



## POLICY BRIEF 2022:24

Views of current societal topics to support policy decisions.

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# Domestic violence increases the use and costs of services

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## **It is important for health, social and legal services (incl. the police) to recognise domestic violence and intervene in it**

The research project examined the use and costs of services domestic violence causes in health, social and legal services. The data examined comprised the client registers of health care, shelters, the Social Insurance Institution of Finland (Kela) and the police, and a population survey. Based on the results, domestic violence must be intervened in more effectively to reduce the human suffering caused by the violence and its costs to society. Preventing domestic violence and intervening in it require structures to be laid down in legislation. Effective treatment and service packages must be available to the victims of violence, the perpetrators and the children exposed to violence. Domestic violence training must be increased in health and social services and in the basic education qualifying for the sector. The observed domestic violence must be recorded systematically in the client systems of the police and social welfare and health care. A population survey on domestic violence and getting help must be carried out regularly.

## Domestic violence is an important societal problem

According to studies, domestic violence is a very common problem in Finland.<sup>1 2 3 4</sup> Population surveys show that the majority of victims of domestic violence are women. Compared to men, the domestic violence experienced by women is also more long-term and recurring violence.<sup>5</sup> This is also reflected in homicide statistics, as between 2013 and 2018, 60% of the female victims of homicides and 8% of the male victims were killed by their spouse or former spouse.<sup>6</sup>

In domestic violence, the perpetrator targets the violence at a person close to them, such as the current or former spouse, a child, a dating partner, a sibling or some other family member. Domestic violence may be physical, psychological, sexual, economic, digital, instrumental and chemical. It may also be neglect or be linked to culture, such as violence related to religion or honour-based violence.<sup>7</sup> Domestic violence causes considerable human suffering, physical consequences and mental health problems.<sup>8 9</sup> Domestic violence and witnessing it are known to have diverse harmful and long-term effects on the growth and development of children and young people, which is reflected in different psychiatric symptoms, difficulties in academic achievement, behavioural disorders, crime and problems in personal relationships.<sup>10 11</sup>

The harmful effects of domestic violence cause a need to use many social, health and legal services.<sup>12</sup> Because of the harm caused by domestic violence, individual persons and families may need a number of different support services for years. The risk of intergenerational transmission of violence is also higher, which contributes to an increase in the long-term costs of domestic violence.

Underpinning the research project is the ongoing national implementation of the Council of Europe's Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention<sup>13</sup>). The measures in the implementation plan for the period 2018–2021 included estimating the costs of domestic violence<sup>14</sup>, which this research project has aimed to respond to. Cost information helps to estimate especially the need to develop preventative services and services aimed at helping victims, as well as the size of the funding required for these services. The need for research data is significant also from the point of view of reforming social welfare and health care.

## Combatting domestic violence requires structures

Organising social, health and legal services requires extensive financial resources from the State of Finland. More effective intervention in domestic violence could bring significant savings in these services.

The acts governing social, health and legal services oblige service providers to intervene in domestic violence and collaborate in the organisation of support services related to violence. However, approximately one half of municipalities and joint municipal authorities lacked collaboration structures related to domestic violence in 2019.<sup>15</sup> Strong structures are needed at the levels of municipalities, wellbeing services counties and central government to clarify the responsibilities of each party and to create multidisciplinary cooperation, functional practices and service paths for the different parties to domestic violence.

A key objective of the ongoing health and social services reform is to increase cooperation of health and social services and the accessibility of services. For the time being, however, it is unclear how the coordination of services related to domestic violence will be organised in all wellbeing services counties.

## Data and methodology of the study

The study examined the costs domestic violence causes to health, social and legal services. The costs of persons who had experienced domestic violence and those of the reference group were compared. The analysis focused on the costs incurred for both male and female victims. An examination of the costs of domestic violence experienced by children and in childhood was carried out to the extent possible using the selected source data.

The study consists of two sub-studies in which the collected data are mutually complementary and partly answer different research questions. In both sub-studies, the costs of domestic violence are estimated by multiplying the number of service visits caused by domestic violence with the unit costs of these services.

In the first sub-study (*Register study*), a longitudinal study was conducted on the health care costs of domestic violence by using the register data of primary health care, specialised medical care, shelters, the police and the Social Insurance Institution of Finland (Kela) from the period 2015–2020. A total of 26,431 victims of violence were identified in the registers of health care and shelters. Of them, 11,823 people were identified as

victims of domestic violence. A total of 21,073 victims of domestic violence were identified in the police registers.

In the second sub-study (*Population survey*), the Gender Based Violence (GBV) survey was used to examine the prevalence of domestic violence, violence-related use of social, health and legal services and the costs of service use. The survey was carried out in Finland at the turn of the year 2021–2022. A total of 7,768 people responded to the survey, of whom 81% were women and 19% men. The participants' age varied between 16 and 74 years, and the average age was 42. Approximately one fifth of all the respondents were minors.

The costs looked at in the register study were examined using the information on services and visits received from health care client information systems and the information on pharmaceutical costs received from Kela's client information systems. The unit costs had been either determined by THL or they were estimates calculated by the service provider itself.

## Results and conclusions

The study showed that the health care costs of persons identified as victims of domestic violence were more than double the costs of the reference group; the annual additional cost was EUR 1,024 per person. Additional costs were accumulated during the entire 6-year monitoring period. The costs were the highest in the year of identification and declined after that.

Based on the study, 146,000 women have experienced physical intimate partner violence during the past five years. The direct additional health care costs of the physical intimate partner violence experienced by women were thus EUR 150 million per year. However, this is an underestimate with regard to the costs of health care. Psychological violence is also known to have considerable harmful effects on health.<sup>16 17</sup> If we assume that psychological domestic violence causes a similar increase in costs, the annual additional costs to public health care would amount to EUR 861 million.

***Over a period of five years, the direct additional health care costs caused by physical intimate partner violence experienced by women totalled EUR 150 million per year***

The use of health and social services by victims of domestic violence would seem to be twice as high when compared to the rest of the population, and the use of legal services up to four times as high. Among those who had experienced intimate partner violence, the use and costs social services were 60%–90% higher and in legal services (incl. the police), 70% higher than among those who had experienced no violence. Violence experienced in childhood in turn was visible in adulthood as social and legal services costs that were 50% higher.

It is important to note that the study focused only on the direct costs of violence in social, health and legal services. In other words, it does not reach the indirect costs, such as the number of days of sick leave, inability to work or the losses in productivity. The estimated costs presented in the study are therefore more likely to be too low than too high in this respect, as well.

### **Almost one half of women have experienced intimate partner violence**

The results of the study show that 75% of Finnish people aged 16–74 have experienced psychological, physical or sexual domestic violence at least once in their life. Intimate partner violence had been experienced by 44% and childhood domestic violence by 65%. During the past year, 4% of Finnish people have experienced intimate partner violence.

Compared to men, women have experienced intimate partner violence significantly more often during their life than men (women 48%, men 39%), as well as violence committed by an ex-partner (women 33%, men 22%) and childhood domestic violence (women 67%, men 62%).

There were significantly more women who have experienced domestic violence than men in the client registers of health care, shelters and the police. Of women who had experienced domestic violence, 74% were in the client registers of specialised medical care, 69% in the client registers of outpatient health care and 93% in the client registers of shelters.

### **Experiences of domestic violence common among girls aged 16–17**

The study showed that 30% of the respondents who had experienced intimate partner violence in the past five years had children living in their household. The figure is high, considering how harmful exposure to violence is in childhood.

Furthermore, the study shows that experiences of domestic violence are common among girls aged 16–17 (the sample did not include underage boys). Of girls, 68%

had experienced domestic violence at least once in their life. Most commonly, they had witnessed psychological or physical violence between their parents (53%) and experienced violence committed by their parents (48%).

However, intimate partner violence experienced by girls aged 16–17 is also considerably common: 36% of girls have had an intimate relationship and of them, 45% have experienced violence committed by their partner. Special attention should therefore be paid to ensuring that girls in this age group receive services, as violence experienced in intimate relationships at a young age increases the risk of victim experiences and acts of violence in intimate relationships in adulthood.<sup>18</sup>

### Victims of violence are not identified sufficiently

In health care registers, violence diagnoses had been entered annually to approximately 800 people, which is only 9% of all women who have suffered serious injuries. In addition, only 6% of the clients of the shelters had been identified as victims of violence during the six years. The number of women suffering from psychological symptoms as a result of intimate partner violence was several times as high as the number of women who had sought help from health services.

The findings of the study correspond to earlier studies, according to which domestic violence is significantly underidentified in Finnish health services.<sup>19 20</sup> The number of those who reported an offence was 9% of all those who had experienced physical violence and 44% of those who had sustained more serious injuries. It has been estimated in previous studies that 10%–20% of more serious cases of intimate partner violence are reported to the police.<sup>21 22</sup>

### The proposed measures are based on three main results:

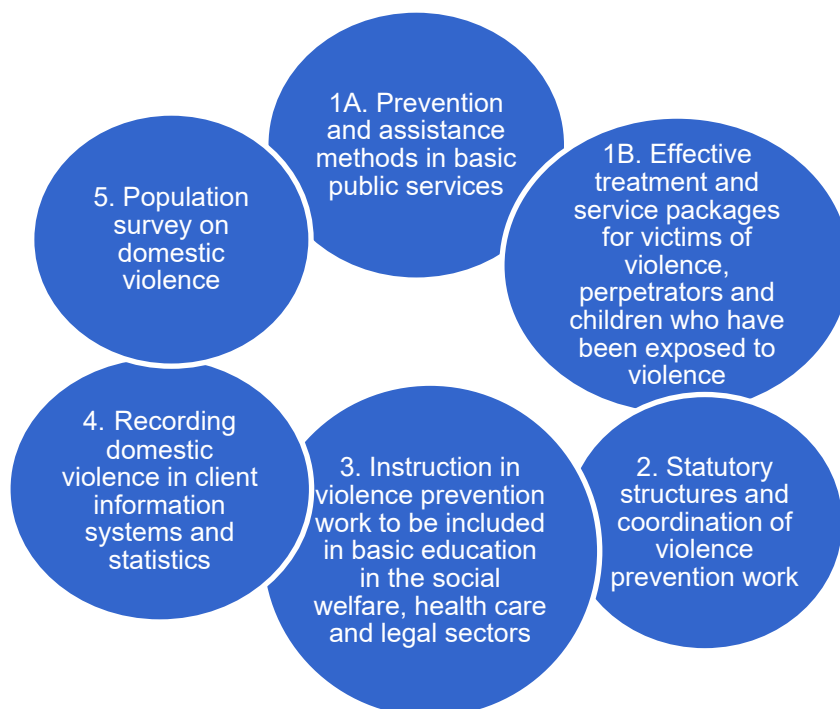
- 1) Use of health, social and legal services among people who have experienced domestic violence is many times higher than among the rest of the population. The highest additional costs are caused by acute domestic violence, but the violence experienced by adults in their childhood is also visible as higher costs. Both the direct and the long-term consequences of violence affect service use and the need for help.
- 2) Almost one half of all Finnish people have experienced intimate partner violence at least once in their life and 4% in the past year. Sixty-five per cent of adult Finnish people in turn have experienced domestic violence in their childhood.

3) The study highlighted the deficiencies in entries recorded in the client information systems clearly. Only fewer than one in ten cases of domestic violence that have led to serious injuries are recorded in health care or police registers. As for the registers of social services, there is currently no information at all available on domestic violence.

## Proposed measures for organising domestic violence prevention work

The results of the study encourage more effective intervention in domestic violence and that way help reduce the human suffering caused by the violence and its costs to society.

**Recommendations to municipalities, wellbeing services counties, education providers, persons controlling customer information systems and for population surveys:**



1) Organising the prevention of and intervention in domestic violence in municipalities and wellbeing services counties must be ensured by implementing working methods and service packages that have been found effective.

- A) The prevention of domestic violence, bringing it up in discussions and assessing it as well as risk assessments, drawing up safety plans, providing help in the initial stage and guidance to services must be included in the basic work carried out in social welfare and health care. They must also be taken into account in the recording practices.
- B) Efficient treatment and service packages must be available to the victims of violence, the perpetrators and children who have been exposed to violence.  
Examples:
  - Seri Support Centre to support victims of sexual violence
  - MARAK working group (multidisciplinary risk assessment meeting) to help victims of serious intimate partner violence
  - Barnahus work aimed at preventing all forms of violence against children and developing the service paths for child victims

**2)** Provisions on the organisation of structures and services related to domestic violence prevention work in municipalities and wellbeing services counties must be laid down in legislation. Provisions will be laid down:

- A) On the duties of municipalities and wellbeing services counties in their own organisations and on cross-administrative multiprofessional cooperation to prevent domestic violence and to organise well-working service chains.
- B) Municipalities and wellbeing services counties designate a violence prevention work coordinator and a multiprofessional working group coordinating violence prevention work.

**3)** Instruction of violence prevention work and awareness of the phenomenon of domestic violence must be included in all basic education provided in the social welfare, health care and legal sectors (violence experienced in childhood and adulthood).

**4)** Systematic recording and statistical reporting of domestic violence must be included and implemented in all client information systems to support work with clients and to highlight the prevalence of domestic violence.

- A) Client information systems must include information on the forms of violence and the perpetrator.
- B) Training and instructions for recording must be provided to directors and personnel.
- C) The recording instructions and practices must ensure the client's safety.

**5)** A population survey focusing on experiences of domestic violence and getting help must be carried out regularly. Information on the phenomenon of domestic violence must be used in knowledge-based management and in the organisation and development of services.



## Further reading

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