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

NATIONAL REPORT

ESTONIA

Tartu 2017
This country report presents the results of the research conducted to assess the practices that frontline institutions (i.e. the police, health authorities, victim support services / NGOs) involved in victim support use in order to identify victims, assess their protection needs and refer them to competent institutions. The report is based on the analysis of legislation, available quantitative data, and previous research on the victims’ situation and assistance in Estonia. In addition, qualitative interviews with the representatives of frontline institutions are analysed. The interviews are of a substantial relevance to the report as the frontline institutions have not been studied before regarding their practices of identification of victims, assessment of their protection needs and referral mechanisms to other relevant institutions in the field of victim support. For Estonia, two target groups, victims of domestic violence and child victims of sexual abuse were selected for the final analysis.
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INTRODUCTION

The Victim’s Directive (2012/29/EC), adopted in 2012, is an important pillar of the European criminal law agenda. In Estonia, to ensure the compliance with the Victim’s Directive the legislative acts related to it were amended in December 2015. With the amendments, the rights of the victims were included in the legislation, clarifying their position in the criminal proceedings. The most recent amendments to the Victim Support Act, relating among others to the measures available for victims of gender-based crimes and services available for victims, entered into force on 1 January 2017. Therefore the changes related to the Victim’s Directive have been relatively recent.

This report presents the results of the research conducted to assess the practices that frontline institutions (i.e. the police, health authorities, victim support services / NGOs) involved in victim support use in order to identify victims, assess their protection needs and refer them to competent institutions. The report is based on the analysis of legislation, available quantitative data, and previous research on the victims’ situation and assistance in Estonia. In addition, qualitative interviews with the representatives of frontline institutions, hereafter called contact points, are analysed. The interviews are of a substantial relevance to the report as the frontline institutions have not been studied before regarding their practices of identification of victims, assessment of their protection needs and referral mechanisms to other relevant institutions in the field of victim support as is done in the scope of this study.

During the fieldwork, the Estonian research team followed the methodological framework agreed by the research project "Developing directive-compatible practices for the identification, assessment and referral of victims" consortia. The recruitment for the interviews started in late September-October 2016. The information letter, the informed consent form and the interview schedule were translated into Estonian. The recruitment of interviewees was mainly done through e-mail correspondence. The interviewee was provided with the information letter and, when requested, with the interview questions.

To conduct interviews with police officers from Police and Border Guard Board (Politsei ja Piirivalveamet, PPA), the research team was required to submit an official application to the research ethics board at the PPA. The application was submitted in October and the permission was obtained in December 2016. The permission contained recommendation with the contact details of the relevant police officers to be interviewed. This information was also used for the preparation of the final sample of interviewees. However, to avoid the risk that only the "approved" views will be present among the interviewees, other police officers who were not in the recommended list were also interviewed. Because the process of applying to the research ethics board at the PPA and the decision of the commission took one and a half months, the duration of the field work extended. The last interview was conducted on 20 January 2017.

When recruiting, sampling criteria was followed in order to have balance regarding the entry points and target groups. For Estonia, two target groups, victims of domestic violence and child victims of sexual abuse were selected for the final analysis.

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1 Penal Code (Karistusseadustik), Code of Criminal Procedure (Kriminaalmenetluse seadustik), and State Legal Aid Act (State Legal Aid Act).
All interviews were conducted face-to-face. In most cases the interviews took place at the university premises, in some cases the interviewer visited the interviewee in his/her workplace. The interviews were conducted in the two largest cities of Estonia: Tallinn (the capital) and Tartu. Interviews were conducted in Estonian and in few cases in Russian. All interviews were voice recorded.

The research sample included 14 persons: 3 males (NGO, victim support services, police) and 11 females. The ratio between the interviewed men and women reflects the current situation in Estonia, where mostly female experts are working with the victims. Two respondents were from Tartu, the rest work in Tallinn. Although several attempts to recruit more experts from Tartu were made, there were almost no replies from the experts to the enquiries, therefore they were replaced with other experts from the same thematic area, but who work in Tallinn.

Table 1. Overview of the sample by organisation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police officer</td>
<td>5</td>
</tr>
<tr>
<td>Victim Support Service worker</td>
<td>3</td>
</tr>
<tr>
<td>Child Protection worker</td>
<td>1</td>
</tr>
<tr>
<td>Hospital (nurses)</td>
<td>3</td>
</tr>
<tr>
<td>Women support services (NGO) representatives</td>
<td>2</td>
</tr>
</tbody>
</table>

The main findings of the Report are the following:

- The Code of Criminal Procedure was amended related to the status of victim and victim’s rights in December 2015; the amendments entered into force in two parts: on 1 July 2016 and 1 January 2017.
- The amendments to the Victim Support Act related to the services available for victims, and especially for victims of domestic violence, entered into force on 1 January 2017.
- The changes in legislation related to transposition of the victim directive have not received sufficient financial support and therefore are not fully implemented.
- The definition of victim in Estonian legislation is in accordance with the Directive 2012/29/EC.
- Estonia is one of the EU states (together with Belgium, Finland, Sweden, Holland) where victim support services are situated at the police stations or close to them; the police and victim support services co-operate closely.

In regard to Victim Identification:

- In Estonia, formalised identification process is applied only to check whether victim belongs to a special group like victim of trafficking in human beings or a minor who is a victim of sexual abuse, and therefore is eligible for additional support measures.
- Victim Support Service is governmental service, available all-over the country.

Assessment of need:

- Assessment of needs is based on the personal knowledge and sensitivity of particular actors working with victims.
• The need for psychological support is assessed by the victim support officer using special assessment questionnaire.

• Estonia started a pilot project to apply MARAC model for network co-operation in case of repeated domestic violence.

• In case of minors who are victims of sexual abuse, a new approach based on the one-stop-shop principle is applied in Tallinn since January 2017.

• There are no guidelines in place in the police for assessment of victim’s needs.

• Awareness about vulnerable groups depends on the person – no sensitivity training has been carried out so far.

Referral mechanisms:

• Referral mechanism is well established between police and victim support services. The factors contributing to this include proximity of victim support to police stations, established formal practices in case of victims of domestic violence, and personal contacts between police and victim support officers.

• Doctors/medical institutions are not part of the network, and deal only with medical condition. This indicates that there is no holistic approach in place.

• Data exchange is not well regulated and the data protection requirements are not clear. Specialists do not exchange information because they are afraid to violate the law. In this regard, there is a good practice – the Estonian Data Protection released the guidelines for the cases of victims of trafficking.
1. Legislation on victims’ rights

1.1. Definition of victim

Estonian legislative framework includes two definitions of “victim”.

Victim Support Act defines victim as a “person who has fallen victim to criminal offence, negligence or mistreatment or physical, mental or sexual abuse.” The Act regulates who is eligible for the victim support and defines victim rather broadly. This definition is in line with the main objective of the Directive that victims should have access to support services regardless whether the seriousness of the crime and whether or not they have reported the crime.

There is another definition of the victim provided by the Code of Criminal Procedure. According to it, a victim is “a natural or legal person whose legal rights have been directly violated by a criminal offence aimed at the person or by an unlawful act committed by a person not capable of guilt. In the case of an attempt to commit a criminal offence, a person is a victim even if, instead of the legal rights attacked, such legal rights are violated the violation of which is covered by the legal rights attacked. /…/ A natural person is a victim even in the case a criminal offence or an unlawful act committed by a person not capable of guilt caused the death of any person close to him or her and damage was caused to him or her as a result of the death.” This definition is relatively new and was updated in the process of transposition of the Directive 2012/29/EU. This definition clarifies who is eligible for a victim status in the criminal procedure and will enjoy procedural rights of the victim. The definition is in line with the minimum standards defined by the Directive including the “person close” to the deceased victim. The expression “close person” is broad and rather inclusive by not listing precisely the “family members” who may be granted victim’s status.

1.1.1. Victims in criminal procedures

Criminal proceedings are conducted by courts, prosecutors’ offices and investigative bodies, e.g. the police or defence police (internal security service). According to §193 of the Code of Criminal Procedure, if there is a reason and grounds, criminal procedure could be commenced by the Prosecutor’s Office (prokuratuur). If the procedure is started by the police (investigative body), prosecutor’s office shall be informed immediately. The reason for the commencement of criminal proceedings is a report of a criminal offence or other information indicating that a criminal offence has taken place. The grounds for a criminal proceeding are constituted by ascertaining of criminal elements in the reason for the criminal proceeding.

If the proceedings are commenced, the pre-trial procedure starts. The main bodies conducting pre-trial investigation are the Police and Border Guard Board (Politsi- ja Piirivalveamet) and the Internal Security Service (Kaitsepolitsei). Prosecutor’s office directs the pre-trial proceedings and ensures the legality and the efficiency of the proceeding. When pre-trial investigation is finished, prosecutor sends the bill of indictment to the court or terminates the procedure. One of the possibilities for termination of the criminal case is conciliation proceedings. Trial or court procedure is the second phase of the criminal procedure.

A victim is the participant in a criminal proceeding along with the suspect or an accused, his or her counsel, civil defendant and the third parties. The parties to a court proceeding have all the rights of participants in the proceedings provided for in the Code of Criminal Procedure (Kriminaalmenetluse seaduslik, §17 (2)). All provisions applicable to witnesses also apply to victims. The Code of Criminal Procedure states that a person is involved in the proceedings as a victim by subjection to procedural acts or by a ruling of the body conducting proceedings. A person may be involved in the proceedings as a victim at each stage of the proceeding and in every court instance until termination of appeal proceedings.
1.1.2. Rights of victims when making a complaint

Article 195 of the Code of Criminal Procedure states that the report of a criminal offence shall be submitted to an investigative body or a prosecutor’s office orally or in writing. If an oral report is submitted directly on site, it shall be recorded in a report and a copy of the report shall be submitted to the person who submitted the report of a criminal offence. A report of a criminal offence communicated by telephone shall be recorded in writing or audio recorded. If the person who submitted the report is the victim, the law obliges the authorities to send the confirmation on the receipt of the report to him/her within 20 days. As the body of research reveal and our interviews confirm, the specific target groups selected for the current study (victims of domestic violence or child sexual abuse) often do not report the crime. This is one of the challenges the criminal justice system is facing. The prosecutor’s office or an investigative body may refuse to commence criminal procedure. In this case they shall notify within 10 days the person who reported the offence. These legal provisions of the Code of Criminal Procedure are guaranteeing rights for the victims required by the Article 5 of the Directive: reporting of crime by various means and providing victim with written confirmation or acknowledgement.

1.1.3. Right to linguistic assistance, interpretation and translation

The Code of Criminal Procedure also guarantees victim’s right to get linguistic assistance. The official language of criminal proceedings in Estonia is Estonian. However, the Code of Criminal Procedure allows to conduct proceedings in another language if the body conducting criminal proceedings, participants in the proceeding and parties to the court proceeding consent to it and if the body, participants and parties are proficient in such language.

If victim is not proficient in the Estonian language, he or she will be provided with the assistance of an interpreter or translator. In the case of doubt, the body conducting the proceeding shall determine the proficiency in the Estonian language. If it is impossible to determine the proficiency in the Estonian language or it proves to be insufficient, the assistance of an interpreter or translator shall be ensured.

The Code of Criminal Procedure also states that translation of the text which is essential for understanding the substance of the ruling on termination of criminal proceedings or the court judgment or for ensuring the fairness of the proceedings into his or her native language or a language in which he or she is proficient, may be requested within ten days. A victim also has the right to request translation of other documents which are essential for ensuring his or her procedural rights. If the body conducting the proceedings finds that the request for translating other documents is not justified, such body shall formalise the refusal by a ruling (Code of Criminal Procedure, § 10).

1.1.4. Right to access victim support services

The Code of Criminal Procedure (§ 8) obliges investigative bodies and court to explain to a victim his or her right to contact a victim support official and, if necessary, receive victim support services and the state compensation prescribed for victims of crimes of violence and explain which opportunities arising from the Code can be used to ensure the safety of victims.
1.1.5. Assessment of individual protection needs

The recent changes in the Code of Criminal Procedure state explicitly the obligation to the body conducting proceedings to assess whether the victim requires special treatment and protection in criminal proceedings. Such assessment shall take into consideration the victim’s personal characteristics, the gravity and nature of the criminal offence, the personality of the suspect, the circumstances relating to the commission of the criminal offence and the damage caused to the victim. A victim who is a minor is presumed to need special treatment and protection in criminal proceedings. Based on the assessment, the body conducting procedure shall make decision on which opportunities can be used to ensure the safety of the victim and whether the hearing shall be conducted in the premises adapted for the special needs of the victim, by a specialist trained for hearing victims with special protection needs or with his or her participation or, if possible, by the same person during the whole proceedings.

The explanatory note to the draft law on transposition of the Victim’s Directive states that the new legislation does not foresee any formal procedure for the assessment of the victim’s needs but it states that an authority (the police or prosecutor’s office) has an obligation to assess every victim’s needs for the victim to receive an adequate help. The explanatory note also states that the training and the guidelines are needed to ensure that the special needs of the victims will be met in the criminal procedure.

The explanatory note also recognises that the concept of assessment is needed to be created along the material for the sensitivity training. Among others, police officers, prosecutors and judges shall take into account, whether:

- The victim is a minor;
- The offence is a high-risk crime such as sexual offence, serious violent crime, domestic violence, human trafficking, organised crime, hate crime;
- The personality or situation of a person involves high-risk factors such as threats to the victim, high age, mental/physical special needs, language, ability to express his or her will;
- In case of domestic violence to assess whether medical assistance is needed because of injuries, whether act of violence is repeated, whether there are children in the family, whether the victim is pregnant;
- Whether a fire arm was used or there is access to fire arms;
- Whether the victim has suicidal thoughts;
- Whether the perpetrator was previously violent;
- Whether there was a violation of a restraining order;
- Whether the victim or a perpetrator has an addiction risk.²

1.1.6. Right to be informed

The Code of Criminal Procedure also regulates victim’s rights to be informed concerning taking into custody the person suspected of a criminal offence and request to be notified of the release of the person held in custody in the event of any danger, except in the case communication of such information would cause any harm to the suspect. A prosecutor’s office or an investigative body with an order of the prosecutor’s office shall inform the victim of taking into custody and determine his or her wish to receive information about release of the person held in custody in the case the information can prevent danger to the victim. (The Code of Criminal Procedure, §133)

The victim may also have one person chosen by him or her to accompany him or her in any procedural acts unless the body conducting the proceedings has refused it with good reason.

² Ministry of Justice (Justiitsministeerium), "Selektiiri kriminaalmenetluse scadustiku muutmise ja sellega seonduvalt teiste seaduste muutmise scaduse celnõu, millega laiendatakse kannatanute õigusi kriminaalmenetluses, juurde"
1.1.7. **Right to be heard**

According to the Code of Criminal Procedure a victim also has the right to contest a refusal to commence or termination of criminal proceedings, file a civil action, give or refuse to give testimony, submit evidence, requests and complaints. A victim also has right to examine the minutes of procedural acts and give statements on the conditions, course, results and minutes of the procedural acts, whereas such statements are recorded in the minutes, examine the materials of the criminal file, participate in the court hearing, give consent to the application of settlement proceedings or to refuse to give such consent, to present an opinion concerning the charges and punishment and the amount of damage set out in the charges and the civil action or the proof of claim in public law. A victim has right to give consent to the application of temporary restraining order and request application of restraining order.

A victim may request that his or her hearing is conducted by a person of the same sex when it comes to sexual violence, gender violence or a criminal offence committed in close relationship, except if the hearing is conducted by a prosecutor or a judge or if this would hinder the course of the proceeding.

1.1.8. **Rights to legal representation**

A victim, civil defendant or third party who is a natural person may participate in the criminal proceeding personally or through a representative. Personal participation in a criminal proceeding does not deprive the person of the right to have a representative.

In criminal proceedings, state legal aid shall be provided to victims, civil defendants and third parties on the bases and pursuant to the procedure prescribed in the State Legal Aid Act. If a court finds that the essential interests of a victim, civil defendant or third party may be insufficiently protected without an advocate, the court may decide to grant state legal aid to the person on its own initiative and on the bases and pursuant to the procedure prescribed in the State Legal Aid Act. (§41)

1.2. **Services provided to victims**

Services provided to victims are defined in the Victim Support Act as "a public service aiming at maintaining or enhancing the ability to cope of persons who have fallen victim to criminal offence, negligence or mistreatment or physical, mental or sexual abuse" and include:

1. counselling of victims;
2. assisting victims in communicating with state and local government authorities and legal persons;
3. ensuring safe accommodation;
4. ensuring catering;
5. ensuring access to necessary health services;
6. providing necessary material assistance;
7. providing necessary psychological assistance;
8. enabling necessary translation and interpretation services for receiving the services provided within the framework of victim support services;
9. providing other services necessary for physical and psycho-social rehabilitation of victims.

The victims of trafficking and sexually abused minors receive assistance as long as there is need for the services.
Victim support services are provided on the principle of regionality and shall be available in every county of Estonia. The law states that information concerning the possibilities of using the victim support service shall be available at local government, police, rescue centre, health care, social welfare and other relevant authorities and their websites.

1.3. Transposition of the Directive 2012/29/EC

The Code of Criminal Procedure was amended in December 2015, ensuring the compliance of the criminal procedure with the Directive 2012/29/EC. The amendments entered force in two parts: on 1 July 2016 and 1 January 2017. The main legislative changes related to came into force on 15 November 2015 and the changes that required adjustments in the functioning of the work processes came into force on 1 July 2016. With the amendment, the rights of the victims were included in the legislation, clarifying their position in the criminal proceedings. The most recent amendments to the Victim Support Act (Ohvriabi seadus), relating among others to the measures available for victims of gender-based crimes and services available for victims, entered force on 1 January 2017.

The following laws, among others, were changed in the relation to the transposition of the Directive 2012/29/EC: Penal Code (Karistusseadustik), Code of Criminal Procedure (Kriminaalmenetluse seadustik), State Legal Aid Act (State Legal Aid Act), and Victim Support Act (Ohvriabi seadus).

In summary, the main changes resulting from the transposition of the Victim’s Directive concerned the definition of a victim, victim’s right to interpretation services, assessment of individual protection needs, victim’s rights on interviewing, right to be informed, victim assistance to a victim who is a minor. The rights of crime victims in access to justice during the proceeding are regulated by the Code of Criminal Procedure (Kriminaalmenetluse seadustik). The Victim Support Act (Ohvriabi seadus) generally regulates the services provided to victims of a crime. The Penal Code (Karistusseadustik) regulates the statutes of limitations for barring the prosecution and enacts the concrete penalties for the misdemeanours and crimes (including cases of the offender-victim mediation).

According to the §37 of the Code of Criminal Procedure, "A victim is a natural or legal person whose legal rights have been directly violated by a criminal offence aimed at the person or by an unlawful act committed by a person not capable of guilt. In the case of an attempt to commit a criminal offence, a person is a victim even if, instead of the legal rights attacked, such legal rights are violated the violation of which is covered by the legal rights attacked. The state or another public authority is a victim only in the case it has a proprietary claim due to violation of its legal rights and the claim can be enforced in criminal proceedings. A natural person is a victim even in the case a criminal offence or an unlawful act committed by a person not capable of guilt caused the death of any person close to him or her and damage was caused to him or her as a result of the death".

The definition was changed to fulfil the requirements of the Directive 2012/29/EC, main change is the status of the victim. Prior to 2015, a victim of a crime used to have the same rights as a witness. It is now explicitly stated that a natural person can have status of a victim even if criminal proceeding was not commenced. In case of the death of a person, persons closed to him or her are also considered being a victim. Relatives are, according to the legislation, victim’s spouse or another person living in one household with the victim, but also siblings, close relatives and dependents. The "damage” mentioned in the paragraph means not a monetary loss but suffering
caused by the death of the closed person and entitles relatives to be involved in the criminal proceeding independently, whether they are entitled for the monetary compensation or not.³

Although the changes in the law give grounds to believe that the rights of victims are guaranteed, the issues related to identification of victims, assessment of their need, and referral system are what shall be changed via training, guidelines, better co-operation etc. The need for changes is realised and stated in the Strategy for Preventing Violence for 2015-2020 (Vägivalla ennetamise strateegia 2015-2020)⁴. According to the Strategy, improving the identification of victims and the referral systems is one of the goals for the coming years:

“...In order to make sure that sectoral specialists are able to recognise signs of violence and provide adequate help to the victims, the specialists must be informed and trained. The role of healthcare employees in working with violence victims must be clarified, their skills in identifying and helping a violence victim must be improved and their co-operation with other organisations helping violence victims must be facilitated. This is most relevant for family physicians, paediatricians, gynaecologists, ambulance medics, midwives, family nurses and school nurses. /.../ In-service training for addressing violence-related topics must be ensured for teachers of kindergartens and schools; they must be supported in preparing their study materials. A need for in-service training has been recognised among the social workers and child protection employees of local governments; attention must be paid to specialists working with children with special needs and adults and to providers of services to violence victims. It is considered necessary to provide joint trainings and network trainings to ensure a common information space of specialists of various fields working together on violence cases.”

Due to the recent changes, there are no quantitative nor qualitative data available that would explicitly focus on the identification of victims, assessing the needs of victims or referral mechanisms of victims. However, these topics have been very briefly touched upon in some previous studies. In the following part the situation of victims in Estonia will be presented. It will be followed by the data on two groups: child victims and victims of domestic violence.

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³ See: RKKKo nr 3-1-1-41-15 p 35
2. Situation of victims in Estonia

2.1. Crime situation

In 2016, a total of 28,986 criminal offences were registered in Estonia; when compared to year 2015, the amount of registered crime decreased by 11 per cent. The number of registered crime is decreasing since 2003 (see Figure 1). The most remarkable decrease was for robbery (26%, from 337 in 2015 to 248 in 2016) and for theft (21%, form 11,354 in 2015 to 8,982 in 2016). The decrease in the number of registered offences of physical assault also was significant (15%, from 5,657 in 2015 to 4,823 in 2016). Dramatically increased (by 166%) the number of registered cases of violation of public order (from 432 offences in 2015 to 1147 in 2016). Such increase is probably related to the changes in law but remains outside the interest of the current research.5

Figure 1. Registered criminal offences 2003-2016 (n)6

![Figure 1](source)

In 2015, the main share of the crimes were crimes against property (46%), followed by the crimes against person (22%) and traffic related offences (12%). Starting from year 2010, the general trend in changes of the crime structure is the decrease of the share of crimes against property and the increasing share of the crimes against person. Thus, despite the decreasing crime rate more people may need assistance as of crime victimisation.

In Estonian Penal Code (*Karistusseadustik*), the following offences are considered violent offences: crimes against person (except §-d 137–140 ja 148–150), robbery (§200), aggravated violence against public order (§ 263), and violence against the representatives of state authority (§ 274). In 2015, 7889 violent offences were registered, the number increased compared to previous years. Violent offences counted for 24% of all offences (20% in year 2014) (see also Figure 2 for number of registered violent offences in 2005-2015). The majority of registered violent crimes (72%) are offences of physical assault.

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2.2. Victimisation studies in Estonia

In 1993, the first Crime Victim Survey in Estonia was carried out as a part of an international project “The International Crime Victim Survey”. According to this study, on average 7% of men and 3% of women (average total 4.8%) had been victims of an assault in 1992. By 1999, these shares had rose accordingly to 7.3% and 5.5% (average total 6.4%).8 In 2003, the total average was 3.2%.9 The study also found that non-Estonians, people living in towns and people with lower income level tended to be at a higher risk of victimisation.10

In 2009, when the most recent national Crime Victim Survey was carried out, 7.9% of Estonian inhabitants stated that they have been victimised by the crimes of violence.11 Compared to the previous Crime Victim Surveys, the highest number of people stated that they had been victimised by non-physical sexual harassment (3.6%), 2.4% had been assault victims, and 2% had been victims of sexual harassment (see also Figure 3).

Throughout the years, the understanding of what being a victim means has changed. People are more aware of their rights and know when they should report an offence. However, even if people are aware that they have been a victim, they often do not report the offence to the relevant authorities. For example, according to the data of the 2009 survey, 77% of the victims admitted that they did not inform the police of their assaults or threats. In general, the victim or some other person informed the police in 17% of cases of a violent incident. Health care professionals were approached in 30% of the cases.12

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10 Ibid.
12 Ibid., p. 46.
Since 2009, the national Crime Victim’s Survey has not been carried out, but the Ministry of Justice and the Police and Border Guard Board have collected annual statistics on victims of both physical and material offences. According to the year 2015 data, 2% of Estonian population aged 15-74 said they have been attacked in public space, at home or somewhere else so that they have been hurt and 3% of the respondents have experienced the threat of violence during the last year. Only 38% of persons who have been victims of violence or threatened by violence have reported the incident to police. In 2016, 1.8% of people living in Estonia (aged 15-74) have been victims of an assault in 2016. Approximately 40% of the victims reported the incident to the police.

2.3. **Victims of domestic violence**

The number of registered episodes of domestic violence has been on a rise (see Figure 4). Acts of the domestic violence constituted nearly 10% of all crimes, and 38% of all violent crimes in 2015. The majority (85%) of the acts of domestic violence are the acts of physical abuse. According to the Ministry of Justice, there were in total 2758 victims of the domestic violence interviewed in 2015. According to the Police and Border Guard Board, the

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17 Ibid.

number of notices they get daily on domestic violence has increased throughout the years. The indicative daily numbers are the following:

- In 2010 – 6 notices on domestic violence in one day
- In 2011 – 19 notices on domestic violence in one day
- In 2012 – 25 notices on domestic violence in one day
- In 2013 – 30 notices on domestic violence in one day
- In 2014 – 34 notices on domestic violence in one day
- In 2015 – 38 notices on domestic violence in one day

![Figure 4. Registered acts of domestic violence (2011-2015) (n)](image)


In 2015, 68% of domestic violence cases were conflicts between the actual or the former spouses/partners (66%). However, the proportion of cases of a parent’s or a stepparent’s violence against children is rather high (14%) and not rare are the cases of children’s violence against their parents (9%). Majority of the perpetrators of domestic violence are male (88%) and majority of the victims (82%) are female. In a nearly quarter of the domestic violence cases a minor was either a witness or a victim of violence.

According to the Women’s health study, carried out in 2014, 9% of the women had experienced emotional abuse during the last year. In the same study, 6% of women admitted to have experienced physical abuse and 2% sexual abuse.

Domestic violence has been researched since 2000 in Estonia. In the recent years, several studies have been carried out among the professionals working with victims of domestic violence. For example, in 2015, a study "Domestic violence from the perspective of the police” was carried out among 217 police workers. The police officers were asked how difficult is to evaluate at the scene whether it is a case of domestic violence. According to the police officers, in 14% of the cases it is mostly very difficult, 35% of the cases it is often difficult, and in 42% of the cases it is sometimes difficult.

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21 Ibid.
it is not too difficult to decide at the scene whether it is ‘just’ a row or a case of a serious domestic violence. This indicates that police officers would benefit from the more specific guidelines or indicators to recognise victims of domestic violence.

According to the study carried out in 2014 among health specialists, i.e. family doctors, gynaecologists and midwives, the problem of domestic violence was evaluated to be high (see Figure 5). In total 100 health specialists participated in the study and nearly all of them (over 90%) have witnessed traumas as a result of domestic violence.

Figure 5. Health specialists’ assessment of the seriousness of the problem of domestic violence (%) (27)

2.4. Victimisation of children

According to the statistics of the Police and Border Guard Board, the number of violent crimes against minors has been increasing since 2010 (see table 2). According to the data of the Ministry of Justice, in 2015, in total 1279 victims who were interviewed were minors, and 79% of them were the victims of a violent crime. According to the international study conducted by Marshall et al. (2015), 8% of children in Estonia admitted to have been a victim of an assault which required medical attention in the previous year, which is nearly two times higher compared to the data obtained from other countries. (29)


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24 ibid., p. 16.

25 ibid., p. 19. The sample of the study was 100, including 71 family doctors, 29 gynaecologists and midwives.

26 Ministry of Justice (Justiitsministeerium) (2016). E-mail correspondence, 15 November 2016.

Table 2. Number of violent crimes registered by police 2010 – 2015 (n)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent crimes, total</td>
<td>4199</td>
<td>4862</td>
<td>5286</td>
<td>5454</td>
<td>5369</td>
<td>6118</td>
</tr>
<tr>
<td>... offences against minor under 14 years of age</td>
<td>327</td>
<td>287</td>
<td>323</td>
<td>380</td>
<td>438</td>
<td>461</td>
</tr>
<tr>
<td>... against minor under 18 years of age</td>
<td>535</td>
<td>497</td>
<td>561</td>
<td>617</td>
<td>717</td>
<td>812</td>
</tr>
</tbody>
</table>

Source: Police and Border Guard Board

According to the survey about Estonian adolescents aged 15-19 (2016), nearly half of the respondents (N=2160) had been a victim of a mental abuse and 20% had been a victim of physical violence. Approximately 30% of adolescents aged admitted to have experienced at least one incident of sexual abuse in their lives, and approximately the same number of adolescents have experienced at least one incident of sexual harassment. Adolescents mostly experience violence in intimate relationships. The proportion of those who have experienced sexual abuse is 2.5 times higher among girls compared with boys. Victims of sexual violence are mostly 15-16 years old, but victims of sexual harassment are mostly 12-13 years old. The study also found that mental abuse, physical violence and sexual violence victimization is interconnected.

The violence prevention strategy includes measures and initiatives relevant to combating violence against children. In 2015, the central implementation measures for the prevention of violence against women were related to educating young people. Special educational measures have been developed programmes for schools that would target prevention of violence in families and relationships. One of the activities, for example, was a conference "Raising violence free generation" which was organised in co-operation with the academia, schools, non-governmental sector, and the government agencies. The target group of the conference were the educators and NGOs working with children; it introduced both the theory behind violence as well as the practical tools of prevention and working with the victims.

Another activity, the programme “Open Your Eyes” (‘Ava Silmad’) continues targeting young people. One hundred boys from secondary schools were educated in recognising violence against women and on the ways to help the victims. They also had an obligation to carry out similar programmes in their respective schools; the lecturing is compensated by the programme.

The general quality of the services provided for children are expected to improve with the adoption of the latest amendments to the Victim Support Act (which entered into force on 1 January 2017). These amendments

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34 Open Your Eyes (‘Ava silmad’), available at: www.avasilmad.ee.
extend in particular the support to victims of human trafficking and sexually abused minors. The women’s shelters also include the possibility for providing shelter to women with children.\textsuperscript{36}

2.5. Victims’ experiences with criminal justice system legal state aid, and victim assistance

In 2011, the Ministry of Justice contracted University of Tartu to conduct a research on victims’ and witnesses’ experience with the criminal justice system.\textsuperscript{37} One of the goals was to look at the secondary victimisation and to find out problematic points in the legislation as well as in the system of victim assistance and treatment by the system. The research was conducted in preparation to transposition of the Directive. The sample included 136 victims and 106 witnesses. Of the victims, 38% have had contact with the police only, 1% only with the prosecutor, 38% with the police and the prosecutor, 7% with the police and the court, 1% with the prosecutor and the court, and 14% with all the three institutions. As one can see, the police was contacted in 97% and is one of the most important institutions to identify victim.

Of those who have had contact with the police, 14% said they have had problems or unpleasant experience when interviewed by the police. One-fifth (21%) have had bad experience with the prosecution and 20% with the court. Only 53% of respondents have had sufficient information about their case proceeding, while 47% found information inadequate. Approximately one third of the respondents thought they spent too much time in relation to their criminal case proceedings. Less than half (40%) respondents said they have had to repeat their information several times to the police, prosecutor, or judge.\textsuperscript{38} This shows that the respondents of this survey have experienced secondary victimisation.

According to the law, victims and witnesses have the right to compensation of costs related to their participation in the criminal procedure, e.g. transportation costs, loss of salary, per diem etc. Nearly half of respondents (45%) have had such kind of costs related to interviews in the police station or the prosecutor’s office, court hearings etc., and 55% did not have any cost of this kind. Majority (74%) of witnesses and victims were not aware about the opportunity to apply for compensation of their costs. Only 3% of respondents have used their right for compensation of costs.

Slightly more than half of all victims interviewed for the study were aware about the legal state aid provided for people with low income. The study revealed that Estonian victims are more aware about this possibility compared to the Russian victims, and female more than male. Information about the state legal aid was received from the investigator, lawyer, prosecutor, police, internet, mass media, school or relatives and acquaintances. Six of the respondents have applied for the state legal aid. The main reason for non-applying is either that there was no need for the aid or that a person was not aware of such possibility.\textsuperscript{39}

Respondents received information about the victim assistance mostly from a police officer dealing with the case (40%), couple of people received the information from the prosecutor and more than a half marked other sources of information, mostly relatives or acquaintances but also the local government and women’s shelters. Two thirds of those who received the victim assistance have found it helpful, while twenty percent thought it was not useful at all.\textsuperscript{40}

\textsuperscript{36} Ministry of Justice (\textit{Justiitsministeerium}) (2016), E-mail correspondence, 20 October 2016.
\textsuperscript{38} Ibid., p.39
\textsuperscript{39} Ibid., p.53
\textsuperscript{40} Ibid., p.55
3. **Entry points to the criminal justice system**

3.1. **Law enforcement**

3.1.1. **Police**

Most often the first entry point of victim to the criminal justice system is the police. This could happen in many ways. A person can report crime to the police by calling (or sending an SMS) to the emergency number 112. In this case, the police will go to the crime scene and, if there is a ground for it, will fill in the application (crime report form). If needed, the victim and the attacker will be separated (e.g. in case of domestic violence) and the case will be reported to the neighbourhood police officer.

A person can report crime by coming directly to the police station and submitting a written application.

A person can also report crime by submitting on-line form.\(^{41}\) This form is available in Estonian only. On-line application cannot be submitted if it is a serious crime, when a child is a victim, the attacker is staying at the scene of an event, there were eye-witnesses of the conduction of the crime, and in case the scene of an event is untouched. In those cases, people should call the police.

There are also three ’web constables’\(^{42}\) (available via Facebook, Twitter, Rate, Skype), two of them are Estonian-speaking and one Russian-speaking. The constables also communicate in English. Web constables respond to notifications and letters submitted by the people via internet and carry out trainings for children as well as adults on the issues of internet security. The purpose of web constables is to advise people in any questions related to the law, in case one would like to send a hint or information about crime, if a person is fallen a victim to bullying/abuse, or if a person would like to notify about sexual or other kind of abuse.

3.1.2. **Prosecution**

The Prosecutor’s Office is a government agency under the jurisdiction of the Ministry of Justice. The Prosecutor’s Office directs pre-trial criminal proceedings, ensuring lawfulness and effectiveness thereof; represents public prosecution in court, participates in planning surveillance activities necessary for prevention and identification of crimes, and performs other duties assigned to the Prosecutor’s Office by the law. The prosecution guides investigative bodies in gathering evidence and decides on bringing charges against a person.\(^{43}\) In 2015, there were 171 prosecutors in service in Estonia, of whom 79 were assistant prosecutors, 56 district prosecutors, 5 specialised prosecutors, 11 senior prosecutors, 13 state prosecutors, 4 chief prosecutors, two chief state prosecutors and one Prosecutor General.

The Code of Criminal Procedure obliges a Prosecutor’s Office to explain to the victim his or her rights, the procedure for filing a civil action, essential requirements for a civil action, term for filing a civil action and the consequences of allowing such term to expire, and the conditions and procedure for receipt of legal aid ensured by the state. The prosecutor’s office website contains information for the victims regarding their rights and victim

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\(^{41}\) See the form here: [www.politsei.ee/et/teenused/politseli-avalduse-esitamine.dot](http://www.politsei.ee/et/teenused/politseli-avalduse-esitamine.dot).


support

This obligation to inform victims and to have such information on the web page is stated in the Victim Support Act.

Prosecutor’s office decides whether the application of alternative proceedings is possible. A court may adjudicate a criminal matter by way of settlement proceedings at the request of the accused or the prosecutor's office. If the prosecutor’s office considers application of settlement proceedings, it should ask for the consent of the victim and ask him or her whether he or she wishes to receive notification of the time of a court session. The prosecution should also ascertain the opinion of the victim concerning the charges and the punishment.

The prosecution can terminate criminal procedure and send accused and the victim to conciliation proceedings with the objective of achieving conciliation and remedying of the damage caused by the criminal offence. The consent of the suspect or accused and the victim is necessary for application of conciliation proceedings. In the case of a minor or a person suffering from a mental disorder, the consent of his or her parent or another legal representative or guardian is also required. There will be a conciliator appointed to lead the procedure.

The conciliator will formalise the conciliation as a written agreement signed by the suspect or accused and the victim and the legal representative or guardian of a minor or a person suffering from a mental disorder. A conciliation agreement contains the procedure for and conditions of remedying of the damage caused by the criminal offence and, possibly, other conditions. The institution responsible for the conciliation procedure is Victim Support Service.

3.2. Victim Support and Welfare Services

3.2.1. Victim Support Services

The central institution that is aimed to support victims of crime is the Victim support and conciliation Service that is part of the National Social Insurance Board. The victim support is a free public social service aimed at maintaining or enhancing the victim’s ability to cope. The work of the victim support service is regulated by the Victim Support Act. This national victim support institution was created in Estonia 10 years ago. There is a victim support office with at least one worker in every county (18 offices in total). As a rule, the victim support worker’s office is in the same building with the police. In total, there are 29 victim support workers in Estonia.

Any person who has fallen victim to negligence, mistreatment or physical, mental or sexual abuse has the right to receive the victim support. Any person who has been subject to suffering or injury has access to counselling regardless of whether the identity of the perpetrator has been disclosed or criminal proceedings have been brought against him/her.

From the point of view of the Directive, it is important that information about the victims’ assistance is aggregated in one institution, the so-called one-stop-shop principle, so a victim does not need to go from one institution to another. The work of the victim support and conciliation service is organised per this principle.

Although the number of registered crimes is decreasing, the number of persons who turned to the victim support service is increasing. According to the data by Social Insurance Board, the number of unique clients in 2014 was 3155, of whom 684 were male and 2440 female victims. In 2013, the number of victims who received help from the services was lower - 2990 persons (see also Table 3). In 2014, of all the victims who contacted the victim assistance services, only 47% have had reported an offence to the police (46% in 2013).

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Table 3. Persons received assistance from the Victim Assistance Service by type of the offence (n)\textsuperscript{35}

<table>
<thead>
<tr>
<th>Type of offence</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>334</td>
<td>381</td>
</tr>
<tr>
<td>Rape</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>94</td>
<td>72</td>
</tr>
<tr>
<td>Homicide</td>
<td>52</td>
<td>98</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>1328</td>
<td>1114</td>
</tr>
<tr>
<td>School bullying</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Psychological violence</td>
<td>469</td>
<td>407</td>
</tr>
<tr>
<td>Institutional violence</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Property crime</td>
<td>55</td>
<td>73</td>
</tr>
<tr>
<td>Accident, including traffic accident</td>
<td>101</td>
<td>92</td>
</tr>
</tbody>
</table>

Source: Social Insurance Board

In the interviews, the victim support workers emphasised that the compensation mechanism for the cost of psychological care for victims is very good. The Victim’s Support Act (§ 6(2)) provides that "the decision to compensate for the cost of psychological care shall be based on the following: 1) the relation of the offence committed with regard to the victim and the decline of the ability to cope of the applicant for compensation; 2) the anticipated efficiency of the psychological care; 3) the need of the person for other services." According to this Act, psychological care includes psychological counselling, psychotherapy or support group services. The victim is entitled to compensation for the cost of psychological care in an amount of up to one minimum monthly wage (from 1 January 2017 this sum is €470), and his/her family members in an amount of up to three times the minimum monthly wage. In 2014, the total number of applications for compensation of the costs related to the psychological counselling was 389, of which 233 was provided for victims and 156 to the members of victim’s family. In 2014, the total amount of compensation was €90,666.\textsuperscript{46}

The Victim Support Act also has the provisions for the involvement of volunteers in victim support. However, this possibility was used in 2005-2006 only and no volunteers are involved in the victim support now.\textsuperscript{47} This unused resource may become important component of the victim support system contributing to its flexibility, availability and accessibility. According to the interview with a representative of NGO, one reason why the crisis centre for women do not involve volunteers in their work is the formal requirement set by the Ministry of Social Affairs that before assisting victims of domestic violence volunteers shall receive the 40-hour training on the intimate partner violence. Such training is available only once a year. The help of volunteers would be appreciated because the crisis centre receives only 10 hours of legal and 15 hours of psychological counselling per person paid by the state.

3.2.1.1. Conciliation

Responsibility of the victim support service is the provision of conciliation service. Victim support workers who have received the relevant training carry out the conciliation. If the parties consent to this, the prosecutor’s office

\textsuperscript{35} Ministry of Justice (Justiitministeerium), “Seltsuskiri kriminaalmenetluse seadustiku muutmise ja sellega seonduvalt teiste seaduste muutmise seaduse elnu, millega laiendatakse kannatanute õigust kriminaalmenetluses, juurde”, p. 54.

\textsuperscript{46} Ministry of Justice (Justiitministeerium), “Seltsuskiri kriminaalmenetluse seadustiku muutmise ja sellega seonduvalt teiste seaduste muutmise seaduse elnu, millega laiendatakse kannatanute õigust kriminaalmenetluses, juurde”.

\textsuperscript{47} Ibid.
or a court of law will make the decision to terminate criminal proceedings by reverting to the conciliation procedure. The conciliation process ends with the signature of a written conciliation agreement between the parties. The agreement sets out the procedure for and the conditions of remedying the damage caused by the offence, and it may include other terms and conditions, including the performance of effective actions. The conciliator’s main function is to guide the parties towards a normal and feasible agreement.  

As a practice, the conciliation proceedings are used in cases of domestic violence. The aim of the conciliation proceeding is to achieve conciliation between the suspect/accused person and the victim, and remedy the damage caused by the criminal offence. However, the conciliation is not permitted in cases of torture, human trafficking, abduction, offences against sexual self-determination, extortion or aggravated breach of public order, also when the offence has been committed by an adult against a minor or it has resulted in a person’s death. The conciliator is a victim support officer and he/she is appointed as a conciliator in a particular case pursuant to Code of the Criminal Procedure, Victim Support Act and Regulation on Conciliation Procedure. The conciliation proceedings have been suggested as one method in incidents of domestic violence, but strongly condemned by some specialists working with victims of domestic violence. Instead, the restraining order should be used more, as soft measures may not have the expected result.

3.2.1.2. State compensation to victims of crime

The Victim support service also coordinates the state compensation to victims of crime. Compensation is paid to the victims of crimes of violence committed in the territory of the Republic of Estonia and to their dependants. The person who bears the expenses relating to the medical treatment or funeral of a victim has the right to be compensated also. Compensation shall be paid if the victim sustains serious damage to his or her health, sustains a health disorder lasting for at least six months or dies because of a crime of violence. Per the Act, the amount of compensation shall be 80% of the material damage but no more than a total of €9,590 to one victim and all his dependants. As previous studies have shown, the state compensation is rarely applied for (see part 2.5).

3.2.1.3. Special assistance to child victims

When victim of crime or abuse is a minor, he or she receives special treatment by the criminal justice institutions. Child welfare specialist, social worker, teacher or psychologist may be involved in the hearing of the child. Official who interview a child victim shall have received appropriate training. If official has no special competence, then presence of child welfare specialist, social worker, teacher, or psychologist is mandatory in cases when child is up to ten years old or if the case is related to domestic violence or sexual abuse, and also if a child has some special needs or disabilities. If necessary, the hearing is video recorded with the intention to use it as evidence in court.

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50 Procedure for conducting conciliation proceedings (Leptusmenetluse labriinise kord), Decree no 188 of the Government.

51 Procedure for conducting conciliation proceedings (Leptusmenetluse labriinise kord), Decree no 188 of the Government.


In January 2017, a pilot project of Children’s House was started in Tallinn. The information booklet describes this project as:

"[…] a child-friendly interdisciplinary service for children suspected or confirmed to have been sexually abused. Different specialists such as police, child protection workers, psychologists and many others working for the welfare of children are brought under the same roof. Investigations are made on the ground with children that have fallen victim; later they are also provided the help they need. The Social Insurance Board, the Police and Border Guard Board, the Northern District Prosecutor’s Office, the Estonian Forensic Science Institute, the Tallinn Children’s Hospital Foundation and Harju County local governments all work closely together within the framework of the Children’s House service. ...

While today a child still needs to tell their story in different locations, it will be no longer necessary in the Children’s House. It is extremely important because secondary victimisation may have dire effects on the child and they may even refuse to speak at all, which makes it difficult to help them. Pre-interview is a predetermined process where a child is encouraged to speak about what happened in a safe environment and in a non-guiding way. During the interview, the suspicion of sexual abuse is assessed and, if necessary, the police starts criminal proceedings. In the Children’s House, the medical condition of the child is evaluated and their need for further help is ascertained. Information on the follow-up services for the child and the family is also available at the Children’s House. The referral to the Children’s House is made by the child protection worker or by the social worker."

This new practise that is organised on the one-stop-shop principle looks very promising as every meeting with the police at the station may have traumatic effect on a child victim.

3.2.2. Child Protection

Child protection (welfare) workers work at the local government and are responsible for the protection of child’s rights and welfare. Each local government has a person responsible for child protection services. In smaller municipalities, these duties may be performed by social worker or by youth specialist.

Child Protection Act states that upon occurrence of the child’s need for assistance, the person raising a child and the person working with a child shall seek assistance and cooperate with child protection officials and other persons working with children, if necessary.

In 2009 a child protection helpline service was launched using the nationwide free of charge round the clock operational helpline number 116 111. The objective of the service is to enable everybody to report about a child in need, forward the information to respective specialists and to offer children and other people primary social counselling and crisis counselling, if necessary. The service is provided in accordance with the Child Protection Act § 59, according to which every person is required to immediately notify the social services department, police or some other body providing assistance if the person knows of a child who is in need of protection or assistance.

3.3. Women’s support centres/shelters

Estonia has signed but not ratified the Istanbul Convention, a pillar stone in the rights of women victims of crime. The new coalition agreement points out that the Convention will be ratified in 2017. Violence against

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women has been prominently discussed both in the media in general as well as was brought up by the members of the Parliament in the last years. All in all, in the last 5 years, due to the Norway Grants in the sum of total € 2,000,000 provided for the field of domestic violence, the services to women who are victims of domestic violence have been improved. There have also been several projects and studies in the field of domestic violence. This all has helped to provide better assistance to the victims of domestic violence and meet their needs better.

Starting from 1 January 2017, the operation of women’s support centre services is guaranteed and regulated by the Victim Support Act. The Act (§ 6) defines “women’s support centre (hereafter support centre) service is a compound service which objective is to contribute to rescue from violence of a woman who has fallen victim to violence against women and achievement of independent ability to cope by providing safe environment and counselling and, if necessary, temporary accommodation for the woman and the children accompanying her”. The violence against women is defined in the law broadly, including physical, sexual, mental or economic harm, including a threat of the violence.

Women’s support centres are organised in every Estonian county, 15 in total. The work of the centres is financially supported from the state via tendering procedure. In 2017, the total amount given to the support centres all over Estonia is €641,051. The place of the support centre and the centre’s workers contacts are not disclosed. There is central phone number 1492 working 24/7 that provides support and counselling to the victims of violence against women.

Before 2017, services of the women support centres were provided on a contractual basis without a clear and general legal obligation. Now the Victims Support Act supplement regulates in detail the services provided by the support centres including the qualification of personal, the type of services provided and maximum duration of the services. At the same time, according to the Estonian Women’s Shelters Union (“Eesti Naiste Varjupaikade Liit”), the total budget for the services to be provided for year 2017 decreased substantively. In 2016, the shelters received a total of € 725,000 support, a part of which came from the Norway Grants (“Norra toetusprogramm”) which ended in 2016. In 2017, the total planned budget is € 620,000, i.e. nearly € 100,000 less. Because of this, the Estonian Women’s Shelters Union is of the opinion that such a decrease in financing does not allow to continue a sustainable operation and provide the necessary integrated services.

3.4. Health system

The Estonian health care system is built around countrywide primary care which is centred around family medicine, with specially trained doctors and nurses. Family physicians serve as the first level of contact and gatekeeper of the system. There are currently about 800 family physician practices in Estonia, approximately 70% of family physicians work in solo practices, while the rest 30% are consolidated into bigger centres. Family physicians

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56 7 moments when to hit a woman’ based on the case of Tiit Ojasoo’ (“7 hetke, mil liita naist’ Tiit Ojasoo ainetel’), S. Henno, 10 June 2016, Postimees. Postimees: ’13 well-known men from the governing elite joined a campaign condemning the violence against women’ (’13 tunnud meest Eesti naite esionsast litusid naistevastast vägivaldast tänu Tiit Ojasoo ainetel’), L. Velsker, 29 June 2016, Postimeses.
are responsible for providing a core package of services. Family doctors and nurses provide more than half of all ambulatory care visits, while ambulatory specialists deliver the remainder of these visits. Family doctors carry out a practical gatekeeper function for secondary care, although some specialists like gynaecologists or psychiatrists can be accessed directly.

Primary care is supported by ambulance services available all over Estonia. There are currently about 65 public and private hospitals in Estonia, including 35 nursing and rehabilitation hospitals. 19 public hospitals are included in the Hospital Network Development Plan (HNDP). HNDP hospitals are divided into regional, central, general, and local. Regional central and general hospitals provide 24/7 emergency care.61

From the point of view of the current study the possible access points for the victims of crime in the national health system are family doctors and nurses, gynaecologists, psychiatrists and, finally, emergency care nurses and doctors.

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4. **Victim-related practices in Estonia**

In this section, we specifically look at the two particularly vulnerable groups of victims: victims of domestic violence and child victims of sexual abuse. For the victims of trafficking in human beings there is a system of identification, referral and assistance already in place. Interviews with the experts revealed that minorities like, disabled people, LGBT people, or other vulnerable groups are not considered as a separate group and therefore do not receive any special treatment. In recent years combating, preventing domestic violence including victim assistance was one of the priorities for the criminal justice in Estonia. There is also a considerable amount of initiatives aimed to identify and assist children who have been victims of sexual abuse. Based on this, the research team decided to focus on those two groups where legislation, services, organization of work of the agencies are still “under construction”.

4.1. **Law Enforcement**

4.1.1. Identification of victims

When a victim reports crime in the station a police officer on duty can register the report and direct victim to the victim support services. For example, at the police station in Tallinn where an interview for this project took place, information booklets for victims were provided at the waiting area and the victim protection worker’s room was right in the area, easily visible and accessible.

*Figure 6. Waiting room at police station with information booklets for victims and the victim protection worker’s office in the reception area. (Photo by the author)*

In case of domestic violence, the police (see chapter 4.1.2) will fill a special form at the spot, even if the criminal proceeding will not be started. The form consists of two parts: information on the perpetrator and information on the victim. This form with the information on domestic violence will be later forwarded to the neighbourhood police officer. The neighbourhood police officer will visit home where the violence took place and talk to the victim. It seems from the interviews that for the victims of intimate partner/domestic violence, the
neighbourhood police officer is the most important contact who has the role to identify, access need and refer victim to other services.

4.1.2. Individualised assessment of needs

There is no special procedure, guidelines or formal interview form to assess individual needs of the victim. If the victim is a child, a specialised police unit called the child protection unit will interview a child in a special room. If sexual abuse is suspected, special anatomical dolls will be used to help child to explain what happened to him or her. Police officers from the child protection unit have, as a rule, received a special training to interview a child. On January 25th in 2017, the Ministry of Justice in co-operation with the Ministry of Interior presented a Handbook of Child Interviewing, which is a practical tool for all the specialists working with child victims and witnesses.

Police officers often can speak Estonian and Russian and communicate with the victims using the language of their choice. If a particular police officer cannot speak Russian, then somebody from the station will be found who can speak the language.

Information materials for the victims are, as a rule, provided in Estonian and Russian, recently some of the materials are also available in English.

If the victim of violence is aged person, police is working in co-operation with social welfare workers.

If the act of violence is repeating, this information is recorded to the police database and a policeman on duty can take this into account when deciding what measures to take for the victim protection and assistance. The database is used by police. In practice police officer will communicate this information to victim support worker.

The neighbourhood police officers also mentioned in the interview that they have experience with domestic violence between LGBT couples. Police officers received no special training on the issue. The best strategy they use is to treat LGBT people on the non-discrimination basis, "just like any other family".

Figure 8. Special room to interview child victims and witnesses

In case of domestic violence, the information collected on the spot is used for assessment of special protection as well as victim assistance needs. The police collect information about victims and perpetrators of domestic violence using "Information sheet for domestic violence". As one police officer told in the interview, "this sheet

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was created by ourselves, for our analytical purposes to get better overview of the case". The example of information sheet is presented in the appendix (in Estonian only). There are six sections in it:

1. **General data**
   1.1. Brief description of the case/call (2 lines)
   1.2. Place of violence (home/public space/other)
   1.3. Children (present during conflict/violence against child/conflict without presence of a child/number of children)
   1.4. Violence (physical abuse/sexual abuse/psychological abuse/weapon/no abuse)

2. **Victim**
   2.1. Name
   2.2. Date of birth
   2.3. Personal ID number
   2.4. Gender
   2.5. Place of residence
   2.6. Phone number
   2.7. Condition of a person (sober/under influence of alcohol/under influence of drugs/unknown)
   2.8. The results/harm (no health damages/health damage/dead)
   2.9. Relationship between a victim and a perpetrator
      (spouse/partner/mother/father/daughter/son/sister/brother/former spouse or partner/other)
   2.10. Decision regarding a victim (remained home/sent to become sober/left/brought to the police station/brought to hospital/other)
   2.11. Victim's agreement to refer the contact data to the victim support service...(signature)

3. **Perpetrator**
   3.1. Name
   3.2. Date of birth
   3.3. Personal ID number
   3.4. Gender
   3.5. Place of residence
   3.6. Phone number
   3.7. Social status (pupil/student/retired/disabled/unemployed/working......)
   3.8. Condition of a person (sober/under influence of alcohol/under influence of drugs/unknown)
   3.9. The results/harm (no health damages/health damage/dead)
   3.10. Relationship between a victim and a perpetrator
      (spouse/partner/mother/father/daughter/son/sister/brother/former spouse or partner/other)
   3.11. Decision regarding a victim (remained home/sent to become sober/left/brought to police station/brought to hospital/other)
   3.12. Restriction order applied (yes/written/oral/no)

4. **Witnesses and children in the family** (contact, data, relationship to victim/perpetrator)

5. **Additional information/notes**

6. **Decision on the case** (filled in later by neighbourhood police or a contact person)
   6.1. Procedure commenced (criminal/misdemeanour)
   6.2. Procedure terminated (criminal/misdemeanour)
   6.3. Information referred to (neighbourhood constable/youth police/social welfare/victim support)
   6.4. Additional control done by (neighbourhood constable/youth police/social welfare/victim support)

The information sheet, according to all interviews with the police officers and the victim support workers, is a helpful work instrument and they found it very useful. In the interview, the police officer responsible for the strategic planning said that although it can be, to some extent, used to assess the victim’s needs, the purpose of information sheet is the collection of data. Now, the police and other services are working on MARAC.
networking model that will employ DASH risk assessment model that is in use by UK police since 2009.63 The MARAC model will be discussed in the next section of the report (referral mechanisms).

4.1.3. Referral mechanisms

Victim of domestic violence will be asked for the consent to send his or her contact data to the victim support worker. In case the victim agrees, the information about the incident will be submitted to the victim support worker.

Sometimes, home visits are done together by the police and the victim support workers or other relevant persons. A person who was suffering from the violent act, will be given an informational booklet, folded into a credit-card size. The booklet contains contact details for the main institutions that provide help to the victims: police, victim support service, shelter, social welfare worker or child welfare worker. It also includes information on the victim’s rights and the special protection right. There is also space left that will be filled in by a police officer on the spot. There is space for the phone numbers of a neighbourhood police officer, local victims’ support worker, local social welfare/child protection worker, contact for the shelter and a doctor. The booklets are available in three languages: Estonian, Russian and English64.

Figure 7. Part of the information booklet for the victims of domestic violence

4.2. Victim support services and welfare

4.2.1. Identification of victims

According to the interviews with the victim support services, roughly half of the victims reach them via the police, half of the turn themselves to the services. In cases of domestic violence, when the police have filled in the form

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64 Police and Bolder Guard Board. Information materials for prevention, available at: www.politsei.ee/et/ennetus/ennetusalased-materialid.doc
and victim has agreed to share this information with the victim support, then the victim support worker will contact this person to agree on the personal meeting.

Sometimes the police officer brings a victim to the support service but such cases are rare, just few hundred cases per year for the whole country.

Some people come directly to the victim support office. In such cases, it is difficult to say whether someone (e.g. some NGO) has recommended it or a person just learned about the service herself/himself. If a person claims he or she is a victim, he or she will be heard by the service. There are no guidelines for identification of victims. As the victim service worker said: "This is first of all because we welcome everyone who feels they’ve been hurt or badly treated or treated with negligence and they themselves feel that they cannot cope any more with their everyday life".

Each case is entered into a database. The database contains description of the case, planned, and agreed actions to assist the victim. The database also provides information whether the person has been a victim before. The personal identification is not necessary to receive help from the services: "If person says she or he has a problem, then we will talk about the problem. She or he may remain anonymous, this is not important for us. What is important is what the problem is and how we can help the client. Can we help it or do we need to send the person to another institution?"

The victim support service will not deal with the minors. The victimised minors will be referred to the special Police child protection unit.

Additionally, child protection (welfare) workers at the local government may be involved in the identification of victims who are younger than 18 years old. When a child protection worker receives information about a child in need (including a victimised child), she or he will take all necessary steps to first, meet the child and after that talk to the parent. A child protection worker told in the interview that to meet a child, she would go to the school, kindergarten, and the child’s home. Sometimes, if it is more convenient for the child, the meeting would take place at the office of the child protection worker. Information about the problems comes from a school psychologist or a school social worker. However, one of the problems mentioned by the child protection worker is that if the teacher who observes child directly will not inform a social worker or a psychologist, the child in need will remain unnoticed and gets no assistance. Sometimes a parent or a neighbour will call a child protection worker if there is a suspicion of abuse of a child.

If there is a suspicion of abuse, for example, a teacher at school or kindergarten notices bruises, or if a kindergarten child shows unusual interest to sexual topics, the child protection worker will inform the police. There is no special formal instrument or a form in use for the identification of victims. Child protection worker talks to a child in an appropriate manner.

To help the teachers and other specialists working with children to identify the sexual abuse of children, a so-called "Barometer of concern" created by Janus Centre (Denmark) was translated and adopted to Estonian and Russian languages. The Barometer is a guideline to the professionals and parents on whether the behaviour exhibited by children and adolescents should provoke a concern and when to intervene.45

4.2.2. Individualised assessment of needs

There is no special instrument for the assessment of the victim’s needs. For the assessment of psychological needs, the victim support service has a special questionnaire that is the basis for receiving the psychological counselling.

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Victim support worker will fill this questionnaire during the interview. The interview is not structured, the victim support workers talks „naturally” to the victim. This questionnaire will be filled in and the procedure initiated in case if victim would like to receive psychological counselling. The questionnaire is the basis for the application to compensate costs of psychological counselling. In the application, the victim support worker will indicate the individual characteristics of the victim, and explains how the victim will benefit from the counselling.

When the victim applies for the compensation of counselling costs, the victim support worker will come back to the questionnaire and fill it to the information system. The questionnaire contains information about health, sleep deprivation, irritability, emotions, security, work ability, coping with everyday life, social network, whether a victim has any family member who supports him or her. The data is entered to the system and the response on the need of the psychological support and counselling is given immediately.

As could be concluded from the interviews, in the cities where the proportion of the Russian-speaking population is considerably high, the victim support workers can speak both languages and a victim can receive assistance in her or his language without involvement of an interpreter.

The assessment of child’s needs is done according to the Child Protection Act. Child protection worker collects information, sends requests to different relevant specialists and institutions: “I talk to the family and institutions who have contacts with them; if some specialists work with the family, then I collect information from them, e.g. psychologists, psychiatrists. If the circle is small, then there is less information. Based on this, I can get a picture.” There are no special scales used for risk/needs assessment. There is no compulsory form to be filled in. Every child has an electronic file where all the information comes together in the STAR registry. All areas that need to be assessed are in the table: physical condition, health condition, economic, educational skills of the persons who are raising a child, child’s opinion and parent’s opinion, in addition, evaluation by the educational institution and, if needed, an expert’s opinion.

4.2.3. Referral mechanisms

Victim support services can refer victim to the police, psychologist, women’s shelter, social worker, sometimes hospital etc. The closest cooperation is with the police: “We do co-operate with the police. When something happens, the network and case management are created. We talk to the psychologist, ask what happened to a person, whether a criminal procedure was started, what was the end of the story. All communication is oral, we cannot do anything in written, information is confidential. But we do share a little. We do co-operation with the prosecutor’s office. However, we do not get anything from the medical institutions. Nothing comes back from there. Even when a boy with psychosis was taken to the clinic directly from my office, a doctor called and asked for information about the case, but I got no information, nothing back.”.

As the head of the victim support services told in the interview, the common electronic system for information exchange between the institutions does not exist at the moment. There is no system for the electronic referral. Every time the victim support service contacts a client, certain experts and agrees about the meeting, time etc. At the moment, it is in the development phase but there are still a lot of questions to be answered. It would be reasonable not to create a new separated system for the victim support service but to use the one (STAR) already

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66 STAR – (Sotsiaaltoetuste – ja teenuste andmeregister) - Social Services and Benefits Registry - is a central database belonging to the state information system which is established for the recording and processing of social work (case management, recording and processing of the provision of social services and benefits and other assistance, organisation of adoption and guardianship, and collection of data concerning social welfare and data and statistics concerning social benefits paid by local governments).
in use by the child protection workers and which is accessible to the shelters and the police. This is certainly an area that needs to be developed.

A victim support worker assessed co-operation with child protection: "With the child protection worker it is so-so. With some of them, the co-operation is better, with some, worse. But it got better with the years. This co-operation with the child protection is very important to deal with the child’s problem. Via e-mail the answers are very laconic, phone conversations tell more. Our data protection has frightened everyone, this is the main obstacle".

Estonian Insurance Board together with the Ministry of Interior have applied and received financial support for the project to develop a multi-agency model for cooperation to identify and assist families in risk of domestic violence. The aim of the project is to adapt MARAC (Multi Agency Risk Assessment Conference) model for cooperation that is already in use in UK\textsuperscript{67} and Finland\textsuperscript{68}.

Now the model is piloted in three regions (since June 2016 until December 2017). By the year 2020, the model will be adopted and applied in the whole country.

The MARAC is a victim-focused meeting where information is shared on the highest risk cases of domestic abuse between the criminal justice, health, child protection, housing practitioners as well as other specialists from the statutory and voluntary sectors. MARAC involves the assessment of victim’s needs and risks, creation of a safety plan for each victim, regular meetings for the case management. When an intervention is successful meaning that the victim is safe, protected and there is no danger of the violence, the intervention will come to the end. The victim’s situation will be monitored for one year after the end of intervention. Every part of the MARAC network will get its tasks and responsibilities.\textsuperscript{69}

4.3. Women’s shelters and support centers

4.3.1. Identification of victims

In the women’s shelter, as the representative of staff claimed in the interview, there is no need to have a special procedure for the victims’ identification: "We do not place people in the row and do not check who is a victim and who is not. When a person arrives to us, we start to talk to her. Only victims arrive to us."

A psychologist who works with women in prostitution and rehabilitation of victims of human trafficking, pays attention to the following characteristics: vulnerable situation prior to trafficking, how recruitment and transportation was done, who were the actors, what was the victim’s role, and what kind of exploitation was there. The interview with victims is not structured but the specialist keeps those points in mind while having conversation with the victim. If there is the reason to believe that the interviewed person may be a victim of human trafficking, then the director of NGO will be informed and decide about the next steps, whether the case shall be referred to the police.

4.3.2. Individual assessment of needs


Women’s support centre described the assessment procedure as follows: “When a person comes to us, she has to inform us about her special needs and health problems. We have such point [in the assessment] and she has to confirm it with her signature. If a person can cope with her life, it does not matter. However, if she has a mental disorder, then shelter will not accept her. That is because we do not have a personal who is 24 hours a day present here. ... If such a person arrives, then the problem is how to send her to somewhere else/another institution because she is threatening other women in the shelter.” A case plan is created for each victim. First, the victim writes herself the reason why she came to the shelter. Later, a member of the staff writes to the case plan what the victim will do and where she will go later. Everything is written as the victim says, no checks are done later by the shelter’s staff.

In another NGO who is assisting victims of trafficking, the assessment criteria is the relevance of the characteristic to the rehabilitation process, involving assessment of physical health, psychological health, social and legal situation. Based on this assessment, a rehabilitation plan is done: “For example, sometimes a person needs to see a doctor, or is underweight and needs additional food, needs some clothes, or needs to go to the psychiatrists. Even if the victim has elderly parents and they need to be protected or taken care of, then we help to arrange all things. We can put all this to rehabilitation plan.”

4.3.3. Referral mechanisms

At the crisis centre victims are referred according to their needs and situation. If victim needs legal advice, she is sent to legal counselling NGO. SA Oigusteenustebüroo was particularly mentioned as a good partner in Tallinn.

Victims are also referred to child protection officer. This is done in cases when victim of domestic violence decides to get divorce. In such cases child protection service is a key figure in the court process. Co-operation with child protection was characterized as very effective: there is a feedback on cases, child protection is “a partner in the helping network”.

If the victim has no place to live and cannot afford to rent accommodation, the shelter workers will refer her to local social welfare office to apply for housing.

Sometimes shelters will advise victim to report crime to police. However, they warn victims that “it will be a long way that requires strong nerves”.

One problem discussed in relation to victims’ referral is the problem of exchange of information between different actors. Once victim is referred to another institution, the will be no information regarding how the case was proceeded. There is no formal platform for information flow in place.

4.4. Hospitals

4.4.1. Identification of victims

In emergency rooms (ER), if it is not possible to establish contact with the victim, the police will be called to the hospital. The police will take responsibility to identify person and learn about the incident. The person who will turn to the hospital is first of all treated as a patient: “If, for example, a woman comes and says that the man has beaten her at home, then we ask what is her purpose of the visit, whether she has headache, or she wants to sew the wound... When the patient wants, then we identify her and doctor prepares a report, of what happened and where, and then pass it to the police. This is done only if the patient agrees, has given her consent.” The hospital first of all provides medical assistance and is not so much interested in other issues. Even if the report from the
hospital would be sent to the police, no proceeding will be commenced unless a victim files a report to the police herself.

ER has obligation to call the police in case if they have suspicion that a child was a victim of violence: "In another case, a 7-8-year-old girl was really bleeding. The mother tried to hide it, however. In this case, we had the obligation to inform the police. In such cases, we do not listen what the parents say. We are required by the law to report the incident and the doctor, not parent, is responsible for the child". Doctors have no right or obligation to refer the patients to the Social Insurance Board, NGOs or other services. In the interviews, the ER workers mentioned that they do not have overview of the institutions and contacts to refer patients to the institutions providing victim support, although thought it would be helpful to have such a list of contacts.

4.4.2. Assessment of needs

Hospitals (emergency rooms) do not assist any other needs except what is needed for the medical treatment: "We neither have time nor wish to learn some more about a patient except his or her health problems". There is no record on the number of times a person has been to ER because of traumas.

4.4.3. Referral mechanisms

According to doctor’s view assisting victims including referral to other institutions is not their task. Many specialists mentioned problem of communication between doctors and victim assisting institutions. ER specialists, general practitioners and family doctors may and should play more important role in the whole process of victims’ identification and referral.

One positive step to increase the role of doctors in the network to help victims of violence, is inclusion of doctors in the teams of above mentioned children’s house to assist children who have been victims of sexual abuse.
5. **Synthesis: good practices, gaps and challenges**

This section draws conclusions with regard to existing practices analysed at the level of different entry points.

5.1. **Identification of Victims**

- Most entry points rely on victims’ self-identification. With the exception of victim support services, each entry point looks at the victim from the mandate of their organisation. This was especially noticeable with the hospitals who provide victims with medical assistance and ignore other aspects of victimisation.

- Formalised identification of victims is applied to ensure that the victim belongs to a special group like victim of trafficking in human beings or a minor who is a victim of sexual abuse. These groups are eligible for additional state-financed services and in therefore victim identification process is combined with the application of eligibility criteria.

- Victim support services apply broader definition of victims that is not connected to reporting of crime incident.

- Victim Support Service is governmental service, available over the country.

- Practice in which the offices of victim support centres are situated close to police stations but are independent from the police, works well as it allows more victims to be identified and get access to the necessary help.

- Proactive work of neighbourhood constables helps to identify more victims and direct them to victim support service. It is not obligatory for the victims to report crime to the police.

5.2. **Individualised assessment of needs**

Individualised assessment of needs is a basis for providing victims with special protection measures and necessary assistance. Individualised assessment of needs is now explicitly included into legislation as an obligation of the criminal justice system. Now there are still no guidelines or other instruments provided for law enforcement, victim support services to help them with the process of needs’ assessment. Sensitivity training for law enforcement is planned but not in place yet.

- Assessment of needs is based on the personal knowledge and sensitivity of particular actors working with victims.

- If victim support officer feels that victim needs psychological support and victim agrees, there is a special questionnaire to assess this need. The questionnaire is also used as instrument to check eligibility for the psychological support measures.

- Estonia started a pilot project to apply MARAC model for network co-operation in case of repeated domestic violence. Part of this model is risk-assessment instrument. By the year 2020 the model shall be adopted and applied all over Estonia.

- In case of minors who are victims of sexual abuse, the new approach based on one-shop principle is applied in Tallinn since January 2017. All specialists are in one place and the services around the victim, not vice versa.

- Assessment of needs often requires data exchange between different agencies. Data exchange is not well regulated and the data protection requirements are not clear. Specialists do not exchange information because they are afraid to violate the law. In this regard, there is a good practise – data protection office released the guidelines for the cases of victims of trafficking.
5.3. Referral mechanisms

Referral mechanisms are important to deliver services for victims requiring proper support. In Estonia law enforcement (usually police), who is often the first contact point for the victim, has obligation to refer victim to victim support services. The police tell the victim about the possibility of support services and refer him or her to a service unless the victim does not want such support. Referral mechanisms are important also from the point of view of identification of victims which, again, is important to avoid secondary or repeated victimisation and provide proper help.

- Referral mechanism works very well between police and victim support services. The factors contributing to this include proximity of victim support to police stations, established formal practices in case of victims of domestic violence, and personal contacts between police and victim support officers.

- To avoid secondary victimisation referral practices shall include information forwarding about victim, his or her situation, and needs to the next service provider. Currently this practice is not well established in Estonia. Service providers are not very well informed about data protection nuances and, to avoid problems, prefer not to pass any information further on. However, because of this the victim needs to repeat her or his story for each specialist again and again.

- Referral mechanisms work well where there is an established network of specialists. The research revealed that sometimes those networks are incomplete and have just few common points. Police co-operates well with victim support services and social welfare services. Women’s shelters co-operate with child protection and NGOs providing legal advice to the victims. Medical services, however, do not co-operate with others unless the victim is a minor.

5.4. Good practices

In Estonia, there are two good practices in place. The first is applied by the police. The police use a fill-in information sheet in cases of domestic violence that is a basis for identification, assessment of needs and referral of victims. See more in chapter 4.1.1 Identification of victims.

The second good practice is the “Children’s house” – a one-stop-shop to serve as the main contact for minor victims of sexual abuse. The referral to the Children’s House is made by the child protection worker or by the social worker. See more in chapter 3.2.1.3 Special assistance to child victims.
Conclusion

The Victim’s Directive (2012/29/EC), adopted in 2012, is an important pillar of the European criminal law agenda. In order to ensure the compliance with the Victim’s Directive the relevant legislative acts related to it were amended in Estonia in 2017. The latest changes entered into force on 1 January 2017. The Code of Criminal Procedure (Kriminaalmenetluse seadustik) and the Victim Support Act (Ohvriabi seadus) are two main legislative acts which determine the rights of the victims. The definition of victim in Estonian legislation is in accordance with the Directive 2012/29/EC. However, the changes in legislation related to transposition of the victim directive have not received sufficient financial support and therefore are not fully implemented.

In regard to victim identification, in Estonia, most entry points rely on victims’ self-identification. A formalised identification process is applied only to check whether victim belongs to a special group like victim of trafficking in human beings or a minor who is a victim of sexual abuse, and therefore is eligible for additional support measures. These groups are eligible for additional state-financed services and in therefore victim identification process is combined with the application of eligibility criteria. Victim Support Service is a governmental service, available all over the country.

Assessment of needs is based on the personal knowledge and sensitivity of particular actors working with victims. There are no guidelines in place in the police for assessment of victim’s needs. Recently, Estonia started a pilot project to apply MARAC model for network co-operation in case of repeated domestic violence.

Referral mechanism between different relevant institutions is well established only between police and victim support services. The factors contributing to this include proximity of victim support to police stations, established formal practices in case of victims of domestic violence, and personal contacts between police and victim support officers. Doctors/medical institutions are not part of the network, and deal only with medical condition. This indicates that there is no holistic approach in place.
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34. Procedure for conducting conciliation proceedings (Leppitusmenetluse läbiviimise kord), Decree no 188 of the Government.


