for child victims and the children of victims of human trafficking will be ensured through assessments of individual service needs in accordance with the principles of social welfare and healthcare. • The contact person for cooperation regions will monitor and ensure access to services, such as mental health services, for child victims of human trafficking in 2020–2025.		

Objective 2: The compilation of statistics on trafficking in children will be improved to target assistance and resources		
Actions	**Justification**	**Responsible parties and operators**
Action 4. Figures concerning suspected and preliminary identified child victims and children of victims of human trafficking receiving assistance, as well as the forms of human trafficking that children have been subjected to, will be collected from municipalities, the Assistance System and NGOs (Neliapila [*Four-leaf Clover*] NGOs). In addition, the compilation of statistics on children and young people who have become victims of human trafficking will be further developed within the criminal justice system. In the future, crimes reported to the police, prosecuted cases and punishments will be recorded for statistics by the victim's age and gender. An annual report based on the analysis of this data will be compiled.	The compilation of statistics on human trafficking must be improved so that assistance actions to all child victims of human trafficking can be ensured and that the resources that various actors need for assistance work can be secured. (Kervinen & Ollus, 2019.) At the moment, there is no unambiguous information on the number of child trafficking cases, the forms of exploitation or the attrition of cases to the prosecutor and a court of law. The appropriate compilation of statistics on child victims of human trafficking must be ensured at different stages of the criminal justice system so that the trends concerning trafficking children and young people can be monitored, along with the attrition of the cases in criminal proceedings. (Kervinen & Ollus, 2019.)	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government Ministry of the Interior, National Police Board of Finland Legal Register Centre/ Ministry of Justice
Indicators: • The number of suspected victims of human trafficking, as well as child victims identified in the initial phase, reported to municipalities by form of human trafficking and gender in 2020–2025. • The number of children proposed and admitted to the Assistance System by form of human trafficking and gender in 2020–2025. • The number of suspected victims of human trafficking, as well as child vitims identified in the initial phase, reported to the Neliapila [*Four-leaf Clover*] NGOs by form of human trafficking and gender in 2020–2025. • The number of child victims in cases reported to the police, prosecuted and leading to punishment by age and gender in 2020–2025.		

Objective 3: Increasing identification and awareness of trafficking in children		
Actions	**Justification**	**Responsible parties and operators**
Action 5. Increasing awareness of trafficking in children and related exploitation, as well as the assessment of the child's best interest and needs, among social welfare and healthcare professionals, such as social workers in child welfare, school nurses and school social workers, the police and prosecutors. Identification of human trafficking will improve.	Awareness of trafficking (in children) and the identification of and assistance to victims of human trafficking varies between municipalities and is insufficient (Koskenoja et al., 2018). Awareness of the various forms of human trafficking, such as forced criminality, must be increased among the police and prosecutors. Awareness of the dynamics of human trafficking, the consequences of exploitation, trauma, dependency and insecure state should be increased among all actors.	The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government Ministry of Social Affairs and Health, Ministry of Justice, Ministry of Education and Culture Association of Finnish Local and Regional Authorities, municipalities
Indicators: • Social welfare, healthcare, and pupil and student welfare service providers will better identify the comprehensive exploitation of children and young people, including human trafficking and dynamics related to it. • The number of study modules on human trafficking in basic and continuation education in the fields specified in the action by field of study in 2020–2025. • The number of professionals who have been provided with training on human trafficking and related exploitation among the professionals specified in the action by professional group in 2020–2025.		

Actions	**Justification**	**Responsible parties and operators**
Action 6. Increasing children and families' awareness of trafficking in children and related exploitation.	There is no information available about children's awareness of human trafficking and related sexual and other exploitation. Sex education for children must be further developed to ensure that every child is provided with information about what sexual violence, abuse and exploitation mean as offences, as well as information about sexual rights (safety skills, safeguarding personal boundaries and integrity, how to act in dangerous situations). (Kervinen & Ollus, 2019; see Chapter 7: Safety skills education)	THL, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Social Affairs and Health The Anti-trafficking Coordinator and Coordination Secretariat of the Finnish Government NGOs, e.g. Family Federation of Finland
Indicators: Trafficking in children will be included as a theme in basic education and secondary-level sex education learning materials and in the subjects of social studies and health education as part of the content of national core curricula and qualifications by 2025.		

FEMALE GENITAL MUTILATION		
General objective: the implementation of the actions specified in the Action plan for the prevention of female genital mutialtion to prevent FGM and help girls and women who have undergone mutilation.		
Actions	**Justification**	**Responsible parties and operators**
The objectives and actions specified in the Action plan for the prevention of FGM will be taken into account in decision-making in various administrative branches. (Koukkula & Klemetti, 2019.) The Action plan will also be taken into account regionally and locally and in various fields (e.g. healthcare and social welfare, early childhood education, educational institutions, reception and integration work, the police, the media, organisations).	There are girls in Finland who may be at a risk of FGM, which is why attention must be paid to preventing FGM at the national level. The Istanbul Convention (CoE No 2010 in 2011, Finnish Treaty Series 53/2015) obligates Finland to address FGM. A national Action plan has been prepared for the prevention of FGM. The Action plan provides guidelines on addressing the issue in healthcare, social welfare, early childhood education, education, training, youth work, reception and integration work, the police, the media and organisations.	Ministry of Social Affairs and Health, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Justice, Ministry of the Interior/the police, Ministry of Economic Affairs and Employment, THL Hospital districts/regions Municipalities, the Finnish Immigration Service and reception centres Media Various organisations and communities, such as immigrant organisations, religious associations and communities.
Indicators: • Information from healthcare and social registers and from the registers of the police, population surveys • The intention is to assess the implementation of the Action plan for the prevention of FGM through an interim evalutation in 2023. The purpose of the interim evaluation is to examine whether the issue has been taken into account by various parties and in the operating environments specified in the Action plan. The interim evaluation will also examine the inclusion of the issue in training for professionals, municipal welfare reports, teaching programmes and scientific research, as well as communities' views on FGM and organisations' actions to prevent FGM.		

NON-MEDICAL CIRCUMCISION OF BOYS		
Objective: Non-medical circumcision of boys must not be performed until the person in question gives their consent based on information.		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Discussion will be started about an age limit – that is, postponing circumcision until the boy can participate in making the decision (e.g. round-table discussions)	• Decisions of the Supreme Court requiring legislation. • Convention on the Rights of the Child (UN 1989, Finnish Treaty Series 59-60/1991) • Lanzarote Convention (CoE No 201 in 2007, Finnish Treaty Series 88/2011) • Social Welfare Act (1301/2014): according to the Act, special attention must be paid to ensuring the child's physical integrity (section 5). • Programme of Prime Minister Antti Rinne's Government 2019	Ministry of Social Affairs and Health, THL
Indicators: • The age when circumcision is performed will be monitored by 2025 • Statistics on non-medical circumcision performed on underage boys at university hospitals 2020–2025		

CHILDREN, YOUNG PEOPLE AND VIOLENT EXTREMISM		
Objective 1: Children and young people who have been exposed to violent extremism will be provided with systematic, high-quality support in a timely manner through a multi-professional approach using actions that have been proven to be effective		
Actions	**Justification**	**Responsible parties and operators**
Action 1. Prevention: The ability of the authorities, professionals and volunteers who work with children to prevent violent radicalisation through education will be improved. Educational materials and training activities regarding violent extremism and radicalisation will be developed for professionals in the field of education and in social and healthcare services.	Online youth workers and police officers may encounter young people interested in violent extremism groups and their activities. Online youth workers' and police officers' awareness and ability to identify violent extremist groups and their activities must be improved. The ability of professionals and volunteers to engage in discussions with young people and to question the ideologies of violent extremist groups o on factual grounds must also be improved. The abilities and preparedness of representatives of various professions to identify and support people who have undergone violent radicalisation will be strengthened through training. The abilities and preparedness of representatives of various professions to identify and support people who have undergone violent radicalisation will be strengthened by providing of training, including in-service training, related to the theme. The use of existing educational materials and distance learning opportunities for example in the field of education and in social and healthcare services, will be ensured.	Ministry of the Interior, Ministry of Education and Culture, National Police Board of Finland Ministry of Social Affairs and Health, THL, Finnish National Agency for Education Children and family organisations, such as Save the Children Finland and UNICEF Finland
Indicators: • Availability and quality of online training and number of people who have completed the training by occupational group by 2025. • Number of trained professionals in education, social and healthcare services by 2025. • The training in various sectors is consistent and complementary, as successful activities are the result of cooperation between professionals in various fields.		

Actions	Justification	Responsible parties and operators
Action 2. Active and multidisciplinary cooperation between professionals in various fields will be strengthened to prevent violent radicalisation.	Multi-professional and multidisciplinary cooperation plays a key role in facilitating participation in particular, and such cooperation is also particularly significant in helping a child or young person who has undergone a process of violent radicalisation. Professionals working in health and social services, education and youth services participate in the Anchor work as coordinated by police departments. This cooperation is based on the manual for Anchor work and on the national action plan. (Ministry of the Interior, 2019b)	Ministry of the Interior/ police, Ministry of Education and Culture, Ministry of Social Affairs and Health
Indicators: Increase in the number of Anchor teams by 2025 and the proportion of representatives of various occupational groups in these teams.		

Actions	Justification	Responsible parties and operators
Action 3. Centralised special expertise: Highly demanding special expertise will be centralised within the collaborative area.	Supporting children and young people in the process of disengagement from violent radicalisation is highly challenging and requires special expertise. Within the collaborative areas, expert assistance can be provided equally across the area to the education and cultural sector as well as to social and healthcare service professionals at a primary and specialised social service level.	Ministry of Social Welfare and Health, THL
Indicators: Services requiring special expertise are provided close to the child or young person as part of primary and specialised social services with support from specialised experts by 2025.		

Objective 2: Research and investigation will be developed concerning violent extremism and radicalisation		
Actions	**Justification**	**Responsible parties and operators**
Action 4. Research related to violent extremism will be increased and research-based operating models will be developed.	Scientific research plays a significant role in developing operational guidelines, tools and training for professionals, as well as legislation, exchange of information and multi-professional cooperation in the field. Research projects related to identification of radicalised individuals as well as study and development of suitable treatment and support actions for radicalised individuals should be supported.	Universities, Police University College Ministry of Social Affairs and Health, Ministry of the Interior, THL
Indicators: Research conducted with regard to the phenomenon in 2020–2025.		

HONOUR-RELATED VIOLENCE		
General objectives: Honour-related violence against children is addressed and prevented more effectively across Finland		
Objective 1: Professionals whose work includes issues concerning honour-related violence are able to recognise, prevent and address honour-related violence.		
Actions	Justification	Responsible parties and operators
Action 1. The inclusion of the phenomenon of honour-related violence in the relevant authorities' basic and supplementary training will be negotiated. The existing training materials on honour-related violence (Ministry of Social Affairs and Health) will be updated and actively included in training. Information will be provided about honour-related violence.	The Istanbul Convention (Article 15) requires that training be organised for professionals working with victims or perpetrators of violence on preventing and recognising violence, as well as on equality, the victims' needs and rights and the prevention of revictimisation. The existing material includes both training materials and self-study materials, but many links are outdated. The authorities and professionals need information and training on the topic, and consistent training materials facilitate both the organisation of training and self-study. Discussion of the phenomenon in professional magazines would motivate professionals to seek additional and supplementary training.	Ministry of Social Welfare and Health, THL, Ministry of Education and Culture, Finnish National Agency for Education, Ministry of Economic Affairs and Employment, higher education institutions (incl. the Police University College), NGOs
Indicators: • By 2025, the relevant reports submitted by Finland to international human rights bodies will state that several relevant basic training programmes deal with the special characteristics of honour-related violence and their consideration in work and that additional and supplementary training programmes on the topic are in progress. • The training materials have been updated and have been taken into use by the end of 2022.		

Actions	Justification	Responsible parties and operators
Action 2. Clear instructions concerning honour-related violence against children will be prepared for early education teachers, class teachers, the police, and social welfare and healthcare professionals (incl. school social workers).	According to the study (2016) by the Finnish League for Human Rights, key professionals need guidelines on how to act when they encounter victims of honour-related violence in their work. The Istanbul Convention's requirement for appropriate training (Article 15) includes a requirement to prepare clear instructions for various occupational groups (Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence, section 99).	Ministry of Social Affairs and Health, THL, Ministry of Justice, Ministry of the Interior, Ministry of Education and Culture, National Police Board of Finland, Finnish National Agency for Education Municipalities Human rights organisations and organisations working with and for children
Indicators: By the end of 2025, early education teachers, class teachers, the police, and social welfare and healthcare professionals (incl. school social workers) will have clear guidelines for situations concerning honour-related violence against children.		

Objective 2: Cooperation between organisations and communities against honour-related violence is supported.		
Actions	**Justification**	**Responsible parties and operators**
Action 3. Cooperation between the authorities and organisations (incl. immigrant organisations) against honour-related violence will be increased, and sufficient resources will be ensured for the organisations.	According to the Istanbul Convention (Article 9), the state must support non-governmental organisations' and civic society operators' work against honour-related violence. Non-governmental organisations working with immigrant communities play a key role in promoting equality between girls and boys and in providing information about the harmful effects of violence within communities that practise the tradition with the goal of changing attitudes to encourage anti-violence attitudes.	Ministry of Social Affairs and Health, Ministry of Economic Affairs and Employment, National Police Board of Finland Municipalities Network coordinated by the Finnish League for Human Rights against honour-related violence Immigrant organisations
Indicators: Reports to providers of funding show in 2025 that non-governmental organisations' work concerning honour-related violence is nationally more extensive and systematic than in 2019 and that child victims are taken into account in their work.		

Actions	**Justification**	**Responsible parties and operators**
Action 4. Guidelines will be prepared to support discussions with families in preventive child protection.	Through preventive child protection, it is possible to prevent violence in accordance with the requirements of the Istanbul Convention (CoE 2011, Article 11), the UN Convention on the Rights of the Child (UN 1989, Article 19), the Child Welfare Act (417/2007) and the Social Welfare Act (1301/2014). Families must be provided with alternatives to the use of honour-related violence and with information about equality between girls and boys. In addition, it may be advisable to include other family members than the parents in discussions between child welfare professionals and the family if the parents pose a threat to the child's safety.	Ministry of Social Affairs and Health, THL, the network coordinated by the Finnish League for Human Rights against honour-related violence Human rights organisations and organisations working with and for children
Indicator: Guidelines to support the prevention of honour-related violence in preventive child protection will have been prepared by 2022.		

Objective 3: Information is collected about the extent and forms of honour-related violence and about its effective prevention		
Actions	**Justification**	**Responsible parties and operators**
Action 5. A question measuring the prevalence of honour-related violence will be prepared that may possibly be included in the School Health Promotion Study in the future. Information about parties that offer help is provided in connection with the potential question.	The Istanbul Convention (Article 11) includes a requirement to compile statistics on various forms of violence against girls and women and to prevent such violence. Studies on honour-related violence against children have not previously been prepared in Finland. Information about the prevalence of various forms of honour-related violence will facilitate allocation of resources. The School Health Promotion Study also offers good opportunities to provide pupils and students with information about where to get help with issues concerning honour-related violence.	THL, NGOs, researchers
Indicators: With regard to the School Health Promotion Study, the possibility to include a question measuring the prevalence of honour-related violence is examined. It would be possible to provide information about national actors that offer help in connection with the question.		

Actions	**Justification**	**Responsible parties and operators**
Action 6. Possibilities to compile statistics on crimes related to honour-related violence will be explored.	The Istanbul Convention (Article 11) requires that statistics be compiled on the prevalence of honour-related violence and that research be supported, so that the basic causes and consequences, prevalence, conviction rates and the effectiveness of implemented actions related to this phenomenon can be studied. A study is needed that examines the effectiveness of various prevention methods.	Ministry of the Interior, National Police Board of Finland, Institute of Criminology and Legal Policy/ University of Helsinki, THL, Ministry of Social Affairs and Health
Indicators: Possibilities to compile statistics on honour-related violence are explored by 2022.		

VIOLENCE AGAINST CHILDREN IN RELIGIOUS COMMUNITIES – THE PERSPECTIVE OF EXPERTS BY EXPERIENCE		
Objectives: An ethical operating model (ethical code) will be created for religious communities to address situations related to violence against children in accordance with the regulations and the child's interests, as well as ensuring the reliability of the people participating in the activities of religious communities.		
Actions	**Justification**	**Responsible parties and operators**
Action 1. The social work departments or boards of directors of the local and central organisations of religious communities/churches will prepare a clear operating model for addressing situations related to violence against children (cooperation with child welfare services, the police and healthcare).	Children are entitled to respectful treatment, physical integrity, an understanding of their bodily autonomy and an awareness of being protected by adults (Convention on the Rights of the Child, Finnish Treaty Series 59–60/1991). The public authorities must guarantee the observance of basic rights and human rights (Finnish Constitution, section 22). According to section 25 of the Child Welfare Act, parishes and other religious communities also have an obligation to report suspected cases of violence against children, for example. Difficult issues are easier to address when clear guidelines are in place.	Local and national management in religious communities/ churches Ministry of Social Welfare and Health, THL
Indicators: • An ethical operating model for situations related to violence against children will have been introduced in various religious communities by 2025. • The central organisations of religious communities will monitor and assess compliance with the operating model annually and will also collect information from their locations.		

Actions	**Justification**	**Responsible parties and operators**
Action 2. The backgrounds of employees and, if the requirements are fulfilled, also holders of positions of trust in religious communities/churches are checked in accordance with the related law, and people who have engaged in inappropriate behaviour are released from their duties or positions of trust.	Act on checking the criminal background of persons working with children (504/2002). Holders of administrative positions and people working with children and young people must be suitable for their duties in terms of ethics and criminal law. In suspected cases of violence, external and objective authorities must be consulted to ensure that the child's interests are safeguarded.	Ministry of the Interior, National Police Board/ the police, Ministry of Justice
Indicators: The persons in charge/boards of directors in religious communities monitor and assess annually how many background checks have been conducted in local and central organisations and whether persons who are reported to have committed, are suspected of having committed or have been convicted of committing crimes of violence against children have been released from their duties or positions of trust.		

Violence disrupts and damages a child's development and causes fear and distrust towards other people and society. Studies show that adverse childhood experiences (ACEs), such as violence, are linked to morbidity as well as recurrence of violence in adulthood. At worst, violence can even lead to death. In addition to human suffering, violence causes economic costs due to an increase in mental health disorders, risky behaviours and social exclusion.

Victims of violence need support that is better-coordinated and timelier than it is today. The Non-Violent Childhoods – Action Plan for the Prevention of Violence Against Children 2020–2025 pays particular attention to protective factors and early detection of threats. Provision of sufficient and appropriate support for the situation is important so that the child or young person is able to survive the difficult experiences. Multidisciplinary cooperation and training are essential means to prevent and minimise the harm caused by violence.

The Action Plan covers the prevention of physical and emotional violence, sexual violence and online harassment in various growth and operating environments. The Action Plan is a practical handbook intended for professionals and students working with children and young people in the healthcare and social welfare sector, the police, the education and youth work sectors, the judicial system and NGOs. The actions presented are based on research evidence and the needs that have arisen in the work of professionals.

Research shows that the risk of violence against a child increases when a child's parents become separated or when they are under considerable strain. It is very important that risky situations are detected early on, assistance is provided and that, if necessary, there is intervention in these situations and those involved referred for help and support.

Internet: stm.fi/en/publications
PUBLICATION SALES:
julkaisutilaukset.valtioneuvosto.fi

ISSN PDF 1797-9854
ISBN PDF 978-952-00-8351-9