

NATIONAL REPORT FINLAND 2016

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DETAILS REPORT WRITING ORGANISATION

Country: Finland

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Representing any other organisations? No

1. ORGANISATIONS/PROGRAMMES

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WHAT TYPE OF ACTIVITIES RELATED TO DOMESTIC VIOLENCE PREVENTION HAS YOUR ORGANISATION CARRIED OUT DURING THE LAST THREE YEARS?

Group treatment for male perpetrators and couple therapy in cases of Intimate Partner Violence (IPV).

Research on group treatment for male perpetrators, and on couple therapy in cases of IPV.

Collaboration with local services, for example the Mobile Crisis Centre.

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WHAT WOULD YOU DEFINE AS THE BIGGEST OBSTACLES/CHALLENGES REGARDING VIOLENCE PREVENTION TO YOUR ORGANISATION/S? PLEASE FOCUS ON THE LAST THREE YEARS.

Funding is a major challenge. It is very difficult to do longitudinal and long-term research to assess the impact of certain treatments without regular, long-term funding.

There are also difficulties in measuring outcomes. When the treatment modality is focused on a gendered approach, in the attempt to profoundly change conceptions and beliefs, it becomes very difficult to measure outcomes following the traditional method of simply assessing observable change. For this reason, we are focusing on new methods to assess outcomes, such as the Mirabal Project. This method considers partner opinions and issues related to parenthood in making assessments, and it utilises qualitative measures with important nuances.

## 2. COUNTRY

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PLEASE GIVE AN OVERVIEW OF GENERAL SITUATION IN YOUR COUNTRY REGARDING WORK WITH PERPETRATORS.

To date, the services offered in Finland have been based on projects only. There has been no long-term, systematic service planning by the state. Programmes and services are mainly available in southern parts of the country and in larger cities, and are not accessible nationwide.

According to studies, 16% of men have experienced violence or the threat of violence from a partner in their current relationship, and 22% have experienced this in a past relationship. The rate of violence towards women in intimate relationships is even higher. A third of Finnish women have experienced violence by a current or previous partner.

Considering the gravity of the problem, services offered in Finland to perpetrators of domestic violence/intimate partner violence are relatively scarce. Altogether, there are around 20 service providers nationally that offer programmes, or facilitate psychological

work, to end violent behaviour in adult relationships. These services are available only in larger cities, and are concentrated in southern parts of the country.

List of services:

- (a) Single providers: Maria Akatemia's (Demeter-työ), Kriisikeskus Mobile, Jyväskylä, Setlementtiyhdistys Naapuri, Tampere, Lyömätön Linja Espoossa, Espoo
- (b) Providers belonging to organisations: Jussi work – Federation of Mother and Child Homes and Shelters, and Miessakit (Group of Men).

Existing programmes are gender-specific and mostly offered to men. Only one service provider specialises in helping female perpetrators of domestic violence. Outside the prison context, services reach up to 1200 perpetrators per year. Within the criminal sentencing context, programmes aiming to end violence reach approximately 200 perpetrators per year. This results in a total of 1400 people which, in light of the magnitude of the problem, is only a fraction of the people who use violence in their intimate relationships. (For more information see the National Report on the Services for Perpetrators Offered in Finland.)<sup>1</sup>

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PLEASE GIVE AN OVERVIEW OF YOUR COUNTRY'S CRIMINAL AND CIVIL RESPONSE TO DOMESTIC VIOLENCE, ESPECIALLY ANY CHANGES WITHIN THE LAST 3 YEARS? (I.E. WHAT ARE THE MOST IMPORTANT LEGAL AND POLICY MEASURES AND HOW HAVE THEY BEEN IMPLEMENTED?)

Models based on cognitive behaviour therapy were first introduced in Finnish prisons in 1998, in order to assist prisoners in avoiding recidivism. Most of these models were directed towards treating substance abuse, but in recent years several have also focused on ending violent behaviour. In Finland all prison-based services are organised and accredited by the Criminal Sanctions Agency (RISE).

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<sup>1</sup> October, M. (in press). National Report on the Services for Perpetrators Offered in Finland. Nordic Council of Ministers Publications ([www.norden.com](http://www.norden.com)).

More than one quarter of all prisoners in Finland have been sentenced for a violent offence. Different prisons in Finland offer different programmes to perpetrators of violent crimes. Some, such as the STOP programme, are directed towards preventing recidivism in sexual violence offenders. This programme has been used in Finnish prisons since 1998, and is based on the English Sex Offender Treatment Programme (SOTP). Other programmes are directed towards ending violent behaviour in adult intimate partnerships, such as the MOVE programme. MOVE is a programme designed in Finland through the collaboration of Mikkeli Prison and an NGO called VIOLA, and it specialises in non-violence work with both victims and perpetrators. The programme encourages perpetrators to recognise violent behaviour, take responsibility for it, and learn ways to seek help.

The programmes cover a wide range of services in the field of DV, for both female and male perpetrators, sexual offenders, and victims of DV. Currently, there are no programmes targeting underage witnesses to violence.

These programmes are entirely government-funded. By contrast, the majority of funding for services available outside the prison system is based on grants.

Programmes used in prisons are clearly structured and administrated. The frequency, length and type of sessions vary from one programme to another. The aim of these programmes is to reduce recidivism, thus outcomes are measured through police and criminal offence reports. Some studies of recidivism are also conducted in order to assess the quality of methods used.

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PLEASE TELL US ABOUT THE PROGRESS YOUR COUNTRY HAS MADE IN RELATION TO ISTANBUL CONVENTION.

Article 16 of the Istanbul Convention requires that services for perpetrators are set up and implemented in close co-ordination with specialist support services for victims. In interviews with the various programmes, only six out of 13 respondents reported contacting the partners of offenders about services available for victims. This was despite the fact that 12 out of 13 programmes have reported collaborating with organisations

providing aid for victims. Further, only seven out of 12 respondents share information about high-risk situations with current or former partners of their clients. This lack of communication remains a problem to be addressed.

The Istanbul Convention also emphasises that Intimate Partner Violence must be understood through a gendered lens. Most programmes in Finland follow a gender-specific approach as their main working method, in line with this aspect of the Istanbul Convention.

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DO YOU KNOW ANY OTHER ORGANISATIONS/PROGRAMMES IN YOUR COUNTRY THAT CARRY OUR DOMESTIC VIOLENCE PERPETRATOR WORK? IF YES, PLEASE, LIST THEM.

There are six main non-governmental organisations that offer services to perpetrators of IPV. Each began with either a unique project or an international background. Four service providers are single-location service providers. This includes Maria Akatemia's Demeter programme which is based in Helsinki and is currently the only service for women perpetrators in Finland. The three other single-location service providers are Kriisikeskus Mobile in Jyväskylä, Setlementtiyhdistys Naapuri in Tampere, and Lyömätön Linja Espoossa in Espoo, the longest running programme in the field. Other local service providers belong to either Jussi-work, under the Federation of Mother and Child Homes and Shelters, or Miessakit.

### 3. BEST PRACTICES

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TELL US ABOUT BEST PRACTICES IN WORK WITH PERPETRATORS IN YOUR COUNTRY.

Documentation of programme activities is common across service providers however methods of documentation vary. The most common method is a yearly activity report, and many organisations collect annual statistics. Most service providers also measure their outcomes in some way, often with a focus on decreases in violence. Many services use a questionnaire for internal evaluation, however external evaluation processes are very rare.

Treatments are focused on gender-based approaches, which aim to address the roots of inequality.

#### 4. NEEDS AND RECOMMENDATIONS

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##### WHAT HAS TO BE DONE TO PREVENT DOMESTIC VIOLENCE IN YOUR COUNTRY (REGARDING WORK WITH PERPETRATORS)?

Firstly, ensuring adequate funding for services remains a major concern. The majority of work is funded by grants from the Finnish Slot Machine Association (RAY). Norms regulating this grant-based funding have led to a somewhat artificial limitation on the number of therapy sessions that can be funded by these grants, and this may not always be in line with the client's needs. As funding is tied to the accepted number of sessions (sometimes limited to five), it then becomes a challenge to offer longer interventions when necessary.

Secondly, programmes for perpetrators need to be better integrated with services offered to families, particularly services involving children. Organisations must endeavour to make a visible effect on the lives of children affected by violence within the family.

Thirdly, the scarcity of services nationwide raises issues of inequality in terms of service provision. Currently, the accessibility of services is closely tied to the location where the perpetrator of domestic violence happens to live.

Fourthly, there needs to be further awareness-raising in terms of the effects of psychological violence; the importance of stopping the transmission of violence from one generation to another; the need for further education and training in the field; and methods for marketing services at a preventive level, not only when violence has been occurring for a prolonged period.

Fifthly, most programmes measure outcomes at the end of a treatment programme only, and do not include follow-up measures.

Finally, it would be beneficial to develop minimum standards and national guidelines for working with perpetrators of domestic violence, in order to improve existing practices and standards of care.

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