

DEVELOPING DIRECTIVE-COMPATIBLE PRACTICES FOR THE
IDENTIFICATION, ASSESSMENT AND REFERRAL OF VICTIMS

National Report – Finland

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INTRODUCTION

This report views the legislation related to and the position of crime victims in Finland. It also discusses the practices used for victim identification, individual assessment of victim needs and service referral at different institutions and support services. The study is inspired by the Victims Directive implemented in Finland in 2015, and aims to investigate how existing practices reflect the provisions of the Directive.

The findings of the report are based on ten interviews with state authorities and non-governmental organizations. The state authorities interviewed include the police, prosecution, emergency health service, child health center and social and crisis emergency service. Non-governmental organizations interviewed include Victim Support Finland, The Federation for Mother and Child Homes, Monika-women and Women's Line.

The findings of the study show that practices at different institutions and support services for the most part comply with the demands of the Victims Directive. Service providers aim for a client-oriented approach and individually assess clients' needs at state services as well as in non-governmental organizations. New methods have been adopted to systematically identify and assess victims' needs, such as the domestic violence questionnaire at the child health center, the risk assessment test (MARAC) at mother and child homes and the form (PAKE) for victims of abuse at the emergency care hospital. Rather than handing out service information to clients, it is seen as a well functioning system to pass on client contact information to relevant services, which will take initiative in contacting the client. This is one way of addressing the problem of how available services reach clients and allows for a better realization of victim rights.

1 VICTIMS DIRECTIVE AND THE NATIONAL LEGISLATION

The implementation of the Victims Directive in Finland was prepared by the Commission for Victim Policy assigned by the Ministry of Justice, the Ministry of Internal Affairs and the Ministry of Social Affairs and Health, and another working committee assigned by the Ministry of Justice. Two reports were finished in 2015 with an evaluation of the current situation in Finland and suggestions on how to best meet the demands of the Directive. Legislative changes were made based on the presentations given by these reports. The Finnish government gave a proposal on the implementation of the Victims Directive in 2015 (HE 66/2015) and the alterations in the legislations came into force on the 1st of March 2016 (SK 10-19/2016). The implementation of the Victims Directive has thus been finished in Finland and the European Commission has been informed about this on the 29th of January 2016.¹

The working committee of the Ministry of Justice focused on the implementation of all articles excluding the ones related to crime victim services (articles 8 and 9). The finished report concluded that the legislation in Finland already mostly complied with the demands of the Directive. However, some complements were proposed. These were in regard to the victims right to receive information, the victims right to translations of documents and the individual assessment of special protection needs.²

The aim of the Commission for Victim Policy assigned by the Ministry of Justice, the Ministry of Internal Affairs and the Ministry of Social Affairs and Health was to prepare a national strategy for the organization of victim support services. One component of the project was to meet the demands set out in articles 8 and 9 of the Victims Directive. The report stated that methods and practices used in services should be developed and sufficient funding should be ensured. Special attention needed to be given to vulnerable groups of people.³

¹ Pulkkinen, 2016.

² Implementation of the Victims Directive, 2015, 15.

³ From legislation to action – proposal to improve the position of crime victims, 2015, 12.

The national legislation was inspected based on the two reports. No revisions needed to be made regarding articles 5, 6, 10-18 and 20 of the Victims Directive. The revisions made concerning other articles will be considered in turn. All mentioned articles were already covered by existing legislation, and mainly additions are discussed. The presentation is based on an implementations report given to the European Commission.⁴

Article 1. The Pre-trial Investigation Act states that a person under 18 years of age must be treated appropriately in regard to his/her developmental stage. The investigation must not cause harm to the minor in his/her social environment, e.g. school or work. If the victim is under 15 years old, his/her guardian or other legal trustee has the right to attend hearings.⁵ The National Police Board gave additional instructions on how to standardize practices in dealing with persons less than 18 years of age: the police are required to take into consideration the welfare of the child in all police activity and to secure the situation of the child following police contact.⁶

Article 2. The definition of a victim as spelled out in the Victims Directive was not included in the national legislation, as it would have narrowed the definition of a victim already applied. According to national legislation, the rights of victims are not restricted to people directly affected by the crime, but also a person insulted or endangered by a crime can be considered a victim. The injured party can also be a juridical person.⁷

Article 3. All parties of a pre-trial investigation have the right to use a language they understand and speak sufficiently (including sign language). It is the duty of the investigations authority to examine the need for interpretation. Parties have the right to be accompanied by a support person or legal assistant.⁸ A working committee to further advance the right of the victim to receive information and to understand and to be understood was assigned by the Ministry of Justice in 2015 (articles 3 and 4).

⁴ Implementation Report, 2015.

⁵ Pre-trial Investigation Act.

⁶ National Police Board, 2013.

⁷ Implementation Report, 2015.

⁸ Pre-trial Investigation Act.

Article 4. The Pre-trial Investigation Act covers the parties right to receive information. Parties of the investigation must, without unnecessary delay, be informed of their status in the investigation, of available support services and of all their rights during the investigation. The rights of the parties involved also need to be read before all hearings. Documents of the pre-trial investigation must be translated into a language the parties sufficiently understand and speak, if they are relevant in overseeing that the parties rights are realized. All letters to parties of the investigation are to be written in a language that the recipient is assumed to understand.⁹ The National Police Board also gave a new instruction on service referral, which guides the communication of information on available support services provided by authorities and non-governmental organizations to victims of crime.

Article 7. The parties of the investigation may demand interpretation or translation of documents during the investigation or trial. If translations are not provided, this may be pleaded to in court. If the injured party is dissatisfied with judgments made by the investigation authorities, s/he may appeal to their superiors. The injured party may also take the case to the prosecutor himself/herself.¹⁰

Articles 8 and 9. Services that provide support for crime victims were funded by the state with 3 090 000 euros in 2016. State funding of Victim Support Finland will be increased. A new act on the victim surcharge (669/2015) was verified on the 22nd of May 2015. The act aims at building up the amount of state funding given to support services for crime victims. Additionally, the national program 2014-2020 of the Internal Security Fund-Police includes projects aimed at supporting crime victims.¹¹

Article 19. Parties of the trial, witnesses or experts may be heard from behind a screen or without a party of the trial being present when it is necessary in allowing a safe and undisturbed testimony.¹² The demands of the article are also to be taken into consideration when designing

⁹ Pre-trial Investigation Act.

¹⁰ Implementation Report, 2015.

¹¹ Implementation Report, 2015.

¹² Code of Judicial Procedure.

new courts of law. Most courthouses already have special waiting rooms for victims, but when this is not the case, the injured party and the defendant are to be directed into separate waiting areas when so necessary.¹³

Article 21. When issues of an investigation have to be reported to the public, it needs to be done without causing anyone unnecessary harm.¹⁴ The working of the media is regulated by the Council for Mass Media, which provides instructions for journalists. The instructions consider the protection of privacy of crime victims and call for discretion in reporting. The right to privacy also applies when publishing public documents.¹⁵

Article 22. The Pre-trial Investigation Act states that the investigation authorities must always assess the victims need for special protection. The assessment is to be based on the victims personal circumstances and on the nature of the crime.¹⁶ The Ministry of Internal Affairs has set up a working committee to further develop the process of individual assessment of victims to identify special protection needs.

Article 23. Victims in need of special protection should be heard in specially designed areas, by the same authority of the same sex as the victim, if so requested.¹⁷ The demand of the article for victim interviews to be carried out by trained professionals is to be applied to all victims.¹⁸

Article 24. Special measures in hearings and trial can be taken in case victims are minors or in need of special protection. These may include videotaping the hearing to be shown in trial instead of the victim. The baseline in the activity of the Finnish authorities is to treat a victim as a minor if so suspected and until shown otherwise. This is to be considered in all activity of the authorities.¹⁹

¹³ Implementation report, 2015.

¹⁴ Pre-trial Investigation Act.

¹⁵ Guidelines for Journalists and an Annex.

¹⁶ Pre-trial Investigation Act.

¹⁷ Pre-trial Investigation Act.

¹⁸ Implementation report, 2015.

¹⁹ Implementation report, 2015.

Article 25. Issues on training and education of professionals will be addressed in a working committee assigned by the Ministry of Justice. The committee will aim at mapping best practices for approach. Training will be provided for authorities on issues relating to victims and instructions will be developed together with non-governmental organizations. E.g. a project on sensitivity training for law professional has developed an instrument for people working with victims of sexual crime or domestic violence. ²⁰

Article 26. Victim Support Finland is part of Victim Support Europe and works in cooperation with other victim support services in the European Union states. International collaborations on legal aid between authorities must contribute to the realization of victim rights. ²¹

²⁰ Implementation Report, 2015.

²¹ Implementation Report, 2015.

2 STATUS AND SITUATION OF VICTIMS

This section will cover the criminal procedure in Finland and the position of the victim. First, the criminal procedure and the role of the victim in the procedure are presented. Second will follow a brief overview of crime and crime victims in Finland, after which the position of the victim is addressed.

2.1 The criminal procedure and the position of the victim

Finland has a statutory law system and its procedural criminal system is accusatory²². Courts are divided into general local courts (district courts, appeal courts and the Supreme court) and administrative courts (regional administrative courts and the Supreme Administrative Court). Most offences are offences under public prosecution, which means the offence can be investigated and prosecuted without requests of punishment from the injured party. Complainant offences on the other hand, can only be investigated if the injured party demands punishment for the offender. The criminal procedure includes the following steps: reporting the offence, pre-trial investigation, consideration of charges, trial and mediation.²³ The procedure will briefly be described with a focus on the role of the injured party at each step.

Reports of offences are entered into the Investigation and Legal Assistance System of the Police data and the injured party is entitled to have a written copy of the report. Before reporting an offence, victims may often have consulted a victim help service for support in acknowledging a certain act as criminal, or getting support in deciding to report an offence. A study on the experiences of victims in the criminal procedure has reported that the places for reporting offences (open areas at police stations) are criticized to be too public.²⁴

Whenever there is reason to suspect an offence has been committed, it is the duty of the police to start a pre-trial investigation. Pre-trial investigations will be readily initiated²⁵. The appropriate

²² Wergens, 1999, 128.

²³ Police of Finland, 2016.

²⁴ Honkatukia, 2010, 77.

²⁵ Vuorenpää, 2014.

treatment of a victim during the pre-trial investigation is laid down in the Pre-trial Investigation Act (22.7.2011/805). For example, the act states that the police are required to give the victim information on available support services, his/her right to a legal counselor and on the reparation of damages. The act requires the victim to be treated calmly and professionally and have the possibility to work with the same police officer of the same sex. People involved in questioning may include a legal counselor or a support person if it does not violate the confidentiality privilege.²⁶ The pre-trial investigation is discontinued when the records are moved on to the prosecutor or in the case authorities find an offence has not occurred or that it cannot be solved. Investigation can also be terminated in the case the injured party has no requests for punishment, if the crime is of insignificant nature or there is reason to believe the prosecutor would not prosecute the offence.²⁷

After the pre-trial investigation record is moved on to the prosecutor, charges will be considered. In a complainant offence, charges need to be demanded by the injured party but if an offence is subject to public prosecution, the prosecutor has an independent right to prosecute. The law allows for the prosecutor to meet with the injured party, but in most cases this does not happen. Sometimes clients are in contact with the prosecutor and some prosecutors prefer to meet with the client, especially if cases involve persons of vulnerable groups; this is however considered an exception. Especially in cases that are not prosecuted, personal contact between the injured party and the prosecutor might be justified to give reasons for doing so.²⁸ The victim is informed of the prosecutor's decision to bring charges. The crime might not be prosecuted on the grounds that it is too petty or there is not enough evidence to support it; the injured party may however also prosecute the case himself/herself.²⁹

In trial the victim has a right to a legal counselor or a support person. The victim also has an independent right to appeal the verdict to the appeal court.³⁰ Special needs may be taken into consideration regarding trial arrangements, such as having a folding screen in the room or being

²⁶ Pre-trial Investigation Act; Kainulainen & Niemi, forthcoming.

²⁷ Kainulainen & Niemi, forthcoming.

²⁸ Honkatukia, 2010, 94.

²⁹ Criminal Procedure Act; Vuorenpää, 2014, 37.

³⁰ Vuorenpää, 2014, 51.

heard from a closed area. The training of judges has been seen as an important operator in ensuring their sensitivity towards crime victims.³¹

The experience of the injured party is brought forward in mediation. This is a service that allows for parties of a crime to meet one another in the presence of trained mediators to discuss the conflict. The service is always voluntary, confidential and free of charge.³² In 2015, 12 523 cases were referred to mediation, and out of the 68 percent of cases that were undertaken, a solution was reached in 80 percent of cases.³³

2.2 Crime and victims in Finland

In 2015, a total of 498 000 acts violating the penal code or other legislative acts or provisions were brought to the attention of the police. Crime against property constituted 47 percent, traffic related crime 23 percent and narcotic offences 4,7 percent of the total amount. Eight percent of all crime conducted was life or health threatening, including sexual crime. Although the total crime rate decreased from 2014, offences threatening life or health (mostly assaults) increased by three percent.³⁴

A national crime victim survey is conducted in Finland annually. In addition to the annual national survey, other surveys have examined women and men as victims, and Finland has also taken part in international surveys³⁵. According to the victim survey conducted in 2015, seven percent of respondents aged 15 to 74 had suffered from violence, of which slapping was seen as the pettiest form. Out of these occurrences, 12 percent was reported to the police. Five percent of respondents had been victims of violence that had lead to an injury.³⁶

³¹ Honkatukia, 2010, 100.

³² Police of Finland, 2016.

³³ Mediation in criminal and civil cases 2015, 2016.

³⁴ Aaltonen & Danielsson, 2016, 7.

³⁵ Kivivuori & Niemi, 2016, 4.

³⁶ Danielsson & Kääriäinen, 2016, 5.

Looking at criminality and gender, the report showed that women most likely faced violence at home or at work, while men were most likely to become victims in public spaces and restaurants. Women were more likely to be victims of violence or threat than men. They were also more likely to be victims of homicide due to domestic violence.³⁷ Overall, 30 percent of homicide victims were women in 2003 – 2015.³⁸

A closer look at the victim survey of 2014 shows that the liability of being a victim of a crime was connected to age. Young people were more likely to be victims of violence than adults: 13,9 percent of people aged 15 to 24 reported having been victims of violence, whereas only 2,3 of people aged 55 to 74 reported likewise. In most cases, the violence experienced by young people was conducted by other young people: by a sibling (23 percent), a friend (17 percent) or another young person acquainted by the victim (15 percent). Adults were rarely violent towards young people; parents were offenders in 8 percent of the cases reported.³⁹ In cases of homicide, the liability of being a victim was highest with women aged 40 to 50 years old and with men aged 25 to 60 years old.

2.3 Position of the victim

The position of the victim has been strong in Scandinavian countries and most of all in Finland⁴⁰. Most Finnish research also finds the legal position of the victim as being traditionally good⁴¹. Victims have been historically well considered in the criminal procedure, and their position has been actively developed from the 1990's onwards.⁴²

The strong position of the victim is reflected in policies. The injured party has an independent right to prosecute an offence⁴³ and the right to speak in court⁴⁴. Before the criminal procedure was

³⁷ Kääriäinen, Danielsson & Salmi, 2016, 226.

³⁸ Lehti, Suonpää & Kivivuori, 2016, 36.

³⁹ Näsi & Tanskanen, 2016, 213.

⁴⁰ Wergens, 1999, 132.

⁴¹ Honkatukia 2010, 1; Kainulainen & Saarikkomäki, 2014, 5; Fredman, 2013, 42.

⁴² Honkatukia, 2010, 162.

⁴³ Criminal Procedure Act; Wergens, 1999, 136.

reformed in 1997, the injured party had a primary right to prosecute, but now the right is generally subsidiary⁴⁵. The Act on Compensation for Crime Damage entitles the victim to file for compensation from state funds for personal injury, property damage or other economic loss.⁴⁶ In 2016, a new victim surcharge is being implemented to add to funding on victim support services. The vulnerability of a victim is also considered in the legislation⁴⁷.

Even though the official status of the victim is strong in Finland, practices used by institutions or service providers may not always be reflective of this. Although guaranteed rights in the legislation, the treatment of victims is left upon the individual authorities and people involved with victims. The victim might also not be capable of exercising his/her rights to the extent the system might require him/her to. In Finland, crimes are reported less and support services reach victims more poorly than in other European Union member states.⁴⁸

The experiences of victims on the crime procedure have been little researched in Finland. One study conducted in 2014 shows that most victims were satisfied with the procedure. The police were seen as professional and competent and victims felt that crimes were sufficiently investigated. The respondents were most critical of the communication of information throughout the procedure, which was not seen as sufficient. Victims were not fully informed of their rights or the phase of the criminal procedure. Safety issues also received criticism: respondents were not satisfied with how much their safety was looked after and with the amount they received support. The results of the survey show that communication of relevant information needs to be developed. Victims need to be better informed of their right to a support person, the phase of the investigation and its progression. Researchers suggest developing a victim sensitive approach to giving out information to ensure the realization of the victims' rights.⁴⁹ The International Crime

⁴⁴ Honkatukia, 2010, 1.

⁴⁵ Vuorenpää, 2014, 37.

⁴⁶ Fredman, 2013, 46.

⁴⁷ Honkatukia, 2010, 12.

⁴⁸ Honkatukia, 2010, 195; 58.

⁴⁹ Kainulainen & Saarikkomäki, 2014.

Victims Survey conducted in 2005 also reports that in contrast to other European Union countries, victims are more satisfied with the police in Finland.⁵⁰

To strengthen the position of the victim, the report made by the Commission for Victim Policy concluded that victim support services had to be developed to better meet the needs of victims. Vulnerability was to be considered in the development. The competence of people working with special groups was to be ensured by training and instructions.⁵¹ Following the same line, Päivi Honkatukia⁵² specifically suggests that services aimed at people in societal margins needs to be further developed. As an example, according to a report of the National Institute of Health and Welfare, there are not enough services for victims of sexual crime, although so required by the Istanbul Convention and the Victims Directive. The quality of services is not stable across the country or even within an area.⁵³ Development of services will require increased funding (partly covered by the victim surcharge) and better cooperation between victim support services and Ministries.⁵⁴

The latest measures taken to strengthen the position of the victim include international treaties such as the Implementation of the Victims Directive in 2015, the ratification of the Istanbul Convention (Convention of preventing and combating violence against women) in 2015 and the ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2016. Domestically a victim surcharge was implemented, as was state funding for Mother and Child Homes and Shelters. The government is also developing new legislation to help victims of human trafficking.⁵⁵ Minor assault was moved from a complainant offence to an offence under public prosecution, which improves the position of the victim in possibly preventing the violence from turning more severe.⁵⁶

⁵⁰ Honkatukia, 2010, 58.

⁵¹ From legislation to action – to improve the position of crime victims, 2015.

⁵² 2010, 195.

⁵³ Nipuli & Bildjuschkin, 2016.

⁵⁴ From legislation to action – proposal to improve the position of crime victims, 2015.

⁵⁵ From legislation to action – proposal to improve the position of crime victims, 2015.

⁵⁶ Kainulainen & Niemi, forthcoming.

3 ENTRY POINTS OF VICTIMS TO THE CRIMINAL JUSTICE SYSTEM

In Finland state authorities, non-governmental organizations and private corporations provide services for crime victims. State authorities include the emergency response center, the police, legal aid offices, prosecutors and social and health authorities. The police are in charge of reporting offences and investigating the crime independently from other officials, prosecutors decide on charges. Although Finnish people trust the police, they report offences less than in other European Union states.⁵⁷ There are 23 legal aid offices of the state, which offer legal aid to citizens fully or partly funded by the state.

Non-governmental organizations have a fundamental role in providing victim support services in Finland. In fact, victim support services are mainly provided by the third sector alone⁵⁸. Many victims of crime will not contact state authorities and only seek help from organizations. Support services have been developed later in Finland than in many other countries: the victim perspective was only emphasized from the 1990's onward.⁵⁹

Official reports of offences are made to the police online, over the phone or at any police station. Online reports are meant for petty crimes, which do not require immediate action from the police. Many victims will contact a (non-governmental) victim support service before reporting an offence. All support services provide an easily accessible phone service and will help in defining the victims situation and give out information on how to report an offence and how the criminal procedure works. In 2015, Victim Support Finland received 35 638 contacts from clients⁶⁰. It is always up to the victim to decide whether s/he wants to report the offence; in case the victim is a minor and his/her safety is compromised, the support services are obligated to inform child welfare regardless of the minors' own wishes. Victims of crimes do not go straight to prosecutors; cases are always forwarded to the prosecution through the police.

⁵⁷ Honkatukia, 2010, 58

⁵⁸ Honkatukia, 2010, 195.

⁵⁹ Ronkainen, 2008; Honkatukia, 2010, 70.

⁶⁰ Victim Support Finland.

4 VICTIM-RELATED PRACTICES IN NATIONAL SYSTEMS

The findings of this report are based on ten interviews with different institutions and support service providers. Interviewees include the police, prosecution, social and health emergency services and non-governmental organizations. Two police officers were interviewed at the police department in Helsinki. Health authorities included were the emergency care hospital in Helsinki and the child health center in Espoo. The child health center provides services for families expecting children; pregnancies are followed with regular check-ups and support and information on parenthood is given out. The social and crisis emergency service in Helsinki is aimed at persons who have faced an unpredicted traumatic crisis; they have about 500 registered acts and meet about 100 different clients each month. A district prosecutor in Helsinki was interviewed.

Non-governmental organizations interviewed for this report include Victim Support Finland (Rikosuhripäivystys), Monika-women (Monika-naiset ry.), Women's Line (Naisten Linja) and The Federation for Mother and Child Shelters and Homes (Ensi- ja turvakotien liitto). Victim Support Finland is a partly state funded help service that provides information on how to proceed in a criminal matter and offers support to crime victims. It has 29 service locations in Finland and a national phone service. The Federation for Mother and Child Homes and Shelters upholds 11 out of 21 mother and child homes in Finland and provides support services for victims of domestic violence. Women's Line and Monika-women provide services for women who have suffered from violence; Monika-women specialize in helping foreign women and Women's Line has a special phone service for vulnerable groups. All mentioned organizations provide support for victims free of charge and confidentially; victims may stay anonymous if necessary.

4.1 Identification of the victim

Police

The police encounter crime victims on the field or at police stations. When officers on the field evaluate a situation as involving crime victims, they will identify them and assess their immediate needs. If the victim reports a crime at a police station, focus will be on identifying the offence that has taken place and assessing the security of the client/victim. If the report of offence is not made

by the victim, people affected by the crime will be accounted for. Cases usually involve an injured party (victim), which is generally easy to recognize.

Identification and evaluation is done by mapping the situation and characteristics related to the offence. The first question to be clarified is whether an offence has occurred and whether the police is the correct instance to help the client; however the threshold for documenting a report is not high and reports will usually be made when a person feels someone has done him/her wrong. The investigators will go on to decide whether an offence has taken place.

Questions to identify the situation and injured party include: What happened? To who did it happen? Where did it happen? When did it happen? Sometimes investigators of the field of crime in question are called to help with identification and evaluation of the immediate needs of the client; in cases of sexual crime investigators of the field will always be the ones to document reports of offences. The safety of the injured party and threat directed at the injured party is accounted for. Instant referrals can be made or child welfare measures taken. After offences have been reported and filed, cases will be forwarded to investigators of the field of the crime. When reports of offences are made over the Internet, exact identification or assessment of the situation is difficult.

Prosecution

The prosecution does not need to identify victims. Identification of victims is done by criminal investigation authorities, and the information is forwarded to the prosecutor along with the pre-trial investigation material. If the prosecutor is unsure of features of a case, s/he will call for additional information from the investigators.

Health services

A senior nurse does client identifications at the registration of the emergency care hospital and a doctor is also available for consultation. In most cases, clients will be initiative in telling the nurse when they have been victims of a crime, which in the context of the emergency care hospital mostly means victims of violence and abuse. The focus at registration is to find out the reason for arrival and attend to the client's most acute needs. Identification will result in choosing a treatment plan for the client: health-care center, minor trauma, internal medicine or psychiatric.

When victims are brought in by e.g. the police, they will often have information about the occurrence that has caused the clients injuries, and be helpful in identifying a client as a crime victim. The police may already have identified the client as needing special care.

At the child health center a questionnaire to screen for cases of domestic violence is filled out for each expecting mother during pregnancy. This is done by the time the baby is four weeks old at an appointment when the mother is alone. It is important to talk to the mother alone to allow for a confidential environment. Given that questions are answered truthfully, the questionnaire will identify if the mother or someone else in the family is experiencing violence.

Social and crisis emergency services

The social and crisis emergency service is meant for people visiting or living in Helsinki and who have faced a traumatic crisis. Clients are often referred to the service by the emergency response center or other authorities, which have already identified a client as a victim of crime. The identifications done by authorities are usually accurate; the service is able to offer help to referred clients. When client initiates contact, his/her situation will need to be defined as a traumatic crisis: a shocking and unpredicted event. The service will screen out life situation crises, e.g. people going through divorce. In most cases, the occurrence has happened during the past few days. Identification is done through finding out the focus of the call and asking the person where s/he is calling from.

Non-governmental organizations

Victim Support Finland has professionals helping crime victims at service locations, trained volunteers over a national helping phone and trained volunteers accompanied by a professional over the Internet. About half of clients are identified and referred to the service by the police. Most of the services clients are victims of violence crimes.

The service has instructions on what issues to discuss during the first encounter. Identification starts by finding out why the client has called and what s/he needs help with. Questions to be answered include: What is the situation like at the moment? Are you safe? What are your resources for dealing with the situation? Clients will readily identify a specific crime or need the

help of the volunteers and professionals to identify something as meeting the criteria of criminal activity (e.g. young people, victims of domestic violence or victims of human trafficking).

If an incident is clearly not considered a crime (e.g. a person calls in disputes over divorce matters), s/he will be referred to other services. In cases of crime, helpers will evaluate the need for professional help and map out the services the client might find useful in his/her situation. Overall, Victim Support Finland helpers will prefer to go along with the client rather than not. As a rule: What is true for the client is true for the helpers. It may not be relevant to know the exact offence in order to help the client; it is enough to know that something criminal has occurred. Focus is on supporting the client.

The Federation for Mother and Child Homes and Shelters upholds 11 Mother and Child homes in Finland. The operation of the homes is regulated by the Act of Mother and Child Homes and Shelters (31.12.2014/1354), which demands that people in need of staying at a mother and child home must be arranged to do so. Homes are meant for individuals who suffer from domestic violence or the threat of domestic violence. Reasons contrasted to this may also be accepted if the service is expected to meet the needs of the client and it does not cause danger to other people living in the homes. Clients are interviewed when being submitted to a home to assess whether they meet the criteria. The homes are meant for help in crisis situations, not for long-term staying.

Monika-women and the Women's Line focus on helping women who have encountered domestic violence. The services focus on the experiences of the clients and do not have strict criteria for identification of victims. Screening of clients is usually not relevant: If client clearly seems to have other problems (e.g. mental illness) they will be referred to other services.

In addition to the phone service directed at all women experiencing violence, Women's Line has started its own phone service for minority groups. This phone service is called the Diversity-line and aimed at people who have special needs, e.g. disabled people. The callers are presumed to identify themselves as having special attention needs. Questions of vulnerability are not directly asked or forced onto the client, but most clients will bring them forward unprompted. Service helpers fill out a form for each client in order to map the situation of the client in the best possible way. Questions include "Does the clients appear to be a part of a vulnerable group?" Phone service will often help clients in identifying their own situation.

4.2 Individual assessment of needs

Police

A brief assessment of individual needs is done at the first encounter with the victim either on the field or at the police station. This assessment is done to address acute, immediate needs and to evaluate the safety of the victim. The police will not go deep into the case of the victim, but they will be sensitive about noticing individual needs. If an offence is reported at the police station, a social worker may be contacted. Evaluations made at first encounter will be communicated forward for future assessment and investigation: e.g. if a person appears disabled, a support person will be acquired for interrogation. Referrals to support services will be made immediately and victims will be instructed on what to do if the crime is renewed.

A closer and more thorough assessment of individual needs is done at the interrogation of the injured party. The rights and duties of the injured party are given to him/her in writing at the start of the interrogation (sometimes beforehand). Investigators need to make sure the injured party understands the rights before starting the interrogation; this may require special attention to e.g. foreigners who are not familiar with the culture or criminal procedure in Finland.

If the injured party is a child, special measures will be taken in interrogation. Investigators are specially trained in interrogating children and they use an applied approach, which is nationally standardized. A special interrogation room is used and the interrogation is videotaped. This may also be done for other vulnerable groups, e.g. disabled people. The video record can be used in court, which means that the interrogated person does not need to personally attend the trial. If the person is under 15, his/her role in the investigation will be over after the interrogation.

If the injured party is incapable of defending himself/herself, the pre-trial authorities will make sure the client knows s/he is entitled to a legal counselor. The counselor will help in making sure all relevant information reaches the prosecutor. Because cases are so versatile, it cannot be said that the victim needs to fill certain criteria in order to be granted certain services. It is usually the nature of the crime that determines the measures taken. As a rule, special rights are not accredited to clients based on individual needs, but special protection needs will try to be met.

There is a handbook with instructions for the assessment of special protection needs, which is always done in sexual offence cases. This does not include the assessment of the safety of the injured party, but procedural issues related to the investigation and trial, e.g. the will to have a folding screen in the courtroom.

Prosecution

Prosecution will assess individual needs of the injured party for trial arrangements. The assessment is based on the information included in the investigations report, which may vary according to the investigator of the case. If the injured party is vulnerable or has special needs, this information will be included in the investigations report. In case victim is a minor or a disabled person, and his/her interrogation has been taped, only the tape may be shown in trial.

The crime in question may also orient the prosecutor to assess individual needs; e.g. experience has shown, that victims of sexual crime or of domestic violence will often want a folding screen in the courtroom in order to not see the defendant during trial. The prosecutor will pass on information needed for trial arrangements.

Health services

Individual assessment of needs is done for each client at the registration of the emergency room. The focus is on symptoms and injuries of the patients, but the situations of occurrences are also charted. If the client tells s/he has been victim of rape, s/he will need special examination at the department of forensic medicine in order for the procedure to be legally valid. Individual assessment will also have an effect on where the client will be asked to wait for his/her appointment. Most people will wait in the common area, but there is a surveillance area for clients who need constant monitoring and a secure area for e.g. convicts. In rare cases, the client may have the wish of not being seen at the hospital (for safety reasons) and a private room will be provided.

If the reason of coming into the emergency room is violence or abuse, a PAKE – form will always be filled out. The form includes detailed questions of the situation and the injuries of the client. This checklist is used to carefully document the injuries of the clients and to secure their protection under the law. The document is the medical evaluation of a situation, which may be

used as evidence in investigation. The document includes an interview, possible x-rays and digital photographs of injuries. A multi-professional team will attend to clients.

At the child health center the screening questionnaire will indicate whether someone in the family is suffering from violence, in which case the individual situation will always be addressed.

Social and crisis emergency services

Individual assessment of needs is done for clients at the crisis emergency service. All employees are educated in the process of psychological traumatization, and templates of advancement are followed if the client is presumed to be in a state of shock when contacting the service for the first time. This will often be the case if the traumatic event has occurred under 24 hours ago; shock will also prevent the mind from taking in new information. In these cases employees will not ask too many questions or give out information, but set up a new meeting in two to three days when the client may be in reactive phase.

At the first encounter, subsequent meetings will be offered to the client whenever the employee feels s/he could benefit from further psychosocial support. Meetings are arranged according to need: approximately 1 to 5 for one client. The brief screening instrument for post-traumatic stress disorder is used to follow-up with clients. Clients are called during one year to screen for signs of post-traumatic stress and meetings are offered when required.

Non-governmental organizations

A common nominator for non-governmental organizations who help crime victims is their customer-oriented approach to work. This is reflected in identifying clients as victims and the assessment of personal characteristics and needs. Services will try to map out the clients situation as closely as possible while respecting the clients' boundaries of what s/he is willing to share. Clients can always stay anonymous and they do not need to share personal information on e.g. where they live or how old they are. This will occasionally hinder the provision of optimal help for the client. Organizations work is based on supporting the client with what s/he needs help with; identifying a certain crime will not be significant.

Individual assessment of needs is important in the client-oriented approach at Victim Support Finland. Needs are sorted out by starting with how the client is doing when calling the service. Asking how the client is will also give more information on what has happened and whether the client is able to deal with the situation or whether s/he is falling apart. The important thing to find out is whether the client is in need of professional help. If a person says s/he is not doing well, helpers will look for signs of self-destructiveness. A support person will be suggested if so needed. The clients' social network and available services are charted. If a client is considered to benefit from help at Victim Support Finland, s/he will be referred to a service location. This is due to the phone service being national and regional offices better at referring clients to local services. Referral is done by asking the client for his/her contact information and forwarding them to local services, which will be in touch with the client.

As a rule, clients are treated the same way, but assessment of vulnerability is also done. As an estimate, 90 percent of the clients being referred to the service are victims of violence (domestic violence or sexual crime). Children, seniors, disable people and foreigners who are not familiar with the culture can also be considered vulnerable groups. The need for professional help is evaluated and offered to anyone who seems to be out of resources to deal with the situation themselves. Offered services are based on the clients needs, not predestined criteria.

At Monika-women alike, all victims need to be assessed individually by experienced employees. Cases vary a great deal (from forced marriage to human trafficking), as do clients needs for support. Many clients do not speak Finnish or may even be illiterate and resources for translation are low. Cases are charted as closely as possible grounded on what clients are willing to share: What has happened? What do you need help with? Have you considered reporting the crime? How long has the violence been going on for? Trauma help and psychosocial help are offered. Information on the client is only gathered for statistical purposes or development of work if the client so agrees.

At mother and child homes a risk assessment form MARAC (Multi Agency Risk Assessment Conference) is filled out for each client. The aim of this is to help victims or potential victims of domestic violence by compiling a safety plan for the client. The test will indicate what sort of follow up a client needs in her/his situation: the higher the score, the more severe the case of

violence. Different cities in Finland demand different scores in order for certain follow-up procedures to take place.

4.3 Referral procedures

Police

The Police have the obligation to guide people as provisioned in the Administrative Procedure Act. Referrals to services will always be made at the first encounter if the victim is in immediate danger. Information on support services for crime victims is given out. When the injured party is interrogated, his/her situation will be more thoroughly examined and targeted referrals will be made. This is done by asking the victim for permission for his/her contact information to be forwarded to services. The most important referral made by the police is to ensure the victim has an attorney and that they know of their right to have a support person. The victims' attorney is the best person to ensure that victims' rights are realized.

Prosecution

Prosecutors have an important role in communicating the special arrangements needed for trial. Prosecutors and the police are in close cooperation regarding issues that need to be included in the investigations report and any follow-up questions for the consideration of charges.

Health services

A client that is suspected to be a victim of a crime will always be given information on where to look for help after immediate injuries are taken care of at the emergency care hospital. The contact information of clients may be forwarded for follow-up services and in some cases other services will pick up clients from the hospital. Friends and family member are also charted as a source of help and support. At the hospital, a multi-professional team is available to treat the client: consultations by different doctors are arranged. If the domestic violence questionnaire at the child health center reveals signs of violence in a family, clients will be referred to "Own Space". This is a concentrated service for all victims of domestic violence for residents of Espoo where all employees are specifically educated to work with victims of domestic violence.

Social and crisis emergency services

Authorities do not yet routinely refer clients to the social and crisis emergency service in Helsinki. The service started in 2010, but has not yet fully established its place among service providers; non-governmental organizations have a stronger role. The service works at training people who work with persons who have faced crises. Referrals are made to other services, although the psychological defense in the phase of shock clients may be for clients to deny needing any help. Most clients at the social and crisis emergency service have no other established service contacts, which will be created together with the emergency service for future support.

Non-governmental organizations

Victim Support Finland names informing clients of available services as one of their main duties. This will include referrals to services, most typically the police: clients will be encouraged to report a crime if they have not yet done so. Referrals will be based on individual needs and may include crisis emergency services and mother and child homes. Child welfare notifications will be made when needed. Referrals are done by forwarding the clients contact information to the relevant service. This way the client will not need to be initiative in contacting a support service himself/herself, which is seen as an important advancement. Victim Support Finland also works in close cooperation with insurance companies, schools, day care centers and housing services.

Many institutions and support services name Victim Support Finland as a place they often refer clients to. However, the service notes that many victims referred to the service are specifically victims of violence crimes. They wish to reach victims on a wider range; especially victims of traffic-related crimes and men are encouraged to contact the service.

As well as Victim Support Finland, Monika-women see referring clients to services as an important part of their job. Women's Line, however, reports that their main goal is in listening and supporting the client, not guiding clients on where to seek help. Information on violence will however be given out and clients will be encouraged to report an offence to the police, see a doctor when needed and to talk to close friends or family.

5 CONCLUSIONS: GOOD PRACTICES, GAPS AND CHALLENGES

This research report has investigated how crime victims are identified, how individual needs are assessed and what sorts of referral practices are used at different institutions and support services in Finland. The institutions and support services included in the study are the police, emergency health service, emergency social service, child health center, prosecution and non-governmental organizations with a focus on women and children. In regard to the Victims Directive, it can be noted that most practices used are compatible with the demands of the Directive.

The position of victims has historically been strong in Finland, but support services started developing rather late in comparison to other countries. In the past decades, the number of service providers has grown and the third sector now has a fundamental role in the provision of support services. Measures to improve the position of the victim include the implementation of the Victims Directive, the ratification of the Istanbul Convention and the ratification of the United Nations Convention on the Rights of Persons with Disabilities. Improvements on the national level include the implementation of a victims surcharge and a national phone service open 24/7 for victims of domestic violence, which is being developed by the National Institute for Health and Welfare as a response to the demands of the Istanbul Convention.

The Commission of Victim Policy assigned by three ministries to improve the position of crime victims stated in their report that the education and training of people working with victims is an essential part of making sure victims rights are fully realized. Another important issue is communication of information to victims. The victim needs to be aware of his/her rights and know where to seek for help and support. The developments require for new practices to be crafted and the sufficiency of resources. New ways of collaboration between authorities and different ministries need to be developed. The report notes that many crimes take place abroad, which also makes the cooperation of authorities with travel agencies, insurance companies and hotels relevant.⁶¹

⁶¹ From legislation to action – proposal to improve the position of crime victims, 2015.

Victim identification varies according to service: the police will always account for injured parties of offences and non-governmental organizations as so targeted will be prepared to deal with crime victims. Health and crisis services however will meet clients with a wider range of situations and needs, which makes the identification of crimes and victims more difficult. For this reason, a questionnaire at the child health center was adopted to use for all expecting mothers. This may allow for cases in which the client would otherwise not initiate conversation on domestic violence issues to be identified.

In regard to individual assessment of needs, the findings of the report show that practices at different institutions and support services in Finland are very client-oriented and draw on the needs of the client. For individual assessment of needs the MARAC risk assessment test and The Brief Screening Instrument for Post-traumatic Stress Disorder are considered to be useful. The National Institute for Health and Welfare reported on experiences of the MARAC risk assessment in 2014. The report notes that the risk assessment form is an effective and comprehensive way of looking at domestic violence. Experiences in Finland have shown that using MARAC has reduced the number of recurrent domestic violence. While experiences so far have been promising, the report reminds that the risk assessment form is still very uncommonly used in Finland and familiarity with the method should be increased.⁶² The PAKE form used at the emergency care hospital ensures that the injuries and situation of victims of abuse are always documented systematically and in detail.

In regard to referral practices, service providers interviewed found the forwarding of victims contact information to relevant services extremely useful. This way the support service will contact the client and it will not be left upon him/her to initiate contact, allowing for the support provided by services to reach clients in need. Actors in the field seem to have pretty good knowledge on services available for targeted referral. However, services are also not used to their full extent: e.g. mainly victims of violence crimes are referred to Victim Support Finland, while they could provide help to victims on a wider range. The social and crisis emergency service of

⁶² Piispa & Lappinen, 2014, 5.

Helsinki as a rather new service is still somewhat unknown and needs to be marketed to other authorities, service providers and crime victims.

Finland has services targeted at vulnerable groups as considered in the Victims Directive. Although specific groups such as women, victims of sexual crime and domestic violence are taken into account, many minority groups with special needs are still to be recognized. To address this issue, Women's Line opened the Diversity service for persons who belong to a minority group (e.g. disabled people, romani-women, sexual minorities, immigrants, prostitutes) or have special needs in seeking help. The interviewed employee believes the need for the Diversity service will increase in the future.

Many institutions and support services interviewed note that they have not needed to make changes in their practices after the implementation of the Victims Directive, because practices already reflect the demands of the Directive. However, challenges lie in making the available services even more known and accessible to clients. Victim Support Finland finds they should be better equipped to provide help in Swedish and the interviewee at Women's Line states that a lot needs to be developed in regard to issues of accessibility (e.g. phone services cannot be used by persons who don't speak the language or have impairments in hearing or speaking). Information on support services is still difficult to find in sign language and plain language.

When dealing with challenges in relation to victim rights, interviewees often mention the inequality of services in different areas of Finland. The Helsinki metropolitan area has many available services, but this is not the case everywhere within the large country with low population density. The Social Welfare Act and The Health Care Act provision that a person who has suffered a traumatic incident should be guided to get psychosocial help, but the crisis emergency service in Helsinki doubts this right can be realized in all areas of the country. A limitation of this study is that the interviewed institutions and support services have all been representative of the Helsinki metropolitan area, and a comprehensive overview of practices used in Finland is not provided.

REFERENCES

Aaltonen, M., & Danielsson, P. (2016). Rikollisuuden rakenne ja kehitys. In *Rikollisuustilanne 2015*. Institute of Criminology and Legal Policy, review 14/2016.

Amnesty International and Women's Line. (2016). Lausuntopyyntö oikeusministeriön työryhmän mietinnöstä "Rikoksen uhrin tiedonsaannin edistäminen". Mietintöjä ja lausuntoja 23/2016.

Council for Mass Media. Guidelines for Journalists and an annex. Accessed 20.10.2016
http://www.jsn.fi/en/guidelines_for_journalists/?search=privacy.

Danielsson, P., & Kääriäinen, J. (2016). Suomalaiset väkivallan ja omaisuusrikosten kohteena 2015 – Kansallisen rikosuhritutkimuksen tuloksia. Institute of Criminology and Legal Policy, review 13/2016, Helsinki.

Danielsson, P., & Salmi, V. (2013). Suomalaisten kokema parisuhdeväkivalta 2012 – Kansallisen rikosuhritutkimuksen tuloksia. National Research Institute of Legal Policy, 34/2013, Helsinki.

Danielsson, P., & Salmi, V. (2015). Suomalaiset väkivallan ja omaisuusrikosten kohteena 2014 – kansallisen rikosuhritutkimuksen tuloksia. Institute of Criminology and Legal Policy, review 3/2015.

Fredman, M. (2013). Rikosasianajajan käsikirja. Helsinki: Talentum.

From legislation to action – proposal to improve the position of crime victims. (2016). (Lainsäädännöstä hyviin käytäntöihin – esitys rikoksen uhrin aseman kehittämiseksi. Uhripoliittisen toimikunnan loppuraportti). Ministry of Justice, Memorandums and Statements, 13/2015.

Honkatukia, P. (2011). Uhrit rikosprosessissa. Haavoittuvuus, palvelut ja kohtelu. (Victims in the criminal process – vulnerability, services and treatment). National Research Institute of Legal Policy, research communications 252. Helsinki.

Implementation of the Victims Directive. (2015). (Uhridirektiivin täytäntöönpano). Ministry of Justice, Memorandums and Statement 30/2015.

Implementation report, 2015. (Euroopan parlamentin ja neuvoston direktiivi 2012/29/EU, annettu 25 päivänä lokakuuta 2012, rikoksen uhrien oikeuksia, tukea ja suojelua koskevista vähimmäisvaatimuksista sekä neuvoston puitepäätöksen 2001/220/YOS korvaamisesta). Ministry of Justice.

Kainulainen, H., & Niemi, J. (forthcoming). Sukupuoli, väkivalta ja oikeus. Tampere: Vastapaino.

Kainulainen, H. & Saarikkomäki, E. (2013). Rikosprosessi väkivaltarikosten uhrien näkökulmasta. Oikeuspoliittisen tutkimuslaitoksen tutkimustiedonantoja, 126, Helsinki.

Kivivuori, J., & Niemi, H. (2016). Rikollisuutta kuvaavan tiedon lähteet. In *Rikollisuustilanne 2015*. Institute of Criminology and Legal Policy, review 14/2016.

Kääriäinen, J., Danielsson, P., & Salmi, V. (2016). Naiset rikosten tekijöinä ja uhreina. In *Rikollisuustilanne 2015*. Institute of Criminology and Legal Policy, review 14/2016.

Lehti, M., Suonpää, K., & Kivivuori, J. (2016). Henkirikokset. In *Rikollisuustilanne 2015*. Institute of Criminology and Legal Policy, review 14/2016.

Mediation in criminal and civil cases 2015. (2016). National Institute for Health and Welfare, statistical report, 12/2016.

National Police Board. Instruction 28.11.2013. Lapsi asianomistajana ja todistajana poliisitoiminnassa ja esitutkinnassa.

Nipuli, S., & Bildjuschkin, K. (2016). Hoitoketju seksuaalisuutta loukkaavaa väkivaltaa kokeneen auttamiseksi. National Institute of Welfare and Health, 5/2016.

Näsi, M., & Tanskanen, M. Nuorisoriikollisuus. (2016). In *Rikollisuustilanne 2015*. Institute of Criminology and Legal Policy, review 14/2016.

Piispa, M., & Lappinen, L. (2014). MARAC – multiprofessional help for victims of violence. National Institute for Health and Welfare, Discussion Paper 21/2014.

Police of Finland. Crimes. Accessed 1.10.2016 <https://www.poliisi.fi>.

Pulkkinen, K. (2016). Personal Statement. Ministry of Justice.

Rikollisuustilanne 2015. Rikollisuustilanne tilastojen ja tutkimusten valossa. (2016). Institute of Criminology and Legal Policy, review 14/2016, Helsinki.

Ronkainen, S. (2008). Kenen ongelma väkivalta on? *Yhteiskuntapolitiikka*, 73, 4, 388–401.

Victim Support Finland. Victim Support Finland website: <http://www.riku.fi/fi/rikosuhripaivystys/>. Referenced 30.12.2016.

Vuorenpää, M. (2014). Asianomistajan oikeudet rikosprosessissa. Helsinki: Talentum.

Wergens, A. (1999). Crime Victims in the European Union. The Crime Victim Compensation and Support Authority: Umeå.

Acts referenced:

Act of Mother and Child Homes and Shelters 31.12.2014/1354

Administrative Procedure Act 434/2003

Code of Judicial Procedure 12.6.2015/732

Criminal Procedure Act 689/1997

Pre-trial Investigation Act 22.7.2011/805

ANNEX: Reporting templates

Interview report



template

Please use one template per interview.

Practice
Institution: Police
Sources and additional material (eg guidelines, checklists, instruction), if available
Fact sheets on victim rights and duties
Interview
Date and place of interview
15.9.2016 Helsinki
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Police
Position: Detective sergeant, sexual crime.
Age:
Gender: F

A. Identification of victims

Procedure for the identification of victims followed by the different authorities

<ul style="list-style-type: none"> ● <i>Actor/s</i> ● <i>Time</i> ● <i>Place</i> ● <i>Detailed description of the procedure/steps</i>
<ul style="list-style-type: none"> - By police officers at first encounter with victim either at police station or on the field. - Criteria for criminal act need to be met, although reports readily filed. - Most important thing is to make sure victim is safe. - Immediate referrals are made to ensure safety (by police or social workers at station).
<ul style="list-style-type: none"> ● <i>How are personal characteristics of the victim and features of the crime identified</i>
<ul style="list-style-type: none"> - In sexual crime, offence reported to investigator of the field. - Features of crime are closely identified. Personal characteristics in the extent to what is brought up by victim himself/herself. - Translation is tried to find as soon as possible (sometimes over phone) if no common language is found.
<ul style="list-style-type: none"> ● <i>How are special groups of victims identified</i>
<p>Not relevant at first encounter, closer identification at interrogation. If client appears to belong to a special group, issue will be noted in report (eg. victim is disabled).</p>
<ul style="list-style-type: none"> ● <i>Children and minors</i>
<p>Identified.</p>
<ul style="list-style-type: none"> ● <i>Involvement of victims in the identification procedure</i>
<p>Sources of information of offence.</p>
<ul style="list-style-type: none"> ● <i>Results and outcome</i>
<p>Identification will lead to either investigation of case (interrogation as the next step) or deciding that case does not meet requirements of criminal activity.</p>
<ul style="list-style-type: none"> ● <i>Effectiveness of procedures – problems and challenges – good practices</i>
<p>Important issue is to concentrate on the offence and safety of victim – this is done efficiently.</p>

B. Individualized assessment of needs

<p><i>Existence of procedure – main steps</i></p> <ul style="list-style-type: none"> ● <i>Actor/s</i> ● <i>Timeliness</i> ● <i>Details on procedure</i> ● <i>Decision making criteria</i>
<p>Individual assessment made at interrogation, second meeting after first encounter/report of offence made. Done by interrogation officers.</p>
<ul style="list-style-type: none"> ● <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
<p>- Handbook "assessment of protection needs of injured party". Instructions on what to do - will always rule out damage to property crime.</p> <p>- Special protection needs considered at least in all sexual offences. The assessment does not include questions of immediate safety- these issues considered separately. Special protection needs include matters of procedural safety (e.g. screens in court).</p> <p>- Social worker available for consultation at police station.</p>
<ul style="list-style-type: none"> ● <i>Consideration of personal characteristics</i>
<p>- Individually made sure injured party understands rights and duties.</p> <p>- Personal characteristics considered through questioning of victim.</p>
<ul style="list-style-type: none"> ● <i>Special groups of victims</i>
<p>Special procedures can be applied if necessary. (Videotaping of interrogations of disabled people). Usually investigations follow the same path irregardless of the injured party. Main determinant is the offence.</p>
<ul style="list-style-type: none"> ● <i>Child victims</i>
<p>Interrogations will be videotaped when interrogating minors.</p>

<ul style="list-style-type: none"> ● <i>Victim involvement</i>
<ul style="list-style-type: none"> ● <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> ● <i>Effectiveness of procedures – problems and challenges – good practices</i>
<p>Overall, investigation follows the same path for all groups. Special needs are met when required.</p>

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> ● <i>Referral procedure – actors – timeliness – details</i>
<ul style="list-style-type: none"> - Cases are referred to the police from e.g. child welfare. - Referrals to support services are made at first encounter and later on by officers (at interrogation). - At first encounter service information is given to victim, at interrogation victim is asked for permission that his/her contact information forwarded to services. (This way the permission is audiotaped)
<ul style="list-style-type: none"> ● <i>Communication of data and needs – privacy issues</i>
<p>Victim is informed on how things proceed in every case. If case not investigated, victim will receive written argument.</p>
<ul style="list-style-type: none"> ● <i>Special protection needs and special protection measures</i>
<ul style="list-style-type: none"> ● <i>Child victims and referrals</i>
<p>Child welfare.</p>
<ul style="list-style-type: none"> ● <i>Victim Involvement in referral procedures</i>
<p>Referral based on victims needs.</p>
<ul style="list-style-type: none"> ● <i>Effectiveness of referral procedures – problems and challenges – good practices</i>

No possibility for follow-up. Forwarding of victims contact information has proven efficient.

- *Other remarks – comments*

Procedures have not changed since implementation of Victims Directive, since procedures already followed victim-sensitive practices. Directive is anyhow good for emphasizing victims role in investigation and helping the flow of victim-specific information to the prosecution and court.

Interview report



template

Please use one template per interview.

Practice
Institution: Police
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
15.9.2016 Helsinki
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Police
Position: Senior detective sergeant, domestic violence.
Age:
Gender: F

B. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Time</i> • <i>Place</i> • <i>Detailed description of the procedure/steps</i>
<ul style="list-style-type: none"> - Done at police station or on the field (most part in domestic violence cases) - Features of crime closely mapped: what is the offence, circumstance, place, people involved, witnesses. - Identifying things that will help in finding out what happened. - Safety of the injured party essential.
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i>
<ul style="list-style-type: none"> - Features of crime closely identified. - Also sensitive to personal characteristics, not systematically assessed at first encounter. - Immediate measures taken when needed, e.g. translation.
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i>
Only immediate needs addressed.
<ul style="list-style-type: none"> • <i>Children and minors</i>
Identified if children are involved in domestic violence/have a unsafe living environment.
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i>
<ul style="list-style-type: none"> • <i>Results and outcome</i>
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
<ul style="list-style-type: none"> - Instructions for injured party given at first encounter. (e.g. on what to do if offender returns/offence recurs) - Sensitivity towards clients important for investigators working with domestic violence crime.

B. Individualized assessment of needs

Existence of procedure – main steps

- *Actor/s*
- *Timeliness*
- *Details on procedure*
- *Decision making criteria*

- Immediate issues individually addressed at first encounter: Can you stay at home?
- Notes made for future assessment (e.g. on home environment).
- Closer assessment of situation done at interrogation. What does the injured party wish to happen: stay in (violent) relationship, get help for ending relationship?
- Many clients will need support from other services other than police, which is mapped.

- *Identification of special protection needs - identification of special protection measures - particular vulnerability*

At interrogation.

- *Consideration of personal characteristics*

- At first encounter personal characteristics considered (if injured party scared, will help with getting him/her support).
- Clients have very different backgrounds, which are closely assessed. Family, history of abuse, how victim sees future. Severity of violence.
- Customer-oriented approach. Type of crime does not determine certain services.
- Restraining orders assessed based on individual needs.

- *Special groups of victims*

- Physical protection (Mother and Child home)
- E.g. Disabled people. Does injured party understand/express himself?
- Seniors with deteriorating memory.
- Cooperation with prosecution. Already during pre-trial investigation. E.g. interrogation videotaped, if is assumed for example that victim may not be able to repeat testimony in court. Cases are rare.

<ul style="list-style-type: none"> ● <i>Child victims</i>
<ul style="list-style-type: none"> - Child exposure to domestic violence is assessed. - If referral to police comes from child welfare, child protection measures are already taken. Close cooperation with child welfare. - Interrogation officers specially trained to interrogate children. Video recording of interrogation. Special interrogation room for children. National frame of questions, gentle approach.
<ul style="list-style-type: none"> ● <i>Victim involvement</i>
Based on victim needs.
<ul style="list-style-type: none"> ● <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> ● <i>Effectiveness of procedures – problems and challenges – good practices</i>
<p>Analysis of situation at interrogation: family situation, future. Aims to help not only victim, but the whole family.</p> <p>Guaranteeing physical safety of victim in severe cases of violence is effectively done.</p>

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> ● <i>Referral procedure – actors – timeliness – details</i>
<ul style="list-style-type: none"> - Immediate referral when necessary (eg. Mother and Child home) - Referrals done at interrogation based on victims needs. - Important to make sure injured party has a lawyer and/or support person. (State funded in domestic violence cases) - Jussi-work work for offenders and victims of domestic violence. - Substance user support services
<ul style="list-style-type: none"> ● <i>Communication of data and needs – privacy issues</i>
<ul style="list-style-type: none"> ● <i>Special protection needs and special protection measures</i>
Support persons

- *Child victims and referrals*

- *Victim Involvement in referral procedures*

What victim needs help with.

- *Effectiveness of referral procedures – problems and challenges – good practices*

Victim contact information forwarded to services has been found effective. Done even with health officials.

- *Other remarks – comments*

- Different service providers meet every year to have good contacts and know what sort of services are available. This helps in telling victims about different services. Multi-professional teams.

- The only new thing implemented after the Victims Directive was a form asking whether injured party wants a folding screen in court. Helsinki department expected to have more changes, which goes to show that practices have been directive-compatible In Finland even before the directive, although this is not the case everywhere in Finland. Inequality in different parts of the country.



Interview report template

Please use one template per interview.

Practice
Institution: Prosecutors' office
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
6.10.2016
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Prosecutors' office
Position: District prosecutor
Age:
Gender: M

A. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • Actor/s • Time • Place • Detailed description of the procedure/steps
<ul style="list-style-type: none"> - Identification done previous to prosecutor contact by other authorities (police, customs). - Information on the victim based on investigations report.
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i>
Identified if stated in investigations report.
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i>
Identified if stated in investigations report.
<ul style="list-style-type: none"> • <i>Children and minors</i>
Age will appear in investigations report.
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i>
Victims not involved in identification. In some cases victim may be in contact with prosecutor, in which case characteristics of victim may be identified outside investigations report.
<ul style="list-style-type: none"> • <i>Results and outcome</i>
Identification may have an effect on the ruling of prosecutor: Which offence to prosecute or deciding to not to prosecute.
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
Identification reliable based on investigations report. May ask authorities for further investigation if needed. The system works, because investigators are usually thorough in including all relevant information.

B. Individualized assessment of needs

<p><i>Existence of procedure – main steps</i></p> <ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Timeliness</i> • <i>Details on procedure</i> • <i>Decision making criteria</i>
<p>Individualized assessment done based on investigations report.</p>
<ul style="list-style-type: none"> • <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
<p>- Assessment of special protection will be forwarded from police. Forward information for court hearing.</p> <p>- Experience has shown that e.g. victims of sexual crimes want a folding screen in the courtroom. Will be communicated forward that screens need to be available for trial.</p>
<ul style="list-style-type: none"> • <i>Consideration of personal characteristics</i>
<p>Characteristics of victim or type of crime may be considered.</p>
<ul style="list-style-type: none"> • <i>Special groups of victims</i>
<p>- Vulnerable groups are children and minors, women victims of sexual crime or violence in close relationships.</p> <p>- Victims of vulnerable groups may only be present for the time s/he is heard, not through the whole court process.</p> <p>- Special room for fearing witnesses – will have visual and audio contact to courtroom, but not be seen by trial attendants.</p> <p>- Also separate areas to wait for trial.</p>
<ul style="list-style-type: none"> • <i>Child victims</i>
<p>- Children may not be heard at all (no need to be present in trial).</p> <p>- Videotape of interrogation may be used as witness in court.</p>

- Custodian present.
• <i>Victim involvement</i>
Victim not involved in assessment, legal advisor may communicate needs to prosecutor.
• <i>Update of individual assessment procedures</i>
If part of vulnerable group, measures will be taken to provide sermit in the court room or special hearing room.
• <i>Effectiveness of procedures – problems and challenges – good practices</i>
- Recognized pretty well based on investigations report. - Special needs are brought up by legal advisors throughout the process. Identified by the time of trial. - Special needs may lead to a closed trial.

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

• <i>Referral procedure – actors – timeliness – details</i>
- Prosecutor is in charge of communicating special needs information for the trial. - No referral procedures to other services, unless victim is in contact with prosecutor. Will be advised on rights and duties. - Close cooperation with police. Police know what sort of issues to include in investigations report.
• <i>Communication of data and needs – privacy issues</i>
• <i>Special protection needs and special protection measures</i>
• <i>Child victims and referrals</i>
• <i>Victim Involvement in referral procedures</i>
• <i>Effectiveness of referral procedures – problems and challenges – good practices</i>

- *Other remarks – comments*

Position of victim strong, no changes have been made to procedures after the implementation of Victims Directive (procedures already complied with the demands).



Interview report template

Please use one template per interview.

Practice
Institution: Emergency Health Care
Sources and additional material (eg guidelines, checklists, instruction), if available
PAKE-form.
Interview
Date and place of interview
10.10.2016
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Emergency Health Care
Position: Nurse
Age:
Gender: F

B. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • Actor/s

<ul style="list-style-type: none"> • <i>Time</i> • <i>Place</i> • <i>Detailed description of the procedure/steps</i>
<p>- All patients go through registration, where identification of needs is done. By senior nurse and doctor.</p> <p>- Patients themselves tell about possible crime, which has caused him/her to come to the emergency room.</p> <p>- Sometimes patients are brought in by the police, in which case identification has already been done.</p>
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i>
<p>- Patients symptoms or injuries will specify the help needed.</p> <p>- Assessment of urgency.</p> <p>- Priority on physical condition or mental condition.</p>
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i>
<ul style="list-style-type: none"> • <i>Children and minors</i>
<p>Emergency room for over 16 year-olds. 16-18 are considered minors.</p>
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i>
<p>Sources of information.</p>
<ul style="list-style-type: none"> • <i>Results and outcome</i>
<p>A treatment plan is chosen: health-care center, minor trauma, internal medicine or psychiatric.</p>
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
<p>Crime victims may go unnoticed, if they do not explicitly talk about their situation. Cannot say how many.</p>

B. Individualized assessment of needs

<p><i>Existence of procedure – main steps</i></p> <ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Timeliness</i> • <i>Details on procedure</i> • <i>Decision making criteria</i>
<ul style="list-style-type: none"> - Individual assessment of needs done for each patient at registration - Based on immediate symptoms, injuries. Primary injury will determine which treatment path to follow. - Mental status assessed. (Crisis) - PAKE-form is filled out for victims of abuse during treatment. This will closely map what injuries have been suffered. Includes x-rays, photos, interview.
<ul style="list-style-type: none"> • <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
<ul style="list-style-type: none"> - Particular vulnerable groups seniors, who may not know how to communicate needs. - Same goes for foreign women. Often do not bring forward information of domestic violence. - Urgency is evaluated: severity of injury, pain, authority involvement. - Are other people present, client is taken aside if reason to believe that abuser is with her/him. - Different areas to wait for appointment in common area, surveillance area or secure area (eg. Convicts). - Consultation with doctors within hospital. - Patient might need to meet with psychiatric nurse, crisis helpers. Crisis wards are open for patients who cannot go home.
<ul style="list-style-type: none"> • <i>Consideration of personal characteristics</i>
<p>Mental status assessment.</p>
<ul style="list-style-type: none"> • <i>Special groups of victims</i>
<p>Translation available if no common language is found. Over the phone or at place.</p>

Special waiting areas. Surveillance area for patients who need continuous surveillance.
<ul style="list-style-type: none"> • <i>Child victims</i>
Parents are contacted if minor agrees. A child welfare notification is made.
<ul style="list-style-type: none"> • <i>Victim involvement</i>
<ul style="list-style-type: none"> • <i>Update of individual assessment procedures</i>
The police might stay at emergency room, if special protection needs depicted.
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> • <i>Referral procedure – actors – timeliness – details</i>
Close collaboration with other services. Victims are referred during the treatment at the emergency room. Victim Support Finland, Mother and Child Homes - Crisis home for seniors.
<ul style="list-style-type: none"> • <i>Communication of data and needs – privacy issues</i>
Will forward contact information of victims if they agree, to other services.
<ul style="list-style-type: none"> • <i>Special protection needs and special protection measures</i>
Will call other services to pick up victim if needed (and agreed by client) if eg. in need of mother and child shelter
<ul style="list-style-type: none"> • <i>Child victims and referrals</i>
Parents. Child welfare. Child has right to deny calling parents, but the police have to be noted by law.
<ul style="list-style-type: none"> • <i>Victim Involvement in referral procedures</i>

Referral based on needs.
<ul style="list-style-type: none"> • <i>Effectiveness of referral procedures – problems and challenges – good practices</i>
Collaboration works well with services. Training for new staff about available services.
<ul style="list-style-type: none"> • <i>Other remarks – comments</i>



Interview report template

Please use one template per interview.

Practice
Institution: Child health center/City of Espoo
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
28.10.2016
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Child health center/City of Espoo
Position: Nurse
Age:
Gender: F

C. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Time</i> • <i>Place</i> • <i>Detailed description of the procedure/steps</i>
<p>- A screening questionnaire of domestic violence is filled out for each expecting mother during pregnancy (by time baby is 4 weeks old).</p> <p>- Done during an appointment when mother is alone. (Never done in presence of the spouse etc. if possibly committer of violence)</p>
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i>
If something comes up in questionnaire, issues will be addressed.
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i>
Screening is done for every woman, to reach victims of violence
<ul style="list-style-type: none"> • <i>Children and minors</i>
Role of children is taken into account in questionnaire – includes questions on violence towards children.
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i>
Fundamental – will work with the information given by clients.
<ul style="list-style-type: none"> • <i>Results and outcome</i>
Referral to “Own Space”-service if violence comes up. Child welfare, police are contacted if needed.
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
Questionnaire is a fairly new procedure (1-2 yrs.). It has proved to be good - reach more victims than before. Mostly ones who will talk about it.

B. Individualized assessment of needs

<p><i>Existence of procedure – main steps</i></p> <ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Timeliness</i> • <i>Details on procedure</i> • <i>Decision making criteria</i>
<p>- Questions are detailed: has violence occurred in previous relationships, is something affecting the health of client at the moment.</p> <p>- Individual needs always assessed if questionnaire indicates signs of violence. Is client in need of immediate help?</p>
<ul style="list-style-type: none"> • <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
<p>Safety plan is made if client is in danger. Immediate referral to Own space.</p>
<ul style="list-style-type: none"> • <i>Consideration of personal characteristics</i>
<p>Personal characteristics always considered.</p>
<ul style="list-style-type: none"> • <i>Special groups of victims</i>
<p>Foreigners have proven to need special attention – may not be familiar with the language, culture in raising children. Will</p>
<ul style="list-style-type: none"> • <i>Child victims</i>
<p>Questionnaire asks about disciplinary violence. This may not be taken seriously among parents.</p>
<ul style="list-style-type: none"> • <i>Victim involvement</i>
<p>Fundamental.</p>
<ul style="list-style-type: none"> • <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> • <i>Referral procedure – actors – timeliness – details</i>
<p>- Referral made to Own space if questionnaire indicates signs of violence. By either giving client contact information or calling the service.</p> <p>- Have good, clear instructions on procedures, but need to be individually taken into consideration.</p>
<ul style="list-style-type: none"> • <i>Communication of data and needs – privacy issues</i>
<ul style="list-style-type: none"> • <i>Special protection needs and special protection measures</i>
<p>Immediate referral.</p>
<ul style="list-style-type: none"> • <i>Child victims and referrals</i>
<p>Child welfare is contacted when necessary. Child welfare notifications made.</p>
<ul style="list-style-type: none"> • <i>Victim Involvement in referral procedures</i>
<p>Will need to be active in being in contact with support services if not contacted by nurses.</p>
<ul style="list-style-type: none"> • <i>Effectiveness of referral procedures – problems and challenges – good practices</i>
<p>- Follow-up of clients situation is done at subsequent appointments.</p> <p>- Own space is a very good service – easy to refer to and have competence in working with victims of violence.</p>
<ul style="list-style-type: none"> • <i>Other remarks – comments</i>



Interview report template

Please use one template per interview.

Practice
Institution: Social and crisis emergency services. Communal service in case of acute trauma and crisis.
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
11.10.2016
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Social and crisis emergency services
Position: Crisis worker
Age:
Gender: F

D. Identification of victims

Procedure for the identification of victims followed by the different authorities

- *Actor/s*
- *Time*
- *Place*
- *Detailed description of the procedure/steps*

- Clients are in contact over the phone or at location.
- Clients need to meet the criteria of living or visiting Helsinki and have faced a traumatic crisis (In 80 percent of cases, clients have lost someone). Criteria is designed to meet the demands of legislation.
- Referred to the service by police, emergency response center. Social office in domestic violence cases. Health emergency services. Identification done by authorities in these cases (their identifications have turned out to be correct (service is aimed at referred clients).
- If client takes initiative himself/herself, s/he will talk about what happened. Identification is rather easy. Client has already crossed a line by calling the service, and is willing to talk openly. S/he will say if a crime is involved. Will be referred elsewhere if clientele criteria is not met.

- *How are personal characteristics of the victim and features of the crime identified*

- First thing is to find out what client needs help with. Why client is calling, what the focus is. When the incident has occurred, has s/he received help, has s/he been in contact with the authorities. How is s/he doing.
- Focus on clients experience, having all the facts about the situation is not the most important thing.
- Keeping in mind the stages of trauma processing. If incident has occurred in the last 24 hours, helpers will listen but not probe questions. Shock protects the psyche from information that client is not ready to take in, so rather concentrate on what the client is saying rather than ask direct questions. Get back to the client in 2-3 days. Reaction phase in which it is possible to normalize the situation and help with whats to come.

- *How are special groups of victims identified*

- *Children and minors*

Independent clients or with e.g. family.

- *Involvement of victims in the identification procedure*

May identify himself/herself. Source.

- *Results and outcome*

- That trauma is caused by a crime will not change how client is treated. Police will deal with crime and service will help with psychic issues.

- Will suggest new contact if helpers feels client would benefit. Meeting with client or call.

Situation of client will determine where to meet (whether it is safe to meet at clients house or at the office)

- Clients have 1-5 contacts with service. Follow-up for the following year when needed.

- *Effectiveness of procedures – problems and challenges – good practices*

Legislation demands that a person who has faced a traumatic situation needs to be offered psychosocial help. Sosiaalihuoltolaki, terveydenhuoltolaki ja päivystysasetus. Differences throughout the country, service not available everywhere. Is left up to organizations.

Is up to individual police whether referral is done.

B. Individualized assessment of needs

Existence of procedure – main steps

- *Actor/s*
- *Timeliness*
- *Details on procedure*
- *Decision making criteria*

- Individual assessment of situation done for each client at first contact. Subsequent meetings are arranged according to need, if the helper feels s/he might find psychosocial support useful. Meet at office if not safe to meet at home. Usually when a meeting is offered, clients will agree to take it.

- The Brief screening instrument for post-traumatic stress disorder is used for clients who stay in follow-up. Based on scientific ground. The clients are called to screen for signs of

symptoms of post-traumatic stress disorder.
<ul style="list-style-type: none"> • <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
People with no social network
<ul style="list-style-type: none"> • <i>Consideration of personal characteristics</i>
<ul style="list-style-type: none"> • <i>Special groups of victims</i>
<ul style="list-style-type: none"> • <i>Child victims</i>
<ul style="list-style-type: none"> - Usually have networks already. - Encounter will be applied to be suitable for a certain age. Trained to gain trust. - Support in parenting issues, school. Prevention
<ul style="list-style-type: none"> • <i>Victim involvement</i>
<ul style="list-style-type: none"> • <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
Debriefing form is only used in trauma affecting many people.

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> • <i>Referral procedure – actors – timeliness – details</i>
<ul style="list-style-type: none"> - Report of offence, police. - Important part of work is referring to other services. In cases when service is not the right one to help a client (distress, divorce).
<ul style="list-style-type: none"> • <i>Communication of data and needs – privacy issues</i>
Official record.

<ul style="list-style-type: none"> • <i>Special protection needs and special protection measures</i>
<p>For people in need of psychosocial help and who do not seek help anywhere else, service will have follow-up for one year.</p>
<ul style="list-style-type: none"> • <i>Child victims and referrals</i>
<ul style="list-style-type: none"> • <i>Victim Involvement in referral procedures</i>
<ul style="list-style-type: none"> • <i>Effectiveness of referral procedures – problems and challenges – good practices</i>
<p>Group meetings with other service providers.</p>
<ul style="list-style-type: none"> • <i>Other remarks – comments</i>
<p>People should be referred to the service more ny police etc.</p>

Interview report



template

Please use one template per interview.

Practice
Institution: Victim Support Finland (Rikosuhripäivystys)
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
6.9.2016 Helsinki
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Victim Support Finland
Position: Development leader
Age:
Gender: F

C. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • <i>Actor/s.</i> • <i>Time</i> • <i>Place</i> • <i>Detailed description of the procedure/steps</i>
<p>- Identification at first encounter with client by trained volunteers over phone service, professionals at service locations.</p> <p>- Identification done based on clients story: "what is true for the client, is true for the helper."</p> <p>- Identification harder if online. Victims of domestic violence or human trafficking might not know they are victims – help in identification.</p>
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i>
<p>Conversation with client. Asking questions on what happened, how the client is doing. E.g. "Do you have the energy to go to work?" Will also give information whether client is employed.</p>
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i>
<p>As above, through conversation. Questions on how the client is putting up with what has happened, trying to find out how affected s/he is, whether s/he has the resources to help herself/himself.</p>
<ul style="list-style-type: none"> • <i>Children and minors</i>
<p>- Most minors contact over the internet, most difficult to identify as victims.</p> <p>- Child welfare notification must be made if minor.</p>
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i>
<p>Sources of personal information.</p>
<ul style="list-style-type: none"> • <i>Results and outcome</i>
<p>Either guidance and service referral over the phone or follow-up meetings offered at service locations.</p>

- *Effectiveness of procedures – problems and challenges – good practices*

Good, vulnerable groups (which makes for most of clients) are well recognized. Should have more readiness to provide service in Swedish and for victims of homicide.

B. Individualized assessment of needs

Existence of procedure – main steps

- *Actor/s*
- *Timeliness*
- *Details on procedure*
- *Decision making criteria*

- Victims needs always individually assessed at first encounter.
- Through conversation, list of questions to ask.
- Experience of volunteers and employees.

- *Identification of special protection needs - identification of special protection measures - particular vulnerability*

Do not offer special protection, will identify particular vulnerability if possible.

- *Consideration of personal characteristics*

- Will try to find out if client is getting help from somewhere, is client is self-destructive. Family and work issues.

- *Special groups of victims*

- Most victims are vulnerable – domestic violence victims, victims of sexual crime
- Foreigners
- Seniors, disabled people.

- *Child victims*

- A vulnerable group

- *Victim involvement*

- *Update of individual assessment procedures*

- *Effectiveness of procedures – problems and challenges – good practices*

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

- *Referral procedure – actors – timeliness – details*

- People referred to the service are mainly victims of violence crime. Would prefer to have victims of other sorts of crime as well.
- Only around 20% customers are men!
- Volunteers and professionals will refer to support services. More difficult over the phone, because victim may be calling from anywhere in Finland. When helpers have personal meetings with victims, referral is better targeted.
- Referrals to police: encourage reporting the offence, if not yet done, legal offices, emergency crisis services, Mother and Child Homes. Depends on area of residence.

- *Communication of data and needs – privacy issues*

- No register until more than three contacts from the same client.
- Can stay anonymous - Register removed after no longer a client.

- *Special protection needs and special protection measures*

- *Child victims and referrals*

- *Victim Involvement in referral procedures*

- *Effectiveness of referral procedures – problems and challenges – good practices*

- *Other remarks – comments*

Challenge is to encourage men to seek help.



Interview report template

Please use one template per interview.

Practice
Institution: Women's Line (Naisten Linja)
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
21.9.2016 Helsinki
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Women's Line
Position: Developer
Age:
Gender: F

E. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • Actor/s

<ul style="list-style-type: none"> • <i>Time</i> • <i>Place</i> • <i>Detailed description of the procedure/steps</i>
<p>- National phone services and online questions answered by trained volunteers or professionals. Use form of questions to help conversation with clients and map out situation as closely as possible.</p> <p>- Service is rarely called in acute situation, and many times will go over situation with client to help them identify their own situation as potentially criminal.</p>
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i>
<p>- Form includes information such as: age. Statistical purpose, if shared by client.</p> <p>- Situation mapped out as closely as possible, on terms of clients. What has the violence been like, how long has it gone on for? When did it last occur? Who have you told about it, where have you gotten help? What do I need to do?</p> <p>- Focus on support, empowerment.</p>
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i>
<p>- Diversity Line for minority group women, always answered by a professional. Disabled people, people with long term illnesses, romanis, women in prison, sexual minority women. -</p> <p>- Work with what people tell them, ask delicately.</p>
<ul style="list-style-type: none"> • <i>Children and minors</i>
<p>If client sounds young, s/he might be asked about age, depending on situation. Will help with child welfare notification, support in calling Service for Victims (Riku).</p>
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i>
<p>Victims can choose to call either the phone service aimed at all women or the Diversity-line aimed at minority group women. Callers of the diversity-line are not asked about personal characteristics other than what they share. Has been agreed that the client is the one to say: “Does it become apparent during phone call that person is part of minority group?”</p>
<ul style="list-style-type: none"> • <i>Results and outcome</i>

Everyone treated based on needs. If certain minorities identified, group meetings may be proposed. (Groups for physically challenged people)
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
Most important for person to be heard, not identification of certain criteria. If clearly not a victim of violence, person will be referred elsewhere. Service acts as the victims mental lawyer.

B. Individualized assessment of needs

<p><i>Existence of procedure – main steps</i></p> <ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Timeliness</i> • <i>Details on procedure</i> • <i>Decision making criteria</i>
Every person is individually assessed to find out what s/he needs help with. Through conversation, working with what clients talks about.
<ul style="list-style-type: none"> • <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
No special protection. The service is especially designed for vulnerable groups, so people will be treated as needing special attention.
<ul style="list-style-type: none"> • <i>Consideration of personal characteristics</i>
Accessibility of service, e.g. website.
<ul style="list-style-type: none"> • <i>Special groups of victims</i>
<p>- Special needs always assessed and treated delicately. Group activities for disabled people and people with long-term illnesses, transgender people.</p> <p>- Working online, so people with physical disabilities can participate (eg. Problems with getting around, hearing-impaired people). Also makes possibility for national coverage.</p>

Equality no matter where you live. - Support persons available.
<ul style="list-style-type: none"> • <i>Child victims</i>
As with identification.
<ul style="list-style-type: none"> • <i>Victim involvement</i>
Client-oriented.
<ul style="list-style-type: none"> • <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
Need more places where a victim could just drop by, easy access. No appointment etc.

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> • <i>Referral procedure – actors – timeliness – details</i>
Service mainly for listening and identifying violence, not guidance to other services. Will be told of services if needed
<ul style="list-style-type: none"> • <i>Communication of data and needs – privacy issues</i>
Anonymous. Information gathered of callers for statistical purposes.
<ul style="list-style-type: none"> • <i>Special protection needs and special protection measures</i>
Safety plan
<ul style="list-style-type: none"> • <i>Child victims and referrals</i>
<ul style="list-style-type: none"> • <i>Victim Involvement in referral procedures</i>
According to victim needs.
<ul style="list-style-type: none"> • <i>Effectiveness of referral procedures – problems and challenges – good practices</i>

- *Other remarks – comments*

- Very good practice for victims of sexual abuse, made by National Institute of Health and Welfare.
- Feels that citizens should know about the victims directive more – should have campaign of informing citizens of VD and the related rights. Know your rights!
- Vammaisfoorumi invalidiliitto (NGO's for disabled people) should have been included in commenting the proposals.
- Questions of accessibility important. Flyers and forms are not accessible for everyone. Ministry of Justice has a good leaflet "what to do if you become victim of a crime", but not easy to find in plain language or sign language. Right to translation does not mention sign language. Physical accessibility, accessibility of information, accessibility of attitudes.
- Sensitivity in meeting people.

Interview report



template

Please use one template per interview.

Practice
Institution: Monika – Multicultural women’s association. (Monika-naiset liitto)
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
8.9.2016 Helsinki
Interviewer
Jenni Savonen
Data on the interviewee
Institution: Monika – Multicultural women’s association
Position: Director
Age:
Gender: F

A. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>	
<ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Time</i> • <i>Place</i> • <i>Detailed description of the procedure/steps</i> 	
<ul style="list-style-type: none"> - Client contact through phone or face-to-face visit. - Identification at first encounter, no specific steps to be followed. - Client-oriented approach, based on voluntary contact. - Support point-of-view, not crime point-of-view. 	
<ul style="list-style-type: none"> • <i>How are personal characteristics of the victim and features of the crime identified</i> 	
Conversation on what has happened, what client needs help with. Client will talk about what she feels comfortable talking about without pressuring.	
<ul style="list-style-type: none"> • <i>How are special groups of victims identified</i> 	
Through mapping out what has happened and the situation of the woman. No specific steps to be followed.	
<ul style="list-style-type: none"> • <i>Children and minors</i> 	
Minor women as clients, treat them the same as adults.	
<ul style="list-style-type: none"> • <i>Involvement of victims in the identification procedure</i> 	
Sources of personal information.	
<ul style="list-style-type: none"> • <i>Results and outcome</i> 	
Narrowing down what client needs help with.	
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i> 	
Client-centered approach – help according to clients needs.	

B. Individualized assessment of needs

<p><i>Existence of procedure – main steps</i></p> <ul style="list-style-type: none"> ● <i>Actor/s</i> ● <i>Timeliness</i> ● <i>Details on procedure</i> ● <i>Decision making criteria</i>
<p>Service for foreign women experiencing abuse, which effectively makes for most clients being part of vulnerable groups. This is a starting point; no special procedure is followed.</p>
<ul style="list-style-type: none"> ● <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
<p>Through mapping out what has happened, the clients situation. As above, based on what client voluntarily talks about.</p>
<ul style="list-style-type: none"> ● <i>Consideration of personal characteristics</i>
<p>Personal characteristics taken into account to know what client needs help with, what sort of services she will benefit from.</p>
<ul style="list-style-type: none"> ● <i>Special groups of victims</i>
<p>As above.</p>
<ul style="list-style-type: none"> ● <i>Child victims</i>
<p>Child welfare notification done when needed.</p>
<ul style="list-style-type: none"> ● <i>Victim involvement</i>
<p>Central – all work is based on the clients own needs.</p>
<ul style="list-style-type: none"> ● <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> ● <i>Effectiveness of procedures – problems and challenges – good practices</i>
<p>Clients in vulnerable position or in need of special protection needs might go unnoticed if not brought up by client in conversation.</p>

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> • <i>Referral procedure – actors – timeliness – details</i>
Help clients find services to contact. Giving information on her rights as a victim of violence.
<ul style="list-style-type: none"> • <i>Communication of data and needs – privacy issues</i>
Client can stay anonymous. No data is collected, only statistical information (age, type of crime) for statistical reasons.
<ul style="list-style-type: none"> • <i>Special protection needs and special protection measures</i>
Will tell client if she seems to be in need of special protection, but not much can be done.
<ul style="list-style-type: none"> • <i>Child victims and referrals</i>
Child welfare.
<ul style="list-style-type: none"> • <i>Victim Involvement in referral procedures</i>
Victim can sign form to give employees the right to be in contact with other services. If not, using other services is up to client.
<ul style="list-style-type: none"> • <i>Effectiveness of referral procedures – problems and challenges – good practices</i>
Cooperation with authorities works well.
<ul style="list-style-type: none"> • <i>Other remarks – comments</i>



Interview report template

Please use one template per interview.

Practice
Institution: The Federation of Mother and Child Homes and Shelters. (Ensi- ja turvakotien liitto)
Sources and additional material (eg guidelines, checklists, instruction), if available
Interview
Date and place of interview
28.9.2016
Interviewer
Jenni Savonen
Data on the interviewee
Institution: The Federation of Mother and Child Homes and Shelters
Position: Developer
Age:
Gender: F

F. Identification of victims

<i>Procedure for the identification of victims followed by the different authorities</i>
<ul style="list-style-type: none"> • Actor/s

- *Time*
- *Place*
- *Detailed description of the procedure/steps*

- Clients are referred to the service by social service (33%), police (5%), health service (4%), personal contact (37%).
- The legislation demands (that mother and child home-service needs to be provided for those in need. People in need are considered as people who suffer from (or the threat of) domestic violence (or a reason comparable to).
- The criteria is assessed at the home by interviewing the client.
- The act is coordinated by the institute of health and welfare, which provides the quality standards for the service of mother and child homes.
- Homes meant for acute help in crisis.

- *How are personal characteristics of the victim and features of the crime identified*

- The criteria of domestic violence needs to be met.
- A risk assessment (MARAC) is filled out for each client at a mother and child home.

- *How are special groups of victims identified*

- Foreigners and immigrants are a significant special group that have special needs. Need to be culture sensitive. Special measures should be developed for romani-women, whose needs often go unnoticed.
- Disabled people.
- Same-sex relationships. Sensitivity towards special needs.

- *Children and minors*

- Children have a significant role at the homes. Quality standards are to be met in working with children. Child welfare notification needs to be made.
- Working with children is important; some homes have special employees to work with children. Other services also have special people to work with children.

- *Involvement of victims in the identification procedure*

- *Results and outcome*

Placing at mother and child home if criteria is met. Otherwise referred to other services.
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>
<ul style="list-style-type: none"> - Employees at homes need to be trained and educated in sensitivity issues and meeting special groups in order for - Institute of health and welfare has a mandate to coordinate and educate the staff. Quality standards. - Open services for victims of violence. Regional differences are vast. - Homes are often full.

B. Individualized assessment of needs

<i>Existence of procedure – main steps</i>
<ul style="list-style-type: none"> • <i>Actor/s</i> • <i>Timeliness</i> • <i>Details on procedure</i> • <i>Decision making criteria</i>
- Individual needs assessed at homes.
<ul style="list-style-type: none"> • <i>Identification of special protection needs - identification of special protection measures - particular vulnerability</i>
<ul style="list-style-type: none"> - Services for different parties of domestic violence. - MARAC risk assessment is done for each client at mother and child home – measures severity of violence. Does not capture the experience of the client. - Multi-professional team meets to discuss situation of client based on MARAC assessment.
<ul style="list-style-type: none"> • <i>Consideration of personal characteristics</i>
<ul style="list-style-type: none"> • <i>Special groups of victims</i>

<ul style="list-style-type: none"> • <i>Child victims</i>
<ul style="list-style-type: none"> • <i>Victim involvement</i>
<ul style="list-style-type: none"> • <i>Update of individual assessment procedures</i>
<ul style="list-style-type: none"> • <i>Effectiveness of procedures – problems and challenges – good practices</i>

C. Procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

<ul style="list-style-type: none"> • <i>Referral procedure – actors – timeliness – details</i>
<ul style="list-style-type: none"> - Child welfare - Individually for each client. - Treatment plan, - Network meetings.
<ul style="list-style-type: none"> • <i>Communication of data and needs – privacy issues</i>
<p>Sosiaalihuollon palveluita kun tarvitaan. Rekisteri löytyy. Asiaksasiakirjat. Avopalveluista asiakirjoja ja tilastoja. Raportointi.</p>
<ul style="list-style-type: none"> • <i>Special protection needs and special protection measures</i>
<ul style="list-style-type: none"> • <i>Child victims and referrals</i>
<ul style="list-style-type: none"> • <i>Victim Involvement in referral procedures</i>
<ul style="list-style-type: none"> • <i>Effectiveness of referral procedures – problems and challenges – good practices</i>
<ul style="list-style-type: none"> • <i>Other remarks – comments</i>
<ul style="list-style-type: none"> - Istanbul Convention very important. - Not enough homes to meet demand, especially in the Helsinki metropolitan area.