



Justiits- ja Digiministeerium

Arvamus

Karistusseadustiku, kriminaalmenetluse seadustiku, ohvriabi seaduse ja tsiviilseadustiku üldosa seaduse muutmise seaduse eelnõu (lastevastased seksuaalkuriteod ja naistevastase vägivalla ja perevägivalla tõkestamise direktiivi osaline ülevõtmine) nr 8-1/6662-1 kohta

Naiste tugikeskustel on hea meel tõdeda, et seadusandlus muudetakse järk-järgult vägivallaohvrite jaoks paremaks ning mitmete paragrahvide sõnastus arusaadavamaks. On mõistlik teha muudatused komplektis, et mitme seaduse sõnastus ühtlustataks ja need viiakse kooskõlla inimõigustega, mille EL direktiiv naistevastase ja perevägivalla tõkestamiseks endast kujutab. Laste vastu suunatud vägivallakuritegude aegumise pikendamine on samuti ohvrite jaoks olulise tähtsusega õigluse vaatenurgast.

Toetame Karistusseadustiku muutmist vastavalt ettepankutele:

KarS §-s 81, lastevastase süüteo aegumine;

KarS §-s 178, lastevastase vägivalla vormi kaasajastatud sõnastus.

Toetame Kriminaalseadustiku muutmist vastavalt ettepankutele:

§-s 2, lastevastase vägivalla vormi kaasajastatud sõnastus.

Toetame Ohvriabi seaduse muutmist vastavalt ettepankutele:

Sõnastuse muutmine arusaadavamaks: TTVT asemel psühholoogiline abi;

§ 1 – 10, kaasajastatud ja täiendatud sõnastused ning kaasatud ametid;

§ 16, andmete säilitamise tähtajad.

Samas, § 14 lõik 5 lisamine ei ole meie arvates õige, sest inimesel, kes abi/teenust saab, ei pruugi olla soovi neid kõnesid saada. Kui on teada, et nendega võidakse edaspidi suvalisel ajahetkel kontakteeruda, võib see teadmine takistada nende valmisolekut abi otsida. Peab arvestama, millise traumaga nad tulevad ja vähendada tuleb kõiki takistusi.

Oleme tõsiselt häiritud, et muudatuste paketist on jäetud välja kestev vaimne vägivald (*Coercive Control*) (ka sundiv kontroll), mis on naistevastase ja perevägivalla keskne vägivallvorm. Lisaks direktiivile, mis seab riigile kohustuse vaimset vägivalda kriminaliseerida, on GREVIO baasaruanne esitanud Eesti kohta nõude viia Eesti seadusandlus vastavusse Istanbuli konventsiooni artikliga 33 (peatükk 5, art.165, 17.11.2022.), mis samuti nõuab kestva vaimse vägivalla kriminaliseerimist.



Lähisuhtevägivald algab peaaegu alati just sellest vägivallavormist, allutamisest. Vaimne vägivald võib kesta aastaid või aastakümneid suhtes olles ning jätkuda aastaid peale suhtest väljumist. Tugikeskused näevad sageli ohvreid, kel pole füüsiliselt mingeid vigastusi, aga psühholoogiliselt on neid mõjutatud aastaid. Lisa 1 annab lühiülevaate selle vägivallavormi mõjust ohvrite füüsilisele tervisele. Need on sümptomid, mida Eesti seadusandlikus vaates ei seostata vägivallaga.

Oleme seda vägivallavormi toonud seadusandjatele välja aastaid koos erinevate näidetega, kuidas seda teostatakse ning mis on tagajärjed. Samuti oleme pakkunud, et korraldame koostöökohtumisi teiste Euroopa riikide esindajatega, mis on selle vägivallavormi kriminaliseerinud ja kus see on praktilises töös olnud juba aastaid. Paraku ei ole ametkonnad sellega kaasa tulnud.

Oleme valmis jätkama koostööd kõigi asjakohaste ametitega, et see vägivallavorm saaks lisatud Karistusseadustikku eraldi paragrahvi või § 121 alapunktina.

.

.

Digiallkirjastanud:

Pille Tsopp-Pagan, MTÜ Naiste Tugi- ja Teabekeskus juhatuse liige

Lisa 1 Ülevaade pikaajaliselt kestnud vaimse vägivalla füüsilistest mõjutustest



Lisa 1

Ülevaade pikaajaliselt kestnud vaimse vägivalga füüsilistest mõjutustest, koostatud kasutades Consensus-analüüsikeskkonda.

Long-term coercive control causes chronic pain, severe sleep disruption, and heightened risk of physical violence.

Coercive control involves systematic patterns of intimidation, isolation, and restriction of basic autonomy, which exact an enduring toll on victims' physiological and bodily health (Lohmann et al., 2023; Kassing & Collins, 2025). While nonphysical in nature, these controlling tactics produce sustained autonomic stress, elevate the likelihood of comorbid physical and sexual victimization, and directly restrict access to healthcare and essential survival needs (Lohmann et al., 2023; Cho et al., 2023; Xyrakis et al., 2022).

Evidence for Coercive Control and Physical Health

Evidence Strength	Claim
Evidence strength: Moderate (7/10)	Coercive control independently increases the odds of chronic pain , persistent headaches, and sleep disturbances in victims (Cho et al., 2023).
Evidence strength: Moderate (7/10)	Exposure to coercive control markedly elevates the longitudinal risk of suffering physical abuse , severe injuries, and nonfatal strangulation (Policastro & Finn, 2017; Kanougiya et al., 2021; Messing et al., 2021).
Evidence strength: Moderate (5/10)	Abusers deploy nonphysical tactics that directly inflict somatic exhaustion , malnutrition, and chemical control via medication manipulation (Baldwin et al., 2015; Lohmann et al., 2024; Walker et al., 2023).

Figure 1: Strength of empirical evidence linking coercive control to adverse physical health outcomes.

Somatosensory and Stress-Mediated Health Consequences

Persistent psychological domination triggers continuous neuroendocrine and sympathetic activation, manifesting in severe somatic symptoms over time (Baldwin et al., 2015; Lohmann et al., 2024). In a nationally representative survey of 8,587 intimate partner violence survivors, coercive control without concurrent physical violence significantly predicted chronic pain (adjusted odds ratio [aOR] = 1.38) and sleep impairment (aOR = 1.34) (Cho et al., 2023). Gender moderates this physiological vulnerability, with female survivors demonstrating significantly heightened odds of developing chronic pain under coercive control compared to male survivors (Cho et al., 2023). Regression models illustrate how gender moderates the association between controlling tactics and chronic pain syndromes. (Figure 1: Gender differences in the association between chronic pain and coercive control. This figure demonstrates coefficients of gender, coercive control, and their interactions.)



Survivors describe the unrelenting threat of control as an ongoing state of hyperarousal and physical exhaustion that results in fibromyalgia, gastrointestinal issues, and widespread somatic pain (Baldwin et al., 2015; Lohmann et al., 2024; Choudhury & Luzón, 2025). Furthermore, broader intimate partner abuse that incorporates control accelerates the progression of endocrine dysfunction, complicates diabetic management, and hastens immunological decline, such as worsening CD4+ cell depletion in chronic infections (Stubbs & Szoek, 2021).

Secondary Physical Harm, Traumatic Injury, and Direct Deprivation

Coercive control fundamentally alters the risk landscape for acute physical trauma (Stark & Hester, 2018). Longitudinal and cross-sectional evidence confirms that controlling behaviors serve as a primary precursor to physical violence and intimate partner homicide (Kanougiya et al., 2021; Xyrakis et al., 2022):

- Controlling behaviors multiply the risk of severe physical battery: women exposed to domestic control demonstrate significantly higher rates of physical assault (aOR = 1.4) and sexual violence (aOR = 1.8) (Kanougiya et al., 2021; Stark & Hester, 2018).
- Older adults with a lifetime history of emotional coercive control face an increased probability of experiencing **physical abuse after age 60** (Policastro & Finn, 2017).
- Coercive controlling dynamics are strongly predictive of **intimate partner strangulation**, an abusive tactic associated with long-term neurological damage, hypoxic injury, and elevated homicide risk (Messing et al., 2021).
- Perpetrators also directly compromise bodily functioning through deprivation tactics, such as **intentional sleep deprivation**, dietary restriction leading to nutritional deficiencies, and chemical control through forced sedation or withholding prescription medicines (Baldwin et al., 2015; Walker et al., 2023).

These search results were found and analyzed using Consensus, an AI-powered search engine for research. Try it at <https://consensus.app>. © 2026 Consensus NLP, Inc. Personal, non-commercial use only; redistribution requires copyright holders' consent.

References

- Baldwin, S. B., Fehrenbacher, A. E., & Eisenman, D. (2015). Psychological Coercion in Human Trafficking. *Qualitative Health Research*, 25, 1171 - 1181.
<https://doi.org/10.1177/1049732314557087>
- Cho, H., Kim, W., Nelson, A., & Allen, J. (2023). Intimate Partner Violence Polyvictimization and Health Outcomes. *Violence Against Women*, 29, 3223 - 3243.
<https://doi.org/10.1177/10778012231192585>
- Choudhury, A., & Luzón, O. (2025). Towards a cognitive behavioural model of women survivors' psychological experiences of coercive control: a grounded theory approach. *The Cognitive Behaviour Therapist*, 18. <https://doi.org/10.1017/s1754470x25100317>



- Kanougiya, S., Daruwalla, N., Gram, L., Sivakami, M., & Osrin, D. (2021). Domestic Coercive Control and Common Mental Disorders among Women in Informal Settlements in Mumbai, India: a Cross-sectional Survey. *Journal of interpersonal violence*, 37, NP17934 - NP17959. <https://doi.org/10.1177/08862605211030293>
- Kassing, K., & Collins, A. (2025). "Slowly, Over Time, You Completely Lose Yourself": Conceptualizing Coercive Control Trauma in Intimate Partner Relationships. *Journal of Interpersonal Violence*, 41, 662 - 684. <https://doi.org/10.1177/08862605251320998>
- Lohmann, S., Cowlshaw, S., Ney, L., O'Donnell, M., & Felmingham, K. (2023). The Trauma and Mental Health Impacts of Coercive Control: A Systematic Review and Meta-Analysis. *Trauma, Violence & Abuse*, 25, 630 - 647. <https://doi.org/10.1177/15248380231162972>
- Lohmann, S., Felmingham, K., O'Donnell, M., & Cowlshaw, S. (2024). "It's Like You're a Living Hostage, and It Never Ends": A Qualitative Examination of the Trauma and Mental Health Impacts of Coercive Control. *Psychology of Women Quarterly*, 48, 571 - 588. <https://doi.org/10.1177/03616843241269941>
- Messing, J., Thomas, K., Ward-Lasher, A., & Brewer, N. Q. (2021). A Comparison of Intimate Partner Violence Strangulation Between Same-Sex and Different-Sex Couples. *Journal of Interpersonal Violence*, 36, 2887 - 2905. <https://doi.org/10.1177/0886260518757223>
- PolICASTRO, C., & Finn, M. (2017). Coercive Control and Physical Violence in Older Adults. *Journal of Interpersonal Violence*, 32, 311 - 330. <https://doi.org/10.1177/0886260515585545>
- Stark, E., & Hester, M. (2018). Coercive Control: Update and Review. *Violence Against Women*, 25, 104 - 81. <https://doi.org/10.1177/1077801218816191>
- Stubbs, A., & Szoek, C. (2021). The Effect of Intimate Partner Violence on the Physical Health and Health-Related Behaviors of Women: A Systematic Review of the Literature. *Trauma, Violence, & Abuse*, 23, 1157 - 1172. <https://doi.org/10.1177/1524838020985541>
- Walker, S., Hester, M., & McCarthy, E. (2023). The Use of Chemical Control Within Coercive Controlling Intimate Partner Violence and Abuse. *Violence against Women*, 29, 2730 - 2753. <https://doi.org/10.1177/10778012231197579>
- Xyrakis, N., Aquilina, B., McNiece, E., Tran, T., Waddell, C., Suomi, A., & Pasalich, D. S. (2022). Interparental Coercive Control and Child and Family Outcomes: A Systematic Review. *Trauma, Violence, & Abuse*, 25, 22 - 40. <https://doi.org/10.1177/15248380221139243>