

# **Study on the assessment of the existing referral pathways for forcibly displaced and stateless people who have experienced gender-based violence (GBV), including sexual exploitation and abuse (SEA) in Estonia**

**FINAL REPORT**

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Study on the assessment of the existing referral pathways for forcibly displaced and stateless people who have experienced GBV, including SEA in Estonia

**Mariia Khrapunenko**

Senior Field Associate  
UNHCR Estonia

Email: [khrapune@unhcr.org](mailto:khrapune@unhcr.org)

Phone: +372 5631 1239

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## Abbreviations and definitions

Gender-Based Violence (GBV)	Gender-based violence (GBV) is ‘an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private’. <sup>1</sup>
ERC	Estonian Refugee Council
Health Care Service (HCS)	As defined in the Healthcare Services Organization Act Article 2 (1), HCS is the activity of a health worker to prevent, diagnose and treat illness, injury or poisoning with the aim of alleviating a person's ailments, preventing the deterioration of his health or exacerbation of the disease, and restoring health.
Sexual Exploitation and Abuse (SEA)	The abuse or attempted abuse (including threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions) on an individual's vulnerability, power imbalance, or trust, to obtain sexual favours.
Applicant for international protection status	Act on Granting International Protection to Aliens <sup>1</sup> § 3. Applicant for international protection and application for international protection (1) An applicant for international protection (hereinafter also applicant) is an alien who has submitted an application for international protection (hereinafter also application) in respect to which final decision has not been made.
PBGB	Police and Border Guard Board
Refugee	The 1951 Convention relating to the Status of Refugees (the 1951 Convention), at Article 1A(2), defines a refugee as any person who ‘...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of particular social group or political opinion, is outside the country of [their] nationality and is unable or, owing to such fear, is unwilling to avail [themselves] of the protection of that country; or who, not having a nationality and being outside the country of [their] former habitual residence is unable or, owing to such fear, is unwilling to return to it’.

<sup>1</sup> IASC GBV Guidelines for Integrating GBV Interventions in Humanitarian Action, 2015, Part 1, <https://gbvguidelines.org>; and UNHCR master glossary of terms | UNHCR.

Subsidiary protection	A form of international protection granted in some countries to persons, who do not meet the Convention definition of a refugee but who face a real risk of serious harm in their country of origin or former habitual residence. This includes the death penalty or execution, torture or inhuman or degrading treatment, or a serious and individual threat to their life or person due to indiscriminate violence in situations of armed conflict.
SIB	Social Insurance Board
UNHCR	United Nations High Commissioner for Refugees, the UN Refugee Agency
Victim Support Services (VSS)	As defined in the Victim Support Act Article 15 (2), VSS are: <ol style="list-style-type: none"> <li>1. basic victim support service;</li> <li>2. psychosocial support in the event of crisis;</li> <li>3. women's support centre service</li> <li>4. sexual violence crisis support;</li> <li>5. service for victims in human trafficking;</li> <li>6. restorative justice services;</li> <li>7. support for abandonment of violence;</li> <li>8. mental health assistance in support of recovery from trauma.</li> </ol>
Victim/ Survivor <sup>2</sup>	As defined in the Code of Criminal Procedure, Article 37 (1), victim is an individual, or a legal person, whose legally protected interests have suffered direct harm because of a criminal offence that targeted them, or as a result of an unlawful act committed by a person incapable of forming the corresponding <i>mens rea</i> . In a situation where an attempt is made to commit a criminal offence, a person is a victim also if, instead of the protected interest that was targeted, harm is dealt to an interest that is subsumed by that interest. The State or another public authority is a victim only if the harm dealt to its legally protected interest gives rise to a pecuniary claim which can be pursued in criminal proceedings. A person is a victim also in a situation in which a criminal offence or an unlawful act committed by a person incapable of forming the corresponding <i>mens rea</i> caused the death of a person close to them and they have suffered harm as a result of the death. <p>According to legal definition provided by Victim Support Act Article 4 (2), a victim is a person who is harmed or dies because of a crime, violence or event of crisis.</p>
VSA	Victim Support Act <sup>3</sup>

<sup>2</sup> In this study, victims/ survivors are considered forcibly displaced and stateless individuals who have experienced gender-based violence (GBV) including sexual exploitation and assault (SEA).

<sup>3</sup> Estonia, *Victim Support Act*, 14.12.2022, <https://www.riigiteataja.ee/en/eli/ee/Riigikoju/act/503042023004/consolide>.

## Executive summary

This report aims to assess the existing referral pathways for forcibly displaced<sup>4</sup> and stateless people who have experienced gender-based violence (GBV), including sexual exploitation and abuse (SEA) in Estonia. For the sake of clarity and readability, this report refers to the main target group as individuals who have experienced GBV, including SEA.

The study was conducted from October 2024 to January 2025 and reflects the results of the desk research, interviews conducted and assessment of current legislation. The results of the study have shown that referral pathways for forcibly displaced and stateless survivors<sup>5</sup> of GBV are in place, and that support services are generally accessible to refugees and individuals with temporary or subsidiary protection. At the same time, the findings point to some challenges in how these pathways function in practice. Limited coordination between institutions, gaps in professional capacity, and the partial involvement of key actors can affect how support is delivered and accessed. Although health institutions provide GBV-related services, they typically operate independently from other institutions, resulting in fragmented support rather than as a more cohesive system. These issues may reduce the overall effectiveness of the referral process.

Individuals who have experienced GBV, including SEA, can seek support from the Police and Border Guard Board (PBGB), Social Insurance Board (SIB), medical professionals, and NGOs. These entities forward the cases to the victim support service (VSS), managed by Estonia's SIB. Information about contacting the police is provided upon arrival in Estonia. Nevertheless, the background research and interviews revealed variations in awareness of these services, availability of information, and accessibility - particularly regarding the language in which these services are offered. Furthermore, Estonia is using MARAC (Multi-Agency Risk Assessment Conference) model as a framework for action to support the survivors of GBV and SEA. MARAC involves risk identification and is using DASH (Domestic Abuse, Stalking and Honour Based Violence) risk assessment tools and networking to develop and implement an intervention plan. The members of the MARAC network develop and implement an intervention plan, they are involved in case management network meetings and share information and evaluation of the results.

In this study, representatives of 15 organizations were interviewed to get more insight into practices involving forcibly displaced and stateless people, who are survivors of

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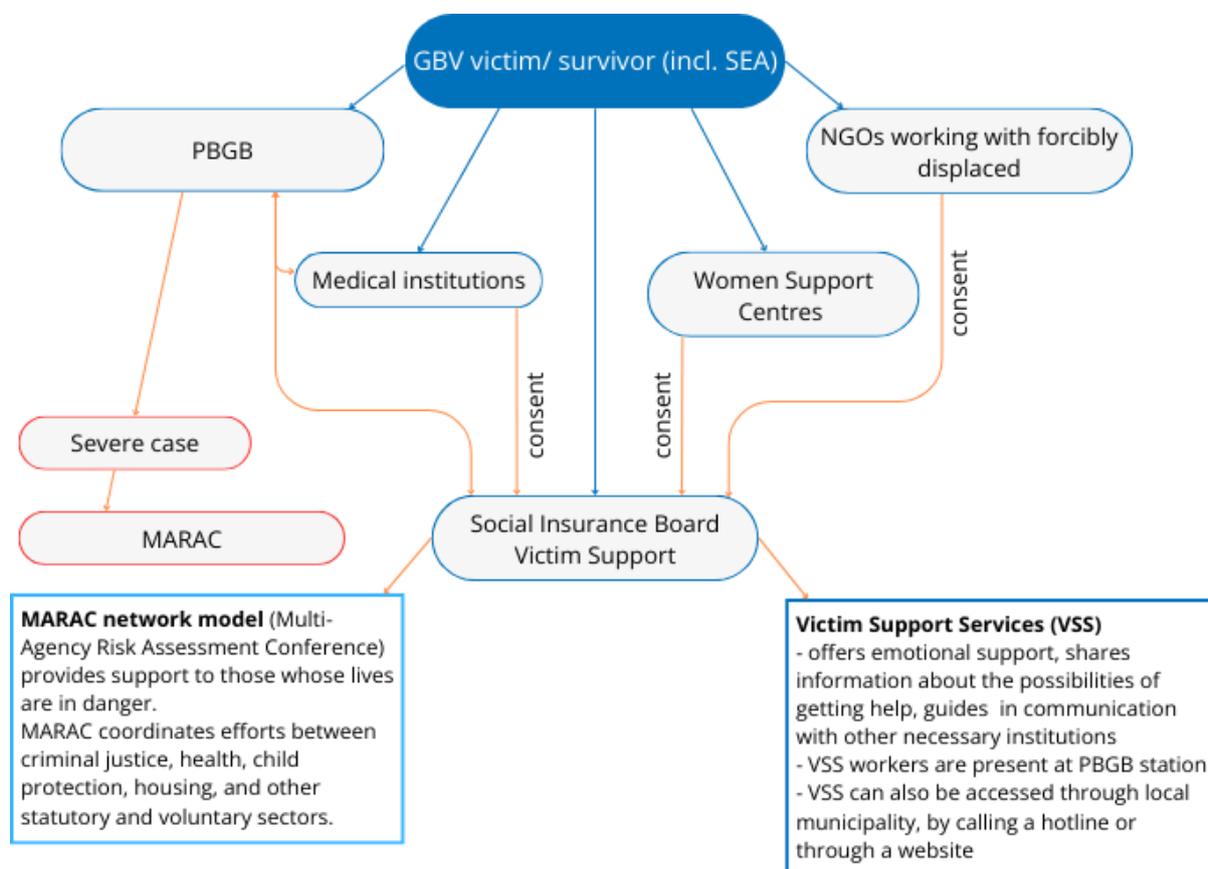
<sup>4</sup> In this report "*forcibly displaced people*" are defined according to the UNHCR terminology – these are people, forced to flee their countries due to conflict, violence, persecution, or human rights violations. This is not a legal term and used as an abbreviated, generic term to designate all people falling, or considered likely to fall, under UNHCR mandate, such as refugees, asylum-seekers, and those under temporary protection.

<sup>5</sup> In this report, the terms victim of GBV and survivor of GBV are used interchangeably. While UNHCR and other international organisations favour the term survivor, reflecting a rights-based and empowering approach, the Estonian national context predominantly employs the term victim in legal, policy, and service delivery frameworks. To respect both contexts and ensure clarity, both terms are used with the same intended meaning.

GBV and SEA. The study revealed that there is no discrimination based on nationality or legal status, and every person can access support services for help. However, providing and obtaining information in languages other than Estonian, English, or Russian presents challenges, as translation services are required and can be limited for less common languages in Estonia. Between October 2024 and January 2025, interviews were also conducted with persons holding temporary protection status to gather information about their experiences, assess the quality of services received, and evaluate their awareness of available support services.

The main barriers to accessing services include language difficulties, cultural differences, and survivors' self-perception. Recognizing oneself as a survivor of violence and seeking help from the police can be challenging. While there is general awareness about GBV, the sensitivity of these issues, combined with cultural factors, likely contributes to underreporting among forcibly displaced individuals. Minor limitations of the VSS are presented in the report, along with suggestions how to improve the services.

The visual overview of the referral pathways to the needed services of the forcibly displaced survivors of GBV (including SEA) are also presented schematically below.



# 1. Introduction

This study **aims to assess the effectiveness of the existing referral pathways for forcibly displaced (refugees, asylum-seekers) and stateless people** who have experienced GBV and SEA<sup>6</sup> in Estonia and provide recommendations for improving service accessibility. The study **focuses on the adult (18+ years of age) forcibly displaced and stateless people**.

**Effectiveness** in this study means the **accessibility and availability of the services** to forcibly displaced and stateless persons.

**Gender-based violence**, as defined by the Council of Europe, is any act of violence based on gender identity. It broadly includes harm inflicted on individuals or groups due to their actual or perceived sex, gender, sexual orientation, or gender identity.<sup>7</sup> GBV includes mental, physical, and sexual violence, as well as threats, coercion, and manipulation, often seen in intimate partner violence, child marriage, female genital mutilation, and "honour crimes".<sup>8</sup>

UNHCR's 2020 Policy on Gender-Based Violence defines GBV as harmful acts based on socially ascribed gender differences, including physical, sexual, or mental harm, threats, and coercion, occurring publicly or privately. It highlights GBV's roots in patriarchal power dynamics and gender discrimination, targeting women, girls, and individuals defying gender norms. Previously referred to as "sexual and gender-based violence" (SGBV), UNHCR now uses "gender-based violence" (GBV) to emphasize its systemic nature.<sup>9</sup>

Sexual exploitation refers to the abuse or attempted abuse of an individual's vulnerability, power imbalance, or trust, to obtain sexual favours.<sup>10</sup> This may involve offering money or other forms of social, economic, or political advantages, and includes trafficking and prostitution.<sup>11</sup>

Sexual abuse means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions such as sexual slavery, pornography, child abuse and sexual assault.<sup>12</sup>

The prevalence of GBV among females tends to increase during forced

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<sup>6</sup> Later throughout the report, for better readability only the term GBV is used, but by it the authors mean GBV, including SEA.

<sup>7</sup> Council of Europe, *What is gender-based violence?*, <https://www.coe.int/en/web/gender-matters/what-is-gender-based-violence>.

<sup>8</sup> UNHCR, *Gender-based violence*, <https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence>.

<sup>9</sup> UNHCR, *UNHCR master glossary of terms*, <https://www.unhcr.org/glossary>, see also *UNHCR Policy on the Prevention of, Risk Mitigation and Response to GBV*, 02 October 2020, <https://www.unhcr.org/media/unhcr-policy-prevention-risk-mitigation-and-response-gender-based-violence-2020>.

<sup>10</sup> UNHCR, *What is sexual exploitation, abuse and harassment?*, <https://www.unhcr.org/asia/what-we-do/how-we-work/tackling-sexual-exploitation-abuse-and-harassment/what-sexual-exploitation>.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

displacements.<sup>13</sup> Although women face a higher risk of GBV, there is limited data on the overall number of people affected by these forms of violence in the EU.<sup>14</sup>

Forcibly displaced individuals as well as stateless people also face higher risks of GBV in a homogenic relationship.<sup>15</sup> This research area has been overlooked, largely due to reluctance to report incidents. The most common reasons among forcibly displaced and stateless individuals who have experienced GBV that hinder them from reporting such cases are the forcible displacement background and economic situation; personal beliefs and fears (e.g., fear to be isolated of family and/or community, fear of not being believed, fear of discrimination, etc.); little knowledge of rights, support services, and language skills; limited access to support services and lack of legal protection, as well as mistrust towards state authorities.<sup>16</sup>

The large-scale arrival of refugees from the Middle East, Ukraine, and other regions has placed governments under pressure to meet the needs of forcibly displaced people. Nordic countries have established social insurance systems, protective legal measures, and support services for forcibly displaced and stateless individuals who have experienced GBV. Estonia has adopted some practices from Nordic countries when developing similar systems, but still lacks sufficient experience in working effectively with individuals who have diverse cultural backgrounds, experiences of forced displacement, and varying language skills.

Therefore, the current study **aims to understand how effective the existing referral pathways are** and what services are needed to ensure the rights of forcibly displaced and stateless people who have experienced GBV in Estonia.

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<sup>13</sup> S. R. Fatema, et.al. (2019), *Women's health-related vulnerabilities in natural disasters: a systematic review protocol*, *BMJ Open*, 9 (12):e 032079. Doi: 10.1136/bmjopen-2019-032079.

<sup>14</sup> A. Wells jt. (2019), *Gender-based violence against refugee & asylum-seeking women - a training tool. Training Manual CCM-GBV project*. SOLWODI Deutschland e.V. [https://www.giraffaonlus.it/wp-content/uploads/2019/10/training-manual-CCM-GBV\\_EN-r.pdf](https://www.giraffaonlus.it/wp-content/uploads/2019/10/training-manual-CCM-GBV_EN-r.pdf) (Accessed 20 November 2024).

<sup>15</sup> P. Laskey jt. (2019). A systematic literature review of intimate partner violence victimization: An inclusive review across gender and sexuality. *Aggression and Violent Behaviour*, 47, 1–11. <https://doi.org/10.1016/j.avb.2019.02.014>.

<sup>16</sup> *Ibid.*

## 2. Overview of GBV and SEA in Estonia

To analyse the practical obstacles to access the VSS in Estonia, it is important to **highlight the challenges of working with individuals who have experienced SEA or GBV**. The state has developed various programmes, referral pathways, and legislative amendments to support GBV survivors.

The Ministry of Justice of Estonia has adopted a strategy for prevention of GBV and human trafficking and exploitation as the part of the Violence Prevention Agreement 2021-2025.<sup>17</sup> In 2024, the Ministry of Justice published an analysis of the compliance of Sexual Autonomy-Related Offences with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention).<sup>18</sup> The studies highlight that the offenses against sexual self-determination, specifically §§ 141, 141<sup>1</sup>, and 143 of the Penal Code, do not fully comply with Article 36 of the Istanbul Convention (the concept of the absence of voluntary consent for all sexual activities).<sup>19</sup> This essentially also **creates confusion** about the concept of a victim of sexual exploitation.

In March 2024, the research centre Praxis released findings from the study *Pretrial Investigation of Sexual Violence*.<sup>20</sup> The study highlights improvements in Estonia's pre-trial procedures for sexual violence, emphasizing an increased survivor-centred approach and improved awareness and attitudes among those conducting investigations. However, the study identifies several remaining obstacles that may further victimize survivors of sexual violence, erode trust in the legal system, and impede the prosecution of perpetrators. The study also explores the potential introduction of a consent-based definition in determining sexual violence and rape. There is an ongoing political and institutional discussion on this issue.<sup>21</sup>

Stateless and forcibly displaced people in Estonia can access VSS services in the same manner as Estonian citizens.

In 2023, a total of 7,012 violence cases were registered in Estonia, including 3,186 cases of domestic violence.<sup>22</sup> Domestic violence crimes accounted for 45 per cent of all registered violent crimes.<sup>23</sup> In 2023, physical abuse accounted for 87 per cent of

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<sup>17</sup> Ministry of Justice of the Republic of Estonia, *the 2021-2025 Violence Prevention Agreement*, [www.just.ee/kuritegevus-ja-selle-ennetus/vagivallaennetuse-kokkulepe](http://www.just.ee/kuritegevus-ja-selle-ennetus/vagivallaennetuse-kokkulepe).

<sup>18</sup> Ministry of Justice, *On the conformity of the elements of offences against sexual self-determination with the Istanbul Convention of the Council of Europe Analysis*, [Analüüs seksuaalse enesemääramise vastaste süütegude koosseisude vastavusest EN Istanbuli konventsioonile.pdf](https://www.just.ee/analuis-seksuaalse-enesemaaramise-vastaste-suutegude-koosseisude-vastavusest-EN-Istanbuli-konventsioonile.pdf).

<sup>19</sup> Supra note 12 and 13.

<sup>20</sup> Mõttekoda Praxis, *Seksuaalvägivalda kohtueelne uurimine*, [www.praxis.ee/uploads/2024/03/Seksuaalvagivalla-kohtueelne-uurimine.pdf](http://www.praxis.ee/uploads/2024/03/Seksuaalvagivalla-kohtueelne-uurimine.pdf).

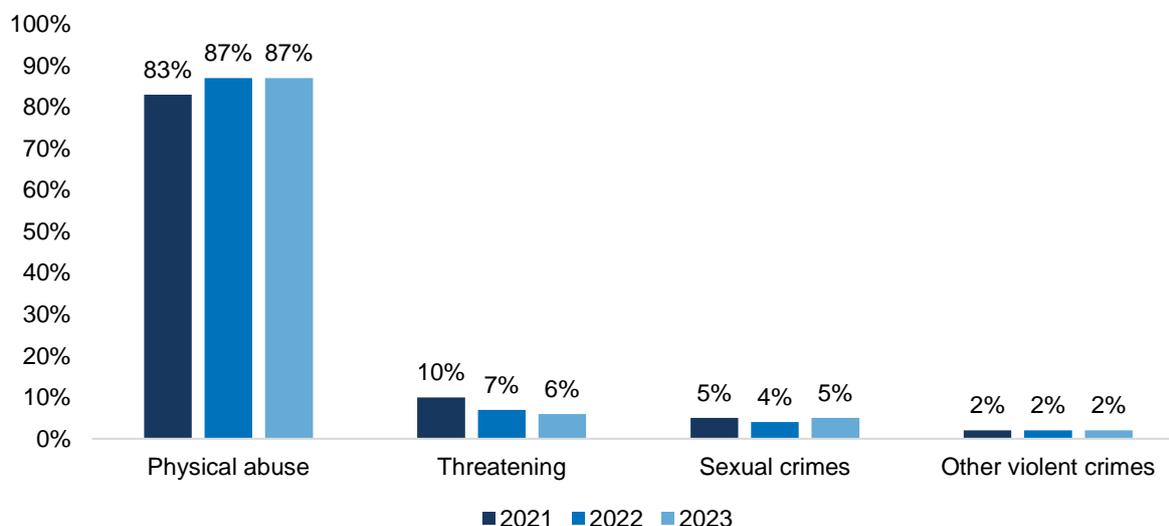
<sup>21</sup> Feministeerium, *Consent Act FAQ*, 26 March 2024, <https://feministeerium.ee/nousolekuseaduse-kkk/>; Gortfelder B., *Nõusolekuseadus tuleb: justiitsministeerium saatis väljatootamiskavatsuse kooskõlastusringile*, Delfi 18.12.2024, [www.delfi.ee/artikkel/120344621/nousolekuseadus-tuleb-justiitsministeerium-saatis-valjatootamiskavatsuse-kooskolastusringile](http://www.delfi.ee/artikkel/120344621/nousolekuseadus-tuleb-justiitsministeerium-saatis-valjatootamiskavatsuse-kooskolastusringile).

<sup>22</sup> Justiitsministeerium, (2023), *Kuritegevus Eestis 2023. Perevägivald ja ahistamine*. In English: The Ministry of Justice, (2023), *The Crime in Estonia 2023. Domestic violence and harassment*, <https://www.justdigi.ee/kuritegevus2023/perevagivald-ja-ahistamine/>.

<sup>23</sup> Ministry of Justice, *Crime in Estonia 2023*, <https://www.justdigi.ee/kuritegevus2023/perevagivald-ja-ahistamine/>.

reported cases, followed by threats at 6 per cent, sexual crimes at 5 per cent, and other violent crimes at 2 per cent. Since 2021, the share of physical abuse has increased from 83 per cent to 87 per cent. Threatening decreased from 10 per cent in 2021 to 6 per cent in 2023. Sexual crimes stayed at the same level of 5 per cent and other violent crimes at 2 per cent in all years (2021-2023).<sup>24</sup> See **Figure 1**.

Figure 1. **Distribution of violent crimes related to domestic violence by type of crime**



Source: Justiitsministeerium. (2023). *Kuritegevus Eestis 2023. Pervägivald ja ahistamine*.

Nevertheless, a **large share of individuals** who have experienced GBV,<sup>25</sup> in Estonia, **do not reach out to the police, victim support, or healthcare systems**. This prevents them from receiving the necessary support for recovering from trauma.<sup>26</sup> The violence prevention agreement (in Estonian “Vägivallaennetuse kokkulepe”) emphasizes **the need for better case-based oversight and the availability of gender-based data** to ensure the protection of individuals who have experienced GBV, and to assess both the adequacy of existing services and the need for additional services.

Previous studies have mainly focused on the prevalence of GBV in Estonia,<sup>27</sup> as well as on understanding the awareness and attitudes of individuals who have experienced GBV, domestic violence, human trafficking, labour exploitation, or involvement in prostitution. These studies have also assessed the level of awareness regarding VSS.<sup>28</sup> Similarly, other studies have focused on examining access to justice of

<sup>24</sup> *Ibid.*

<sup>25</sup> *64 per cent of women have faced violence at home*, see more in: Vägivallateenuste kokkulepe 2021-2025, p.7. [https://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/vagivallaennetuse\\_kokkulepe\\_2021-2025.pdf](https://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/vagivallaennetuse_kokkulepe_2021-2025.pdf).

<sup>26</sup> *Ibid.*, p.15.

<sup>27</sup> M. Puniste & T. Taal. (2022). ‘Care4 Trauma: Improving GBV Victims Support Services and Access to Justice through Trauma-Informed Care.’ State-of-the-Art Assessment. Country Report: Estonia. Women’s Support and Information Centre NPO. Retrieved from: [https://naistetugi.ee/wp-content/uploads/2022/07/Care4Trauma\\_CountryReportEstonia\\_ENG.pdf](https://naistetugi.ee/wp-content/uploads/2022/07/Care4Trauma_CountryReportEstonia_ENG.pdf).

<sup>28</sup> Sotsiaalkindlustusamet (2024), *Eesti elanikkonna teadlikkuse uuring soopõhise vägivalla ja inimkaubanduse valdkonnas*, in English: The Social Insurance Board (2024), ‘*Study on Public Awareness on Gender-Based Violence and Human Trafficking in Estonia*,’ <https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/Eesti%20elanikkonna%20teadlikkuse%20uuring%20soop%C3%B5hise%20v%C3%A4givalla%20ja%20inimkaubanduse%20valdkonnas.pdf>.

individuals who have experienced GBV, as well as the barriers these individuals have encountered,<sup>29</sup> and how different organizations (e.g., police, health institutions, VSS, and government organizations) cooperate to identify and assess the needs of those individuals and refer to the appropriate services.<sup>30</sup> Lastly, the scope of previous research was to map the availability of online counselling and e-courses for individuals who experienced GBV.<sup>31</sup>

**In 2023, 30 individuals in Estonia experienced sexual exploitation** with signs of human trafficking. These individuals were from Ukraine (14), Venezuela (4), Brazil (4), Colombia (2), Russia (2), Thailand (2), the Dominican Republic (1), and Kazakhstan (1).<sup>32</sup> **A total of 289 potential survivors received counselling through the human trafficking helpline.**

**Psychological violence** has also been reported. Half of the calls to the victim support crisis hotline<sup>33</sup> were related to psychological violence that affected the mental health of the survivors. As of 2023, a total of 6,723 calls were received. Seventy per cent of the calls were made in Estonian, 23 per cent in Russian, and 5 per cent (348 calls) in the Ukrainian language. Since the victim support crisis hotline provides information only in three languages (Estonian, Russian, and English), individuals who do not speak these languages face difficulties accessing the services adequately. Additionally, online counselling services were provided to 1,317 individuals, who primarily sought support for anxiety, depression, and relationship difficulties.<sup>34</sup>

The results of these studies have shown that **most of the overall population in Estonia** (approximately 82 per cent) **is familiar with at least one VSS**. Nevertheless, awareness appears to be lower among residents of other nationalities, with around **71 per cent of non-Estonian residents reporting familiarity with at least one service**.<sup>35</sup>

The services with the **highest levels of recognition** include the **Women's Support Centres** (approximately 61 per cent) and the **Victim Support Crisis Hotline** (approximately 59 per cent). Awareness of other services is comparatively lower. Around one third of the population (approximately 35 per cent) is aware of sexual violence crisis centres, while a quarter of respondents are familiar with services such as victim support workers (27 per cent), online mental health counselling (26 per cent),

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<sup>29</sup> M. Puniste & T. Taal (2022), *The study analysed national, regional, and local legislation, policies, guidelines, and victim studies related to trauma-informed care*.

<sup>30</sup> M. Vollmer & A. Markina (2017), *Developing Directive-Compatible Practices for the Identification, Assessment, and Referral of Victims. National Report: Estonia*, <https://www.ibs.ee/wp-content/uploads/2022/01/VICT-report-ESTONIA-3.pdf>.

<sup>31</sup> K. Abel jt (2023), *Sotsiaalkindlustusameti Aastaraamat* (2023), in English: K. Abel et al (2023), *Social Insurance Board Yearbook* (2023), [https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/SKA\\_aastaraamat\\_2023.pdf](https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/SKA_aastaraamat_2023.pdf), p. 23.

<sup>32</sup> *Ibid.*, pp. 23-24.

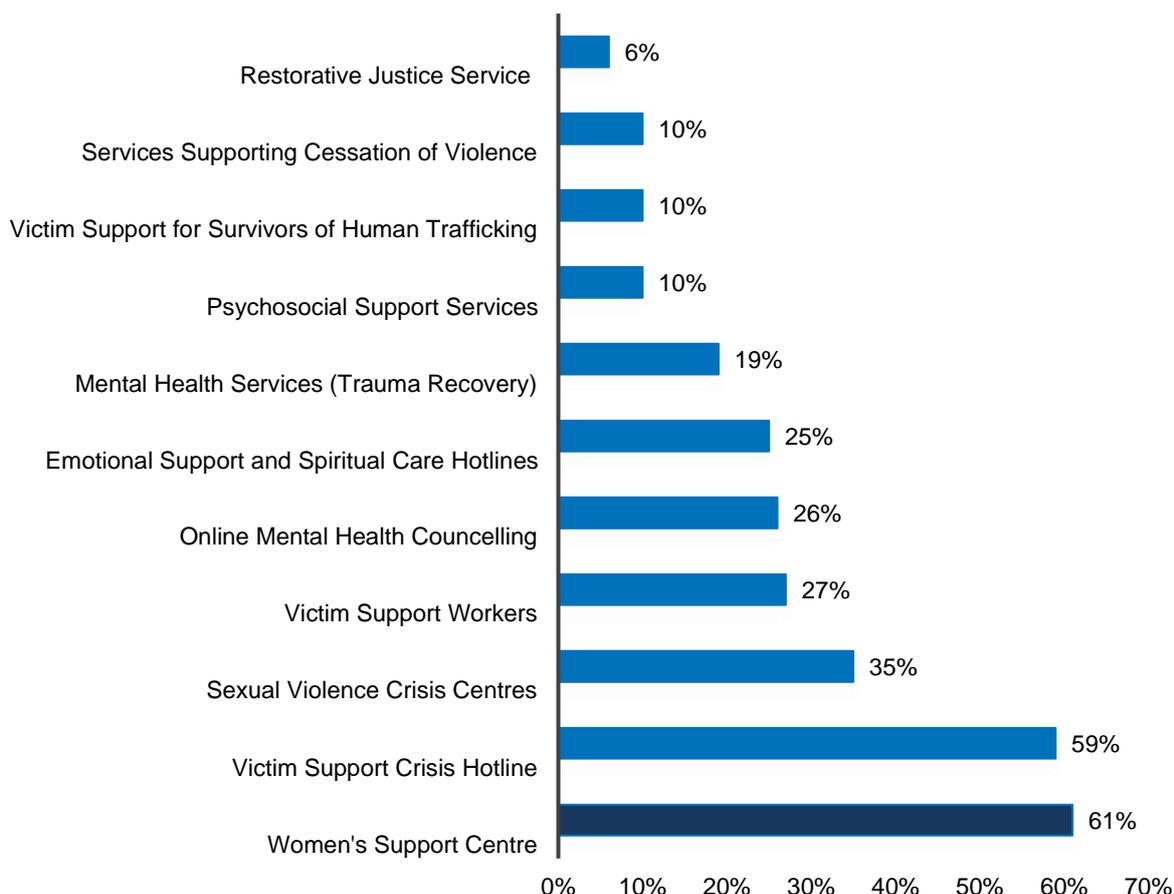
<sup>33</sup> The victim support crisis Hotline respond in three languages: Estonian, Russian and English.

<sup>34</sup> *Ibid.*, p. 23.

<sup>35</sup> K. Abel jt. (2023), *Sotsiaalkindlustusameti Aastaraamat* (2023), in English: K. Abel et al (2023), *Social Insurance Board Yearbook* (2023), [https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/SKA\\_aastaraamat\\_2023.pdf](https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/SKA_aastaraamat_2023.pdf) p.23.

and emotional support and spiritual care hotlines (25 per cent). Approximately 19 per cent of the population is aware of mental health services focused on trauma recovery. Only few individuals (around 10 per cent) are familiar with psychosocial support services, victim support for human trafficking survivors, and services supporting the cessation of violence. The restorative justice service<sup>36</sup> is known to only 6 per cent of the population. See **Figure 2**.

Figure 2. **Estonian population awareness of the provided victim support services**



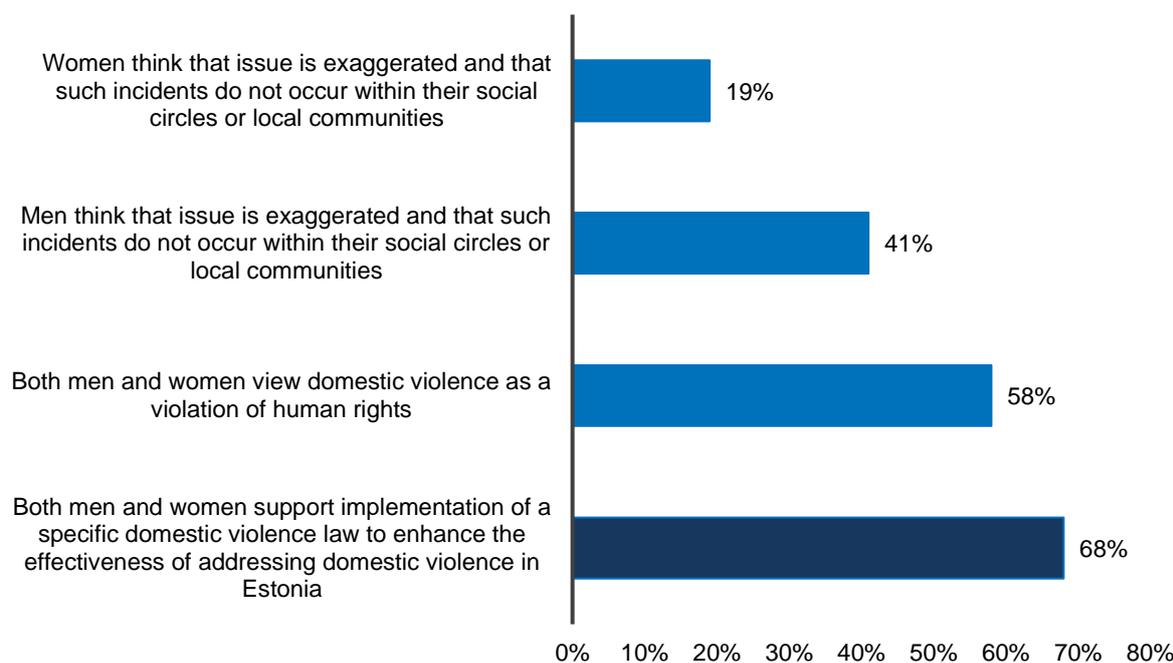
Source: K. Abel, et.al. (2023). *Sotsiaalkindlustusameti Aastaraamat (2023)*

Furthermore, as presented in Figure 3, more than half of the population (58 per cent) believe there are challenges in ensuring the human rights of individuals who have suffered domestic violence. While **more than half (over 50 per cent) view domestic violence as a serious issue** and a violation of human rights, approximately **one in three Estonians** (41 per cent of men and 19 per cent of women) **feel that the issue is exaggerated** and that such incidents do not occur within their social circles or local communities. A significant portion of the population (68 per cent) expresses support

<sup>36</sup> 'Restorative justice' means any process whereby the victim and the perpetrator are enabled, if they freely consent, to participate actively in the resolution of matters arising from the criminal offence through the help of an impartial third party. Directive 2012/29/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA art 2.1.d <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX%3A32012L0029>.

for the implementation of a specific domestic violence law, which they believe would enhance the effectiveness of addressing domestic violence in Estonia.<sup>37</sup>

Figure 3. **Views on incidents of domestic violence among men and women in Estonia**



Source: I. Pettai (2022). *Domestic and Gender-Based Violence in Estonia*.

In 2024, the Socio-Economic Insights Survey (SEIS) was conducted by UNHCR in Estonia.<sup>38</sup> According to the survey, respondents are most familiar with safety and security services, such as the police and safe shelters (70 per cent), and health services (66 per cent) as the primary ways to access GBV support. Fewer respondents would recommend psychosocial services (41 per cent), dedicated helplines (37 per cent), or legal assistance (30 per cent) to someone from their community who has experienced GBV. Additionally, men are more likely than women to lack awareness of available GBV services (40 per cent vs. 28 per cent).<sup>39</sup>

Lastly, the previous studies have shown that **referral mechanism is effective only between the PBGB as well as SIB and VSS**. Health institutions provide services to individuals who have experienced GBV, but they are not part of the support network, resulting in a lack of a holistic approach.<sup>40</sup> The PBGB does not have guidelines for assessing the needs of individuals who have experienced GBV. The needs of those people are self-assessed and primarily based on participants' personal knowledge and

<sup>37</sup> I. Pettai (2022), *Domestic and Gender-Based Violence in Estonia. National Survey Results*. Estonian Open Society Institute. Retrieved from: <https://media.voog.com/0000/0035/2397/files/Pere-%20ja%20naistevastane%20v%C3%A4givald%20Eestis%20%202020%20aasta%20uringu%20%20tulemused.pdf>.

<sup>38</sup> UNHCR, 2024 *Estonia Socio-Economic Insights Survey*, <https://microdata.unhcr.org/index.php/catalog/1222/>.

<sup>39</sup> *Ibid.*, p. 17. In that survey.

<sup>40</sup> *Supra* note 23, M. Vollmer & A. Markina (2017).

subjective judgment. A formal identification process is only applied to determine if an individual who has experienced GBV, belongs to a specific group, such as individuals used for human trafficking of children who have been sexually abused.<sup>41</sup>

In December 2023, new agreements came into effect with women's support centres established in all counties of Estonia. These centres offer counselling and secure temporary accommodation to women who have experienced violence. Women Support Centres are central service providers at the local level.

In 2023, nearly 2,000 women sought assistance from Women's Support Centres, with secure accommodation provided to 160 women and 173 children. Additionally, trauma-focused mental health support was offered through 67 partner organizations, ensuring comprehensive care for those in need. Survivors of sexual violence can seek help from sexual violence crisis centres located in Tallinn, Pärnu, Tartu, and Kohtla-Järve. During the same year, three support groups for survivors of sexual violence were active, holding a total of 170 sessions with 36 participants. Crisis centres provided assistance to 209 individuals, including nine men, offering essential support to those in need.

In 2023, the Human Trafficking Helpline received 431 calls. Assistance was provided to 289 potential survivors and 142 officials, including employees of the PBGB, the Labour Inspectorate, and local governments involved in trafficking prevention. Additionally, 113 in-person consultations were conducted. Among the potential survivors, 89 per cent were citizens of 20 different countries.<sup>42</sup>

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<sup>41</sup> *Ibid.* These individuals are entitled to additional support and state-funded services.

<sup>42</sup> K. Abel jt. (2023), *Sotsiaalkindlustusameti Aastaraamat (2023)*. In English: K. Abel et al. (2023), *Social Insurance Board Yearbook (2023)*, p.24. Retrieved from: [https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/SKA\\_aastaraamat\\_2023.pdf](https://www.sotsiaalkindlustusamet.ee/sites/default/files/documents/2024-04/SKA_aastaraamat_2023.pdf).

## 3. Methodology of the study

This report uses an exploratory case study as its main research approach to examine the effectiveness of referral pathways for individuals who have experienced GBV when accessing VSS in Estonia. **The study employs four main methods:**

1. exploratory desk research;
2. legal and policy analysis;
3. interviews and consultations with relevant stakeholders;
4. individual interviews with forcibly displaced and stateless persons, including GBV survivors.

The combination of these methods ensures comprehensive data collection, and triangulation has been applied to enhance understanding of the research topic.

### 3.1 Phases of the Research and Research Questions

This research is conducted in three phases.

**The first phase** of the study involved a literature review and analysis of relevant sources, including existing legal and policy documents. The systematic literature review provided an overview of previous studies on the effectiveness of state-funded VSS and levels of satisfaction with their quality. It also included an analysis of published quantitative data regarding individuals who have experienced GBV, the services accessible to them, and referral pathways to other institutions in Estonia. Reviewing and analysing the available literature helps objectively evaluate existing knowledge and supports the generalization of research findings.<sup>43</sup> It also allows for the examination of international good practices. An analysis of the existing legal framework helps identify gaps in legislation that require attention.

#### Literature and document analysis

Desk research was carried out by reviewing relevant policy documents, published reports, scholarly analyses, and academic literature. The literature review included searches of academic databases in English such as Google Scholar, HeinOnline, Juridica, Scopus, and Web of Science, along with specialized databases for guidelines and case studies like EUR-Lex, Riigikohus, and Riigi Teataja. The desk research utilized specific search terms derived from related publications, including academic literature, policy documents, and industry reports concerning the assessment, development, and implementation of protective and preventive measures for GBV within Estonian and European social insurance systems. The results were selected based on the following criteria: (i) relevance to the study's objectives, (ii) recency, and

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<sup>43</sup> H. Snyder. (2019). Literature Review as a Research Methodology: An Overview and Guidelines. *Journal of Business Research*, 104: 333-339. Doi: 10.1016/j.jbusres.2019.07.039; A. Delios, jt. (2022). Examining the Generalizability of Research Findings from Archival Data. *Proceedings of the National Academy of Sciences USA* 119(30): e2120377119. Doi: 10.1073/pnas.2120377119.

(iii) source reliability. Findings from the desk research were further verified through stakeholder consultations and online face-to-face interviews with individuals holding temporary residence status in Estonia, including those who have experienced GBV. The study identifies available VSS for refugees and asylum-seekers who have experienced GBV, covering health, mental health and psychological support, safety and security, and justice services.

### Legal and policy analysis

To achieve the aims of the research, an overview of the existing legislation regulating prevention of and response to GBV in Estonia, is provided. The legal and policy analysis involved assessing the rules within the social insurance system, as well as protective measures aimed at forcibly displaced and stateless individuals who have experienced GBV. It also examined the availability and accessibility of VSS, including social and healthcare services, and explored measures designed to prevent victimization, fraud, stigma, and discrimination. The analysis of legislative acts, regulations, and case studies used methods of legal interpretation to clarify the purpose behind government rules and policies. Additionally, the analysis identified legal and practical barriers faced by refugees and asylum-seekers who have experienced GBV.

**The second phase** of this study includes interviews and discussions with stakeholders from various institutions working with individuals who have experienced GBV (See Annex II), and with the forcibly displaced people (temporary protection holders) who live in Estonia.

The interviews were conducted to better understand the needs of forcibly displaced people who have experienced GBV (e.g., what is their satisfaction with the services and referral pathway to access services) as well as the needs of service providers and those who refer to services. The interviews provided essential insights for evaluating the effectiveness of existing services. Qualitative analysis of the interview data offered an in-depth understanding of the research topic, as interviewees were able to respond freely and express themselves in their own words.<sup>44</sup> Interview data were transcribed and systematically analysed according to key thematic areas.

The interviews helped identify the accessibility of relevant support services and existing referral pathways for directing individuals who have experienced GBV towards appropriate care. They also clarified the roles of various institutions and actors involved, including social support services, healthcare providers, law enforcement agencies, and NGOs.

### Interviews and consultations with service providers and stakeholders

Interviews with service providers and stakeholders (see Annex 1) from municipalities,

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<sup>44</sup> I. Bertrand ja P. Hughes (2017), *Media Research Methods: Audiences, Institutions, Texts*. Springer.

state agencies NGOs, medical facilities, centres for refugees and asylum-seekers, women's shelters, and international organizations were conducted online between 14 and 22 November 2024. Discussions with stakeholders (n=15), each lasting approximately 60 to 90 minutes, provided insights into referral patterns and helped identify gaps in support pathways for refugees, forcibly displaced individuals, and stateless persons who have experienced GBV in Estonia.

### Individual interviews with forcibly displaced and stateless individuals, experienced GBV including SEA

Individual interviews with forcibly displaced persons (n=5), all of whom held temporary protection status, were planned to be conducted online between 2 and 17 January 2025. The purpose of these interviews was to assess their awareness and experiences regarding services available to GBV survivors in Estonia. The personal interviews provided insights into how referral pathways were structured and perceived by individuals who had experienced GBV, as well as the accessibility and quality of VSS. The quality of VSS was assessed using the Client Satisfaction Questionnaire (CSQ-8) developed by Larsen et al. (1979). Additionally, the efficiency, effectiveness, and impact of VSS on GBV survivors, along with the effectiveness of referral pathways to relevant institutions, were evaluated according to OECD evaluation criteria.<sup>45</sup>

**In the third phase**, the effectiveness of identified referral pathways was assessed by examining the strength of cooperation among institutions, service accessibility, and timeliness of care delivery. Based on this assessment, recommendations for legal and policy actions were developed to address identified gaps and enhance referral pathways for forcibly displaced and stateless individuals who have experienced GBV.

To better understand obstacles and opportunities related to accessing services, the coordination and roles of different institutions were described by answering the following questions:

#### Legal and Regulatory Framework

- Does Estonian legislation regulate the prevention and response to violence, including GBV and SEA?
- What changes in domestic legislation or social welfare organizations are needed to ensure equal access to VSS for forcibly displaced people?

#### Available Services and Referral Mechanisms

- What VSS are available (in Estonia) for forcibly displaced and stateless persons who experienced GBV?

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<sup>45</sup> OECD, (2021) *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris. Doi: 10.1787/543e84ed-en, [https://www.oecd.org/en/publications/applying-evaluation-criteria-thoughtfully\\_543e84ed-en.html](https://www.oecd.org/en/publications/applying-evaluation-criteria-thoughtfully_543e84ed-en.html).

- What referral mechanisms exist and have been implemented to guide individuals who have experienced GBV to these services (i.e., VSS), and are they comprehensive, effective, timely, and accessible?
- How are individuals who have experienced GBV informed about relevant social support services, and what are the primary sources of information for forcibly displaced people?

#### Access and Obstacles

- What legal, practical, as well as organizational and administrative barriers do individuals who have experienced GBV, face in accessing VSS in a timely and adequate manner?

#### Institutional Roles and Coordination

- What roles do various institutions and actors (e.g., social support services, healthcare, law enforcement, NGOs) play in providing support for individuals who have experienced GBV?
- How is the coordination between these institutions organized to ensure that individuals who have experienced GBV receive comprehensive and effective support?

#### Survivor Satisfaction and Service Quality

- Are forcibly displaced people, who have experienced GBV, satisfied with the accessibility and quality of the services provided?
- If not, what were the primary reasons for limited or inadequate support?

#### Recommendations for improvement

- What improvements are needed in the current situation (e.g., in legislation, organization of the social welfare, or the development of person-centred services) to provide refugees and asylum-seekers with equal opportunities for assistance to access VSS?

#### Limitations of the current study

This study has several limitations that should be considered when interpreting its findings. First, **the research focused exclusively on adult forcibly displaced and stateless individuals** and did not include the perspectives of children or other persons with specific needs. Second, the **qualitative interview sample was relatively small** and consisted only of Ukrainian refugees holding temporary protection status, which may limit the broader applicability of the findings to other groups.

The study's **primary focus was on GBV**, but forms such as psychological, emotional, and economic violence, as well as less severe forms of domestic violence, were only addressed to a limited extent. This reflects both the specific focus of the study and the limited availability of relevant research and data in the Estonian context. Additionally,

while the study explored referral pathways and access to services, less attention was paid to the specific legal procedures available to asylum-seekers in GBV-related cases, such as how and when legal aid can be accessed in family-related situations.

**These limitations highlight the need for further research** on the experiences of other groups within the forcibly displaced population, especially asylum-seekers, and on the full spectrum of GBV-related cases and support mechanisms.

## 4. Legal and policy measures for the protection of survivors of GBV and SEA in Estonia

### 4.1 An overview of existing legislation

This chapter provides an overview of the main legal acts that regulate the responses to violence in Estonia.

There is an EU wide obligation of Member States to support survivors. According to the Victims' Directive,<sup>46</sup> Member States must ensure that referrals take place at the survivor's first point of contact, typically through the police or victim support organizations. Timely and efficient referral of survivors to appropriate support services is essential. In Estonia, the police generally serve as the initial contact point. Referral mechanisms connect the police with VSS, and generic VSS then guide survivors to additional, specialized support providers.

Article 12 of the Constitution of Estonia<sup>47</sup> states that everyone is equal under the law. No one should be discriminated against based on ethnicity, race, colour, sex, language, origin, religion, political or other views, property, social status or other grounds.

Estonia has ratified Istanbul Convention<sup>48</sup> and the new Victim Support Act<sup>49</sup> entered into force on 1 April 2023. Furthermore, Estonia is bound by the EU Directive 2024/1385 of the European Parliament and of the Council of 14 May 2024 on Combating Violence against Women and Domestic Violence.<sup>50</sup>

Moreover, the Penal Code §§ 141, 141<sup>1</sup>, and 143 regulate criminal offences.<sup>51</sup> According to §141 of the Penal Code, rape is defined as sexual intercourse with a person against their will, either by using force or by exploiting a situation in which the person is unable to resist or comprehend the situation. This offense is punishable by imprisonment from one to six years.<sup>52</sup> According to §143 of the Penal Code, sexual intercourse or any other sexual act performed against a person's will by exploiting the survivor's dependency on the perpetrator - but without using force or taking advantage of a situation where the survivor is unable to resist or understand the situation as specified in §141<sup>1</sup> - is punishable by up to three years' imprisonment.

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<sup>46</sup> Directive 2024/1385 of the European Parliament and of the Council of 14 May 2024 on Combating Violence against Women and Domestic Violence.

<sup>47</sup> Eesti Vabariigi põhiseadus, RT I, 15.05.2015, 2, <https://www.riigiteataja.ee/akt/115052015002>.

<sup>48</sup> Naistevastase vägivalla ja perevägivalla ennetamise ja tõkestamise Euroopa Nõukogu konventsiooni ratifitseerimise seadus, RT II, 26.09.2017, <https://www.riigiteataja.ee/akt/226092017001>.

<sup>49</sup> Victim Support Act<sup>1</sup>, RT I, 06.01.2023, 1, Adopted 14.12.2022.

<sup>50</sup> OJ L, 24.5.2024.

<sup>51</sup> RT I, 04.07.2024, 25.

<sup>52</sup> §141<sup>1</sup> of Penal Code.

## 4.2 Legal definition of a victim

Estonian legislation includes two definitions of the term 'victim'. The Victim Support Act of 2023 replaced previous legislation that had been in effect for nearly two decades. It introduced several new services, clearer guidelines for communication, updated requirements for victim support providers, established principles for the treatment of victims, and simplified the application process for crime victim compensation.<sup>53</sup> Victim Support Act defines a **victim** as “a person who is harmed or dies as a result of a crime, violence or event of crisis”.<sup>54</sup>

The act specifies eligibility criteria for victim support and provides a somewhat broad definition of the term 'victim'. Nevertheless, this definition aligns with the primary objective of the Directive, emphasizing that victims should have access to support services regardless of the severity of the crime or whether they have reported it.

A victim of trafficking in human beings is defined as "a person who has been identified as a victim in criminal proceedings initiated based on the elements of a crime outlined in § 133–133<sup>3</sup>, 138–140 or 175 of the Penal Code or a person who would be considered a victim in criminal proceedings initiated based on elements of a similar crime defined in the penal code of another country”.<sup>55</sup>

The Victim Support Act also defines a victim of violence against women as “a woman who has suffered physical, sexual, psychological, or economic harm or distress in public or private life as a result of domestic violence, GBV, or threats thereof, including coercion or arbitrary deprivation of liberty”.<sup>56</sup>

According to the Victims Support Act, “a victim of domestic violence is a person who has experienced acts of physical, sexual, psychological or economic violence in a family or cohabitation or by a former or current spouse or partner, regardless of whether the perpetrator of the act of violence lives or has lived in the same place of residence as the victim”.<sup>57</sup> A victim of sexual violence is defined as "a person subjected to sexual acts without their consent, forced to engage in sexual acts with a third party, or otherwise sexually abused”.<sup>58</sup> According to § 4 (1) of the Victim Support Act, victim support refers to a system comprising state-organized VSS and compensation provided to victims of crime.

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<sup>53</sup> SKA Aastaraamat 2023, p 24.

<sup>54</sup> §4 (2) Victims Support Act.

<sup>55</sup> §4 (3) VSA.

<sup>56</sup> §4 (4) VSA.

<sup>57</sup> §4 (5) VSA.

<sup>58</sup> §4 (6) VSA.

### 4.3 Victims in criminal procedures

In Estonia, criminal proceedings involve courts, prosecutors' offices, and investigative bodies like the PBGB and Internal Security Service. Under §193 of the Code of Criminal Procedure, the Prosecutor's Office may initiate proceedings if there is reason and evidence of a criminal offense. If initiated by the police, the Prosecutor's Office must be informed immediately. Proceedings begin based on a report or information indicating a criminal offence and are justified by identifying criminal elements.

Pre-trial investigations are conducted by the PBGB or the Internal Security Service, directed by the Prosecutor's Office to ensure legality and efficiency. After the investigation, the prosecutor either files a bill of indictment in court or terminates the case, with conciliation proceedings as a possible outcome. The trial phase involves the victim, suspect or accused, their counsel, civil defendant, and third parties.<sup>59</sup> The parties to a court proceeding have all the rights of participants in the proceedings provided for in the Code of Criminal Procedure (Kriminaalmenetluse seadustik, §17 (2)). Under the Code of Criminal Procedure, all provisions for witnesses also apply to victims. A person becomes a victim in proceedings either through procedural acts or by a ruling of the court. Victims can be involved at any stage of the process and in all court instances until the conclusion of appeal proceedings.

Article 195 of the Code of Criminal Procedure ensures victims' rights when reporting a crime. Complaints can be submitted orally or in writing to an investigative body or prosecutor's office. Oral reports made onsite are recorded, with a copy provided to the complainant. Reports via phone are either written down or audio recorded. If the complainant is the victim, authorities must confirm receipt within 20 days.

If proceedings are not initiated, the reporting individual must be notified within 10 days. These provisions align with Article 5 of the Directive, ensuring victims can report crimes through various means and receive written confirmation or acknowledgment.<sup>60</sup>

### 4.4 Right to linguistic assistance, interpretation and translation

The Code of Criminal Procedure also guarantees the 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 doubts arise regarding a victim's proficiency in Estonian, the authority conducting the proceedings will determine their language proficiency. If the victim does not speak Estonian sufficiently, an interpreter or

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<sup>59</sup> Code of Criminal Procedure §17 (1), RT I 2003, 27, 166.

<sup>60</sup> Art 5, Directive 2024/1385 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 14 May 2024 on combating violence against women and domestic violence.

translator will be provided. According to the Code of Criminal Procedure, victims have the right to request translations of essential documents - such as decisions on the termination of cases or court judgments - into their native language or another language they understand, within ten days. Victims may also request translations of other documents crucial to protecting their procedural rights. If the authority responsible for the proceedings determines that translating such additional documents is not justified, it must issue a formal ruling on the refusal.<sup>61</sup> Additionally, individuals who access VSS are entitled to **free translation services for up to two years**.

#### 4.5 Assessment of individual protection needs

The Code of Criminal Procedure requires authorities conducting proceedings to evaluate whether a victim needs special treatment and protection. This assessment considers factors such as the victim's individual characteristics, the severity and nature of the offense, the profile of the suspect, the circumstances of the crime, and the harm caused. Minors are presumed to require special protection. Based on the outcome of this assessment, specific measures are determined to ensure the victim's safety, such as providing adapted premises, involving specialists trained in victim care, or maintaining consistent personnel throughout the proceedings.

The explanatory note accompanying the draft law transposing the Victims' Directive emphasizes that while **no formal procedure for assessing victims' needs currently exists**, authorities like the police or prosecutor's office are still responsible for evaluating each victim's needs to guarantee appropriate support. Additionally, the explanatory note stresses that further training and clear guidelines are necessary to adequately address victims' specific needs within criminal procedures.<sup>62</sup>

The explanatory note also recognizes that the concept of assessment is needed to be created. Among others, police officers, prosecutors and judges shall consider, whether:

- The victim is a minor;
- The offence is a **high-risk crime** such as sexual offence, serious violent crime, domestic violence, human trafficking, organized 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 firearm was used or there is access to firearms;
- Whether the victim has suicidal thoughts;
- Whether the perpetrator was previously violent;

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<sup>61</sup> Code of Criminal Procedure §10, RT I 2003, 27, 166.

<sup>62</sup> Ohvriabi seaduse eelnõu seletuskiri.

- Whether there was a violation of a restraining order;
- Whether the victim or a perpetrator has an addiction risk.<sup>63</sup>

## 4.6 Right to be informed

According to §6 of the Victim Support Act, information about available VSS must be accessible through the SIB, local authorities, police, rescue services, healthcare institutions, social welfare services, educational institutions, youth work agencies, prosecutor's offices, courts, and other relevant agencies, including on their websites. Additionally, officials involved in criminal proceedings are obligated to forward the victim's information promptly to SIB to facilitate timely access to support services.<sup>64</sup> At the webpage of SIB the information about the support to victims is available in Estonian, Russian, and English only.

The Code of Criminal Procedure ensures the victim's rights to be informed about the custody of a suspect and to request notification of their release if there is potential danger.<sup>65</sup> The victim may also choose one person to accompany them during any procedural acts unless the authority conducting the proceedings has a justified reason to refuse this request.

## 4.7 Rights to legal representation

A victim, civil defendant, or third party who is a natural person may participate in criminal proceedings either personally or through a representative. Choosing to participate personally does not affect their right to be represented by someone else. **Victims are entitled to state legal aid** in criminal proceedings under the conditions and procedures specified in the State Legal Aid Act. If a court determines that the victim's essential interests might not be adequately protected without legal representation, the court may, on its own initiative, grant state legal aid in accordance with §41 of the State Legal Aid Act.<sup>66</sup>

## 4.8 Right to access victim support services

**Victim support services (VSS)** are provided on the principle of regionality and **shall be available in every county of Estonia**.<sup>67</sup> The law states that information concerning the possibilities of using the VSS shall be available at local government, police, rescue centre, health care, social welfare and other relevant authorities and their websites. Victim Support Act <sup>68</sup> §15 regulates the purpose and content of VSS. The **purpose of VSS** is to ensure social, psychological, and emotional support

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<sup>63</sup> Ministry of Justice (Justiitsministeerium), 'Seletuskiri kriminaalmenetluse seadustiku muutmise ja sellega seonduvalt teiste seaduste muutmise seaduse eelnõu, millega laiendatakse kannatanute õigusi kriminaalmenetluses, juurde'.

<sup>64</sup> §7 of the Victims Support Act .

<sup>65</sup> §133 Code of Criminal Procedure.

<sup>66</sup> State Legal Aid Act - <https://www.riigiteataja.ee/en/eli/525082015004/consolide>.

<sup>67</sup> <https://sotsiaalkindlustusamet.ee/ohvriabi#kontakt>, (The webpage with specific contact names is available only in Estonian), 06.01.2024.

<sup>68</sup> RT I, 06.01.2023, 1.

(hereinafter psychosocial support) to persons who have been harmed due to a crime, violence or event of crisis to contribute to the preservation or restoration of their sense of security and ability to cope and to prevention of further damage.

According to Victim Support act §15 (2) VSS are:

- basic VSS;
- psychosocial support in the event of crisis;
- women's support centre service (primary psychological crisis support, counselling, legal advice, safe temporary accommodation);
- sexual violence crisis support;
- service for victims in human trafficking;
- restorative justice services;
- support for abandonment of violence;
- mental health assistance in support of recovery from trauma;
- assistance in communicating with state and local authorities and relevant natural and legal persons.<sup>69</sup>

The Code of Criminal Procedure (§8) **requires investigative bodies and courts to inform victims of their right to contact victim support officials**, access support services, and receive state compensation for violent crime victims. They must also explain safety measures available under the Code. If the victim does not speak Estonian, translation must be provided.

Under §15(3), SIB may delegate the provision of certain VSS, fully or partially, to individuals, organizations, or local authorities through administrative contracts.<sup>70</sup> Local government social workers can also serve as the initial contact point for accessing support services, depending on where an individual first seeks assistance.

The Victim Support Act (§16) outlines specific provisions for victims of human trafficking and terrorist offenses committed in Estonia. These victims are entitled to support services regardless of their legal residency status, until their departure date or their obligation to leave Estonia. GBV victims lose access to services once they leave Estonia.<sup>71</sup>

Furthermore, Equal Treatment Act<sup>72</sup> safeguards individuals from discrimination based on nationality (ethnicity), race, colour, religion or belief, age, disability, or sexual orientation. According to the Act, discrimination on the grounds of nationality (ethnic origin), race, or colour is strictly prohibited. Therefore, **all services provided to local citizens should be also provided to refugees and other legally staying persons including those who have faced GBV.**

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<sup>69</sup> Victim Support Act §17 (2).

<sup>70</sup> See more here: <https://sotsiaalkindlustusamet.ee/en/child-and-adult-need-help/support-victims/womens-support-centres>.

<sup>71</sup> Victim Support Act §17 (3).

<sup>72</sup> Equal Treatment Act1, RT I, 22.10.2021, 11.

## 5. Overview of existing referral pathways and service providers

Estonia does not have a specific legal definition for referral pathways. According to the Health Board (Tervisekassa), the comprehensive nationwide referral management system provides an event-based overview of a patient's treatment journey, covering various referrals, responses, and care responsibilities. This system ensures continuity of care, supports clinical processes, saves specialists' time, and improves both patient experience and the overall quality of healthcare services.<sup>73</sup> In this study, **the term "referral pathways" refers to the processes through which survivors of violence are guided to relevant support services.** The schematic description of the existing referral pathways in Estonia is presented in the Executive summary of the current report.

### 5.1 Available support services provided by the service providers

Estonia's victim support system includes VSS and compensation for crime victims. National VSS are provided by staff members of the SIB - including victim support workers, counsellors, coordinators, and specialist - in collaboration with approximately 90 contractual partners such as NGOs, hospitals, psychological service providers, and around 200 volunteers.

SIB operates a central office responsible for coordinating and delivering victim support across Estonia. Victim support officers from the SIB are stationed at police stations, where they offer emotional support, provide guidance and information, and facilitate communication with other relevant institutions and NGOs. The primary aim of the SIB's VSS is to assist individuals affected by crime, violence, or crisis situations, helping them maintain or restore their coping abilities and sense of security, while also working to prevent future occurrences of violence.<sup>74</sup>

**Services for victims of GBV are available to any resident of Estonia** including forcibly displaced and stateless people. The VSS is free of charge public service aimed to maintain, enhance the ability of a victim to cope with the situation.

There are 15 counties in Estonia and each **county has at least one official who specializes in victim support.** Victims support office is usually in the same building as the police.

**Asylum-seekers** living in an Accommodation Centre for Asylum-Seekers (Vao Centre and Vägeva Centre) are assisted by the social workers and managers of the centre.

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<sup>73</sup> <https://www.tervisekassa.ee/en/organization/e-health-products/national-referral-system>, accessed 16.01.2025, see also [https://fra.europa.eu/sites/default/files/fra\\_uploads/country-study-victim-support-services-ee.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/country-study-victim-support-services-ee.pdf) 16.01.2025

<sup>74</sup> The Social Insurance Board provides 24/7 crisis counseling in Estonian, Russian, and English via the Victim Support Crisis Hotline (116 006) and the chat feature on the website [www.palunabi.ee](http://www.palunabi.ee).

According to the information gained from SIB and Accommodation Centre for Asylum-Seekers, all asylum-seekers get access to all relevant services, including medical help, social counselling and psychological counselling in case of need.

The same services that are provided to Estonian citizens are provided also to refugees by the local authorities. When the individual, who is a survivor of GBV turns to the social worker at the local authority, they are offered to be referred to the VSS, with their consent. Besides the service provided by the public authorities, **there are several NGOs** which are also offering GBV VSS.

Service agreements are in place with women's support centres, sexual violence crisis centres, organizers of support groups, providers of counselling services for those involved in sex trade, and providers of mental health support for trauma recovery. Daily collaboration with NGOs and the private sector ensures comprehensive support for survivors of violence. **Survivors can receive support services** via the **Victim Support Crisis Hotline** at 116 006 or the **Emotional Support and Pastoral Care Hotline** at 116 123.

Support is also available for those who have experienced particularly severe events. **High-risk domestic violence victims** - those whose lives are in danger - receive support through the MARAC network model (Multi-Agency Risk Assessment Conference).<sup>75</sup> MARAC network includes professionals from such as victim support, police, prosecution, local government and child protection, women's support centre, specialist supporting perpetrators in giving up violence, MARAC volunteer, and, when justified, other institutions.

The MARAC model involves assessing victims' needs, creating personalized safety plans, and holding regular case-management meetings. Once the intervention has successfully ensured the victim's safety and protection, active intervention concludes, and a one-year monitoring period begins. Each member of the MARAC network has clearly defined roles and responsibilities. The main goal of the model is to prevent homicides, suicides, serious harm, and the transmission of trauma across generations resulting from intimate partner violence.

The MARAC model emphasizes that high-risk cases require coordinated responses across multiple agencies, involving shared information and integrated services. Since 2024, MARAC core teams have been active in every Estonian county, including representatives from VSS, police, municipalities, women's support centres, prosecutor's offices, child protection agencies, and medical institutions. Public perception views MARAC as an effective and timely intervention, and media reports frequently highlight its significance.

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<sup>75</sup> Social Insurance Board, *Helping an Adult Victim of Domestic Violence in Distress (MARAC Model)*, <https://sotsiaalkindlustusamet.ee/MARAC>.

Overall, survivors of GBV can access the following assistance and services:

1. **Healthcare and medical assistance** integrated with police services. Victims can call 112 for urgent medical help, visit emergency reception, and report offenses to the police.
2. **Victim support centres (incl. Women support centres)** provide medical and legal assistance, initial counselling on claiming damages, psychosocial crisis care, family therapy, and referrals to professional psychotherapists. They also assist in communication with state and local authorities.
3. **Sexual violence crisis centres** in major hospitals offer support, medical examinations, psychological referrals, preventive treatment against HIV and hepatitis B, and police contact if needed.
4. **Women's help centres and sexual violence centres** offer 24/7 assistance, shelter, and support services.
5. **Accommodation centres (Vao and Vägeva)** provide primary healthcare access for asylum-seekers and international protection holders.
6. **Social Insurance Board helpline (116 006)** offers free, 24/7 anonymous assistance in Estonian, English, and Russian for GBV victims. Other languages are not supported.
7. **Women's helpline (1492)** provides 24/7 counselling for women experiencing physical, psychological, economic, or sexual abuse.
8. **Children's helpline (116 111)** offers counselling, legal, medical, and psychological support for children in Estonian, English, and Russian. Other languages are not supported.
9. **Online support** is available via [www.palunabi.ee](http://www.palunabi.ee), [info@lastemaja.ee](mailto:info@lastemaja.ee), and [www.lasteabi.ee](http://www.lasteabi.ee) in Estonian, English, and Russian. Other languages are not supported. They provide legal, medical, and psychosocial assistance.

In June 2018, the Estonian police launched public campaign "*Aga mina julgen sekkuda*" ("But I Dare to Intervene") to encourage reporting of intimate partner violence and highlight it as a societal issue. Despite efforts, many cases remain unreported. In 2017, 2,632 domestic violence crimes were registered, with 40 per cent of survivors experiencing repeat violence within five years. The campaign was part of the broader "*Aga mina*" ("But Me") initiative to promote a safer society.<sup>76</sup> In early 2018, the Estonian police launched a campaign highlighting stalking as a crime, punishable by a fine or up to one year in prison. Criminalized in 2017, stalking includes repeated unwanted contact, following, or interference causing fear or distress. It affects both adults and youth, often through online bullying.<sup>77</sup>

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<sup>76</sup> PBGB, *Domestic violence prevention campaign*, [www.politsei.ee/et/juhend/ennetusprojektid](http://www.politsei.ee/et/juhend/ennetusprojektid).

<sup>77</sup> PBGB, *Harassing stalking campaign*, [www.politsei.ee/et/juhend/ennetusprojektid/ahistava-jalitamise-kampaania](http://www.politsei.ee/et/juhend/ennetusprojektid/ahistava-jalitamise-kampaania).

To gain a deeper understanding and evaluate the existing referral pathways, 15 interviews were conducted with stakeholders and service providers. The role of each institution is provided below.

**The Police and Border Guard Board (PBGB)** is often the first point of contact for GBV or SEA survivors, it is also a part of the MARAC system. Police are required to inform survivors about support services. With the survivor's consent, their contact details are shared with a victim support worker, and joint home visits may be conducted with police and support workers. Survivors receive an informational booklet with contact details for key support institutions, including police, shelters, victim support, and welfare services. The booklet also outlines survivors' rights and includes space for personalized contact information provided by the police. It is available in Estonian, Russian, and English. Other languages are not available, which can be a limitation for the forcibly displaced people to access the services.<sup>78</sup>

**The Social Insurance Board (SIB)**, operating under the Ministry of Internal Affairs, provides VSS. When a survivor of GBV seeks assistance, SIB assesses their needs and refers them to appropriate services, including the police, psychologists, women's shelters, social workers, or hospitals. The closest collaboration is with the police, where case management networks are created to address incidents. While communication with psychologists and the prosecutor's office occurs, it is primarily oral to maintain confidentiality. However, cooperation with medical institutions is limited, as they often do not provide feedback, even in cases where survivors are referred directly to clinics.<sup>79</sup> **SIB is a part of the MARAC system.** Its aim is to assist a grown-up survivor of family violence in need and to provide rapid and effective support.

**Tallinn Migration Centre (Tallinna Rändekeskus)** provides counselling services to refugees and migrants, regularly assisting individuals - predominantly women - who have experienced GBV. Consultants at the centre offer immediate psychological support and advise clients on available VSS.

**The Women Support and Information Centre (MTÜ Naiste Tugi-ja Teabekeskus)** provides safe accommodation for women who have experienced violence or threats of violence. Its services include temporary housing, psychological counselling, crisis support, assistance with contacting authorities, legal counselling (e.g., regarding court proceedings, divorce, or child protection issues), and help in rebuilding their lives. Women can select services according to their individual circumstances, with consultations tailored to their specific needs.

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<sup>78</sup> PBGB, *Prevention Materials*, [www.politsei.ee/et/juhend/ennetusalased-materjalid](http://www.politsei.ee/et/juhend/ennetusalased-materjalid).

<sup>79</sup> Interview with SIB, 20.12.2024.

There are **several women shelters**<sup>80</sup> in Estonia though they do not have individual websites. Information about these accommodation centres, available services, and contact numbers can be accessed online via [naisteabi.ee](http://naisteabi.ee). These shelters receive women 24 hours a day and provide immediate assistance: accommodation, psychological crisis help, assistance in contacting authorities.

However, a noted concern is that some women's shelters do not accommodate women with a migration background, as highlighted in an interview with one of the NGOs. The noted reasons to this were the low capacity and scarce resources of some shelters to provide assistance to survivors of GBV.<sup>81</sup>

**The Accommodation Centres for Asylum-Seekers (Vao and Vägeva Centres)** provide housing and support services for individuals applying for international protection and assist recipients of protection in settling within local communities. These centres offer various forms of support throughout the international protection process, including referrals to medical care, psychological support, referral to the legal aid, translation services, and police assistance when necessary. In cases of GBV, survivors are referred to the police.

**Estonian Refugee Council (ERC)** provides support services to beneficiaries of international protection in Estonia. As one of the main competence centres on forced migration and integration in Estonia, ERC also plays a role in the referral mechanism by directing individuals to the services they need.

**Estonian Human Rights Centre (EHRC)** is an independent NGO founded in December 2009, advocates for human rights in Estonia and provides free legal advice to refugees and migrants in Estonia. If EHRC works with a person, who is a survivor of GBV, they refer them to the VSS of SIB.

**The International Organization for Migration (IOM)** has operated in Estonia for 20 years, focusing on counter-trafficking, integration, voluntary return, and public awareness. It developed a national cultural orientation programme and trains officials and NGOs. IOM case managers support vulnerable individuals through health referrals, temporary accommodation, and psychosocial support training for first responders. In GBV cases, individuals are referred to Victim Support (Ohvriabi).

**Lifeline (MTÜ Eluliin)** is a volunteer and professional association providing emotional, psychological, and social counselling. Services include crisis support (e.g., debriefing groups, EMDR), psychological rehabilitation, and targeted counselling for groups such as trafficking victims, people involved in prostitution, individuals with addictions, and

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<sup>80</sup> Harjumaa, Ida Virumaa, Järvamaa, Jõgevamaa, Läänemaa together with Hiiumaa, Lääne Virumaa, Pärnumaa, Põlvamaa, Raplamaa, Saaremaa, Tartumaa, Valgamaa, Viljandimaa, Võrumaa.

<sup>81</sup> Interview with MTÜ Eluliin, 19.11.2024, Later it was verified that at least one women's shelter provided help for a woman with temporary protection status.

those living with HIV.<sup>82</sup> The organization operates a dedicated phone line for persons engaged in prostitution and regularly runs projects.

**Tartu Welcome Centre** supports migrants in settling into the Tartu and South Estonia region. The team offers free consultations, registry services, and cultural or networking events. They also provide information on NGOs and SIB services for GBV survivors of migrant origin when needed.<sup>83</sup>

**Tartu University Hospital (Tartu Ülikooli Kliinikum)**<sup>84</sup> is both a healthcare provider and a research institution. For this study, representatives and a doctor were interviewed to gather insights on referral pathways and identify areas for improvement in the field of SEA and GBV.

**Feministeerium (MTÜ Feministeerium)** is an independent feminist organization whose main areas of activity are communication, advocacy and empowerment of the feminist community.<sup>85</sup> The representatives of the NGO publish articles about GBV to raise awareness about the existing issues.

**Tallinn Women Crisis Centre (Tallinna Naiste Kriisikodu)** supports survivors of physical, sexual, psychological, and economic violence, with a focus on domestic violence. The centre helps women - along with their children, if needed - break the cycle of violence and works to prevent future abuse. Its mission is to ensure that every child can grow up in a non-violent environment.<sup>86</sup>

In addition, the **United Nations High Commissioner for Refugees (UNHCR) country office in Estonia** provides referrals for survivors of GBV through its online platform, which offers guidance to refugees and asylum-seekers on the risks of human trafficking, a concern often linked to GBV. The website includes resources on how to stay safe, recognize signs of exploitation, and seek assistance. In cases of suspected human trafficking or related abuses, the online guidance advises individuals to contact the Estonian police via the emergency number 112 or reach out SIB's human trafficking prevention and victim assistance counselling line.

Finally, the referral point can be also a local municipality social worker or NGOs giving help to GBV and SEA survivors, women or children that were mentioned above.

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<sup>82</sup> Eluliin, [www.eluliin.ee/en](http://www.eluliin.ee/en).

<sup>83</sup> Tartu Welcome Centre, <https://tartuwelcomecentre.ee/>.

<sup>84</sup> Tartu University Hospital, [www.kliinikum.ee/](http://www.kliinikum.ee/).

<sup>85</sup> Feministeerium, <https://feministeerium.ee/>.

<sup>86</sup> Tallinn Women Crisis Centre, <https://naisteabi.ee/>.

## 6. Results

### 6.1 Interviews with victim support service providers and stakeholders

For the purpose of this study interviews were conducted with service providers and stakeholders from municipalities, state public agencies, NGOs, medical facilities, reception and accommodation centres for refugees and asylum-seekers, women shelters, and the International Organization for Migration (altogether n=15). In general, the interviewees provided positive feedback regarding the overall organization and coordination and referral pathways of VSS in Estonia. Nevertheless, **the misunderstanding of the referral pathway system due to its complexity, alongside with a lack of professional expertise and lack of networking, may pose a risk** to the effective provision and referral of VSS in Estonia.

#### Key take-aways:

1. VSS are available to all individuals who have experienced GBV, including SEA, regardless of their country of origin, citizenship, age, gender, or cultural and religious background. However, service providers often face communication challenges due to language barriers. Most speak Estonian, English, or Russian, with limited capacity in other languages. Information about services is not always available in languages understood by survivors, and materials are often text-heavy with minimal visual content, which can limit accessibility - especially for those unfamiliar with local languages.
2. Some VSS providers lack an emotional and empathic mindset and/or deep knowledge of different cultures, religious beliefs, and traditions that often impede achievement of desired outcomes.
3. Due to limited financial resources and priorities, VSS providers have limited opportunity to participate in the international courses or trainings, which are based on scientific evidence to be able to learn best European practices<sup>87</sup> in victims' support.

The following paragraphs present results from interviews according to the **main themes**.

#### Theme I - Legal and Regulatory Framework

All interviewees noted that the VSS listed in Article 15(2), points 1-8 of the Victim Support Act (see pp.25-26) of the current report), should be reviewed, clarified, and better explained. It was pointed out that the current list does not provide sufficient detail about the content or scope of the services. Terms such as “basic victim support service” or “psychosocial support in the event of crisis” are not widely understood, and

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<sup>87</sup> European project VICToRIIA, *Best Practices in Victims' Support: referrals, information, individual assessment (VICToRIIA)*, May 2019 <https://victim-support.eu/wp-content/uploads/2021/02/best-practices-report-final.pdf>.

there is uncertainty around how the term “crisis” should be interpreted in the absence of a clear legal definition.

It should also be noted that not all VSS listed in the Act are applicable in every case. For instance, restorative justice services (Article 15(2), point 6) are not used in cases involving sexual abuse within families. The use of restorative justice in domestic violence cases is not considered appropriate and is generally not supported in practice.<sup>88</sup>

## **Theme II - Availability and Accessibility of Services and Effectiveness of Referral Pathways**

**Victim Support Services (VSS) are a service regulated by the Victim Support Act<sup>89</sup> and is available for all people in Estonia** who have experienced GBV/SEA regardless of country of origin, social status, age, religion, citizenship, etc.<sup>90</sup> There are no legal barriers to access the services once individual has received the legal status of asylum-seeker or has international/temporary protection and is registered in the national population register.<sup>91</sup> NGOs with whom the interviews were organized emphasized that they refer people to the VSS of SIB but do not provide these services themselves. Although from the legal perspective, this is seen as a positive issue, however, in practice **forcibly displaced persons** who have **experienced GBV are more prone to vulnerability**<sup>92</sup> due to their social and economic status, poor or inadequate language skills as well as limited knowledge of available services and referral pathways. Therefore, there are **practical issues** that **need to be addressed**.

**First**, there is some **confusion** among NGOs regarding the eligibility for VSS. Some NGO representatives believe that only individuals who have reported the incident to the police can access these services through SIB. According to SIB, however, this is no longer a requirement since **VSS are provided based on the assessment of the individual's needs**. The Tallinn Welfare and Health Care Department noted that in cases of domestic violence, services are provided through public welfare providers (such as AS Hoolekandeteenused) in cooperation with SIB.<sup>93</sup> For example, when domestic violence occurs in an accommodation centre for asylum-seekers, survivors are offered psychological support and legal assistance. However, “legal assistance” in this context often refers to the police initiating criminal proceedings, while survivors may not receive broader legal support, unlike the more comprehensive systems in

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<sup>88</sup> See more debate about the restorative justice here: <https://restorativejustice.org.uk/blog/using-restorative-justice-cases-domestic-violence>.

<sup>89</sup>§ 4.(1) For the purposes of this Act, victim support means a system of victim support services organized by the state and compensations for victims of crime. (2) For the purposes of this Act, a victim means a person who is harmed or dies as a result of a crime, violence or event of crisis, <https://www.riigiteataja.ee/en/eli/503042023004/consolide>.

<sup>90</sup> Interview with the Social Insurance Board.

<sup>91</sup> Interview with Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet).

<sup>92</sup> Interview with Tallinn Women's Crisis Centre NGO (Naiste Kriisikodu).

<sup>93</sup> Interview with Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet).

place in Nordic countries.<sup>94</sup> Individuals with legal residence status in Estonia receive services either through local government structures or the SIB's VSS.<sup>95</sup>

**Second**, service providers often encounter challenges in communication with forcibly displaced people due to **language barriers**. Most of the interviewees communicate in three main languages: Estonian, English, and Russian. Only a few of them speak other languages.<sup>96</sup> Information about services is not always available in languages that the survivors understand (except English, Russian, Estonian). Following the 2022 large-scale arrival of refugees from Ukraine, some information is available also in Ukrainian. The information sheets and booklets are provided in text with little visual illustrations that might help forcibly displaced people recognize acts of violence or sexual abuse.<sup>97</sup>

It should be noted that translation services are provided for a two-year period within the VSS. It is commonly expected that during a two-year period, the forcibly displaced people are able to get sufficient knowledge of the Estonian language.<sup>98</sup> The two-year period of translation services is quite short, and some people might need more time to deal with the case of GBV and be better integrated into society. Consequently, **there should be some other alternatives to provide translation services after the two-year period is over.**

All interviewees agreed that communication with refugees and asylum-seekers from the Middle East has been more challenging compared to those from Russian, Ukrainian, English, Spanish, or French-speaking countries, mainly due to the **scarcity of skilled translators proficient in languages such as Arabic, Aramaic, Farsi, or Punjabi**.<sup>99</sup> They have also mentioned that body language and gesticulation are not always helpful. Due to **poor communication**, many refugees and asylum-seekers experience **fear and mistrust towards representatives of state agencies**,<sup>100</sup> which often leads to them rejecting the assistance offered by state authorities. The fear of disclosing domestic violence and sexual abuse is often linked to the **misconception**, that they might be deported because of contacting the police.<sup>101</sup>

**Third**, service providers may **lack sufficient awareness, knowledge, and expertise to effectively work with individuals from diverse cultural and social backgrounds**. They might not always recognize the differences in traditions, cultural practices, and religious aspects among refugees from low- and middle-income

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<sup>94</sup> Interview with Feministeerium. See also G. Roosaar, 24.10.2024. 'Estonia needs the "Yes Means Yes" model of affirmative consent. A report from the President Kaljulaid Foundation's Tallinn Consent Law Forum', <https://feministeerium.ee/en/estonia-needs-the-yes-means-yes-model-of-affirmative-consent-a-report-from-the-president-kaljulaid-foundations-tallinn-consent-law-forum/>.

<sup>95</sup> Interview with Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet). <https://www.palunabi.ee/et/vota-uhendust>.

<sup>96</sup> Interview with International Migration Organization (Rahvusvaheline Migratsiooniorganisatsioon)

<sup>97</sup> Interview with International Protection Counsels.

<sup>98</sup> Interview with the Social Insurance Board.

<sup>99</sup> Interview with International Protection Counsels.

<sup>100</sup> As noted by interviewees, the state authorities are repressive in many low- and middle-income countries.

<sup>101</sup> Interview with Eluliin.

countries. Many interviewees emphasized that regardless of service providers' education level and working experience, they **lack an emotional and empathic approach** and therefore face challenges in understanding survivors' psychological experiences<sup>102</sup> and the underlying causes of their low self-esteem. Therefore, consultations and services provided for people who have experienced GBV must take their psychosocial needs into account.<sup>103</sup>

Having general knowledge about the cultural diversity, religious beliefs, and traditions of different countries does not automatically translate into practical skills for establishing and maintaining trust-based, mutually respectful dialogue with individuals from diverse identities and cultural backgrounds.<sup>104</sup> Furthermore, **the identification of domestic (family) violence and sexual abuse remains often misrecognized** unless forcibly displaced people do not share their experiences.<sup>105</sup> The identification of violence and sexual abuse is difficult, because the topic of **domestic (family) violence and sexual abuse is stigmatized** and reporting about the violence, is often considered to be socially unacceptable among forcibly displaced people, because it is considered a private family matter that should remain within the household.<sup>106</sup> In many Eastern cultures, discussing personal or sensitive issues publicly is uncommon and is often expressed as "Do not air your dirty laundry in public".<sup>107</sup> Women seeking shelter often avoid discussions due to cultural and traditional differences, mistrust of state agency representatives, limited language skills (e.g., illiteracy in some cases), and financial dependence on their spouses. Domestic violence typically comes to light only when a woman's tolerance has been exceeded.<sup>108</sup> Available mental health services, even when referrals are made, are often underused by forcibly displaced individuals due to stigma, fear, and the perception of mental health as a taboo subject.<sup>109</sup>

**Fourth, limited access to training based on scientific evidence** leads to misunderstandings about the challenges faced by refugees and asylum-seekers.<sup>110</sup> With growing market demands, all specialists, especially newcomers, require regular training before working with refugees and asylum-seekers affected by GBV.<sup>111</sup> Interviewees emphasized the **importance of training and courses** to stay updated on legal amendments, referral pathways, and to provide accurate information to refugees and asylum-seekers. They agreed that **topic-specific training** (e.g., self-help psychological training or communication skills for working with violence survivors) **is mandatory** during the first year of employment, with the required number of sessions ranging from two to five, depending on the organization. Only one

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<sup>102</sup> Interview with Tallinna Naiste Kriisikodu.

<sup>103</sup> Interview with Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet).

<sup>104</sup> Interview with Rändekeskus.

<sup>105</sup> All interviewees.

<sup>106</sup> *Ibid.*

<sup>107</sup> See the meaning of the idiom in Merriam-Webster Dictionary, <https://www.merriam-webster.com/dictionary/air%20one%27s%20dirty%20laundry>.

<sup>108</sup> Interview with Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet).

<sup>109</sup> *Ibid.*

<sup>110</sup> *Ibid.*

<sup>111</sup> All interviewees.

organization required training certificates before employment. Topic-specific training is typically provided internally or by local organizations. However, specialists working directly with refugees **often lack access to international networks**, except for those in medical, state, or international institutions. Barriers include the exclusivity of professional networks, high costs of overseas training, limited funding, and insufficient knowledge about available networks.

Compared to other West European countries, Estonia has limited experience in working with refugees, especially it was the case prior to the Russian-Ukrainian war.<sup>112</sup> As a result, **specialists often lack insights** into how institutional coordination is organized in these countries. Beyond technical know-how (including interpretation services used for survivors who speak languages other than Estonian, English or Russian), **understanding cultural diversity and enhancing communication skills** are crucial. Most rely on independent research and express a need for networking opportunities to learn from European counterparts, particularly in Finland and Sweden. One interviewee highlighted **the importance of in-depth, research-based training that incorporates real-world case studies**. They suggested that such training include problem-solving, and collaboration in mixed groups with healthcare providers, psychologists, sociologists, and legal experts. This approach would introduce new concepts and foster integrative thinking beyond routine practices.<sup>113</sup>

The interviewees emphasized that **training and awareness-raising programmes, campaigns** about domestic violence and sexual abuse, and available VSS **are needed for the entire population in Estonia in different languages**.<sup>114</sup> Domestic violence and sexual abuse are equally prevalent in Estonian families, particularly during holidays and weekends. However, there is a common misconception that such issues are more common among migrants or asylum-seekers from low- and middle-income countries, leading to a focus on training aimed at integrating them into Estonian society, culture, and social norms.<sup>115</sup>

**Fifth**, it should be clarified that **service provision and referral pathways are two separate issues**. There is a need for expertise to understand their problems, identify their needs, and assess potential threats to their health or well-being. Some interviewees noted that cultural differences might hinder local social workers and other specialists from fully understanding offenses committed in the name of community honour, which are acts of violence or coercion aimed at preserving or restoring the perceived honour of a family or community.<sup>116</sup>

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<sup>112</sup> Interview with Tallinna Rändekeskus.

<sup>113</sup> Interview with International Protection Counsels.

<sup>114</sup> All interviewees.

<sup>115</sup> Interview Tartu Ülikooli Kliinikum.

<sup>116</sup> Interview with International Protection Counsels, see more about honour crimes: <https://www.britannica.com/topic/honour-killing>.

An empathetic and perceptive individual, even without extensive professional experience, can still deliver high-quality services. In contrast, someone lacking a professional network may face challenges in connecting individuals to the appropriate services at the right time. Therefore, the evaluation of effectiveness of referral pathways depends on the **professional experience** and **available network**.<sup>117</sup> The average experience working in the field of interviewees was around seven to ten years, while few have 20 years of work experience.

The interviewees from NGOs expressed concerns about **limited access to and availability of services** due to **restricted funding and prioritization of security in funding allocations**. Current services fail to meet all survivors' needs, and insufficient funds make it impossible to hire additional caseworkers or specialists. As a result, NGOs are forced to limit the time dedicated to each individual.<sup>118</sup>

### Theme III - Institutional Roles and Coordination

The role of institutions ranges from providing information and assistance with legal documentation to offering psychological counselling, medical support, and shelter for women and children affected by GBV and/or SEA, as well as coordinating services. While not all interviewed institutions provide VSS directly, they often refer asylum-seekers, refugees, and other affected individuals to relevant resources. **Institutional representatives were generally aware of each other's roles and the available services**. Although referral pathways were described as accessible, partly due to Estonia's small size.

### Theme IV - Satisfaction and Service Quality

Most representatives of the service providers confirmed that they **do not collect feedback** from refugees and asylum-seekers or people experienced GBV due to ethical considerations and because these people usually do not come back.<sup>119</sup> Therefore, the organizations do not have any standard feedback form. Refugees and asylum-seekers are free to write about their experience, but they are not required. Nevertheless, SIB has recently issued a new platform to assess satisfaction with the VSS.<sup>120</sup> The results of the project will be published in the coming years.

Almost all interviewees noted that migrants, refugees, and asylum-seekers often feel uncomfortable with the healthcare booking system and long waiting times in Estonia.<sup>121</sup> This discomfort is not due to a lack of digital skills, but rather differences in how healthcare is organized compared to their home countries. Many are accustomed

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<sup>117</sup> Interview with International Protection Counsels, Tallinna Rändekeskus, Tallinna Naiste Kriisikodu, International Migration Office, Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet).

<sup>118</sup> Interview Feministeerium, Eluliin, Tallinna Naiste Kriisikodu.

<sup>119</sup> Interview with Tartu University Kliinikum and International Protection Counsels.

<sup>120</sup> Ohvriabi, Feedback, <https://www.palunabi.ee/et/tagasiside>.

<sup>121</sup> Interviews with the International Migration Office, Reception Centre for Asylum-seekers, Tallinna Naiste Tugikeskus.

to accessing family doctors directly during walk-in hours, whereas in Estonia, non-urgent cases often involve long waits and no direct contact with the family doctor.

## Theme V - Recommendations for Improvement

All interviewees emphasized the importance of raising public awareness on GBV and improving information dissemination to the public. **Specific recommendations received from the interviewees** are outlined below:

1. Create visual information sheets with pictures and animations to make GBV information accessible for those who cannot read or understand commonly spoken languages in Estonia.
2. Raise awareness and understanding of GBV and cultural differences among stakeholders, including educators at all levels. Provide training to address biases and improve engagement, especially for those working long-term in this field.
3. Strengthen cooperation with Nordic and Western European countries to enhance referral pathways and identify additional services needed alongside existing ones.
4. Avoid piloting restorative justice services in cases of sexual abuse involving intimate partners or family members, as specialized interventions are required.
5. Encourage open discussions on GBV, especially with healthcare professionals like general practitioners, gynaecologists, and nurses, to create a supportive environment for survivors.
6. Revise policies for trafficking and sexual exploitation survivors to remove barriers, such as the fear of deportation, that prevent them from reporting crimes and seeking help.
7. Expand the number of service providers and improve service efficiency by training new specialists to meet the growing demand for GBV support.
8. Increase funding for organizations offering support to GBV survivors, enabling them to expand and improve their services.
9. Ensure better access to free legal counselling so survivors can effectively navigate their situations with appropriate legal support.

### 6.2 Interviews with individuals holding temporary status in Estonia

For this study, **online interviews were conducted with five women aged 24–55**, all holding temporary protection status and having arrived from Ukraine in March 2022. Participants were informed of their right to skip any questions they found uncomfortable and could withdraw at any time. Two interviewees reported experiences of gender-based (domestic) violence. Among the group, two raised concerns about the quality of services received upon arrival and during their stay, while one noted issues with accessibility. Although most interviewees were generally satisfied with the availability and coordination of services, they also shared suggestions for improvement, which are summarized below.

### Basic information, information sharing and awareness raising in GBV and SEA

The interviewees reported that upon arrival in Estonia, they were provided with the emergency number (112) and the family doctor consultation phone number (1220). They confirmed that **no information booklets were made available or provided regarding the prevention or reporting of violence and sexual abuse**, including during the information days for newly arrived refugees. Information about services for survivors of violence was only seen in the offices of PBGB and SIB. Nevertheless, the information was not comprehensive - **there was no list of VSS or instructions on how to access them**, but rather general information urging individuals to report such incidents if they occurred. One person who had experienced GBV confirmed that **access to the VSS and women's shelter service was coordinated by the police**. Further help and services were provided by the women's shelter office. This included translation services, assistance with reviewing rental contracts, rehabilitation services, psychological help, and more. The interviewees suggested that there should be more **advertising within social groups** (Facebook, Telegram) **and information seminars** focused on GBV. These initiatives and seminars could be organized by local governments, public authorities, or NGOs.

As mentioned earlier, interviewees emphasized that many **people are unsure of where to seek help or where to get support**. Many people are reluctant to report domestic violence due to socio-economic concerns.<sup>122</sup> **Information should be made available in places where large groups of people gather**, such as healthcare and educational institutions, and provided in languages other than Estonian. It would be beneficial to have a single point of access (such as a one-stop shop or libraries) where all relevant information is available.<sup>123</sup> Based on the interviewees' experiences, **current information is dispersed across various websites**, making it difficult to know where to look for it.

### Fear of public authorities' interference

Interviews with forcibly displaced people revealed **low awareness of GBV**, or reluctance to acknowledge being survivors. One interviewee started to understand her situation after she passed some training where mental violence was discussed. Nevertheless, she did not turn to the police as she felt that she did not have enough proof to justify the claim. As she did not turn to the police, she also did not get information about the VSS from the police. She received some counselling from her doctors from Ukraine. She contacted the psychologist and psychiatrist in Ukraine and got assistance online. She attempted to handle her situation on her own, **fearing that seeking help** from the local government's social worker **might lead to her children being taken away**.

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<sup>122</sup> Interview with the immigrant on 16 January 2025.

<sup>123</sup> Interview 17.01.2025.

These findings also confirm the findings of the SEIS study that “according to the respondents, the main barriers that people who have been subjected to GBV could face when trying to access GBV services would be the following: Stigma and shame (46 per cent); Lack of awareness (31 per cent); Language and cultural barriers (23 per cent); Lack of trust in host country services (20 per cent); Fear of retaliation (18 per cent); Discrimination and bias (14 per cent); Financial constraints (8 per cent); Inadequate service availability (8 per cent); Lack of trained professionals (4 per cent); Legal and institutional barriers (2 per cent), etc.”<sup>124</sup>

## Services

To support recovery from war-related trauma and/or experiences of GBV, a more holistic and person-centred approach is needed. According to interviewees, services are generally delivered in the same way to all individuals, regardless of whether they arrived as forcibly displaced persons, students, or for business purposes. In practice, this means services mirror those offered to the local population, without consideration for migration background. Despite the widely acknowledged understanding that “one size does not fit all”, the current system does not adequately address the specific vulnerabilities and needs of refugees. One interviewee mentioned that no one asked what they needed. As a result, there are no services specifically tailored for refugees.

## Satisfaction with received services

Individuals who experienced GBV expressed **high satisfaction** with VSS they received in Estonia. Nevertheless, more efforts are needed to provide psychological services. Survivors of GBV are vulnerable and have barriers to open themselves to foreign people and share private issues.

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<sup>124</sup> UNHCR, 2024 Estonia Socio-Economic Insights Survey, <https://microdata.unhcr.org/index.php/catalog/1222/>, p.17.

## 7. Conclusion

This chapter presents the main findings on the accessibility, availability, and effectiveness of VSS and referral mechanisms. The research questions are addressed in a structured and consistent manner.

The analysis indicates that the status and rights of survivors have been amended in the Code of Criminal Procedure. In Estonia, equal treatment is guaranteed by the Constitution, the Equal Treatment Act, and the Gender Equality Act. These legal frameworks ensure access to VSS for all individuals in Estonia, regardless of their social status. The Victim Support Act, including the definition of a victim, has been revised to align with EU Directive 2012/29/EU, which establishes minimum standards for the rights, support, and protection of victims of crime, replacing Council Framework Decision 2001/220/JHA.

In Estonia, VSS are state-funded and available nationwide. They are typically located within or near police stations, similar to the practice in other European countries such as Belgium, Finland, Sweden, and the Netherlands. Effective cooperation and referral pathways between institutions contribute to the protection of survivors and support the enforcement of their rights. The following paragraphs present responses to the research questions.

### **RQ1: What changes in domestic legislation or social welfare organizations are needed to ensure equal access to VSS for forcibly displaced people?**

Access to VSS is available to all individuals residing in Estonia, regardless of their social or economic status. Interviewees confirmed that socio-legal status is not considered a barrier to accessing necessary support services. The provision of VSS is based on an assessment of the survivor's needs, typically carried out by a specialist. While specialists are expected to have the appropriate knowledge, skills, and professional behaviour, the assessment process remains partly subjective. What is considered appropriate support for a survivor may not always align with their actual needs or experiences.

The need for psychological support is assessed by victim support officers using specific tools, such as a structured questionnaire. In the Vao and Vägeva Accommodation Centres, psychological support is available on site, while other centres refer individuals to external psychologists or psychiatrists. In cases of repeated domestic violence, the MARAC model is applied to coordinate responses across relevant institutions.

### **RQ2: Does Estonian legislation regulate the prevention of and response to violence, including GBV?**

The prevention of and response to violence is regulated in the Victim Support Act and by criminal law provisions. Nevertheless, the prevention of violence might be better

regulated in national school curricula. The provisions of domestic and sexual violence can be highlighted better in the legal norms.

**RQ3: What referral pathways exist and have been implemented to guide individuals who have experienced GBV to VSS services? Are these services comprehensive, effective, timely, and accessible?**

Seeking help can begin in different ways, with one option being to turn to the police, who then guide survivors to VSS. However, in many cases, social services or NGOs serve as the initial point of contact, providing survivors with immediate support and referrals to relevant services. Organizations providing VSS collaborate with NGOs and other service providers to ensure survivors receive comprehensive assistance tailored to their needs. The VSS are provided by the SIB and are available in all counties of Estonia. If needed, survivors can receive support from doctors and psychologists, legal counselling, shelter for up to six months, and employment counselling. The full list of services is outlined in the Victim Support Act. Doctors can also refer their patients to the VSS.

The interviewees gave positive feedback about the services they received. Most complaints were related to limited accessibility and long waiting times for family doctors or specialized medical care. Interviewed individuals were not accustomed to waiting for an appointment with a general practitioner (GP) and expected to be seen by a doctor on the same day. Overall, the VSS services were perceived as being delivered professionally.

**RQ4: How is the coordination between these institutions organized to ensure that individuals who have experienced GBV receive comprehensive and effective support?**

A list of organizations and NGOs supporting individuals who have experienced GBV is provided in Annex 1 of the study. Based on interviews with various service providers, it appears that they are generally well-informed about the services offered by other actors in the field. Opportunities for joint training have been available, and there is ongoing communication between different NGOs and SIB's VSS.

The referral mechanism between the police and VSS is well established, supported by the presence of victim support staff in police stations, formalized procedures for handling domestic violence cases, and close working relationships between police officers and victim support personnel. While medical professionals and institutions are not formal members of the MARAC network, they often refer high-risk survivors and help identify cases involving sexual abuse and violence. However, interviews revealed that health institutions are not fully integrated into the broader referral system, which may limit coordination and continuity of care for survivors. Additionally, the Ministry of Social Affairs has issued guidelines for handling cases involving trafficking survivors, which can be used by caseworkers.

**RQ5: What roles do various institutions and actors (e.g., social support services, healthcare, law enforcement, NGOs) play in providing support for individuals who have experienced GBV?**

The VSS also provides guidance to specialists such as doctors, social workers, and teachers. VSS offers various training programmes, including psychological first aid, support for survivors of hate crimes and human trafficking, as well as counselling and access to essential training and learning resources.

The current research indicates that information about available services can be found on the websites of relevant agencies and NGOs. However, there may be challenges in accessing specialized healthcare due to long waiting times and language barriers, particularly if the survivor does not speak Estonian, English, or Russian as their native language. The referral standards can be clearer and more visible. Furthermore, coordination between different institutions can be improved to ensure protection standards for refugees and asylum-seekers.

**RQ6: How are individuals (who have experienced GBV) informed about relevant social support services, and what are the primary sources of information for forcibly displaced people?**

The study confirmed that information is also disseminated through social media and shared among survivors via personal contacts. For example, when individuals seek help from NGOs such as the ERC or EHRC, they are referred to the VSS of SIB if needed. Some services are also provided by the medical professionals working in the crisis help centres (Kriisiabi).

The role of local governments and social workers is crucial in identifying issues faced by GBV survivors, particularly among refugees. For asylum-seekers and residents of asylum reception centres, access to information is better ensured, as details about available services are provided in both written and oral formats. Reception centres have also dedicated information boards where relevant details can be posted. In contrast, individuals living outside reception centres often rely on online sources or social media platforms such as Telegram, Facebook, TikTok, and Instagram to access information. This research confirms the results of the study *Developing Directive-Compatible Practices for the Identification, Assessment, and Referral of Victims: National Report, Estonia*<sup>125</sup> conducted by the Institute of Baltic Studies in 2017. The studies conclude that referral pathways function effectively if there is a strong network of specialists.

During the data collection process for this study, available services and referral mechanisms were identified and described above. In Estonia, all essential VSS - including healthcare, psychological support, safety, security, and access to justice -

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<sup>125</sup>Maarja Vollmer, Anna Markina, *Developing directive-compatible practices for the identification, assessment and referral of victims*, 2017, <https://www.ibs.ee/en/publications/developing-directive-compatible-practices-for-the-identification-assessment-and-referral-of-victims/>.

are available for refugees, asylum-seekers, and stateless persons who have experienced GBV. These services are provided by the SIB, hospitals, family doctors, psychologists, psychiatrists, and specialized NGOs.

There is close cooperation between the police and VSS, as victim support workers are stationed in police buildings. Women's shelters collaborate with child protection services and NGOs that provide legal assistance and psychological support. This system is well-established and generally considered effective.

**RQ7: What legal, practical as well as organizational and administrative barriers do individuals, who have experienced GBV, face in accessing VSS in a timely and adequate manner?**

It was identified that certain legal gaps exist, as service providers are unclear about the exact content of services and the definition of a "crisis situation". While the names of VSS are listed in VSA, neither their specific scope nor meaning are clearly defined. The confusion among providers results in a situation where services might not be referred.

Interviews revealed that many refugees are unaware of their rights, where to seek services, or to whom to turn in case of a need. They often do not know that they are entitled to assistance and financial compensation for damages. Additionally, not all individuals understand the meaning of GBV, the level of societal tolerance for such acts, or the local values that protect survivors.

According to interviewees, information about available services is too scattered and not easily accessible for those in need. It was suggested that information on GBV should be displayed in locations where people frequently visit, such as doctors' surgeries, SIB offices, libraries, bus stations, public spaces, cinemas, and buses. Moreover, it would be beneficial to provide informational materials and visual explanations in places where people spend extended periods, such as medical waiting rooms, cafeterias, and shops.

Language barriers were also highlighted as a significant concern. Limited proficiency in Estonian places vulnerable individuals in a more difficult position, as it can restrict access to essential information and hinder communication with service providers. Additionally, poor knowledge of Estonian creates obstacles in the job market, particularly for positions that require fluency in the language.

**RQ8: Are forcibly displaced people, who have experienced GBV, satisfied with the accessibility and quality of the services provided? If not, what were the primary reasons for limited or inadequate support?**

The satisfaction rating among the interviewed individuals was very high. It was suggested that having a designated platform, such as a website or a feedback post box, would allow individuals to share their opinions about the services, participate

actively, and respond to issues as they arise. Additionally, the efficient processing of asylum applications and the prompt issuance of documents were highly appreciated. Specific recommendations are provided in the sub-section 'Results II: Interviews with Individuals Who Experienced GBV'.

## 8. Recommendations

During the last decade, Estonia has made remarkable progress in preventing, mitigating risks, and responding to gender-based violence (GBV). The country has dedicated significant efforts and resources to enhance its policies, legislation, and practices. Notably, forcibly displaced and stateless persons have been integrated into the state protection system ensuring access to GBV-related support and services on the same footing as citizens. Despite the resources allocated by the state and the well-established services provided through victim support services, certain refugee-specific aspects should be considered. These include enhancing awareness in various languages, improving safe and meaningful access for forcibly displaced and stateless persons to available services, and ensuring efficient survivor-centered support. Based on the study, the following recommendations are proposed:

### Strengthening the survivor-centered approach

To ensure the effective provision of GBV support services, it is crucial to consistently apply a survivor-centred approach. This approach should be grounded in voluntary and informed consent, while also considering the cultural, religious, and diverse backgrounds of forcibly displaced and stateless persons. Engaging with refugee communities to raise awareness about GBV and how to tackle the problem. The importance of a survivor-centered approach is essential in creating a supportive environment for survivors.

### Elaborating on the types, scope, and duration of GBV services

Detailed instructions on the types, scope and duration of GBV support will facilitate awareness raising, reduce uncertainties and ensure that forcibly displaced and stateless individuals understand their rights and the assistance they can expect. Asylum-seekers and refugees often need one-on-one counselling and individual support with referrals. They can face specific issues related to their legal status, documentation, and asylum procedures. Therefore, it is crucial for them to have timely access to legal counselling and the assistance of a qualified lawyer. The development of clearer guidance on handling non-violent forms of GBV, recognizing the needs of specific groups such as older people, persons with disabilities, and unaccompanied or separated children is essential. Additionally, staff working with these groups should receive appropriate and continuous training. Furthermore, improved case management and easy-to-understand support materials, developed with feedback from forcibly displaced and stateless persons, would be valuable additions to the system.

### Enhancing access to interpretation services

Interpretation services should be more flexible in case a long-term need for this service is identified. The current two-year standard period may not be sufficient for forcibly displaced and stateless persons as some of them may require more time to resolve

their problems and continuous support will ensure their access to services. Alternative options for accessing assistance in the Estonian language after this period ends could be explored, such as services offered by volunteers or NGOs, provided they receive sufficient funding.

### Improving national legislation

To enhance the national legal framework, it is important to consider amending sections §§ 141, 141<sup>1</sup>, and 143 of the Penal Code of Estonia to fully align with Article 36 of the Istanbul Convention. These amendments should ensure that sexual acts are based on voluntary consent and allow for punishment even in the absence of physical force or threats.

### Enhancing access to information

Ensuring that GBV support services are accessible to all survivors, including those from diverse backgrounds, requires more attention to providing information in multiple languages and considering cultural, religious and other diversity and sensitivities. Language barriers remain a challenge, as most service-related information is available only in Estonian, English, or Russian, limiting accessibility for those who do not speak these languages. Information is often text-heavy with limited visual content, making it difficult for some individuals to understand. While the police website offers some materials, including videos and leaflets, they are primarily available in Estonian.<sup>126</sup> Visually engaging informational materials, such as leaflets, posters with clear visual content, and short video clips, should be developed for use by social workers, police, and other professionals during client interactions. These materials should explain unacceptable types of violence and where individuals can seek help.

### Modernizing information dissemination

The study revealed that traditional information channels - such as television, radio, newspapers, and leaflets - are becoming less effective. While some interviewees initially recommended increasing TV and radio outreach, they later acknowledged that they primarily consume content on platforms like Netflix, YouTube, and social media. Public awareness campaigns could benefit from adapting to these changing habits, recognizing that different generations access information through different channels. Additionally, utilizing trusted community channels, such as local Facebook groups and other social media groups, to share information and exploring innovative methods for information dissemination might ensure broad, effective and inclusive outreach across all demographic groups. Furthermore, bus stops and public transportation could be used for broader dissemination of information and raising awareness about GBV definitions, available services, and protection mechanisms. Further study can be considered to clarify the commonly used media channels and social groups.

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<sup>126</sup> Police and Border Guard Board, Prevention Projects and Campaigns, [www.politsei.ee/et/juhend/ennetusprojektid/ahistava-jalitamise-kampaania](http://www.politsei.ee/et/juhend/ennetusprojektid/ahistava-jalitamise-kampaania).

### Strengthening capacity development of all stakeholders

Sustainable and continuous GVB capacity development programme is crucial due to evolving needs and personnel turnover, ensuring staff are equipped to handle various forms of violence, including psychological, sexual, and financial abuse. Interviewees from both service providers and NGOs emphasized that despite existing trainings and available information, there is an ongoing need for comprehensive training for all stakeholders, including service providers and survivors. These trainings should cover GBV definitions, effective response strategies, referral pathways, culturally sensitive support methods, interview techniques, survivor-centred approach, and refugee protection standards. Online training modules should be integrated into regular capacity-building programmes for both new and experienced staff, updated regularly to reflect current good practices.

### Enhancing partnership, collaboration and coordination

Fostering stronger partnerships among stakeholders will contribute to more effective prevention and response measures. While authorities have established collaboration with service providers and women's support organizations, broader partnerships among service providers, civil society organizations working with specific groups, UN agencies, women and refugee-led organizations, and refugee communities, can enhance the effectiveness of services and raising awareness campaigns and avoid duplications. Regular coordination meetings to strengthen capacity, facilitate collection, exchange, and dissemination of data, and share good practices, technical knowledge, and experiences of forcibly displaced and stateless persons, can significantly improve service provision, facilitate communication and optimize resource allocation.

### Ensuring allocation of adequate resources for service providers

Considering that women's centres play a key role in providing shelter and support, they require adequate resources and attention to effectively assist asylum-seekers and refugees. Additionally, NGOs providing specialized assistance and refugee-led organizations offering services to vulnerable groups should be also engaged and supported. The state funding should cover provision of services, capacity development, and infrastructure support.

### Strengthening of monitoring and evaluation

While the study findings show some improvements in collecting feedback from GBV survivors, there is still a need to implement robust monitoring and evaluation mechanisms to assess the effectiveness of the survivor-centered approach. Regularly seeking feedback from survivors is crucial for understanding their needs and experiences. This feedback should be systematically used to continuously refine and enhance services, ensuring they remain truly survivor centered.

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### **Conducted interviews:**

Interview with person holding temporary protection, 03.01.2025.

Interview with person holding temporary protection, 10.01.2025.

Interview with person holding temporary protection, 16.01.2025.

Interview with two persons holding temporary protection, 17.01.2025.

Interview with the Social Insurance Board, 20.12.2024.

Interview with International Protection Counsellors, 14.11.2024.

Interview with MTÜ Eluliin, 19.11.2024.

Interview with Feministeerium, 21.11.2024.

Interview with Tallinn Welfare and Health Care Department (Tallinna Sotsiaal- ja Tervishoiuamet), 22.11.2024.

Interview with Tallinna Rändekeskus, 15.11.2024.

Interview with Tallinna Naiste Tugikeskus (Women Support Centre), 14.11.2024.

Interview Tartu Ülikooli Kliinikum, 15.11.2024.

Interview the International Migration Organization Office in Tallinn, 20.11.2024.

Interview Reception Centre for Asylum-seekers, 19.11.2024.

Interview with Eesti Naiste Varjupaikade Liit, 15.11.2024.

Interview with Human Rights Centre in Tallinn, 19.11.2024.

Estonian Refugee Council, 18.11.2024.

Tartu Välismaalaste Teenuskeskus 22.11.2024.

Family doctor 15.11.2024.

## Annex I - List of organizations and people contacted

No	ORGANIZATION	CONTACT INFORMATION
1	Estonian Refugee Council (MTÜ Eesti Pagulasabi)	<a href="http://www.pagulasabi.ee">www.pagulasabi.ee</a>
2	Social Insurance Board (Sotsiaalkindlustusamet)	<a href="http://www.sotsiaalkindlustusamet.ee">www.sotsiaalkindlustusamet.ee</a>
4	Estonian Human Rights Centre (Eesti Inimõiguste Keskus)	<a href="https://humanrights.ee/en/">https://humanrights.ee/en/</a>
5	Women Support and Information Centre (MTÜ Naiste Tugi-ja Teabekeskus) Tallinna Naiste Tugikeskus, Eesti Naiste Varjupaikade Liit	<a href="https://naistetugi.ee/">https://naistetugi.ee/</a> <a href="mailto:tallinnanaistetugi@gmail.com">tallinnanaistetugi@gmail.com</a> <a href="mailto:info@naisteliin.ee">info@naisteliin.ee</a>
6	International Organization of Migration (Rahvusvaheline Migratsiooniorganisatsioon)	<a href="mailto:iomtallinn@iom.int">iomtallinn@iom.int</a> Tel.: +372 611 6088
7	Tallinn Women's Crisis Centre NGO (Tallinna Naiste Kriisikodu)	<a href="mailto:tallinn@naisteabi.ee">tallinn@naisteabi.ee</a> <a href="https://naisteabi.ee/">https://naisteabi.ee/</a>
8	Reception Centre for Asylum-seekers	<a href="mailto:vk@hoolekandeteenused.ee">vk@hoolekandeteenused.ee</a> <a href="https://www.politsei.ee/et/juhend/rahvusvaheline-kaitse/kasulikud-kontaktid">https://www.politsei.ee/et/juhend/rahvusvaheline-kaitse/kasulikud-kontaktid</a>
9	The International Protection Advisers at the Police and Border Guard Board	<a href="mailto:asylum.counsel@counsel.ee">asylum.counsel@counsel.ee</a>
10	Ministry of Social Affairs (Sotsiaalministeerium)	<a href="mailto:Info@sm.ee">Info@sm.ee</a>
11	Life Line (MTÜ Eluliin)	<a href="https://www.tallinn.ee/et/teenused/kriisiabi-noustamine">https://www.tallinn.ee/et/teenused/kriisiabi-noustamine</a>
12	Tallinn Migration Centre (Tallinna Rändekeskus)	<a href="https://www.tallinn.ee/et/randekeskus/tallinna-randekeskus">https://www.tallinn.ee/et/randekeskus/tallinna-randekeskus</a>
13	Tartu Welcome Centre (Tartu Välismaalaste Teenuskeskus)	<a href="https://tartuwelcomecentre.ee/">https://tartuwelcomecentre.ee/</a>
17	The Estonian Society of Family Doctors (Eesti Perearstide Liit)	<a href="mailto:info@perearstiselts.ee">info@perearstiselts.ee</a> <a href="mailto:tallinn@perearstiselts.ee">tallinn@perearstiselts.ee</a>
18	The Estonian Society for Psychologists (Eesti Psühholoogide Liit)	<a href="mailto:epl@epl.org.ee">epl@epl.org.ee</a>
19	Estonian Association for Cognitive Behaviour Therapy (Eesti Kognitiivse Käitumisteraapia Assotsiatsioon)	<a href="mailto:info@ekka.ee">info@ekka.ee</a>
20	Estonian Gynaecologists Society (Eesti Naistearstide Selts)	<a href="mailto:ens@ens.ee">ens@ens.ee</a>
21	Estonian Patients Union (Eesti Patsientide Liit)	<a href="mailto:info@patsiendid.ee">info@patsiendid.ee</a>
22	NGO My space (MTÜ Oma tuba, Feministeerium)	MTÜ Oma Tuba, Telliskivi 60a/3, Tallinn, 10412

		<a href="mailto:info@feministeerium.ee">info@feministeerium.ee</a>
23	NGO MONDO	<a href="mailto:mondo@mondo.org.ee">mondo@mondo.org.ee</a>
24	President Kaljulaid Foundation (President Kaljulaid Fond)	<a href="mailto:info@kerstikaljulaid.ee">info@kerstikaljulaid.ee</a>
25	Tartu University Hospital (Tartu Ülikooli kliinikum)	Gynaecologist

## Annex II – TAI permission



### Tervise Arengu Instituudi inimüuringute eetikakomitee

#### Otsus nr 1400

Tervise Arengu Instituudi inimüuringute eetikakomitee (TAIEK) koosseisus C.Murd, M.Tammaru, K.Lindeberg, K.Paapsi, M.Liibek, A-R.Tereping, J.Šteinmiller, R.Hallik, A.Kull, T.Pruunsild, L.Veskimäe ja A.Schults arutas oma koosolekul 14.11.2024 ja otsustas peale tekkinud küsimustele vastuste saamist ja uuringutaotluse täiendamist lugeda eetikakomiteega kooskõlastatuks uuringu 2604 „Soopõhist, sealhulgas seksuaalset vägivalda kogenud pagulastele suunatud teenuste kättesaadavuse efektiivsuse hindamine Eestis“, mille vastutav uurija on PhD Lehte Roots (ÜRO Pagulasameti Tallinna esindus) ja kaastäitja on MScEng, PhD Melita Sogomonjan (TLÜ)

TAIEK otsus nr 1400 on väljastatud 19.12.2024.

Marika Tammaru

TAIEK esimees /allkirjastatud digitaalselt/

Marje Liibek

TAIEK sekretär /allkirjastatud digitaalselt/

Tervise Arengu Instituudi inimüuringute eetikakomitee

Tervise Arengu Instituut, Paldiski mnt 80, 10617 Tallinn,

[etikakomitee@tai.ee](mailto:etikakomitee@tai.ee), [www.tai.ee](http://www.tai.ee)