Breaking the Taboo – Empowering health and social service professionals to combat violence against older women within families

Breaking the Taboo

Overview of research phase

Finland

Authors: Minna- Liisa Luoma & Christina Manderbacka

Stakes

April 2008

This project has been funded with support from the European Commission. This report reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information.

1 Introduction 1

2 Methods 1

3 General background on violence against older people with a special focus on older women 3

3.1 Definition of used terms: Abuse/Maltreatment/Violence 4

3.2 Forms of violence 5

3.3 Prevalence, statistical data 6

3.4 Cultural and historical background 8

3.5 Public awareness of abuse against older people 11

3.6 Policies against abuse /policy background 13

4 Domestic violence against older people with a special focus on older women 16

4.1 Context of violence 16

4.2 Influence of social and biographical factors 17

4.3. Risks and consequences of violence 19

5 Perspectives of health and social service professionals with respect to violence against older women within families 21

5.1 Experience with domestic violence against older women 21

5.2 Recognizing domestic violence against older women 23

5.3 Coping strategies 23

5.4 Further support/ strategies needed 25

6 Perspectives of organisations with respect to violence against older women within families 26

6.1 Experience with domestic violence against older women 26

6.2 Recognizing domestic violence against older women 30

6.3 Organisational coping strategies 32

7 Conclusions: Strategies for professionals to deal with domestic violence against older women 35

8 References 39

1 Introduction

This is the National report of the project "Breaking the Taboo" which aim is to raise awareness concerning violence against older women in families, to empower health and social service professionals to recognize abusive situations and to help combat them; to develop awareness raising activities and materials and to develop tools and strategies to improve early recognition of violence against older women in the family and to support professionals to react accordingly. The main activities of the project have been carried out in Austria, Finland, Italy and Poland. Collaborating partners are participating from Belgium, France and Portugal and the evaluation of this project is carried out by a German partner.

This report summarises a first research phase conducted in Finland, including the literature overview, interviews with health and social service staff on their experiences as well as a short survey with health and social service organisations. The main focus of this report is domestic violence against women especially older women (+65 years of age).

2 Methods

To obtain data on domestic violence against older women, the following methods were used: literature review, face-to-face interviews with hands on workers and telephone interviews with managers of home care organisations. Additionally questionnaires among three different types of organisations were conveyed: to organisations that provide general services for victims of violence, to organisations that provide home help and care services for older people and to education centre in the area of health and social services. In the following the methods are described in detail.

Literature search:

We started the work with literature search using Stakes own databank, Stakeslib, and other appropriate electronic databases available through Stakes. We also contacted the Federation of Shelters for the Finnish Elderly, who is the main expert in Finland in the field of abuse and elderly. The Federation sent us information about the existing literature and projects.

Surveys

We sent out all together 64 questionnaires to service providers throughout the country (from the Capital Area to Lapland) in July 2008. The survey material was collected by means of a postal questionnaire. By the beginning of September 2008 we received answers from all together 35 service providers (54 %). According to the following distribution:

I. 17 home help and care service providers for older people
II. 6 providers of education in the area of health and social services
III: 12 providers of general services for victims of violence (hotlines, women´s shelters, crisis centres)

The interviews:

There were two groups to be interviewed: the co-ordinating staff ie. managers of the home-help for elderly and hands on workers. The interview with the co-ordinating staff, 5 managers, was conducted through telephone, so that we could get representatives throughout the country. All managers that we interviewed were participant of an expert group on home help services. The task of the expert group was to write new instructions and advice to municipalities about good examples in home help services. The managers were contacted by email, and after having their agreement for an interview, the telephone interviews were conducted.

The 10 hands on workers were interviewed. The interviews were carried out in October 2007. All hand on workers were employed by the City of Espoo. Home care is divided in Espoo to the southern and northern districts and representatives were interviewed from both areas. The hand on workers were contacted by the district directors of the home help services of the city of Espoo. The district directors asked for voluntaries to participate in the interviews. The workers were contacted by email or by phone after having their agreement for an interview. The professional background of the workers was the following: one home helper, three registered nurses, one specialised nurse (psychiatry), five licensed practical nurses.

5 interviews were conducted by telephone, and 5 were conducted face to face interviews. The face to face interviews were tape recorded and transcribed verbatim. The Atlas-Ti 5.0 was used for qualitative analysis.

3 General background on violence against older people with a special focus on older women

This report focus on older women who are clients of the homecare. The majority (72.2%) of the clients regular home care are women (Official Statistics of Finland, 2007) and the majority of the victims of domestic violence are women. According to Kivelä 9 % of women and 3 % of men had been abused after the age of retirement (60-65 years). 46 % of the abused men and 75 % of the abused women had been ill-treated by their spouse, child or other relatives. 90% of the victims of intimate partner violence are women. The most common place for the abuse is the elderly person´s own home, among men (46 %) and women (82 %). The providers of home care services for elderly are important actors in recognizing abusive situations and helping to combat them. (Kivelä,1992)

In 2006, 11,5 % of people aged 75 and over received regular home services. (MSAH 2006d). In Finland home care consists of home-help services, home nursing, and other support services provided by health care and social services. The home care service providers offer a variety of outpatient services so that the elderly can live at home for as long as possible. These integrated services include home-help services, home nursing, day hospitals and other day-care centres, as well as part-time in-patient care. The regular intermittent in-patient care, defined as at least 8 periods during a year, is an important support service, especially for clients with informal care support. (Official Statistics of Finland, 2007).

Municipal authorities arrange social services for older people on the basis of individual service needs assessments. Such an assessment is based on the client´s own views and one or more expert evaluations. The equality of older people in access to services is being improved by developing a more extensive and harmonised assessment of service needs. Since March 2006, all people over 80 years of age may have an assessment of their non-emergency service needs if they so require by the seventh working day from the day of contact (MSAH 2006d). However, even though there is right to an assessment of service needs, residents do not have the right to demand specific services of their own choice. In urgent situations the need for services must be assessed immediately, regardless of the age (MSAH 2006d).
The assessment of functional capacity as a part of the assessment of service needs is a means of providing the client with well-coordinated, individualised services that ensure continuity of

care. No such assessment method is yet widely used (Voutilainen and Vaarama 2005). In particular, the most widely used measures pay little attention to psychological and social functioning and environmental factors. This means that poor psychological functioning may remain unrecognised and therefore treated inadequately. (Finne-Soveri et al. 2006).

Preventive home visits are made to estimate the ability to function, living conditions and service needs of the elderly. The elderly gets information on available services and recreational and leisure activities. In year 2007 150 municipalities (of 415) organized preventive home visits (http://www.kunnat.net). The results of preventive home visits have been encouraging. The visits increased a sense of security among the elderly and gave the local authority a human face (Socius 3-4/2004 p. 42).

3.1 Definition of used terms: Abuse/Maltreatment/Violence

According WHO (2005), elder abuse was for the first time described in a British scientific publication in year 1975 in terms "granny battering". In Finland the term "Domestic violence" was commonly in use from 1970 to the 1990s and changed from year 2000 to "Intimate Partner and Domestic Violence".

The term elder abuse includes actions of violence or mistreatment. The mistreatment can be an act of commission (abuse) or omission (neglect). It can be intentional or unintentional. Elder abuse entails violation of human rights, suffering, and decreased quality of life (Hudson, 1991). There are many existing definitions of elder abuse and in most definitions are the types of abuse (e.g., physical, psychological, financial, neglect, self-neglect, and sexual), who does the abusing (perpetrator descriptions), who suffers the abuse (victim descriptions), and where it happens (e.g., domestic violence or institutional settings) are included. The definition adopted by the World Health Organization and the International Network for the Prevention of Elder Abuse is as follows: ‘‘Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person’’ (Action in elder abuse, 1995)

Most research in the field of elderly women and violence in Finland have been conducted by researcher, Sirkka Perttu, and the definitions used by her in projects of domestic violence is the following: (See also WHO, 2005 and www.elderabus.org)

"*Domestic violence is here taken to cover mistreatment and abuse occurring in the family or inflicted by other persons close to the victim, such as relatives, dates, friends and acquaintances. The abuse may be physical (hitting, kicking, strangling, etc.), sexual (rape or attempted rape, sexual harassment, etc.), psychological (threatening, extorting, verbal abuse, stalking, controlling, etc.) or financial (extortion of money, control of spending). The mistreatment may also take the form of neglect of care, ie the conscious of unconscious failure to satisfy the basic needs of a person in one´s care (such as failure to feed, neglect of hygiene, clothing and medication*)." (Perttu, 1998 p. 113. Domestic violence in social welfare and health care)

3.2 Forms of violence

In this Finnish report we used the following terms to describe the forms of violence against older people:

- Physical Abuse - Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- Emotional Abuse - Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts
- Sexual Abuse - Non-consensual sexual contact of any kind.
- Exploitation - Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- Neglect - Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- Abandonment - The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

3.3 Prevalence, statistical data

According to WHO, abuse of the elderly is a problem that may continue to grow because many countries experience a rapidly ageing population. The abuse of elderly includes physical, sexual and psychological abuse as well as neglect. Elderly people are especially vulnerable to economic abuse, in which relatives or caregivers make improper use of their funds and resources (WHO, 2000). Information on the extent of abuse in elderly populations is scarce. The population based surveys that have been conducted show that between 4 % and 6 % of elderly people experience some form of abuse in the homes and that mistreatment in institutions may be more extensive than generally believed (WHO, 2000).

Since 1980 there are results from two Finnish studies available. According to the first study 9 % of women and 3 % of men said that they had been abused after the age of retirement (60-65 years). (Kivelä & al 1992, p.1-2). In the second study the prevalence rate for abuse by spouse, child or relative was 2.5 % for men and 7 % for women (Kivelä, 1995 p.36).
In the 1997 the first postal survey of male violence against women was carried out in Finland. The Central Population Register provided a sample of 7,100 women between the ages of 18 and 74 years. The sample covered the whole country, by systematic sampling. The response rate was as high as 70 per cent. (Heiskanen & Piispa 1998, p 60-61) 40 per cent of women had at least once experienced a man´s physical or sexual violence or threat after having reached 15 years of age. (Piispa et. al. 2006).

The second survey was carried out in 2005. The sample of the study consists of 7 213 randomly chosen women aged 18-74 years. The response rate was 62 per cent. In the 2005 survey the share of 65-74 year old women respondents was somewhat higher than in 1997 (Piispa et. al. 2006). According to the 2005 survey 43.5 per cent of women had at least once experienced a man´s physical or sexual violence or threat after having reached 15 years of age. Thereby there has been a slight increase in women´s experience of violence (Piispa et. al. 2006).

Women's experience of violence last year % (Piispa et. al. 2006).:

Age group	1997	2005
18-24	21.2	22.6
25-34	16.6	17.4
35-44	12.9	13.0
45-54	8.1	10.1
55-64	6.2	5.6
65-74	3.2	3.1

Seeking help in cases of violence varies by age. According to the 1997 survey young women seek help in the first instance via informal channels, while more adult women are more likely to resort to the authorities. Exceptions are the oldest women 65+, many of whom never tell anyone about the violence. Women in the age bracket 45-54 were found to resort more often to official channels when seeking help. (Piispa & Heiskanen, 2001 p.13)

Women who have become victims of violence normally rely on informal support: more than half of respondents mentioned that they had talked about the violence with a close friend, both in case of partner violence and also in violence outside a partnership. To resort to official support and help is considerably less common than relying on informal support: about two thirds said that they had not sought help from any official body. When official help is sought, it is most frequently sought from the police and health service providers (Piispa et. al. 2006, p. 185). The study also indicates that it has become somewhat more common to relay on official help and treatment. According to the 2005 study 31 per cent of those who had sometimes experienced partner violence had sought help from some agency, whereas the percentage in the study of 1997 was 26. (Piispa et. al. 2006, p.185).

The same phenomenon can also be seen in the cases of women that have sought for treatment for a serious physical injury because of partner violence. It has become more common to seek treatment, compared to the findings of the previous study. It might be the case that the threshold for seeking support has lowered. During past years, more attention has been paid to partner violence than before, and women have become increasingly aware of their position as victims of violence. This could also be explained by increased availability of treatment and support (Piispa et. al. 2006, p.186). According to the 1997 study the experiences of

frightening stalking grow more frequent with increasing age, the prevalence of being highest in the age group of 65- 74 (Heiskanen & Piispa 1998, p 46).

In year 2003 the population aged 15-74 years experienced 627,000 violent incidents (11 %). Those at least 75 years old, about 4,000 incidents. Almost half of this violence consisted of threats (47 %). The reporting to the Police concerning threats and violence has increased and the tendency to report has grown steadily. (Heiskanen et. al. 2003 p. 15, 24).

3.4 Cultural and historical background

Family violence in younger and middle-aged families, and mainly physical abuse against wives and children was discovered in Finland during the later half of the 1970s. Experiments to help the victims of family violence were launched in the 1970s. One of the most active voluntary organizations was the Federation of Mother-Child Homes and Shelters. In 1979 the Federation launched a three-year project in four Finnish towns to help both the victims of family violence and the abusers (Kivelä, 1995 p. 34).
During this three year project the personnel at the shelters met many abused persons, not only young wives with their children but also husbands and elderly persons seeking help. Between 3 - 6 percent of the clients seeking help were 65 years or over. The discovery of elder abuse and the difficulties in helping abused elders in the shelters were the beginning of a debate around the problem (Kivelä, 1995, p 35).
An article published by the Federation of Mother-Child Homes and Shelters in 1983, about elder abuse in Finland is one of the earliest papers about the problem. In 1985 the Federation of Mother and Child Homes and Shelters started together with the police and social workers a project to help the abused elderly. The project consisted of efforts 1) to support the families of abused elderly 2) efforts to illustrate the extent and types of the problem 3) to find explanations for abuse 4) to inform people about the problem and 5) to establish preventive measures (Kivelä, 1995, p. 35).

The academic community began to show more serious interest in the problem in 1980s when two major epidemiological studies on the extent and types of elder abuse were carried out. The material of the first study consisted of the population aged 65 years and over (n=1225) in

a semi-industrialized town in middle-western Finland (Kivelä, 1995 p. 35). According to the study 9 % of women and 3 % of men said that they had been abused after the age of retirement (60-65 years). In the study the occurrence of abuse in old age, the types and places of abuse, and the factors related to it were investigated by interviews. 46 % of the abused men and 75 % of the abused women had been ill-treated by their spouse, child or other relatives. Friends and unknown persons were more often the abusers in the male cases (54 %) but not in female cases (22 %). A common place for the abuse was the elderly person´s own home, both among men (46 %) and women (82 %). Physical and psychological violence were the most prevalent types of abuse for both genders. The abused individuals were characterized by poor health, lack of confidants, loneliness, poor satisfaction with life and poor family relations (Kivelä & al 1992, p. 1-2).

The second study consisted of the population aged 75 years or over living either in a semi-industrialized municipality or in a rural municipality in southern Finland (n=871). The self-report data were collected by interviews and the occurrence of abuse was defined by the elderly themselves. According to that study the prevalence rate for abuse by spouse, child or relative was 2.5 % for men and 7 % for women (Kivelä, 1995 p.36).

The shelter staff and the researchers engaged in the Finnish project sought cooperation with experts in other Nordic countries, and the first Nordic seminar was held in 1986. More intensive cooperation between Nordic experts started in 1988. The aim was to explain and describe the extent of the problem in the Nordic countries and to synthesize the information collected in different Nordic projects and to make suggestions for the prevention of problems and for helping the abused elderly in Finland (Kivelä, 1995 p, 25).

In the beginning of 1990s started a project in the city of Vantaa in which services were provided for elder abuse victims. In this project services included a shelter at a nursing home, telephone service and a support group. During the two years that the project was running, 31 women and 5 men used the shelter and 137 phone calls concerning elder abuse were received. The majority of the callers and victims were women. The barriers for seeking help in an abuse case were rather high among the elderly. As a result of the experimental work it was found that by developing the functions of the nursing home various services could be created which

could prevent domestic violence and help the abused persons free themselves from the abusers. (Perttu, S.1996 Journal of Elder Abuse & Neglect, 1996 Volume: 8 Issue: 2)

After this project, during years 1995-1999 the Center for Gerontological Training and Research together with the Federation of Mother and Child Homes and Shelters started a study about attitudes towards elder mistreatment and reporting. The objectives of this study were the following 1) to investigate elderly persons own views of the attitudes towards elder mistreatment and abuse and ts reporting 2) to produce data for social and health care professionals for development of interventions and the service system.

In this study 50 persons aged 60-91 years or more were interviewed. The interviewees were not selected according to whether they had been mistreated. The attitudes of the interviewees to abuse were negative. Their view of what constituted mistreatment and abuse in parent-child relations were quite clear. But the border between abuse and mistreatment in the caring by adult children for their elderly parents was not clear. The majority of persons interviewed "*could understand why adult children left their elderly parents alone for a while, gave them medication to sedate them and tied them to the bed, and approved of this on certain condition. The only thing to which they had a strong negative reaction was feeding by force; this was felt to be inhuman and abusive."* (Perttu, S. 1998: Vanhuksiin kohdistuvaan väkivaltaan ja siitä ilmoittamiseen liittyvät asenteet, p. 5.)

In 1998 the Federation of Mother and Child Homes and Shelters carried out a survey funded by the Daphne Initiative of European Union. "*The Finnish survey was in two parts aiming to find out the number of victims of domestic violence encountered in social welfare and health care and the nature of the assistance offered from the professional helpers´ perspective*". In the first part of the survey social welfare and health care workers in six towns reported 263 cases of domestic violence encountered in one month. 87 % of them were women. The age of the victims varied from two years to 92 years and 11 % were retired.

According to the workers view the biggest obstacle to the provision of assistance was the unwillingness of the victim to accept it. 38 % did not wish the worker to intervene. But the majority of victims were willing to discuss the violence with the worker. The workers considered that the perpetrator´s alcohol and mental health problems were main reasons for

the violence. The workers often were helpless to put an end to the violence. They concentrated on helping the victim or the perpetrator or on intervention methods. (Federation of Mother and Child Homes and Shelters). According to the study by Perttu (1998) it seems that elderly people do not impose very high demands on their care when the caregiver is their own adult child. They may feel guilty when imposing limitations on their children´s lives. The social and health care professionals should therefore watch carefully these care relations and support both the elderly and the care giving relatives. Also barriers for reporting in cases of abuse were rather high and it is therefore important to stress the importance of active intervention of the authorities. The respondents also told very openly of their own experiences. Therefore social and health care professionals should also openly approach the issue. (Perttu, S. 1998: Vanhuksiin kohdistuvaan väkivaltaan ja siitä ilmoittamiseen liittyvät asenteet, p. 5-6.)

The second part of the survey by Federation of Mother and Child Homes and Shelters examined the skills, means and collaboration of General Practitioners (GP), nurses and social workers in encountering violence and their views on prevention on domestic violence. The material was collected by means of a postal survey in seven towns in Finland. Questionnaires were sent to 853 professionals, of which 656 (77 %) answered the questions. The results of that study indicates that the workers did not have very much practice in identifying and encountering violence, because they did not meet victims or perpetrators very often. They also felt that their skills were insufficient in most areas of violence. Workers intervened more rapidly in case of violence to children and elderly people. The workers role as helper was that of a guide and counsellor. The professionals took very few concrete steps to end the violence. The best way in ending the violence were according to the worker´s opinion, the intensification of client work, multi-agency collaboration, and the establishment of a set procedure for dealing with violence. (Perttu, S. 1998: Domestic violence in social welfare and health care, the Federation of Mother and Child Homes and Shelters, Publication No.19, p. 59 – 61)

3.5 Public awareness of abuse against older people

A voluntary organization called the Federation of Shelters for the Finnish Elderly was registered in 1989. The aims of the organization were to inform the general public and political decision makers about elder abuse, to follow up international and national studies

and intervention programs and to set up support groups for abused elderly. The organization also provides telephone information services for the elderly (Kivelä, 1995 p, 41).

In years 2003 – 2005 the Federation of Shelters for the Finnish Elderly led a project of which the goals were: 1) to recognize abuse 2) prevention of abuse 3) further care 4) to develop consultancy methods for elderly care. The project produced a brochure for social and health care professionals targeting the mentioned issues.

The Federation of Shelters for the Finnish Elderly conducted in year 2004 a survey to elderly care providers in municipalities aiming to find out how often elderly care providers encountered domestic violence and how they work in their service structure, and to find co-operation partners for the project. All together 296 workers in elderly care from 105 different municipalities returned the questionnaires. 70 % told that they in their work had encountered 65+ years old persons that had experienced abuse/violence in their near relationship. The perpetrators were in most cases the victims´ adult child. (Serpola, 2006, p. 24)

The Federation also conducted a survey to organizations working with elderly people. Of the 178 organizations that were contacted, 88 returned the questionnaires. Elder abuse was recognized in 63 different organizations. According to the respondents over 60 % of the cases were financial abuse. The project developed different working methods for intervention and prevention. As an example: (Appendix 2) Screening process to assist professionals with concerns when working with elderly clients. (Serpola, 2006, p.55).

Federation of Shelters for the Finnish Elderly will continue their work in a project during years 2006 - 2010.

Finland arranged as a part of the National Action plan for the first time the 15th of June 2006 on the World Elder Abuse Awareness Day as a part of INPEA-network (International Network for the Prevention of Elder Abuse) a campaign Missing Voices- raising awareness of mistreatment of older persons. They also arranged a telephone information line for elderly people in June 2006 (Perttu, 2007 p.2).

3.6 Policies against abuse /policy background

In Finland The UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) was approved in 1979, and was ratified in 1986. The Convention is monitored trough national reporting. The Convention forms part of an international network of human rights conventions and has also acted as the model for Finland's gender equality legislation. The Committee on Elimination of Discrimination against women has been concerned about the high incidence of violence against women in Finland. (CEDAW/C/FIN/5, 26 February 2004, p. 17)

Up to year 1995, in Finland the violence at home remained the victim´s private problem. Assaults in private places were prosecuted only if the victim expressly demanded this. It could be said that in this situation the law treated the genders differently. As violence against women very often take place at homes, or in a private space, and violence against men typically occurs in the public sphere. The 1995 law amendment removed the distinction between public and private places, but the new law included a new paragraph according to which the prosecutor may waive prosecution if the victim sincerely wishes so. (Piispa & Heiskanen 2001, p. 8). Rape in marriage was criminalized in 1994 (316/94).

One of the main documents defining the international gender equality field is the Beijing Declaration and Platform for Action approved by the UN in 1995. Implementation of the Platform for Action is being monitored using twelve indicators. The work is regularly reviewed by the EU Council for Employment, Social Policy, Health and Consumer Affairs. (Ministry of Social Affairs and Health. Striving for Gender Equality in Finland. Equality brochures 2006:1 eng.)

The Finnish Government decided in summer 1996 to implement the UN Beijing Action Programme. At the same time the Government approved the general principles of a national anti-violence programme. The equality programme approved by the Government in February 1997 included a national five-year-programme for the prevention of violence. (Vannemaa, M. 2000, p.64)

During years 1998-2002 Finland completed the five-year action plan directed at the prevention of violence and prostitution. The project was administrated by the Ministry of Social Affairs and Health and executed by Stakes. The project co-ordinated preventive activities against women and violence in the family and promoted co-operation with the

authorities, organizations, institutions and projects in the field. The project also arranged training for professionals and developed working methods, provided teaching material and guides on violence against women and domestic violence. The project consisted of twelve regional groups co-ordinating and implementation local training and information. (CEDAW/C/FIN/5, 26 February 2004, p. 18)

When Finland hold EU Presidency 1999 a meeting for experts on violence against women. was organized in Jyväskylä. The earlier meetings on the same theme were organised by Great Britain, Austria, Germany and Portugal. The aim of the meeting in Finland was to find concrete methods to combat violence and to ensure that the existing legislation in each country is used effectively in the prevention of violence against women. The meeting focused on four areas pertinent to the subject of violence against women: criminal proceedings in case of domestic violence, standards for shelters for battered women, treatment programs for men who use violence, and doing research on difficult and sensitive topics. In the two former areas, existing guidelines or recommendations were reviewed, accepted, and expanded upon, while the two latter areas, preliminary recommendations were formulated. (Ministry of Social Affairs and Health, Reports 2000:13)

In the line with the Government Plan for years 2004-2007 the Ministry of Social Affairs and Health prepared a National Program to prevent violence against women and domestic violence as well as to develop services for both the victims and the wrongdoers and the family members. The program raises violence against women and domestic violence to the list of societal problems. The implementation of the program has been the duty of the Ministries of Justice, Education, Transport and Communications, the Interior as well as of the Ministry of Social Affairs and Health.

In order to implement the goals, the programme defines the mutual distribution of work and responsibility of the appropriate administrative fields and the actors of the national, regional and local levels. A national monitoring and evaluation group will monitor the implementation of the program. The implementation of the program will require financial resources. In the different administrative areas, sufficient economic resources is reserved for preventive action against violence, the development and implementation of services to victims and wrongdoers, the development of the criminal sanction system as well as for the training of the personnel dealing with violence issues as well as also for the development of research and a monitoring

system. The expertise necessary to handle this topic area will be increased in all the administrative sectors in question. (CEDAW/C/FIN/5, page 19)

A brochure of the program is available on Internet and the brochure has also been distributed at different service points. During last years many regional seminars have been arranged presenting the contents of the program and the measures required by it. The content of the program in the Ministry of Social Affairs and Health, Brochures 2004:9: Prevention of Intimate Partner and Domestic Violence 2004-2007

The Government Programme 2004-2007 highlights violence as a gender equality issue and a phenomenon that weakens people's personal safety in society. Safety is a fundamental right and basis of well-being for everyone. Violence undermines it and has other multifaceted and serious consequences. Identifying of and intervening in intimate partner and domestic violence at an early stage can even save people's lives. There are deficiencies in the present service system from the point of view of both victims and perpetrators of violence. The supply of services is sporadic and there are regional disparities in their availability. Specialised services are generally provided in the largest cities only.

During the Government term 2003–2007 the means to tackle domestic violence are being intensified. The National Council for Crime Prevention is preparing an extensive, cross-sectoral National Violence Reduction Programme. The most important components in the Action Programme to Prevent Intimate Partner and Domestic Violence of the Ministry of Social Affairs and Health are preventive actions carried out by social policy measures and the development of the overall social and health care service system. The objectives of these programmes are co-ordinated and mutually supporting.

The National Development Project for Social Services implements the Government Resolution to Secure the Future of Social Services, issued in 2003. The aim of the resolution is to ensure the supply and quality of social services, to develop the structures of services and activities, to secure the access to social service staff and staff skills, to develop working conditions, and to ensure the long-term development of the social sector. The Action Programme to Prevent Intimate Partner and Domestic Violence is one of the projects carried out within the framework of the National Development Project. This action programme is

integrally linked to the National Project on Health Care, the Gender Equality Action Plan and the Alcohol Programme as well as to the National Violence Reduction Programme.

Main objectives of the Action Programme to Prevent Intimate Partner and Domestic Violence are to 1) improve network and 2) professional skills

In line of these action programmes the Ministry of Social Affairs and Health has published following reports and handbooks : (summaries of these reports and handbooks are appendixes of this report.)

1) Coordination of the prevention of intimate partner and domestic violence and concentration of expertise (Publications of the Ministry of Social Affairs and Health 2006:82)
2) Helena Ewalds (eds.) To whom the strikes belong? A handbook for municipalities for the prevention of partner and intimate violence. Helsinki, 2005 (Handbooks of the Ministry of Social Affairs and Health 2005:7)
3) Eija Kyllönen-Saarnio, Reet Nurmi: Immigrant women and violence. Handbook for victim help in social welfare and health care, Helsinki 2005 (Handbooks of the Ministry of Social Affairs and Health 2005:15)
4) A vicious circle for the whole family. Interpersonal violence and alcohol. Helsinki 2007. (Publications of the Ministry of Social Affairs and Health 2007:25)

***Appendix** 1. Examples: An expert group at the State Provincial Office of Southern Finland has created a number of action models for encountering physically abused clients (PAKE, including a report form and a body map). They have turned out so well that the intention is to implement them throughout the country.*

4 Domestic violence against older people with a special focus on older women

4.1 Context of violence

Elder abuse in domestic settings. The two surveys described below, show that 3 percent to 9 percent of older adults report experiencing incidences of domestic elder abuse, neglect, and financial exploitation A common place for the abuse was the elderly person´s own home, both among men (46 %) and women (82 %) (Kivelä & al 1992, p. 1-2). 46 % of the abused men and 75 % of the abused women had been ill-treated by their spouse, child or other relatives.

Friends and unknown persons were more often the abusers in the male cases (54 %) but not in female cases (22 %). Physical and psychological violence were the most prevalent types of abuse for both genders (Kivelä & al 1992, p. 1-2)

4.2 Influence of social and biographical factors

Life situation factors that are usually viewed as making women vulnerable to spousal violence, such as having children, cohabiting, low educational level, and financial dependency on the male partner, failed to explain partnership violence against women in Finland as such, too. The author's objective was to find out whether meanings of violence have changed and whether this could be one reason why young women report in a survey such cases of violence that other women would not, and to find out whether young women are more sensitive than older women to recognizing violence and whether the sensitivity would be the reason why they report in a survey such cases of violence that other women would not. This could explain why violence in partnerships is so common among young women in Finland. (Piispa, M. 2004, p. 30-32)

Finnish generation studies have shown generational changes in lifestyle, attitude to work, use of intoxicants and sexuality. It is possible that the meanings of violence have their own generational structure. This makes age in the social and cultural contexts and important perspective for the studying of the changes in the experiences and meanings of violence. It is possible that differences in the reporting of violence in surveys are reflections of other cultural changes that have taken places in the way sensitive issues are discussed. (Piispa, M. 2004, p. 32)

In the article the meanings of sexuality and embodiment in the context of Finland is evaluated and women´s conversational cultures relating to embodiment and sexuality and possible differences in them is analyzed. (Piispa, M. 2004, p. 32)

The analysis was limited to women aged 18 to 64 who had experienced violence in their current partnership during the past 5 years (n=368). It is known that it is typical of the violence that takes place in intimate partnership to escalate over years and studies have also shown that when violence has lasted for many years, it can become normalized in the partnership so that the women no longer recognizes it as violence or as something

exceptional. These two things affect how violence is interpreted and reported in a survey. (Piispa, M. 2004, p. 32)

In studies of life of Finnish women, for the older generations, born in 1920s and 1930s, it has been typical to sweep conflicts in a partnership under the carpet, forget them and emphasizing the good sides of life. Almost endless dwelling on problems in personal relationship is typical of the generation born after World War II. (Piispa, M. 2004, p. 42)

The general difference in conversational culture could also be seen in the speaking about the violence, because both discussing it with a friend and with the partner were more common among young women. Changes in the conversation cultures may be seen as younger women´s tendency to report more easily also less severe violence than older women do. However, violence is still a topic that women who have experienced it find difficult to speak about. (Piispa, M. 2004, p. 42, 44)

Young women also tend to remember less severe forms of violence. When the violence continues, more severe forms of it replace the less severe ones, which are no longer remembered. This could also be interpreted as: It is possible that not every woman recognizes the less severe forms of violence. The meanings attached by women of different ages to violence can vary in Finland. (Piispa, M. 2004, p. 44, 46)
Using the same survey material from1997 in another article: Minna Piispa (2002): a Complexity of Patterns of Violence Against Women in Heterosexual Partnerships. The objective is to show the diversity of partnership violence by using survey data.
Research on violence against women presents quite a stereotyped picture of the victims´ partnership violence. There are important distinctions between the types of violence, characteristics of the victims and perpetrators, and the cultural contexts in which violence occurs, but the homogeneous image excludes these. The stereotyped picture of partner violence makes it difficult for both women themselves and professional helpers to identify partner violence and its mechanisms.
From the survey data was constructed four types to describe the violence in current partnership by means of cluster analysis: short history of violence, partnership terrorism, mental torment, and episode in the past. (Piispa, M. 2002 p. 877)

Characteristics in the Patterns of Violence in Finnish Partnerships in Piispa, M. 2002 p 883-884:

Mental Torment	**Episode in the Past**
Woman´s characteristics	
Aged 45 to 64	Aged 45 to 64
Long marriage	Long marriage
Low level of vocational education	Good vocational education
One half outside working life	Both spouses firmly in working life
Consumption of alcohol	Middle income
to the point of intoxication rare	Consumption of alcohol
	to the point of intoxication rare

4.3. Risks and consequences of violence

In Finland two studies have demonstrated the very high costs of all forms of violence against women for the state, local authorities as well as the individual victims (Council of Europe 2006). The cost of violence against women is difficult to assess and the cost estimates are consequently underestimates (Piispa & Heiskanen 2001).

According to the statistics on the causes-of- death, an annual average of 49 women died of violent causes in the beginning of 1990. From the beginning of year 2000 the annual average decreased to 39. In year 2004 30 women died as victims of violence, of which 17 as victims of domestic violence (Heiskanen 2006, p.12). There is also psychological consequences of violence most prevalent feelings of hate, fear and depression.

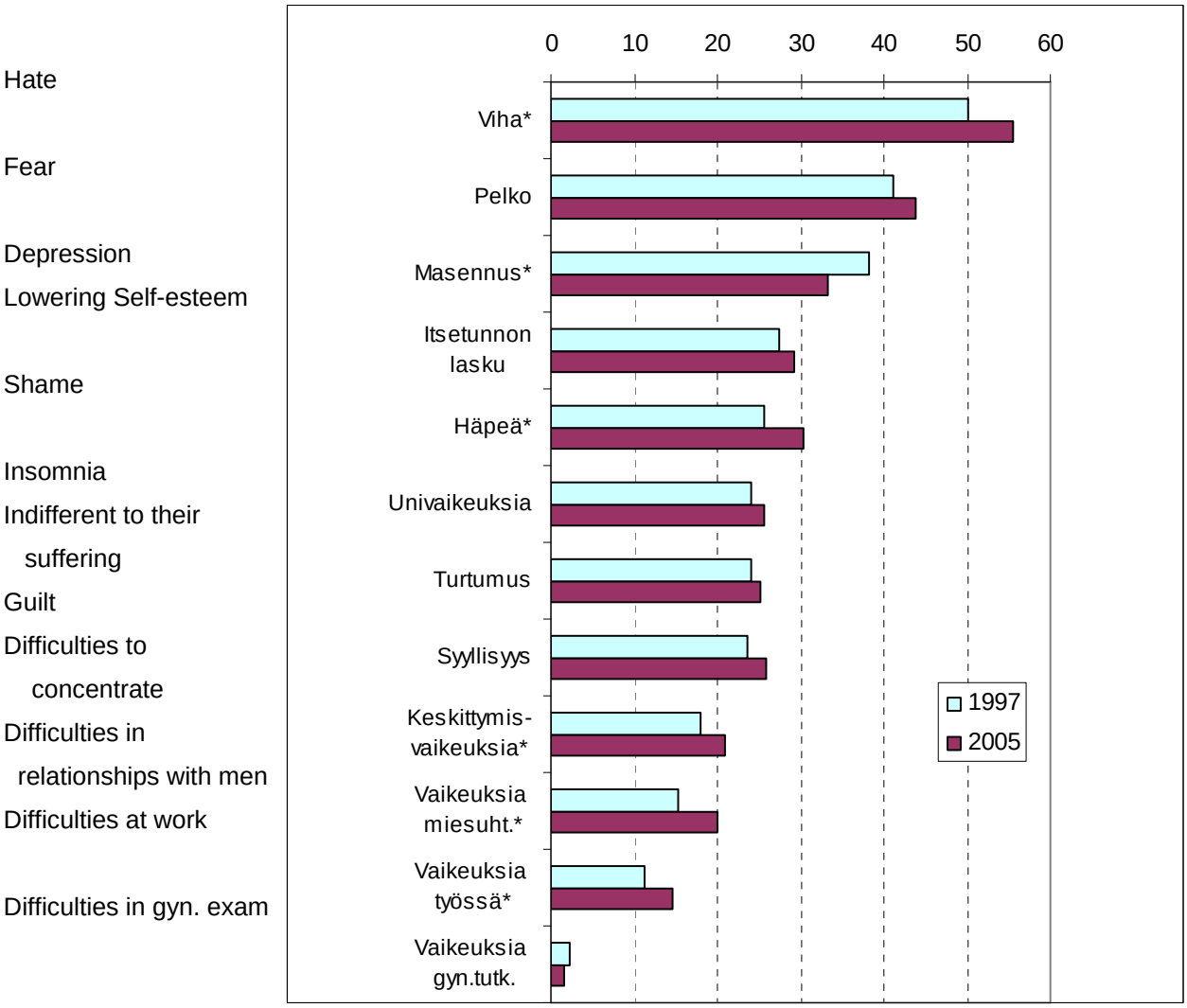

Figure 1: Psychological consequences of violence (Piispa Minna, 2007)

The abused individuals were characterized by poor health, lack of confidants, loneliness, poor satisfaction with life and poor family relations (Kivelä & al 1992, p. 1-2).

5 Perspectives of health and social service professionals with respect to violence against older women within families

Elder abuse in context of home care is important issue since the professionals play a vital role in the identification, intervention and prevention of elder abuse. The interviewed professionals in homecare were nurses, specialised nurses and home helpers. They had a long experience in the home help services. The working experience varied from 5-20 years.

5.1 Experience with domestic violence against older women

The cases that are reported are extremely rare. The most commonly reported forms of violence were physical abuse, financial abuse, neglect and psychological abuse. Only one worker told that she never had experienced domestic violence against older women. It seems that most common form of domestic violence is financial abuse.

"A son financially abuses his frail, forgetful mother. They live in the same household in a very symbiotic relationship. The son uses the mother's bank account. The mother is forgetful. The mother will not denounce the son nor report to the police.. "

1) Violence in care situations was quite rare and there were three examples of violence in care situation. Often the physical and psychological abuse goes hand in hand. An example of physical and psychological abuse experienced by home- help was the following:

"„ A couple where the husband cared for the wife at home, and her Alzheimer proceeded very rapidly and he became fatigued, treating her in a heavy-handed way both mentally and physically and shouting at her. The wife didn't always understand and even if she did, she didn't always obey. The point where we noticed this at the service unit was when bruises began to appear. Her medication was not such as to cause them, so the cause turned out to be abuse. Once when I was there, he was really heavy-handed. I noticed the bruises and the wife shouted, so I realised what was going on. The man couldn't any longer control himself. I discussed with the husband, saying that I understand that he is tired but also that the wife doesn't necessarily understand everything he says. The wife also believes to be able to do things that she can't do. We also discussed with the children and they had also noticed the bruises.
"

Another two examples concerned about neglect in care situations

The home-help unit notices that an elderly woman can't any longer cope at home. The daughter will not allow her to be taken into institutional care. The daughter doesn't allow home alterations to be made, such as fittings of railings and removal of the bath or thresholds, although recommended. Nor

does the elderly women herself want to be taken into institutional care. The carer believes that she is pressured by her daughter. The elderly woman is not able to wash herself at home and has not been washed for two weeks. The daughter only tells us as there is no need to wash elderly people.

A demented elderly person who lives with an adult child and is often visited by another adult child. The elderly person needs medicines and medical products but the children will not buy them.

2) Violence against older people can be financial abuse, social isolation and emotional neglect. Most of the examples of the Finnish hand on workers concerned about financial abuse.

These examples demonstrates the "typical cases"

" *The child or grandchildren take the elderly person's bankcard and money. They buy things and the bills are subject to recovery proceedings or the child takes the elderly person's money so that this is not able to pay the bills, such as the rent.*

"An alcoholic daughter and her spouse misused the mothers money. The daughter also took money from home helpers purse. Mother protects her child and do not reveal her. "

Another case were emotional neglect the example demonstrates the case.

There is mental abuse as the daughter belittles her mother's needs. Will not take a stand and the mother suffers. The daughter treats the mother as if she didn't mean a thing to her. The daughter comments and belittles; for example, when the mother wanted to go out, the daughter asks "why should you go out as you don't even see anything". The mother wanted to feel the summer although she doesn't see. The mother was admitted to a nursing home and the daughter demanded that she should be brought back home even if she doesn't take care of her.

On example is neglect especially an old woman, who is in the need of care and is not able to do her domestic tasks, like taking care of her self. One respondent reported

"*She is treated with indifference…. Especially when the elderly woman is not able to cope with everyday activities; when she doesn't cope, no attention is paid. The spouse then sees this as a burden …. insults with words by saying that "you are good for nothing"….. for example that "we can go abroad when you're in that that shape". And also the home-help service is asked for help in washing as the wife looks so awful because she has lost weight so much. "*

3) General violence in personal relationships

An elderly couple where the wife served and cared for the husband and did the shopping. Plenty of alcohol was used… the children drank with the father and were together putting her down. If the wife

was not able to please him, the husband might throw a tea cup and the table at her. I didn't see this myself but my colleague told me that the wife once had to lay naked in the bed while the others were boozing.

5.2 Recognizing domestic violence against older women

The role of the home-help staff is very important when recognizing violence, however the workers felt that it is difficult to recognise the domestic violence, since the clients usually do not talk about it, and often they live together with the perpetrator and do not have privacy to talk about the issue. Physical abuse and neglect is easier to recognise: The home-help worker notice that the client have bruises or do not have food or medication she needs. They felt that psychological abuse is more difficult to recognise, until the worker is familiar with family dynamics the way of communication etc. In the cases of neglect the home-help worker for example asks directly whether the client has enough food or notice the bruises.

„Even if the home-help ask the relatives to buy medication, they do not buy them"

5.3 Coping strategies

The coping with elder abuse included ***individual strategies*** such as reactions and actions and outcome. Usually when the home helper has a suspicion of the abuse the matter is discussed with the colleagues around coffee table, within the team and with manager. They felt that when the entire team is told about the incident the situation can be followed up carefully. If there is a clear physical abuse case then usually the physician is contacted, if financial abuse then the social worker is contacted. The social worker of the home-help service is usually contacted because she has the necessary professional expertise. When the "outsider" from the home- help team is facing the problem it does not strain the home-help care relationship too much. The carers have professional secrecy and if client denies to speak up they usually do not do it. Usually they ask the client permission to talk to relatives who take care of the client. They felt very important not to betray a trust between the client and home-helper.

Usually the hand on workers feel that the situation is stressful they feel anger, hate, sorrow and pity. The carers found the situation especially difficult as if they were not able to influence it.

„My feelings are that I became angry and I want to change things. I think what should I do to prevent clients suffering more because of the situation „

They felt that their professional competence helped them to cope with own feelings and discussions with colleagues. When they faced the suspicion of the abuse, they felt that they were able to damp the feelings and act professionally.

"You need to do something, I try to do something. I want to help those people at that situation. I do not try to seek out who is guilty, since I do not know all the background information. I just try to find out what has happened. I do not feel anxiety or fear or anger…. my own professional competence is that I always try to help. "

The outcome of own actions were very important in individual coping. The actions were sometimes very concrete for example taking care of the clients groceries.

The organisational strategies to cope were very unspecified. Most home help workers told that they do not have any defined procedures how to handle elderly abuse. It is considered case by case how to react. The only exception is physical abuse then you should contact the physician and in more severe incidents the matter is reported to the police and a police investigation. For example if seriously beaten client is found at home, the actions must be taken immediately.

However many mentioned that the organization has a specified procedure that is followed when the home help staff is subjected to violence.

"We do not have any framework or guidelines, but we do intervene in such cases. The means to handle it is to bring the matter up in the team-meetings. Some workers do intervene easier than others, however principal rule is to intervene somehow. „

The importance of peer support and discussions in teams or with team leaders was stressed. Team discussions and peer support exist in all organizations. The home help staff felt that they are not alone when facing difficult situations. Support and advise of the elderly-care social workers was very appreciated. Home help staff felt that they have an expertise how to handle and proceed in such situations.

There were also some problems in organizational coping, sometimes even if the case is discussed with colleagues, they do not have any solution or resources available

"The problem is that we do not have a common language or comprehension of the situation between the providers of health and social services for older people or even with in the team. Another problem is that it is very difficult to reach social workers when needed. I feel that the situation is impaired. Some time ago we had good co-operation also for example with social workers of substance abusers. Nowadays they are always occupied. It is impossible to reach social workers by phone. Furthermore there is no clear procedure where to contact."

5.4 Further support/ strategies needed

Suggestions for further support was divided into suggestions how to improve support for older people who are victims of abuse and suggestions to staff members who are confronted with this. Suggestions were concrete such as education or social- workers home visits.

Further suggestions for older people who are victims of abuse included, home visits by specialists (specialised nurses, social workers), first aid shelter homes for victims, external support somebody to talk to, brochures with relevant contact information (police, social worker).

Suggestions to staff members were; more open discussions about the principles and information and education were stressed. Also the co-operation with social workers and occupational health service, since the staff members felt that they have expertise needed.
Suggestions in team level were usually to have more open discussions if you have a suspicion of abuse and discussions about who has right to interfere clients family issues.

"*Open discussions and information about where to seek help. The most difficult in such situations is that you do not have information. Already when I started with the client, I had the feeling that everything is not all right. However, families have very different ways to communicate and it is difficult to recognise from the way they communicate or speak to each other that something is wrong. Furthermore sometimes the clients family is not very adhere to the clients care. Sometimes they deny home-care visits and understate the home-care, who has right to intervene family's behaviour? "*

More information, training and education were clearly needed. Information about whom to contact in different situations, education and training in how to identify and help victims and perpetrators of violence. Professional skills and knowledge are developed by means of further

education. Most of that kind of information or procedures were missing. There was also suggestion that introductory briefing should have instructions what to do in case of elder abuse with information to whom to contact.

"*What we need is open discussion, education and training. If there is a case of physical abuse, I would not notice it I do not know how to detect or recognise and I do not know whom to contact. I think that the social worker should be a member of home care team. I think we would need education to recognise the abuse and how to react."*

6 Perspectives of organisations with respect to violence against older women within families

6.1 Experience with domestic violence against older women

The Breaking the Taboo project questionnaire was sent to 64 service providers throughout the country. We received answers from 35 service providers of which 17 organizations were home help and care service providers, 13 were municipal service providers and four were private service providers (not municipal). Municipalities still produce most service themselves but the use of private service providers has increased. In addition to that 6 providers of education and 13 organizations providing general service for victims of violence also took also part in the survey. (Appendix 3, results of the survey)

The opinion of most respondents providing home help and care services was that violence against older people/older women is a challenge to the work of their organization. 29 % said that it is encountered from time to time. 23 % of respondents told that it is challenge, but incidents are encountered rarely against older people, but against older women 47 % .18 % answered that they did not consider it as a challenge to the work of their organization.

Training in how to deal with abusive situations seems not to be a requirement for gaining employment in organizations. 82 % of respondents answered **no** to this question and only 12 % answered that it is a requirement for all positions. Some respondents told that they employ only educated personnel and that how to deal with abusive situations is included in ordinary study programmes for care workers.

Most organizations (59 %) do not provide internal training and/or education programmes to teach employees how to deal with abusive situations. 18 % have programmes for all employees and 24 % for certain employees. How to deal with abusive situations is for example a theme in a special education programme and also in programmes for nurses specialized in psychiatric care.

The opinion of most respondents was that the organizations are not very well prepared to deal with situations of abuse/violence/maltreatment against older people/older women. Concerning education 47 % of the respondents thought that their organization is poorly prepared. Concerning policy 47 % told that they are not at all prepared to deal with situations of abuse. Local support was considered as average of 41 % of respondents and as poor of 29 % of the respondents. But 6 % told that local support is very good and another 6 % thought that the local support is good as well as 6 % told that they have not at all local support.

In addition to the survey five managers (coordinators) were interviewed. All managers that were interviewed in this project were participants of an expert group on home help services. The task of the expert group was to write new instructions and advice to municipalities about good examples in home help services. The managers were first contacted by email and after their agreement a telephone interview was conducted. One of the managers had no experience of violence/abuse/maltreatment in families against older women. No cases had been reported to her during the almost two years that she had been in her position.

The opinion of the managers was that cases are very rare and the most common case is the misuse of and elderly person´s money. The managers had been in their current position from 1-5 years. In their current position one manager had experience of two cases and the others three managers had experiences of one case. No statistical records are kept. For severe cases organizations have a defined procedure how to react, in other cases organizations act on case-by case basis. If a carer is subjected to violence a specified procedure has to be followed.

Examples of cases that had been reported to the managers:

Case 2:

A male informal carer takes care of his wife, who has Alzheimer's disease. He has an alcohol problem and is quick-tempered. He had pushed his wife so that she hit her head at the corner of the coat rack. Her head was bleeding. The man had become anxious and contacted the home-help service so as to report what had happened. (As the man is honest and speaks openly about his feelings, the incident would have come out anyway, although not earlier than in connection with the following home nursing visit. But I'm not at all so certain that the wife herself would have spoken about the incident, probably not because of the memory problems.)

- Help was provided immediately; a nurse made a home visit. The social worker of the home-help service was contacted because social worker has the necessary professional expertise and it is also otherwise better that the matter is taken care of in this way. Otherwise the problem might strain the home-help care relationship too much.

A care unit was contacted to arrange for intermittent care. The entire team was told about the incident and the situation is being followed up carefully. All were alarmed and it was discussed whether the man could continue as an informal carer. Plenty of support and help is needed and intermittent care will be provided. Fortunately the head injury was not serious and necessary treatment was given. Everything has been appropriately reported and everybody has been informed. The situation has settled down and is being followed up in co-operation with the home nursing unit; the intermittent care unit was contacted.

Case 3:

One more severe incident has occurred: A daughter with intellectual disabilities physically abused her elderly mother. The mother was hard of hearing and also had a poor physical mobility. The home-help worker noticed that the mother had bruises. She had also noticed that the daughter gets irritated whenever the mother does not hear. The home-help worker asked directly whether the bruises were a result of a physical abuse. Both the mother and daughter denied this. After the daughter had been asked three times, she admitted having abused the mother (and also having misused her money).

- Actions were taken immediately: A home visit with a social worker. The mother was taken to the health centre. There is a defined procedure in the organization how to act in such situations: The health centre is notified. Home visits together with a social worker. The matter is reported to the police and dealt with in co-operation with the social worker of the police. A joint meeting of social workers and carers to find a solution. A police investigation.

- The situation was stressful, particularly when the mother and daughter denied the problem. They also refused to admit that the daughter had an alcohol problem and a mild intellectual disability. The daughter was admitted to the psychiatric ward for two weeks. The mother visited her every day and wanted to have her home. A separate apartment was provided for the daughter in the same house. The authorities responsible for care for people with intellectual disabilities were contacted. Home-help service staff follows up the situation regularly.

Case 4:

Two cases of maltreatment, adult children have taken advantage of their elderly parent, who has to do various things against her will (like getting alcohol from the Alko shop) and pay her children's bills. The old mother has to go to the Alko shop to get alcohol to her son, who is a problem drinker, and give the son financial support and other services. In the other case the old mother takes care financially of her adult son who suffers from gambling addiction. The home-help staff noticed the situation and in the other case a neighbour reported the case.

- In the organization there is a defined procedure how to react: the elderly-care social worker is to be informed, who then made a home visit. The matter is discussed within the team, an effective organisation exists, also a crisis group.

The elderly-care social worker meets the persons concerned several times and attempts to establish confidential relations with them. A long process starts that is aimed at providing help and changing behavioural patterns. The home-help staff follows up the situation.

Case 5:

One difficult case: A demented husband's excessive sexuality. At the early stages of the disease he had been given a Viagra prescription by a private doctor. Wanted frequent sexual intercourse. The wife didn't want to. She was slender and small and could not hinder him. The wife told the leader of the home-care team about the matter. The sexual harassment had been going on for a long time. A place in intermittent care was arranged for the husband so that the wife could rest. His medication was adjusted and the number of home visits was increased. When the husband's disease worsened later on, he was admitted to institutional care. The wife remained in the home and the home-help staff increased the number of home visits.

6.2 Recognizing domestic violence against older women

Of the home help and care service providers that took part in the survey about half of the respondents (53 %) had guidelines for the staff on how to deal with abuse. Written material to inform the staff about abuse was available for 41 % of the respondents. Further training to identify situations of abuse for staff was available for 24 % of the organizations. 24 % had access to discussions e.g. conferences and meetings with experts from various field of abuse. 18 % had a hotline for victims of abuse or staff member who observe abuse. 12 % had standardized procedures to deal with situations of abuse and also12 % had professional training programmes for staff members to deal with situations of abuse.

The role of the home-help staff is very important when recognizing violence. In the cases that were reported to the managers the home-help staff had noticed the situation concerning two cases. The home-help worker for example asked directly whether the bruises were a result of a physical abuse, which first were denied, but later on admitted. In one case a neighbour reported about the situation. Sexual harassment was reported to the home-help staff by the person who was the object of the harassment and the male informal carer reported to the home-help staff himself that he had been violent against his wife.

When recognizing violence against older people/older women the most important co-operation partners (88 %) were the providers of health and social services for older people, the police (71 %), the victim´s family (65%), crisis centers (41 %) and women´s shelters (41 %).

In the interviews with management the role of the social worker was very central. A social worker, got used to difficult situations and the interviewed managers told that the education of social workers provide adequate skills and competence to encounter violence. It is also otherwise better that the matter is taken care of in this way.

Some municipalities had their own elderly care social worker. The elderly-care social worker meets the persons concerned several times and attempts to establish confidential relations with them. It is a long process that is aimed at providing help and changing behavioural patterns. The home-help staff follows up the situation.

Some managers also told that the co-operation with the social worker of the police is excellent.

In an earlier survey investigating the actions taken by social welfare and health care professionals, the areas which they felt to be problematic and their capabilities and views on dealing with cases of domestic violence (Perttu, 1999, p.89) it was found that there were differences in the intervention threshold in the case of elderly victims in the different professional groups, even though the threshold was low in all professional groups. The majority of social workers (85 %), of nurses (73 %) and of GP:s (61 %) thought that mere suspicion was sufficient to intervene. 6 % of nurses, 3 % of GP:s and 1 % of social workers felt that they should be absolutely sure that violence was taking place before they intervened. The social workers most readily intervened in the mistreatment of elderly people.

Crisis centres and women´s shelters were co-operation partners for 41 % of the providers of home help and care services. These centres offer different kind of support and expert service for the victims. They help the client to build up her own networks, offer help with practical arrangements, like housing and financial matter. For each client is made an individual plan for a future without violence. The centres arrange family and network meetings, home visits, co-operation with authorities as well as legal councelling. The most important co-operation partners for the providers of general service were the police (83 %) and providers of health and social services for older people (83 %). One of the co-operation partners was the Federation on Shelters for the Finnish Elderly (33 %).

The opinion of these organizations that provided general services for victims of violence, and which took part in the survey, was that their organizations were adequately prepared (good or average) to deal with violence against older people as well as against older women. 75 % of the respondents also had a hotline for victims of abuse.

Obstacles for provision of assistance

According to the earlier research, (Perttu, 1999 p. 73) the reasons why victims do not want any concrete assistance or solutions to the problems are firstly: due to their concern and responsibility for the perpetrator. Because of this, the victim feels partly responsible for the

violence. The victims are often psychologically dependent on the perpetrator. Nor do the victims want their relationship with the perpetrator to end. The victims are afraid of the perpetrators and of the consequences if the perpetrator should find out that they had told an outsider. Thirdly, the victims play down the seriousness of the violence and underestimates its affect on their lives. Other obstacles to assistance include: the victim is in poor mental of physical condition, disabled, suffers from loss of memory or have symptoms of dementia. The fact that the victim is a foreigner and has language problems makes it also difficult to help.

It is common that the victims do not seek help immediately the violence begins. By the time they do seek help or the violence comes to light they are therefore suffering from the consequences of prolonged violence and have few resources left. Putting an end to the violence then requires strong sustained support for the victim and the simultaneous use of many forms of intervention. (Perttu, 1999 p. 80).

6.3 Organisational coping strategies

Organizations have not developed a policy for promoting the prevention of violence against older people. 88 % of respondents told that they have no policy and only two organizations, 12 % told that they have one. In one case the policy was according to the guidelines in the recommendations of the national project on prevention of elder abuse (2003 - 2005). The other organization told that they had a programme for prevention of partner and intimate violence.

The organisations have a specified procedure that is followed when the carer is subjected to violence, and also if severe incidents happen, otherwise they act on a case-by-case basis. One rule is; that actions must be taken immediately. In some municipalities after the abuse is recognized an elderly-care social worker is contacted. The social worker has the necessary professional expertise and it is also otherwise better that the matter is taken care of in this way. Otherwise the problem might strain the home-help care relationship too much. In more severe incidents the matter is reported to the police and dealt with in co-operation with the social worker of the police.

Coping (practice, professional behaviour)

Actions have to be taken immediately and help provided. Contacts to all relevant actors as: the elderly-care social worker is to be informed, home visits with a social worker. Contacts to the intermittent care unit and health centre. Report to the police and a police investigation.

The matter is discussed in the teams and incidents are being followed up carefully. Effective organisations exist and also crisis groups. Support from the expert groups to oneself and the staff. Depending on the case, co-operation also with social workers for substance abusers and adults Co-operation is smooth and the procedures are clear. Joint meetings of social workers and carers to find solutions and to follow-up the situation.

Coping (emotional)

"*One should have much more experience in order to be able to act as the situations are so different*". One manager told that the experience gained as a social worker was helpful but otherwise she felt that she was poorly prepared and had not adequate knowledge. Nobody had previous experience of elderly people's sexuality and sexual abuse in an intimate relationship.

The organizations offered discussions in teams or with team leaders and also with representatives of other organizations. Team discussions and peer support exist in all organizations.

The situations can be very stressful, particularly in a case when the subjects deny the problem and because help was not first accepted. "*Everybody in the organization was ready to listening but too much responsibility was given to the home-help service and an individual carer"*. More support from the health service professionals would have needed. The carers found the situation difficult as they were not able to influence it. It was also necessary to change the worker because of coping problems. Competences that the respondents would have needed: The basic skills and competence of a social worker is needed and in the organizations they have this kind of competence, but more information about the diversified aspects of ageing is needed.

"*What is needed is a special worker, a therapist, regular work supervision, more support for the social worker and work partner. More profound therapeutic skills and more co-operation with health care.*"

7 Conclusions: Strategies for professionals to deal with domestic violence against older women

Summary of the literature review

Studies examining the prevalence of violence have shown that From 1997- 2004 there has been a slight increase in women´s experience of violence, in Finland. It is very difficult to recognize the violence since the oldest women 65+, many of whom never tell anyone about the violence. According to the study 9 % of women and 3 % of men said that they had been abused after the age of retirement (60-65 years). About half of the abused men and three out of four of the abused women had been ill-treated by their spouse, child or other relatives. The most common place for the abuse was the elderly person´s own home. The abused men and women were characterized by poor health, lack of confidants, loneliness, poor satisfaction with life and poor family relations. Physical and psychological violence were the most prevalent types of abuse for domestic violence (Kivelä & al 1992, p. 1-2).

To resort to official support and help is considerably less common than relying on informal support: about two thirds said that they had not sought help from any official body. When official help is sought, it is most frequently sought from the police and health service providers and social workers. The voluntary organisation the Federation of Shelters for the Finnish Elderly has conducted several projects to inform the general public and political decision makers about elder abuse, to follow up international and national studies and intervention programs and to set up support groups for abused elderly as well as has produced a brochure about elder abuse for social and health care professionals.

There have been several National programs and action plans by Ministry of Social Affairs and Health to prevent violence against women and domestic violence as well as to develop services for both the victims and the wrongdoers and the family members as well. The Ministry has also published several reports and handbooks.

The implementation of the Action Programme to Prevent Domestic Violence continues with practices that have been found to be good. The Ministry of Social Affairs and Health is co-ordinating the implementation. The State Provincial Offices are in charge of regional activities, and a regional development group has been set up in each province. The regional groups are responsible for planning and carrying out various measures in accordance with the policy lines and objectives of the programme that have been approved at national level.

Taking account of regional needs, these development groups plan together with the local responsible bodies the sub-regional service chains for victims and perpetrators of violence. The groups also develop regional training. Ensuring a sufficient supply of services and diversified arrangements requires improved co-operation – not only between the municipal social and health care actors but also with the private and third sectors. Non-governmental organisations and other service providers have a vital role in violence prevention. The public service system is being strengthened so that in the future victims and perpetrators of violence have access to services and support organised by the public sector. Professional education provides social welfare and health care staff with the potential to identify and help victims and perpetrators of violence or to refer them for help.

Summary of the results and further suggestions - interviews

The cases are reported seldom. The most commonly reported forms of violence were physical abuse, financial abuse, neglect and psychological abuse. The role of the home-help staff is very important when recognizing violence, however the workers found it difficult to recognise the domestic violence, since the clients usually do not talk about it, often they live with the perpetrator and therefore do not have privacy to talk about the issue. The organisational strategies to cope were very unspecified and most organisations did not have defined procedures how to handle elderly abuse. Team discussions and peer support exist in all organizations. However, the action chain was typically the following: when the worker had a suspicion, it was discussed informally i.e. round the coffee table, others paid special attention, the team leader/manager was told and asked for advise, the social worker or physician was contacted. The situations can be very stressful, particularly in a case when the subjects deny the problem and because help was not always accepted.

The role of social worker is very central and therefore more resources for social work among the elderly should be provided as well as mental health services for the elderly. Alcohol use is increasing among older people. Training on mental health, substance abuse and violence is being planned in some municipalities .In community-based services, it should be made clear whom is to be contacted and how. Co-operation with the social worker of the police is important.

Appropriately targeted expertise is needed, especially practical nurses need support from the superior and, if needed, a crisis group should be available. A model for early intervention is

needed since it is important to intervene immediately without unnecessarily prolonging the situation.

Support from the team and work partner is essential and raising the issue already when staff starts working in organisation (introductory briefing). Campaigns targeted at older people would be an excellent way to provide information on abuse/violence as older people represent the generation that kept such issues hushed up.

"In my mind the best way to reach the clients is to provide an opportunity to talk about these issues for example at senior counselling centres in the municipality. In addition, if the client is receiving home care services, the designated carer can be the primary person to contact. However, I don't think that support groups could help older people as their mobility may be deteriorated to such an extent that it is difficult to leave the home. The best way to help could be to talk about the issue confidentially face to face at home or in the office. "Couple therapy" might also be useful. This type of support, however, would require a high level of training among the staff; how to express your concern if you suspect violence (without offending the client), how to start discussing it."

Summary of findings and further suggestions from survey- Providers of home help and care services

The most respondents providing home help and care services was that violence against older people/older women is a challenge to the work of their organization. Most organizations did not provide internal training and/or education programmes to teach employees how to deal with abusive situations, furthermore most organizations were not very well prepared to deal with situations of abuse/violence/maltreatment against older people/older women. The majority of the organizations had not developed a policy for promoting the prevention of violence against older people.

About half of the respondents told that to cope more effectively with situations of domestic violence the organizations need more education and an action programme or a model for the whole organisation. Suggestions were the following:

- Education (47 %)
- Broschures on how to identify violence
- Courage to act

- Knowledge to handle the whole situation
- Knowledge in how to recognize violence
- Multiprofessional networking
- Action program or action model for the whole organisation (41 %)
- Description of procedures for dealing with cases (what to take into account and what is special in case of women)
- Closer cooperation with the other actors in the organization
- More economic resources and more workers
- More information about the obligations and rights of the staff

Summary of findings and further suggestions from survey - Providers of general service for victims of violence

The opinion of the respondents was that the organizations work effectively the organizations need further education, secure payment and more workers.

- Education and guidelines how to deal with abuse
- Further education in the special situation when the client is old
- Knowledge about the best help for different groups
- More knowledge about different cultures and the religious impact on violent situations
- Secure payment from municipalities to continue the work with the client
- More permanent staff (33 %)
- More volunteers and education for them
- Workers for home help for clients

Conclusions: further training and co-operation between home care, social workers and primary health care is needed. Organisations need predefined models how to prevent, recognise and act when the worker meets a case of domestic elder abuse. To raise public awareness campaigns targeted at older people was also considered as an excellent way to provide information on abuse/violence.

8 References

Action on Elder Abuse. (1995). *Action on Elder Abuse's definition of elder abuse.* London:

Council of Europe (2006) Combating violence against women. Stocktaking study on the measures and actions taken in Council of Europe member States. http://www.coe.int/equality/

the European Women´s Lobby EWL - Policy Action Centre on Violence against Women. (2001). Towards a common European framework to monitor progress in combating violence against women: Proposals for a policy framework and indicators in the areas of budgets, legislation, justice, service provision, training of professionals, civil society, data collection and prevention and case studies of models of good practice. Brussels. Observatory of the European Policy Action Centre on Violence Against Women.

Ewalds, Helena (toim.) (2005). Kenelle lyönnit kuuluvat? Kuntaopas pari- ja lähisuhdeväkivallan ehkäisytyöhön. Sosiaali- ja terveysministeriön oppaita 2005:7. Helsinki. To whom the strikes belong? A handbook for municipalities for the prevention of partner and intimate violence. Helsinki, 2005. (Handbooks of the Ministry of Social Affairs and Health)

Haukka U-M & Routasalo P.(1995). Vanhusten kaltoinkohtelu perhepiirissä. Turun yliopisto. Hoitotieteen laitoksen julkaisuja. Tutkimuksia ja raportteja A:10/1995.

Heiskanen, M. & Piispa, M. (1998). Usko, toivo, hakkaus. Kyselytutkimus miesten naisille tekemästä väkivallasta.(Faith, Hope, Battering:A Survey on Men´s Violence against Women in Finland). Tilastokeskus Oikeus 1998:12 / Tasa-arvoasiain neuvottelukunta. Sukupuolten tasa-arvo. Helsinki.

Heiskanen, M. (2002). Väkivalta, pelko, turvattomuus. Surveytutkimusten näkökulmia suomalaiseen turvallisuuteen. Tilastokeskuksen tutkimuksia 236. Helsinki: Hakapaino Oy

Heiskanen, M. & Sirén, R & Aromaa, K (2004). Victimisation and fear in Finland 2003. Interim report of the 2003 national survey of victimisation to accidents, violence, property

crimes, and fear. National Research Institute of Legal Policy. Research Communications 59. Helsinki

Heiskanen, M. (2006) II Katsaus muihin lähteisiin. Teoksessa Piispa, M & Heiskanen, M. & Kääriäinen, J & Sirén, R. (2006). Naisiin kohdistunut väkivalta 2005. OPTL:n julkaisuja 225. (http://www.optula.om.fi/37928.htm)

Hudson, M. F. (1991). Elder mistreatment: Taxonomy with definitions by Delphi. *Journal of Elder Abuse & Neglect, 2,* 1–20.

Husso, M. (2003). Parisuhdeväkivalta. Lyötyjen aika ja tila. Tampere: Vastapaino

International Network for the Prevention of Elder Abuse (INPEA). Community Guide to Raise World Awareness on Adult Abuse. (http://0044c40.netsolhost.com/weaad_2007.html)

Isola A, Laitinen-Junkkari P, Rissanen M, Vitikainen A. Vanhuspotilaiden kaltoinkohtelun yleisyys hoitolaitoksissa omaisten ja henkilökunnan arvioimana. Gerontologia 1997; 2: 145-155.

Kivelä S-L, Köngäs-Saviaro P, Kesi E, Pahkala K, Ijäs M-L (1992). Abuse in old Age – Epidemiological Data from Finland. Journal of Elder Abuse and Neglect 4 (3): 1-18.

Kivelä, S-L (1994). Vanhusten kaltoinkohtelu olisi tunnistettava. Sosiaalinen Aikakausikirja 6/94. s. 46-47.

Kivelä, S-L (1995). Elder Abuse in Finland . Journal of Elder Abuse & Neglect. Vol.6, No.3/4, 1995, pp. 31-44.

Kivelä S-L: Vanhusten kaltoinkohtelu. Monisteessa: Super. Ammatilliset opintopäivät. Marina Congress Center 15 - 16.2.2000 s. 1-3 (Abuse in old age. In: Further education course for auxiliary nurses. Helsinki 15 - 16.2.2000, p 1-3).

Kivelä S-L, Hartikainen S ja Isoaho R (2001). Iäkkäiden pahoinpitely. Suomen Lääkärilehti 7/2001, vsk 56, s. 775-779.

Korhonen L. (toim.) 1997. Vanhus perheväkivallan kohteena. Ensi Kotien Liiton raportti nro 1.

http:// www.kunnat.net. Ehkäisevät kotikäynnit vanhuksille (11.09.2007)

Kyllönen-Saarnio, Eija & Nurminen, Reet (2005). Maahanmuuttajanaiset ja väkivalta, Opas sosiaali- ja terveysalan auttamistyöhön. Sosiaali- ja terveysministeriön oppaita 2005:15. Immigrant women and violence. Handbook for victim help in social welfare and health care. (Handbooks of the Ministry of Social Affairs and Health 2005:15)

Lahti, M. (2001). Domisticated Violence. The Power of the ordinary in everyday Finland. University of Helsinki. Helsinki University Printing House. Helsinki

Lehtonen, Anja & Perttu, Sirkka (1999). Naisiin kohdistuva väkivalta. Helsinki

Official Statistics of Finland (2007). Statistical Yearbook on Social Welfare and Health Care 2007, Stakes. Helsinki

Oikeusministeriö (2005). Kansallinen ohjelma väkivallan vähentämiseksi. Oikeusministeriö. Julkaisu 2005:2

Ojuri, A (2004). Väkivalta naisen elämän varjona - tutkimus parisuhdeväkivaltaa kokeneiden naisten elämänkulusta ja selviytymisestä. Lapin yliopisto. Rovaniemi

Perttu, Sirkka (1994). Tavoitteena vanhusten kotona selviytyminen – perheväkivaltaongelmien näkökulma vanhustenhuollossa. Hoitotyön vuosikirja 1994, s. 49-69. Hygienia, Kirjayhtymä, Helsinki.

Perttu, Sirkka (1995). Ikääntyviin kohdistuva perheväkivalta, palveluiden kehittäminen kunnan vanhustenhuollossa. Raportti perheväkivallan hoitokokeilusta Vantaalla 1992-1993. Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus, Stakes. Aiheita 32/1995.

Perttu, Sirkka (1998). Vanhuksiin kohdistuvaan väkivaltaan ja siitä ilmoittamiseen liittyvät asenteet. Tutkimusraportti 1998. Ensi- ja turvakotien liiton julkaisu nro 16.

Perttu, Sirkka (1998). Vanhuksiin kohdistuva väkivalta ikääntyvien naisten kysymyksenä. Julkaisussa: Puheenvuoroja naisiin kohdistetusta väkivallasta. Tasa-arvoasian neuvottelukunta. Tasa-arvojulkaisuja 3/198

Perttu, Sirkka (1998). Ryhmät väkivaltaa kokeneiden naisten tukena. Päänavausilloissa koettua. Julkaisussa: Puheenvuoroja naisiin kohdistetusta väkivallasta. Tasa-arvoasian neuvottelukunta. Tasa-arvojulkaisuja 3/198

Perttu, Sirkka (1998). Perhe- ja lähisuhdeväkivalta sosiaali- ja terveydenhuollossa: Kyselytutkimus ammattityöntekijöiden toiminnasta ja työn kehittämistarpeista 1998 = Domestic violence in social welfare and health care: A survey of professional workers and the areas for development in their work 1998. Ensi- ja turvakotien liiton julkaisu:19. The Federation of Mother and Child Homes and Shelters. Publication 19. Euroopan Komissio. EU. DAPHNE Initiative.

Perttu, Sirkka & Söderholm, Anna-Liisa (1998). Väkivaltaa kokeneiden auttaminen. Opas ammattihenkilöstölle. Sosiaali- ja terveysministeriön oppaita 1998

Perttu, Sirkka (1999). Perheväkivalta auttamistyössä – opas ammattihenkilöstölle. Ensi- ja turvakotien liiton julkaisu 21.

Perttu, Sirkka & Mononen-Mikkelä, Päivi & Rauhala, Riikka & Särkkälä, Päivi (1999). Päänavaus selviytymiseen: Väkivaltaa kokeneiden naisten käsikirja. Helsinki. (cop. Naisten Kulttuuriyhdistys ry.)

Perttu, Sirkka & Ahti, Leena (1999). Usko, toivo, apu: Naisiin kohdistuva väkivalta: Etelä-Suomen läänin kunnille osoitettu palvelukysely 1998. Etelä-Suomen lääninhallitus

Perttu, Sirkka (2006). Ikääntyneisiin kohdistuva väkivalta näkyväksi. Haaste 3/2006. http://www.haaste.om.fi/37213.htm

Piispa, M & Heiskanen, M. & Kääriäinen, J & Sirén, R. (2006). Naisiin kohdistunut väkivalta 2005. OPTL:n julkaisuja 225. (http://www.optula.om.fi/37928.htm)

Piispa, Minna & Heiskanen, Markku (2001). The Price of Violence, the Cost of Men´s Violence against Women in Finland. Statistics Finland and Council of Equality

Piispa, Minna (2004). Age and Meanings of Violence. Journal of Interpersonal Violence, Vol. 19, No.1, 30-48 (2004)

Piispa, Minna (2002). Complexity of Patterns of Violence Against Women in Heterosexual Partnerships. Violence Against Women. Volume 8, Number 7, July 2002; 873-900

Pitkänen, Mirja & Ylikoski, Ossi (2003). "Sanat eivät riitä kertomaan..". Selvityksiä. Helsingin kaupungin sosiaalivirasto.

Rautava, Marie & Perttu, Sirkka (toim.). (2002): Naisiin kohdistuva pari- ja lähisuhdeväkivalta: Käsikirja perus- ja täydennyskoulutukseen. Helsinki: Stakes, Naisiin kohdistuvan väkivallan ehkäisyprojekti 1998-2002.

Rissanen, Marja & Vitikainen, Anita (1996). Vanhusten kaltoinkohtelu hoitolaitoksissa. Kuopion yliopisto, hoitotieteen laitos

Serpola, Leena (2006). Ikäihmisten kaltoinkohtelun ehkäisy -projekti 2003 - 2005. Loppuraportti

Socius Finland 3-4/2004. News in Brief p. 42: Minister of Health and Social Services Liisa Hyssälä: Maintaining independence for the elderly

Sosiaali- ja terveysministeriö (2001). Ministry of Social Affairs and Health. Expert meeting on violence against women: Recommendations of the E.U. 8-10 November 1999, Jyväskylä, Finland

Sosiaali- ja terveysministeriö (2004). Lähisuhde - ja perheväkivallan ehkäiseminen 2004-2007. Sosiaali- ja terveysministeriön esitteitä 2004:9. Helsinki. Prevention of Intimate Partner and Domestic Violence 2004-2007. Brochures of the Ministry of Social Affairs and Health 2004:9. Helsinki

Sosiaali- ja terveysministeriö (2006). Lähisuhde- ja perheväkivallan ehkäisytyön koordinointi ja osaamisen keskittäminen. Sosiaali- ja terveysministeriön selvityksiä 2006:82. Helsinki. Coordination of the prevention of intimate partner and domestic violence and concentration of expertice. (Publications of the Ministry of Social Affairs and Health 2006:82)

Sosiaali- ja terveysministeriö (2007). Koko perhe kierteessä, lähisuhdeväkivalta ja alkoholi. Sosiaali- ja terveysministeriön selvityksiä 2007:27. A vicious circle for the whole family. Interpersonal violence and alcohol. (Publications of the Ministry of Social Affairs and Health 2007:25)

Suomen Vanhusten Turvakotiyhdistys (2005). Opas ikääntyneiden kaltoinkohtelusta sosiaali- ja terveydenhuollon ammattilaisille. Ikäihmisten kaltoinkohtelun ehkäisy-projekti. Helsinki

Takala, J-P. (2005). Tietoja naisiin kohdistuvasta lähisuhde- ja perheväkivallasta. Raportissa Naisiin kohdistuvan väkivallan vähentäminen. Työryhmän tausta-aineistot ja suositukset (2005) http://www.rikoksentorjunta.fi/uploads/ tdsgj5kto31cu8. PDF, Alkuperäinen lähde: European Health for All Database, WHO Regional Office for Europe,Copenhagen:Denmark, http://www.euro.who.int/eprise/main/WHO/Progs/ CHHBLR/20041123_2).

United Nations. Convention of the Elimination of All Forms of Discrimination against Women.

CEDAW/C/FIN/5. 26 February 2004. The Fifth Periodic Report of the Government of Finland on the Implementation of the Convention on the Elimination of all Forms of Discrimination Against Women. October 2003.

Vannemaa, M. (2000). The Finnish Response to Domestic Violence, pages 64 - 66 in Ministry of Social Affairs and Health. Recommendations of the E.U. Expert Meeting on Violence Against Women. Reports 2000:13

Word Health Organization (2002) World report on violence and health, summary. http://www.who.int/violence_injury_prevention

World Health Organization (2005). Väkivalta ja terveys maailmassa -WHO:n raportti (toim.) Etienne G. Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi & Rafael Lozano. Lääkärien sosiaalinen vastuu ry. Terveyden edistämisen keskus ry http://www.who.int/violence_injury_prevention/violence/world_report/full_fi.pdf

Ylinen, S. & Rissanen, S. (2005). Sosiaalityö ja kaltoinkohdeltu vanhus. s. 57 - 64. Gerontologia: 2/2005.

http://www.helsinki.fi/rpol/naisoikeus/Piispa_SVO2007.ppt#396,11,Parisuhdeväkivallasta aiheutuneet henkiset seuraukset

APPENDIX 1

GOOD PRACTICE IN HEALTH SERVICES IN CASES INVOLVING PHYSICAL ABUSE

Encountering and interviewing a physically abused patient

* Use PAKE as an interview framework

- Discuss with the patient in private. The patient has the right to decide if he or she wants a support person, for instance, to be present during the interview. However, the interview must not take place in the presence of the perpetrator of the injuries.
  - Ask directly about the abuse, including sexual abuse
  - Let the patient tell you freely what happened; if needed, ask specifying questions
  - Emphasise during the interview that violence is wrong
  - Explain (if needed) what will be done and why
  - Provide interpreting (if needed)
- Take into account that the interview may be more difficult if the patient is intoxicated, in a state of shock and/or traumatised
  - Continue specifying information about the events and completing the body map throughout the care process
  - Take into account that a head injury may affect the patient's way of expressing themselves

Recording

- Complete PAKE for all physically abused patients irrespective of whether they have reported/intend to report the abuse to the police
  - Careful recording ensures legal protection to the patient in a criminal procedure that may be initiated even years later

- Record background information based on what the patient recounts – you must specifically mention if the recorded information is based on another

person's account (e.g. if the patient is not able to remember what happened/is not able to express him- or herself)
- Always complete the body map

- Mark the injuries in the body map using symbols and also number them; write down the dimensions of the injuries and the type of each injury
- Describe the injuries instead of interpreting them; for instance: 'an old bruise' (=interpretation), a yellow bruise (= description)

- Also record injuries that require no treatment

- Continue completing the body map throughout the care process, if needed

- Use standard language when recording the injuries as PAKE will also be used by other authorities
- Remember to see through the completion of PAKE even if you yourself had not started it

Photographing

- Where possible, photographs should be taken of the injuries so as to help illustrate (to the person preparing a statement for the court, the police, and other legal authorities)
- how the patient looked after the abuse

- what visible injuries the patient has

- in what parts of the body the injuries are located

- First take an "overall" picture of the patient
- Take a photograph before and after washing
- Photograph the injured areas so that the photograph clearly shows what the injuries are like and where they are located
- Include a reference object in the photographs
- If needed, also take close-ups of the injuries

- Add the date and time to the photographs, and mention from what direction they were taken and in what part of the body the injury is located
- Record the number of photographs you have taken

Take into account that the patient's clothes may be significant in the criminal procedure. Therefore you should avoid damaging traces of violence in the clothes if you need to cut the clothes and should put the clothes in a bag for the police.

Appendix 2

SCREENING PROCESS TO ASSIST PROFESSIONALS WITH CONCERNS WHEN WORKING WITH ELDERLY CLIENTS

(The Prevention of Elderly Abuse Project 2003–2005)

This form is intended to help professionals

- clarify an older person's situation
- specify and express their own concern
- intervene when they suspect that the client has been/is being abused

1. BACKGROUND INFORMATION

a) Patient's background information (without identifiers)

b) Your own relationship with the patient: profession, what do you do with the patient, how often do you see him/her, your relationship with the client's family members and how often do you see them?

2. WHAT IS IT THAT YOU ARE WORRIED ABOUT?

a) Is there something in the client's outward appearance that worries you? (Untidy clothes, poor hygiene, dirtiness, dressed inappropriately)

b) Is there something in the client's housing conditions that worries you? (lack of modern conveniences that hampers independent living; untidy environment, no appropriate locks on doors, problematic relationships with other persons living in the household; risk factors in the living environment, scarcity of services in the neighbourhood)

c) Is there something in the client's financial situation that worries you? (use of money, keeping money at home, recurring shortage of money, refusal of services because of their high price, disappearance of things and other property, unusual purchases, uncertainty about the value of money)

d) Is there something in the client's social relationships that worries you? (conflicts in couple relationship or relationships with other family members, submissiveness in social relationships, unwillingness to create social contacts, surprising or unusual friendships, feelings of loneliness, isolation, an informal carer's fatigue)

e) Is there something in the client's health that worries you? (rapid deterioration of physical condition and health status, attempts to disguise deteriorated physical condition, attempts to disguise and downplay injuries, over- or under-medication, inexplicable tiredness, repeated bruises and falls, cannot explain or avoids explaining how the injuries occurred, rapid deterioration of chronic diseases, rapid acceleration of the ageing process)

f) Is there something in the client's emotional well-being that worries you? (use of sedatives disproportionate to nursing staff's observations, depression, tearfulness, sleeping problems, aggressiveness, clinginess, indifference, self-destructive thoughts and talk, lack of appetite, intense feelings of insecurity and hopelessness, dissatisfaction with life)

g) Is there something in the client's use of social and health services that attracts your attention? (refusal of necessary services, a constant need for services disproportionate to the actual service need, frequent visits to see several different physicians/public health nurses, repeated neglect or last-minute cancellation of appointments, repeated refusals of home visits or other previously agreed services

h) Are there any other things or observations that worry you?

3. CONSIDER WHAT WILL HAPPEN IF YOU DON'T EXPRESS YOUR CONCERN

4. RESOURCES

a) What resources do you identify in the client's situation and how do you clarify these resources to the client and the family members?

b) What could you, the client and the family members do separately and/or together in order to improve the client's situation?

5. EXPRESSING A CONCERN

a) How will you express your concern with the client and his/her family members?

b) How will you express your concern with your colleagues, supervisor and co-operation partners?

c) When and where will you express your concern?

d) Anticipate what will happen when you express your concern?

6. AFTER EXPRESSING A CONCERN

a) How did you express your concern?

b) Did everything go as you anticipated or did something else happen?

c) What is the situation now regarding efforts to help the elderly person? Is there something that gives you reason for optimism? What are the things that still worry you?

d) What are you going to do to reduce your concern?
A scale for evaluating the level of your concern about an elderly client

1
I'm not at all worried No concern Firm confidence in independent coping

2–3

I'm somewhat worried	Minor concern	Good confidence in independent coping, with some thoughts of the need for additional resources
4–5		
I'm worried	Grey area	Failing confidence in own resources or own resources are running out, a need for additional resources and intervention
6–7		
I'm very worried	Major concern	The elderly person is at risk, own resources running out or exhausted, an urgent need for additional resources and intervention, an immediate change is necessary

Adapted from *Huoli puheeksi*, Arnkil & Eriksson, STAKES.

Appendix 3

Questionnaires for organizations

The aim of the questionnaire was to gain insight if organizations that provide:

a) home help and care service providers for older people

b) education in the area of health and social services

c) general services for victims of violence (hotlines, women´s shelters, crisis centres)

have provisions (e.g. guidelines, training, standards) on how to deal with violent situations against older people in families?

Methods

We sent out all together 64 questionnaires to service providers throughout the country (from the Capital Area to Lapland) in July 2008. The survey material was collected by means of a postal questionnaire. By the beginning of September 2008 we received answers from all together 35 service providers (54 %). According to the following distribution:

1. 17 home help and care service providers for older people
2. 6 providers of education in the area of health and social services
3. 12 providers of general services for victims of violence (hotlines, women´s shelters, crisis centres)

Social welfare services in Finland

In Finland the responsibility for the provision of social welfare is decentralized to the municipalities. These authorities are responsible in practice for arranging social services and granting social assistance. Municipalities are required to provide social welfare services according to the needs of their inhabitants. Municipalities produce most services themselves, independently. Municipalities can also purchase services from an NGO or a private service provider and also issue service vouchers. (Ministry of Social Affairs and Health (2006:11) Social Welfare in Finland, p.6)

The status of municipal authorities as providers of social and health services is changing. The use of services provided by private service providers, i.e. NGOs and private companies, has increased, and currently (year 2006) private service providers already account for one fifth of all social and health care services. (Ministry of Social Affairs and Health (2006:11) Social Welfare in Finland, p.8)

Results of the survey

1. Home help and care service providers for older people (17)

Type of organization:

- medical 5
(in 4 organizations a combination of home nursing and home care)
- social work, public welfare 12
- nursing home 2
- religious/church organisations 1
- private service provider 1
Total 21 of which in 4 cases both medical and social

In the organisations the number of full-time personnel varied from 24 to 1100 and the average number of clients yearly varied from 80 to 3600.

The opinion of most respondents was that violence against older people/older women is a challenge to the work of their organization. 29 % said that it is encountered from time to time. 23 % of respondents told that it is challenge, but incidents are encountered rarely against older people, but against older women 47 % .18 % answered that they did not consider it as a challenge to the work of their organization.

Training in how to deal with abusive situations seems not to be a requirement for gaining employment in organizations. 82 % of respondents answered **no** to this question and only 12 % answered that it is a requirement for all positions. Some respondents told that they employ only educated personnel and that how to deal with abusive situations is included in ordinary study programmes for care workers.

Most organizations (59 %) do not provide internal training and/or education programmes to teach employees how to deal with abusive situations. 18 % have programmes for all employees and 24 % for certain employees. How to deal with abuse situations is for example a theme in a special education programme and also in programmes for nurses specialized in psychiatric care.

Organizations have not developed a policy for promoting the prevention of violence against older people. 88 % of respondents told that they have no policy and only two organizations, 12 % told that they have one. In one case the policy was according to the guidelines in the recommendations of the national project on prevention of elder abuse (2003 - 2005). The other organization told that they had a programme for prevention of partner and intimate violence.

Results for questions 7-11 in the questionnaire

7. In your opinion, do you feel that your organization is adequately prepared (in terms of education, policy, local support, etc.) to deal with situations of abuse/violence/maltreatment against

a. older people?

	Education	Policy	Local support
Very good		6 %	6 %
Good	6 %		6 %
Average	41 %	18 %	41 %
Poor	47 %	24 %	29 %
Not at all	6 %	47 %	6 %

No significant difference when comparing to women. The table shows that organizations are not very well prepared to deal with situations of abuse.

8. Which services does your organization provide to deal with situations of abuse/violence/maltreatment against older people / older women?

	No	Yes	Will be included in future efforts
Guidelines for staff on how to deal with abuse.	35 %	53 %	12 %
Professional training programs to deal with situations of abuse for staff.	59 %	12 %	18 %
Further training to identify/assess situations of abuse for staff.	35 %	24 %	41 %
Pamphlets, leaflets, or other written material to inform the staff on abuse.	35 %	41 %	12 %
Discussions (e.g., conferences, meetings) with experts from various fields on abuse.	35 %	24 %	15 %
A hotline for victims of abuse or staff members who observe abuse.	71 %	18 %	
Standardized procedures to deal with situations of abuse.	59 %	12 %	18 %
Other, please specify…. Emplyees are adviced to contact Women´s line or the organization on shelter for the elderly adviced to contact a socialworker			

Half of the respondents (53 %) had guidelines for the staff on how to deal with abuse. Written material was available for 41 % of the respondents. 41 % of the respondents

thought that further training to identify situations of abuse for staff members will be included in their future efforts.

9. Do you cooperate with other organizations/partners when you recognize violence against older people/ older women?

	No	Yes
Police	18 %	71 %
Crisis centers	41 %	41 %
Women's shelters	41 %	41 %
Victim's family	18 %	65 %
Providers of health and social services for older people	6 %	88 %
Other, please specify Women´s line parish A-clinc socialworkers.....		

The most important cooperation partners (88 %) were the providers of health and social services for older people, the police (71 %) and the victim´s family (65 %).

10. Which provisions does your organization (staff, management) have to cope with violence/abuse/maltreatment against

a. older people/older women. Please specify:

Examples of provisions to cope with:

- Lack of instructions (18 %)
- Laws, confidentiality, secrecy and ethical issues (18 %)
- No ordinary rules, all matters are discussed in joint meetings (13 %)
- To act immediately and inform the director (18 %)

- To act immediately and inform all relevant actors: police, acute group, GP:s, the family, etc.
- According to the client´s need a place to stay has to be arranged
- Psychological firs aid, supervision and networking
- To ask questions
- To recognize violence and to take the issue seriously

11. What would your organization (staff, management) need to cope more effectively with situations of domestic violence/abuse/maltreatment against

a. older people/older women Please specify:

- Education (47 %)
- Broschures on how to identify violence
- Courage to act
- Knowledge to handle the whole situation
- Knowledge in how to recognize violence
- Multiprofessional networking
- Action program or action model for the whole organisation (41 %)
- Description of procedures for dealing with cases (what to take into account and what is special in case of women)
- Closer cooperation with the other actors in the organization
- More economic resources and more workers
- More information about the obligations and rights of the staff

About half of the respondents told that to cope more effectively with situations of domestic violence the organizations need more education and an action programme or a model for the whole organisation.

2. Providers of education (6)

In the organisations the number of full-time-personnel varied from 28 to 72 and the average number of clients yearly varied from 100 to 1600.

Violence directed against older people was a content of the training courses of all providers of education (100 %). The target groups for the training courses were nursing students and social work students (83 %). One organizer provided education for the church and parish. The training courses covered all types of violence (100 %).

Only two organisations (33 %) provided training and/or education programmes for all employees to teach how to deal with abusive situations. Organisations had not developed any policy for promoting the prevention of violence against older people (100 %).

Results for questions 8-9 in the questionnaire

8. Which services does your organization provide to deal with situations of abuse/violence/maltreatment against

a. older people generally

	No	Yes	Will be included in future efforts
Professional guidelines for prevention of abuse	33 %	50 %	
Professional training programs to deal with situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)	33 %	50 %	
Further training to identify/assess situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)	33 %	17 %	
Pamphlets, leaflets, or other written material to inform the public on abuse	33 %	50 %	
Discussions (e.g., conferences, meetings) with experts from various fields on abuse	33 %	17 %	

Standardized procedures to deal with situations of abuse	50 %		
Other, please specify Study programmes for students (4 study weeks)……		17 %	17 %

b. especially older women

	No	Yes	Will be included in future efforts
Professional guidelines for prevention of abuse	50 %		
Professional training programs to deal with situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)	50 %		
Further training to identify/assess situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)	50 %		17 %
Pamphlets, leaflets, or other written material to inform the public on abuse	50 %		
Discussions (e.g., conferences, meetings) with experts from various fields on abuse	50 %		
Standardized procedures to deal with situations of abuse	50 %		
Other, please specify……			

9. Do you cooperate with other organizations/partners concerning training with respect to violence against older people/older women

	Older people generally	Especially older women
Police	17 %	
Crisis centers	33 %	
Shelters	17 %	
Victim's family		
Other, please specify..... Social service and Dementia organisations and organisations in the field of violence		

The providers of education do not work with clients but they cooperate with different organizations, especially with crisis centres, shelters and the police.

3. Organisations that provide general services for victims of violence (12) (hotlines, women´s shelters, crisis centres)

Type of organization:

- medical 1
- women´s shelter 4
- social work, public welfare 2
- volunteer organization 4
- crices center 2

Total 13 of which in one case both medical and social

In the organizations the number of full-time personnel varied from 2 to 38 and the average number of clients yearly varied from 292 to 12 500.

The opinion of the respondents was that violence against older people and especially against older women is a challenge to the work of their organization. 42 % said that it encountered from time to time and 33 % said that incidents are encountered rarely.

Training in how to deal with abusive situations against older people was a requirement for gaining employment in all positions (42 %) and in certain positions (17 %). 25 % of the respondents told that it was not a requirement.

Most organizations provide internal training and/or education programmes to teach employees how to deal with abusive situations against older people:

- for all employees 50 % (against older women 42 %)
- only for certain positions 17 %
- no training or programmes 17 %

Only two organizations had developed a policy for promoting the prevention of violence against older people. These provisions took into consideration both age and gender and as an example: for each client is made an individual plan for a future without violence.

Standards and guidelines:

- discussions, listening, respect and to give information
- to help the client to bild up her own networks, practical arrangements, housing and financial
- family and network meetings
- cooperation with authorities (social sector, church)
- legal councelling, contact with Victims for crime
- guidance to more support, for example women´s shelters

Results for questions 7-11, please provide an answer for each option.

7. In your opinion, do you feel that your organization is adequately prepared (in terms of education, policy, local support, etc.) to deal with situations of abuse/violence/maltreatment against

a. older people?

	Education	Policy	Local support
Very good	8 %		8 %
Good	33 %	50 %	33 %
Average	42 %	8 %	42 %
Poor		8 %	
Not at all			

b. older women?

	Education	Policy	Local support
Very good	8 %		8 %
Good	42 %	58 %	25 %
Average	42 %	8 %	50 %
Poor			8 %
Not at all		8 %	

Most respondents thought that the organisations were adequately prepared (good or average) to deal with violence against older people as well as against older women.

8. Which services does your organization provide to deal with situations of abuse/violence/maltreatment against older people /older women?

	No	Yes	Will be included in future efforts
Guidelines for staff on how to deal with abuse.	8 %	67 %	17 %
Professional training programs to deal with situations of abuse for staff.	33 %	50 %	17 %
Further training to identify/assess situations of abuse for staff.	8 %	58 %	17 %

Pamphlets, leaflets, or other written material to inform the staff on abuse.		83 %	
Discussions (e.g., conferences, meetings) with experts from various fields on abuse.	8 %	67 %	8 %
A hotline for victims of abuse or staff members who observe abuse.		75 %	
Standardized procedures to deal with situations of abuse.	8 %	67 %	8 %
Other, please specify… Law counselling Home visits Taking clients to crisis shelters Volunteer support Educated volunteer workers who support clients after they have received help in their crises Cooperation with different kind of help giving organisations Shelter			

These organizations provide a variety of different kind of services. Most common was written material (83 %) and a hotline (75 %).

9. Do you cooperate with other organizations/partners when you recognize violence against older people/ older women?

	No	Yes
Police		83 %
Crisis centers		58 %
Women's shelters		75 %
Victim's family	17 %	58 %

Providers of health and social services for older people		83 %
Other, please specify Women´s line Parish A-clinc Mental health centre Socialworkers and professionals Victims for crimes (33 %) Safe homes for elderly org. (33 %) ……		

The most important cooperation partners were both the police (83 %) and the providers of health and social services for older people (83 %).

10. Which provisions does your organization (staff, management) have to cope with violence/abuse/maltreatment against

b. older people/older women. Please specify:

Examples of provisions to cope with:

- Laws, confidentiality, secrecy and ethical issues
- Rules for women´s shelters – confidentiality and secrecy
- Ethics – quality of care standards and guidelines in handbook
- Guidance for physical examination if needed
- To secure the clients safety
- To use principles of crises work

- To let the client speak
- Childrens (adult) violence against their parents is a very difficult matter and need special attention
- To organize physical examination and care and contact different care providers
- 1 – 5 meetings in the crisis shelter or in the victim´s home
- Further support and evaluation of the need for help and to organize help
- All clients are treated individually with respect for human rights
- All workers who work with clients are professional social workers who receives guidance to work

11. What would your organization (staff, management) need to cope more effectively with situations of domestic violence/abuse/maltreatment against

c. older people/older women Please specify:

- Education and guidelines how to deal with abuse
- Further education in the special situation when the client is old
- Knowledge about the best help for different groups
- More knowledge about different cultures and the religious impact on violent situations
- Secure payment from municipalities to continue the work with the client
- More permanent staff (33 %)
- More volunteers and education for them
- Workers for home help for clients

All organizations are professionals that provide help to victims of violence. The opinion of the respondents was that the organizations work effectively and to cope more effectively with situations of domestic violence the organizations need further education, secure payment and more workers.

1) Coordination of the prevention of intimate partner and domestic violence and concentration of expertise (Publications of the Ministry of Social Affairs and Health 2006:82)

The task of the Working Group was to produce a survey of how the agencies and institutions in which knowledge and skills related to violence reduction are concentrated nationally could efficiently support the regional and local work to reduce violence. It was also assigned to examine how the support for the local work to prevent intimate partner and domestic violence could be strengthened by gathering together and networking national knowledge and skills in the field.

In its report the Working Group deals with, on the one hand, intimate partner and domestic violence and, on the other hand, violence at work. It has examined the prevalence and costs of violence, and international guidelines and central government actions to reduce violence. The Working Group has consulted agencies and institutions, and also major NGOs working in this field.

The Working Group proposes establishment of a permanent national unit responsible for the prevention of intimate partner and domestic violence. According to its proposal, the unit should be linked either to the National Research and Development Centre for Welfare and Health (STAKES) or the National Public Health Institute, which are sectoral research institutions under the Ministry of Social Affairs and Health. The aim of the unit would be to coordinate the work to prevent intimate partner and domestic violence, to reinforce the knowledge and skills basis related to it and to be responsible for maintaining the best expertise in the field. Permanent structures and coordinated cooperation at all levels are needed to support the regional and local work to prevent violence. The Working Group proposes strengthening the role of the Finnish Institute of Occupational Health in the coordination of research, expertise, training and dissemination of information regarding violence at work.

2) Helena Ewalds (eds.) To whom the strikes belong? A handbook for municipalities for the prevention of partner and intimate violence. Helsinki, 2005 (Handbooks of the Ministry of Social Affairs and Health 2005:7)

Partner and intimate violence can be physical, mental, religious and sexual; it can be directed at property or it can be financial control or threatening with violence. The perpetrator can be the spouse, the ex-spouse, a child or other member of the family, a relative, or an acquaintance. Violence exists in all social classes and cultures. Partner and intimate violence has the essential elements of an offence and it is often subjected to public prosecution.

Everyone should participate in preventing and intervening in partner and intimate violence. Although the responsibility lies with the perpetrator, partner and intimate violence cannot be seen merely as a problem at the individual level. Violence causes health and social damage as well as economic costs for the individual, the family, and the society. Partner and intimate violence is a complex and extensive phenomenon. It burdens the municipal service system and it is expensive.

Co-operation in the prevention of violence must be co-ordinated and guided. Political decision makers and heads of civil service must be committed to the work. The implementation of the prevention of violence requires time, money, and staff.

Increasing the awareness and knowledge of partner and intimate violence is a central factor in the realisation of a widespread joint responsibility. With the help of training, the authorities can become more prepared to identify violence, to face the perpetrators and victims of violence as well as to offer them appropriate assistance. Talking about violence and making it visible is a good means to prevent violence. The prevention of violence must be incorporated in the goals and working practices of all the administrative fields and operational units. Also each citizen has a responsibility to facilitate living conditions that are free from violence.

It is essential to intervene in violence. The so-called principle of fundamental actors for cutting the chain of violence and preventing violence is described with the help of case studies.

The economic region of Forssa, the city of Porvoo and the municipality of Vihti have been piloting in a project that was funded by the Ministry of Social Affairs and Health and that aimed at developing operations models and action plans for the work against violence at the local level.

The main features of the projects carried out in the piloting municipalities as well as the experiences from and results of the work on preventing partner and intimate violence are described.

***Appendix** 1. Examples: An expert group at the State Provincial Office of Southern Finland has created a number of action models for encountering physically abused clients (PAKE, including a report form and a body map). They have turned out so well that the intention is to implement them throughout the country.*

3) Eija Kyllönen-Saarnio, Reet Nurmi: Immigrant women and violence. Handbook for victim help in social welfare and health care, Helsinki 2005 (Handbooks of the Ministry of Social Affairs and Health 2005:15)

The purpose of this handbook is to support the basic services in social welfare and health care in helping immigrant women who have experienced violence. The handbook is based on interviews with professionals in social welfare and health care and related organisations, practical experience as well as literature produced in the Nordic countries.

According to practical experience, violence against immigrant women remains at present often undetected; only the more serious violence situations are more likely to become uncovered. Barriers for immigrant women to seek help are, in many ways, related to lack of language and civic skills. Women are not necessarily familiar with the Finnish legislation and service system. The handbook includes a set of questions, which can be used to identify violence as early as possible as a part the basic work in social welfare and health care.

When violence is uncovered in client work, the employee must assess the dangerousness of the

situation as well as the client's and her children's need for support and services. The responsibility to guide the victim to necessary services lies with the employee who comes into contact with a client who has experienced violence. The survival of an immigrant victim of violence is facilitated by co-ordinated work against violence as well as support provided in the victim's mother tongue.

The victim has the right to receive information on her juridical position and possibilities. In order to secure the client's legal protection, the violence against her must be documented. Also, an interpreter must always be present in matters concerning violence.

Cutting the chain of violence requires the expertise and cooperation of various professionals. Network resources can best be utilised by developing practices for different actors in cooperation between organisations and authorities. An immigrant client may need concrete help, which organisations are often able to provide more flexibly in the form of special services than the municipal service system.

The objective of the Non-Discrimination Act is to ensure ethnic equality. Accordingly, minorities must be taken into consideration when local operations models are designed for combating violence. Professionals such as employment and social authorities who have contact with immigrants in the integration phase play a central role in prevention.

4) A vicious circle for the whole family. Interpersonal violence and alcohol. Helsinki 2007. (Publications of the Ministry of Social Affairs and Health 2007:25)

The theme of the publication is domestic and intimate partner violence in which one contributory factor is alcohol use. Only part of interpersonal violence is alcohol-related. Continuous heavy drinking, binge drinking and substance use problems, however, increase the risk of both becoming a perpetrator of violence and becoming a victim of violence. The involvement of alcohol also has a tendency to prolong and aggravate violence. Repeated experiences of violence, in turn, increase the risk of uncontrolled use of alcohol and other substances.

The publication outlines the scope and nature of alcohol-related interpersonal violence in Finland and in other European countries. World Health Organisation's publications on alcohol-related violence among various population groups have been used as a starting point. Supplementary information has been gleaned from other sources. A fair amount of information is available on the role of alcohol in intimate partner violence. Less is known about alcohol-related violence against children and elderly people.

The review also covers consequences of alcohol-related domestic and intimate partner violence, in particular as regards increased risk of substance use problems, as well as opportunities for prevention. There are virtually no prevention interventions targeted specifically at alcohol-related domestic and intimate partner violence. Prevention in this particular domain will benefit from the strategies used to prevent interpersonal violence more generally and from overall strategies to prevent alcohol-related harm.

At the level of communities and of the society, prevention of domestic and intimate partner violence necessitates determined action on all risk factors. Prevention of domestic and intimate partner violence is an important argument for a comprehensive alcohol policy aimed

at curbing increase in overall alcohol consumption and at reducing the harms caused by hazardous drinking to individuals, families and living environments.

The tendency of violence and substance use problems to intertwine calls for alertness in all those services that can contribute to identification of risks and problems and to early intervention. To help individuals and families suffering simultaneously from violence and substance use problems, the service system needs to tackle all aspects of the complex problem.

The publication is intended to support the development of service chains and broad-based prevention, and can also be used as material in professional training on violence or substance use topics.