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# 11. Sexual Violence in Finland: Legislation, Prevalence, Public Discussion, and Services

## Introduction

Sexual violence creates serious risks to an individual's psychological, physical, social, and sexual health. However, sexual violence is still largely a hidden phenomenon. The majority of victims of sexual violence do not report their experience to the police and do not seek professional help. Some victims keep silent, and tell no one about their attack.

The purpose of this chapter is to describe how attention in Finland has been directed to violations of the right of sexual autonomy. My aim is to review discussions held in Finland, amendments in the legislation, and the prevalence of sexual violence. Work done in Finland to acknowledge and prevent sexual violence is also described. I discuss opportunities for victims and offenders to get help at the end of the chapter.

Most commonly, the victim of sexual violence is a woman and the offender a man. Sexual violence is often seen as a part of structural violence against women that cannot be separated from other forms of male to female violence. However, the emphasis here is on those authorities and organisations that concentrate particularly on recognising, preventing, and treating sexual violence. Many projects dealing with violence against women, domestic violence, in particular, will not be discussed, even though physical violence in intimate relationships is closely linked to sexual violence.

In this chapter I concentrate on work done with adults who have experienced sexual violence at some point in their life. I do not discuss the treatment of children nor research about them. Accounts of child sexual abuse and treatment of abused children in Finland has been organised primarily by local family health centres and departments of child psychiatry. The major organisations participating in research and development of service activities for abused children are the National Research and Development Centre for Welfare and Health (STAKES), the Central Union for Child Welfare, and the Mannerheim League for Child Welfare.

Violations of sexual autonomy involve offences at different levels, ranging from sexual harassment to more serious forms of violence such as child sexual abuse and rape.

Difficulties of definition complicate the approach to these issues. In society, legislation defines acts that criminally violate an individual's sexual autonomy. The law reflects societal attitudes about sexual norms and limits, but the law and societal attitudes never correspond exactly. For example, women's, men's, and children's concepts of sexuality, of themselves, and of their relationships with each other all affect how victims of sexual offences are dealt with. According to research, attitudes in society, especially about gender roles, have an impact on the prevalence of sexual offences.

In principle, women's autonomy over their bodies and their sexuality has been recognised in Nordic countries for quite some time. Nordic gender norms give women more freedom to fulfil their sexuality based on their own needs than do norms of other societies. Women's autonomy over their own bodies is recognised as a matter of principle.

However, work with sexual offenders and with victims of sexual violence reveals a darker picture of the realities of sexual autonomy than what is publicly expressed. Unofficially, women's sexual sovereignty is often questioned and denied. Legal definitions cover only part of these acts, and the law does not interfere in attitudes that deny and downplay women's sexual autonomy.

In principle, defining sexual violence in client work is unambiguous: any kind of approach that the target has experienced as anxiety-producing, forceful, or violent can be defined as sexual violence from the victim's viewpoint. Clients' subjective experiences cannot and must not be ignored when working with them. From this perspective, sexual violence is defined according to the individual's experience, and it expands to include acts and phenomena excluded from legal definitions. Sexually objectifying and disrespectful acts and phenomena, as well as sexual harassment in its more lenient forms can all be seriously offensive to the victim and can affect the victim's well-being even when not legally defined as crimes.

## Legal Definitions of Sexual Violence:

During the past several years, there have been important reforms in the legislation concerning sexual crimes. In 1994, it was possible to consider rape in marriage a criminal offence. Before that year, decrees in the criminal law concerning rape did not apply to rape in marriage. Finland was one of the last countries in Europe to make rape in marriage a crime.

Reforms in the criminal law concerning sexual crimes became effective at the beginning of 1999. Validation of the law was preceded by quite intense debates about the reform proposal published in 1993 by the law-preparing department of the Ministry of Justice. Extensive discussions were held about the age limits for sexual consent, which were proposed to be lowered from 16 years—for heterosexual relationships—and 18—for

homosexual relationships — to 15 years. As a result of these discussions, the age limit was kept at 16 years for heterosexual relationships but was lowered to 16 years for homosexual relationships.

There was also a great deal of discussion about a proposal for dividing rape into three categories, ranging from least to most severe.

The proposal to include a less serious rape category in the law was strongly contested: many argued that rape is always a serious offence. Despite this discussion and other claims that the three definitions were ambiguous, three categories of rape were included: coercion into sexual intercourse, rape, and aggravated rape. Distinctions among these three types of rape are made by considering the degree of physical and mental violence used against the victim, the amount of suffering the victim has experienced, and the number of offenders.

Criminal law reform reflects changes in attitudes. In the previous law, the literal translation of the term for sexual offences, “chastity crimes” accurately described prevailing societal attitudes. The law protected female chastity — not female sexual autonomy. In the reform, the name of the law was changed to indicate concern about sex crimes rather than chastity. Moreover, the previously used term “coercion into sexual intercourse” was replaced by “rape”. The law was also modified to be neutral with respect to gender and sexual orientation: the new law takes into consideration that both the sexual offender and the victim can be either a man or a woman.

The new law also improved the victim’s position. The most important improvement was to place the two most serious forms of sexual crime under general prosecution. A crime under general prosecution is a crime in which a prosecutor makes a judgement about the offender’s guilt or innocence on behalf of the state regardless of whether or not the plaintiff wants the offender to be punished. Demanding punishment is no longer the plaintiff’s responsibility. The change points to a tendency to consider sexual crimes as violent crimes for which intervention is in the general interest. Such sexual crimes are no longer taken as a private matter between offender and victim. The change also significantly prolongs the length of time a sexual crime can be prosecuted. The least serious type of rape is still considered a plaintiff crime and thus must be reported within one year for the offender to be considered for prosecution.

However, the law was written to make it possible for the prosecutor not to prosecute if the plaintiff requests this on her or his own accord. There has been much discussion about what conditions the prosecutor can use to evaluate the decision to prosecute when the plaintiff does not want the criminal proceedings to occur. Victims of sexual and domestic violence often must face threats and pressure from the offender; fear can induce a victim not to proceed to a formal case. Furthermore, it has been said elsewhere that the victim must have the right to protect herself against the heavy juridical process

if she feels that prosecution would not improve her ability to cope and her well being. Legal procedures related to sexual crimes require the victim's presence in court as well as her verbal testimony. This experience can be extremely difficult and anxiety-provoking for the victim. Moreover, a victim of sexual violence often fears that she might be dealt with harshly and inappropriately in court. Seeing the offender face-to-face can also be a frightening experience.

It must be mentioned that many victims of a sexual crime who have gone through the legal proceeding have found it very helpful even though it was simultaneously very painful. The juridical process helps victims' mental reprocessing by re-establishing boundaries that were broken and re-instituting justice that had been breached.

Previous law demanded that the victim had to have fought physically against the offender, because otherwise the legal criteria defining sexual crime could not be met. In most cases, the victim becomes paralysed at the moment of the crime and tries primarily to protect her life and health. So the court often did not render judgement in her favour. According to the new law, legal criteria defining sexual crime may be met even in cases where the offender had induced such a state of fear in the victim that she was not able to fight back. A clear verbal expression of not wanting sexual intercourse is now judicially sufficient.

Another issue is that very few reports of sexual crimes are made to the police and often remain private. It is difficult to prove that a crime has occurred when the victim has no physical injuries and there are no witnesses. In cases where the only evidence of the crime is the victim's word against the offender's, the crime is most often not considered for prosecution.

## The Prevalence of the Sexual Violence in Finland

Up to 1998 in Finland, the only information about the prevalence of rape was based on police statistics and victim surveys. Between 1993 and 1997, approximately 400 rapes per year were reported to the police. According to estimates often presented by the police, approximately 10,000 rapes occur in Finland every year. This would mean that less than 5% of the cases are reported.

Compared to international data for some countries, there is very little research on violence against women and sexual violence in Finland. The results of the first large survey on violence against women in Finland were published in 1998. The findings provide exhaustive and statistically reliable information about the prevalence of violence against women, its forms, and consequences. A questionnaire was mailed to a representative sample of women between the ages of 18 and 74 (sample size = 7051 with 4955 replies, for a return rate of 70.3%).

Findings from this survey confirmed the view that violence against women is a common problem in Finland. According to the results, 16% of the women had had experiences of sexual harassment or violence before their 15th birthday.

In the survey, violence experienced as adults was classified according to whether 1) the violence occurred in an existing couple relationship, a previous couple relationship, or outside the relationship and 2) the violence was sexually threatening behaviour, an attempted coercion into sexual intercourse, or actual coercion into sexual intercourse. Sexual violence was thus not defined in legal terms in the survey, because it is known that victims of sexual violence do not define their experiences, for example, as rape even though the acts would meet the requirements for the legal definition of rape.

In couple relationships, violence was more often physical than sexual, whereas outside the relationship women had more often been subjected to sexual violence. For sexual violence occurring outside of a couple relationship, almost 14% of the women had experienced sexually threatening behaviour, 10.5% of the women had been victims of attempted rape (attempted coercion into sexual intercourse), and 4.3% victims of rape (attempted coercion into sexual intercourse).

Two and a half percent of the women had experienced sexual violence during the past year in their present couple relationship, and 5.9% had experienced it at some time after their 15th birthday. Almost one fifth of the women (18.7%) had experienced sexual violence in a previous couple relationship. This is a large percentage and means almost 100,000 women in the whole population. Violence, as well as sexual violence, can be a reason to divorce. On the other hand, we know that violence may occur only when the woman wants to terminate an unsatisfactory relationship. There have been many contacts at the Tukinainen rape crisis rape "hot-line" from women in the process of separation who have been raped by their never-before violent partner. In these cases, the motive would seem to be revenge for the divorce or even a wish to destroy the victim's future.

According to the research, in more than one third of the cases the offender was a complete stranger to the victim and was an acquaintance or a neighbour in less than one fifth of the cases. Less frequent offender categories were, for example, colleagues, landlords and relatives. In over 15% of the cases, the offender was a previous or present partner. The results confirm that perpetrators of sexual violence are usually people the victim knows, and that violence in couple relationships is much more common than is usually assumed.

The research shows that women experience sexually threatening behaviour everywhere in their surroundings: bars, workplace, schools, own apartment, streets, stairways, and outside. Half of the rapes (coercion into sexual intercourse) take place either in the victim's apartment or in another private apartment.

Sexual violence still remains a taboo topic. Almost one third of women who were raped outside the couple relationship had not talked about it with anyone. Those who talk about the experience usually do so with someone close to them. According to the research, only a tenth of those who were raped outside the couple relationship seek help in the health care system even though almost half of them are physically injured. Seeking help in crisis centres occurs even less often.

Additional findings from the survey indicated that no woman raped by a non-partner sought help or counselling at the rape crisis centre, whereas 15% of those who had experienced an attempted rape contacted the crisis services (the survey asked about seeking help after the most recent experience of sexual violence). The research does not provide the percentage of those who sought help from crisis centres because of violence in couple relationships.

The survey also provided estimates of the prevalence of sexual harassment. More than half of the women had experienced sexual harassment at some point in their lives. Sexual harassment includes making unwanted sexual advances or propositions, stalking, and exhibitionism. An interesting finding is that more educated and highly-paid women experience (73% of those with higher university degree) sexual harassment more often than less educated and lower paid women.

## Projects, Plans, and Initiatives Related to Sexual Violence

Public discussion has also produced some progress: more information is available, and attitudes and ideas have changed so that people are more willing to support programs beneficial to rape victims. Public debate about sexual violence has gone hand in hand with special projects, because these projects try to gain media attention in order to promote awareness of sexual violence. Organisations that have been essential for recognising, identifying, and treating sexual violence will now be discussed. The goals of these organisations are to influence both the societal and individual levels by improving the identification of sexual violence, by increasing the availability of support services, and by providing support services themselves.

At the end of the 1980s, incest became a subject of public discussion; in the 1990s, sexual abuse outside the family and paedophilia both became topics of public discussion. In the last several years, sexual violence and rape experienced by adult women have received more media attention. One reason for this is most likely the establishment in 1993 of the first rape crisis centre in Finland. Its existence may have attracted some publicity to the issues. Another reason for media attention may have been the ongoing legal reform.

In the 1990s, intense debate occurred about the investigation and treatment of children who have been incest victims. One case involved a child taken into custody because of assumed incest even though incest had not been proved in court. This case was the subject of lengthy discussion. The case aroused strong feelings and heated debate about the professional skills and procedures of authorities working with children. In 1994, the National Research and Development Centre for Welfare and Health (STAKES) published a guidebook for investigation about and treatment of child sexual abuse, which aims to unify health and research practices relating to sexual violence in social and health care. The discussion also remarkably increased the availability of training about these issues.

In the 1990s, paedophilia chains were found in Finland, shocking the whole country. The phenomenon had been assumed to be a problem of big urban centres and other parts of the world, but was now discovered to be present in Finnish society, in cities as well as in small rural areas. In November 1998, a national television channel showed a documentary, "The secret we share," which followed the reactions of one small region after a paedophilia case was exposed to the public. Frequent features of social processing about the issue included silence, inability to believe what had happened, and inability to handle the emotions related to it.

Most of the paedophilia chains found in Finland have been so-called "solo chains," where one paedophile had abused numerous children and teenagers for several years. The investigations have also found organised international connections between paedophilia and child pornography. In addition, Finns were involved in an international paedophile chain that exchanged child pornography through the Internet. This chain was discovered in 1998 and led to court trials in different countries, including Finland.

These phenomena were all discovered very recently in Finland. Cases and court trials that arose publicly show that investigation and treatment practices still are not adequate.

In 1990, the Council for Equality of the Ministry of Social Affairs and Health established a committee to examine violence against women and its manifestations and to make action proposals to prevent and treat violence. Members of different organisations and authorities were invited as experts to serve on this committee. It submitted its report in the end of 1991. The report stated that the availability of services for victims of sexual violence did not meet the demand. It was also recommended that research and projects on violence against women needed to be supported.

The report also emphasised that service centres for victims of sexual violence needed to be established. Weaknesses in the law and in the practices of authorities were also highlighted. In particular, it was emphasised that the treatment of victims by police and members of the criminal justice system is sometimes insensitive and contributes to additional suffering for rape victims.

In Finland, the first treatment group for adult female victims of childhood incest was established in 1989 at the SEXPO counselling office in Helsinki. The formation of this group was preceded by public discussion stimulated by a Norwegian incest documentary shown on television and by telephone calls made to the programme on-call line. A treatment project for sexual offenders and for victims of sexual violence was started at the sexual consultation centre of SEXPO in Helsinki in 1992, partly because of these discussions and partly from needs demonstrated by pilot groups of incest victims. The project lasted four years. During the years 1992-1995, seven groups were established for incest victims: five for women, one for men, and one mixed group. The groups were formed in association with the counselling centre's therapist and with private therapists who had training in psychotherapy for groups. Detailed information about these therapy groups was included in the final project report.

The Finnish Association of Group Psychotherapy also addressed the issue, and later organised many short-term therapeutic groups for incest victims. This association organised many training sessions, seminars, and lectures, and also examined the treatment of victims. These training efforts helped to improve the recognition of problems related to incest and to develop psychotherapeutic treatments.

In 1990, weekend gatherings of groups for incest victims were organised and led by a psychotherapist who had specialised in this area in the United States. These groups were called "Dolphin Groups." The leader, Stina Sundholm, also wrote the first book in Finnish about incest. In 1997, a Dolphins association was established from these groups. The association listed as its goals helping and supporting victims of sexual abuse; organising weekend courses for victims; giving consultation and guidance to people close to the victim and to professionals; distributing and publishing information and publishing activities; and gathering material related to issues posed by incest. The Dolphins offered a forum for victims of sexual abuse to meet each other and to try to influence societal improvement of their situation. Until 1999 the association functioned on a volunteer basis and did not receive any finance. Currently, the Dolphins receive funds from the Slot Machine Association.

In 1993, the first, and until now, only sexual violence crisis centre was established in Finland, the Rape Crisis Centre, Tukinainen. Unioni, The League of Finnish Feminists, initiated the establishment of the Centre. In the beginning this League only offered small-scale crisis services (a group and on-call line) for rape victims. Because of the great demand for these services, a plan for establishing separate crisis centres was developed. The dream came true in 1993, when the Slot Machine Association started to support the project financially, first as a 3 to 5 year project. The crisis centre office is located in Helsinki, but its goals involve all of Finland. The aims are to help women who have experienced sexual violence and to influence the general level of services in society. Another specific goal is to increase awareness of sexual violence in society. In 1999, the crisis centre was made permanent.

In 1994, a crisis consultation and education centre was established in Oulu, in northern Finland, through the co-operation of four organisations. The aim was to co-ordinate help for victims of traumatic crises and their supporters together with volunteer organisations and authorities. During the first year, emphasis was on developing a help model for assisting rape victims. Later, emphasis was on traumatic crisis in general, developing a support model, and organising training. The crisis centre is co-operating closely with local networks. In 1999, the centre changed its name to the Centre for Post-Trauma Therapy and Trauma Education. It functions as an expert centre of trauma psychology, offering not only help but also training and consultation.

In 1995, a Crime Victim Support programme was established in Finland as a joint project of different organisations. By the beginning of 1999, it had ten regional offices throughout Finland. The report of the previously mentioned Council for Equality had proposed starting this type of service in Finland. Crime Victim Support aims to improve the victim's situation and offers services for victims of all crimes. Those working in this support programme have noted a high volume of female victims of violence seeking help.

SEXPO was the first group in Finland to pay attention to the therapy of sexual offenders in its project for both victims and offenders. The project examined the availability of therapy for sexual offenders, investigated the possibility of offering therapy to sexual offenders in jail through therapists' visits, and studied international treatment projects. The final project report included information about obstacles to and possibilities for therapy in Finland as well as proposals on how care should be organised in Finland.

At the end of 1996, the prison welfare department of the Ministry of Justice appointed a committee to explore possibilities for starting treatment programs for sexual offenders under the Finnish prison welfare system. The results were published in a report in 1998. The committee proposed starting a programme in Finland based on an English model (The Core Programme) for those who are found guilty of sexual crimes. This programme is based on cognitive-behavioural theories and deals with, for example, denial and minimisation of the crime by offenders, damage caused to victims, and developing offender skills for preventing recidivism.

## Availability of Services for Victims of Sexual Violence and for Offenders

A victim's likelihood of obtaining therapeutic and juridical assistance varies greatly and depends on the region where she lives. Help can be found throughout Finland in local health care centres, mental health care offices, family health centres, and psychiatric clinics. The special services of different associations have an important place in the

Finnish health and social care system. They complete the public health care system and are usually mainly financed by the Slot Machine Association (RAY).

Victims of sexual crime can obtain initial legal aid from the national network of legal aid offices, which cover the whole country. It is also possible to get assistance from private solicitors and lawyers. Criminal process reform permits the victim to have a free legal assistant. The reform facilitated obtaining a legal assistant from the quite expensive private sector.

It is thus possible to obtain therapeutic help from services financed by the state and by municipalities. The problem is that women living in small, rural regions often find it almost impossible to obtain help from their own region's services. Feelings of shame and guilt related to sexual violence and the fear that others find out about their sexual assault may prevent victims from getting help. Because acquaintances or acquaintances of acquaintances may work in the local offices, the victim may not necessarily trust that sensitive information about her will remain secret. The same applies to sexual offenders who may be motivated to get help.

It is especially difficult for victims to talk about sexual violence. The first experiences of telling someone about it often determine if the victim will begin to search for therapeutic and juridical help. If the first person whom the victim tells about it minimises sexual violence and makes her feel guilty or does not believe her, it is very unlikely that the victim will try again.

There are no basic surveys examining what kind of help victims have obtained. However, the survey published in 1998 about family violence and care in the social and health system provides some information. According to this survey, social and health care professionals feel that they have inadequate abilities to work with victims of sexual violence. A total of 73% of those who replied to the questionnaire estimated that they are not sufficiently prepared.

The experiences reported in the Rape Crisis Centre's on-call line have varied remarkably. The saddest cases are those where the rape victim has faced unprofessional treatment in a health care centre, so that important evidence for the court hearing had been overlooked and no offers of mental support or extended care were made. On the other hand, at its best, the health care centre has been able to offer all-inclusive care. Thus, some have been given the opportunities to make an appointment with a medical doctor and to receive mental support from the nurse on duty, crisis consultation by the health care centre psychologist, and, if needed, extended care in the mental health care office or family health centres.

In Finland, longer psychotherapy is mostly provided by private psychotherapists. It is

possible to finance therapy through the Social Insurance Institution (KELA). Currently, the rehabilitation allowance for psychotherapy is set at a maximum of two years, and the criterion for granting the allowance is that therapy is supposed to maintain or restore the person's working ability. People living in different parts of Finland have very unequal opportunities for obtaining psychotherapy. Many private psychotherapists work in southern Finland, but in the north it is more difficult to find a psychotherapist. In rural regions, long travel distances often create a problem.

In the different projects, it has been noticed that traditional methods of psychotherapy are not adequate for treating the consequences of sexual violence. Specialisation is needed for applied use of different frameworks and new approaches. Psycho-dynamic psychotherapy has had an important place in Finnish therapy. According to research, good results for the care of victims and sexual offenders have been achieved by cognitive and cognitive-behavioural approaches; however, these do not yet play an important role in Finland. Increasing diversification and experimentation in the field of therapy has only recently started. Today, new approaches are gradually becoming more popular among therapists such as solution-centred therapy, crisis therapy and trauma therapy. Interest in the effectiveness of therapy and discussions about the value and outcomes of different methods have increased.

Group therapy has many advantages. For example, victims of childhood sexual abuse often benefit greatly from group therapy. Meeting others who have gone through the same experiences and surviving together by helping one another make it considerably easier to handle feelings of loneliness, difference, and isolation related to sexual abuse. The availability of special services focused on these problems is still quite poor, and these services are available mostly in the south of the country. For example, there are groups for victims of childhood sexual abuse only in a few cities, and often they are experimental programs of short duration.

The Rape Crisis Centre Tukinainen offers nation-wide services for victims of sexual violence by providing cost-free crisis and juridical on-call lines. The Crisis Centre also provides professional help in the form of crisis counselling, therapeutic groups, and weekend courses. The groups have been meeting in Helsinki. Weekend courses have been organised throughout the country, and make it possible for victims of sexual violence to obtain help in coping from a guided, therapeutic group. The goal has also been to offer longer group services in the other parts of Finland. The major difficulty in pursuing this goal has been financing.

Tukinainen offers free juridical help and counselling. Its attorney also gives assistance in court. The Crisis Centre provides training, counselling, and supervision for professionals and volunteers in different fields. Tukinainen influences the societal level by its joint projects, participation in committee work on reform and research, and providing information and statements about sexual violence to the mass media.

Other services maintained by associations for victims of sexual violence have already been mentioned, i.e., Crime Victim Support with offices in ten regions. This association offers mental support and practical counselling for victims of crime and people closest to them. It has a national on-call help line and juridical line. Crime Victim Support provides educated, volunteer support persons. The association has also organised guided self-help groups for victims of sexual abuse and violence in Tampere and Joensuu.

In addition, the Finnish Association for Mental Health offers services for victims of sexual abuse and organises rehabilitation courses for adults who have had childhood experiences with sexual abuse. RAY and KELA usually finance such services. The Finnish Association for Group Psychotherapy organises brief crisis groups for incest victims, mostly in Helsinki. These are financed by KELA. The Family Federation of Finland has also begun gynaecological services for women who have been victims of sexual violence. In the Sexual Health Clinic of the Family Federation of Finland it is possible to get therapeutic help as well.

In the 13 crisis centres of the Finnish Association of Mental Health throughout the country, help is provided for those experiencing different crises. For northern Finland, I have already mentioned the Centre for Post-trauma Therapy and Trauma Education in Oulu.

Twelve-Step self-help groups for incest victims also exist in Finland (ISA). However, detailed information does not exist about the number and location of these groups.

Possibilities for sexual offenders to get professional help are still poor. The SEXPO project report mentions that sexual offenders may become motivated to seek help when they have to answer to the legal system for their actions. Because such care demands combining control and treatment, it is recommended that the responsibility for organising and developing care be shared between units under the Ministry of Social Affairs and Health and the Ministry of Justice. An important recommendation of the project was that a unit concentrating on offender care should be established. This unit should take responsibility for organising and developing care outside of institutions. The unit's task would be to offer care (meaning the prevention of recidivism), training, and consultation. Another recommendation was to investigate the possibility for therapy to be guaranteed during imprisonment.

By 2000, no units existed that specialised in care for offenders outside hospitals. Some of SEXPO's personnel continue their work at the private sector. The prison welfare system has instead reached a phase in its projects where sexual offenders are treated in a special unit of Kuopio provincial prison. This is a remarkable step. Treatment of sexual offenders is based on free will, and aims to lower the risk of repeated sexual offending.

Male victims of sexual violence still remain an almost unfamiliar client group in the service system. Their likelihood for obtaining professional special help is still poor. The threshold for male victims of violence to obtain help for these experiences is quite high. Feelings of shame related to sexual violence are, if possible, even stronger in men than in women. To make it easier for men to obtain help, it would be necessary to have a special unit providing such help and to publicise its services. Currently, there is no association concentrating on the care of male victims of sexual violence.

## Conclusion

Sexual, domestic, and general violence against women are big problems in Finland but have long been taboo. No means have existed to deal with these issues. In the 1980s, training was not really offered. Nor have there been profound discussions about ways to improve women's safety or about how violence against women could be prevented. Moreover, there has been little research on violence. Different projects have had problems obtaining financing. This fact may reflect the existence of issues in Finnish society that strongly prevent violence against women from coming out in the open. The importance of understanding factors contributing to sexual violence as well as the effects of such violence on society has not been fully recognised.

Some promise exists for a better future. In 1998, the first national, state-financed project about violence against women was started under the National Research and Development Centre for Welfare and Health (STAKES). One project goal was to create a national network of professionals specialising in violence, and another was to create local models of how the authorities should react when they face domestic violence. Other issues related to sexual violence are part of the project as well.

Considerable growth is expected in research on violence. In 1999 the Academy of Finland decided to grant 10 million marks for research in this area. This decision was made partly because of initiatives taken by different organisations that work with victims of violence. One of the currently funded projects is "Gendered Violence and Use of Justice," directed by the faculty of law of the University of Helsinki. The cultural and social committee of the Academy of Finland has the responsibility of reviewing the applications for research on violence under the general theme "Power, Violence, and Gender". Women's studies networks could especially benefit from this opportunity offered by the Academy of Finland.

Finland's becoming a member of the European Union opened opportunities for obtaining monetary support through European financing channels. The pioneer positions of the feminist movement and non-governmental organisations have been recognised internationally in the care and prevention of violence against women and children. For

example, through the DAPHNE program of the European Commission, organisations can apply for financing for their projects. The criterion is to have an European joint partner. Finland is a state at the edge of Europe, and international issues usually reach Finland only after delays. Fortunately, international joint projects are changing that situation.

In the mass media, different issues related to sexual violence seem to become the subject of conversation only one at a time. Topics related to sexual violence that are hardly discussed at all in Finland include women as abusers, children and youngsters as abusers, and sexual violence experienced by men. The first interviews, articles, and training about sexual violence experienced by young women were published in 1998. Recognition of sexual harassment in the workplace is still in its beginnings. At the same time that violence against women in intimate relationships is becoming a more important field to develop, problems of sexual violence are probably also more visible to professionals in the social and health care system.

Compared to the services organised for women in other parts of the world, the services of Rape Crisis Centre Tukinainen have some special features. First of all, the basic principle of Tukinainen is professionalism. There are no volunteers in the centre. Partly, this is due to the fact that helping victims of sexual violence is seen to be so demanding and requires considerable education, training, and supervision. Partly, it is due to feminist ideology. When the crisis centre was being established, its founders did not want to be part of a structure where a major part of the nursing and caring work was done by women who were unpaid. Offering juridical and therapeutic services in the same unit is also rare. Experiences with this during the experimentation period of Tukinainen have been extremely good. Juridical and crisis on-call lines have made it much easier for women to get help for their problems.

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