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# TACTICS

Regional Report on existing Domestic  
Violence Response System between police  
and professionals

Estonia

Women's Support and Information Center NPO

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## Overview of existing domestic violence response system for multi-agency collaboration

### Indicators

- i. Proportion of domestic violence cases reported to the police that are investigated and prosecuted **Not publicly available**
- ii. Proportion of survivors of domestic violence who report improved satisfaction with quality and safety of police services **Not publicly available**
- iii. Proportion of survivors of domestic violence using police services **Not publicly available**

### Data

- iv. Police use of risk assessment tools  
**Risk Assessment and Mitigation Sheet**
- v. Police use of case management flowcharts/maps/diagrams  
**Domestic Violence Response Guide**
- vi. Police number of referrals to victim services  
**In the case of domestic violence, as a part of the DV call procedure, the victim's consent is asked for contact details to be passed on to the victim support service. If the victim does not give consent, the data will not be provided and the victim will not be referred to victim support. According to the Victim Support staff interviewed, they are sometimes involved in the follow-up, which allows them to get in touch with the victim.**
- vii. Police number of referrals to perpetrator services

**Referral is part of the DV call procedure, perpetrators consent is asked for contact details to be passed to perpetrator services. If the consent is not given, the data will not be passed. At this stage, it is a voluntary service.**

- viii. **Police number of referrals to other services, e.g. social workers - The victim is asked for consent to provide information to the social worker, the victim has the right to refuse. In cases involving children, whether or not the child was present at the incident, consent will not be sought and the case will be referred to a child welfare specialist.**
- ix. **Police ability to share data on victims and perpetrators with other professionals The initial communication of information by the police is done electronically through the database. If necessary, additional information will be provided at a later stage. In high-risk cases, the MARAC model is used, where the right and the way of exchanging information is regulated by law, even if the victim does not consent.<sup>1</sup>**
- x. **Other relevant data:**

**Number of victims reporting being a victim of domestic violence to police services in your local setting; if possible, data should be disaggregated by sex, age group, nationality, etc. to collect info on key special needs groups targeted: 329**

**Number of police-recorded crime of a domestic violence case in 2022 nationally; if possible, data should be disaggregated by sex, age group, nationality, etc. to collect info on key special needs groups targeted: 3,529 (population 1,365,884)**

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<sup>1</sup> Victim Supprt Act § 10

**Peak times for calls to police relating to domestic violence:** Periods when people spend more time with their families, the festive season - December/January, and the summer holiday season - July.

**Number of specialty trained policers officers in conducting investigation of domestic violence cases in your country or setting:**

There is no possibility to specialised in DV/IPV offences in the course of studies. The Northern Prefecture has a domestic violence investigation unit (only one in Estonia), consisting of 16 police officers. However, it cannot be concluded that they have special training or that they are the only ones who have received training and we were not provided with the relevant data or it is not collected.

**Number of multi-agency risk assessment conferences held in 2022 for police and partner organisations to discuss high-risk domestic violence cases:** 93

**Use of risk assessment tools or guidelines, if yes pls provide a copy of the tool or guideline:**

Yes, though the one used by the police is not publicly available. For MARACs DASH is used and available.

**Number of repeat callers to police as victims of domestic violence:**

It is not possible to identify repeat callers, but it is possible to identify the number of repeat victims of domestic violence – 2486

**Average time for police to respond on site to a case of domestic violence:** 24 minutes

**Number of police staff receiving training and professional development on responding to domestic violence cases based on case examples including victim and perpetrator feedback and information on.**

There is no compulsory DV/IPV continuing training. According to the survey (Knowledge and attitudes towards intimate partner violence among rescue workers and police officers) most police officers acquire the necessary knowledge in the course of their work. Seems that district police officers are generally more aware than patrol officers, which can be explained by their close collaboration with social services. Although some information on the participation in trainings is collected, it is not known whether it is consistent and systematised and it was not provided to us.

Regarding the number of victims that withdraw their case from police, the law does not allow withdrawal of an application. In certain cases it is possible, but only after a thorough interview with a police investigator. If the police investigator considers that there is sufficient justification for a withdrawal, the act will be formalised as a termination of the proceedings, not as a withdrawal, and it must be possible to show that there is a legal basis for the termination.

**Number of domestic violence protection orders granted: 22**

## Overview of Advisory Groups performed

### a. Mode: online or in person / focus group or interviews / duration

Mostly online interviews were conducted, recorded, and transcribed. A total of 23 people were interviewed, including 7 victims, 8 victim support services, 5 social workers of women's support center and 3 perpetrator services. In one case (victim), the interview was conducted by a social worker who provided a summary. The average interview lasted 25 minutes.

None of the perpetrators agreed to be interviewed, but some agreed to have their thoughts summarized in a non-personalized form for the purpose of conducting the research.

#### **b. Number of participants by gender**

F 21

M 2

### Summary of Victim Advisory Group

#### What works well

The police are seen rather as a positive institution. Victims generally believe that the police are trying to help. However, one of the interviewees rated her experience with the police as always negative. It was pointed out that the police are calm and try to listen to different parties. Victims may feel that female police officers understand them better.

*“Twice there has been a supportive experience when there has been a female police officer. Then they more or less understand that something is up.”*

It was also pointed out that it would be good to have a pair of male and female police officers on the scene.

#### What are challenges

It is not easy for a police officer to understand make a decision, and sometimes a solution that is safe for the victim may appear to a bystander to be an unacceptable use of power or a decision-making for the victim.

*“There was one incident, and for that I am grateful to the police. I told her (police officer) that I didn't want to go with them, actually I wanted to, and then she told me either you come voluntarily or you come by force. Then I got out of there. She didn't give me a chance to say I wouldn't come.”*

It was pointed out that the police do not always talk to both parties separately, but together. This may lead to a number of problems, the victim does not always dare to express his thoughts, feelings and wishes in the presence of the perpetrator. It was also pointed out that the perpetrator next to the victim interrupts the conversation, which means that the victim cannot speak calmly even if he or she has the courage to do so.

*“One time it's been that they say let's talk separately and otherwise it's just that they blame. Other times I've spoken in front of everyone who is there.”*

*“Maybe in certain situations I felt I didn't want to explain with him beside me, we're relatively close and he could hear me explaining. We could have been taken separately, one talking to one person 10 m away and the other on the other side. Not so that I explain my situation and I get a tongue-lashing from him that this is not so, this is so. It was a humiliation.”*

It seems that police officers do not always understand that this is a DV case. Given that in the case of a DV call, a DV information sheet should always be filled in and a referral to victim support made, but several interviewees pointed out that they were not offered victim support or other appropriate service. For example, when the perpetrator was ex-partner or brother. Each of these was in fact essentially a DV call.

If the victim is willing and interested in contacting victim support, there will still be some delay in getting help. A person experiencing violence may need immediate help to cope



with their feelings. In Estonia, there is a victim helpline and a women's support service, both of which offer 24-hour assistance. Providing victims with contacts they can turn to immediately can help them to recover and cope.

*"...maybe if they offered a crisis hotline or a women's support centre phone, that that's something for now. /.../ But, that here is the phone number, when the moment is over, go ahead and call. /.../ Otherwise, it's like you live through the situation and then you go back inside and try to somehow deal with your emotions yourself."*

#### Recommendations for improvement<sup>2</sup>

1. Male and a female police officer together on patrol.
2. Parties to be heard separately in any case. This will ensure that even if the police does not recognize the DV case, the victim will be able to express their thoughts and feelings freely.
3. If there have been previous calls for police on the same persons, this information is available to the officers who respond to the call.
4. Providing crisis support contacts for the victim (victim helpline or women's support centre)
5. Training police officers on trauma and DV.

#### Summary of Perpetrator Advisory Group<sup>3</sup>

- a. What works well
- b. What are challenges

<sup>2</sup> Among the problems identified by victims were those that do not fall within the competence of the police by law, such as situations that should be resolved in civil court, including property or custody issues.

<sup>3</sup> None of the perpetrators agreed to be interviewed, but some agreed that the social worker would ask questions and summarise them for the researchers later. However, the data collected is not usable as none of the interviewees said they were involved in a DV case. Given that it was not possible to specify the circumstances, no conclusions can be drawn about cases of DV.

### c. Recommendations for improvement

#### Summary of Police Advisory Group<sup>4</sup>

In 2022, the Ministry of the Interior commissioned a survey - "Knowledge and attitudes related to intimate partner violence among rescue workers and police officers"<sup>5</sup> - to understand the experiences, knowledge and attitudes related to intimate partner violence among rescue workers and police officers who meet cases of intimate partner violence. The survey was published November 2023 and will serve as an input for planning further activities to improve the awareness and skills of professionals. The survey highlighted several gaps in police officers' attitudes and understanding of the issue of intimate partner violence. As the Police and Border Guard Board did not consent to interviewing police officers, this survey was the substitute source for interviews with police officers. Among other things, the study concluded that understanding DV is not systematic and that police officers lack an understanding of the dynamics of DV and trauma behaviour.

#### What works well

There is a general desire to help and to solve the problem.

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<sup>4</sup> The Police and Border Guard Board did not give its consent for police officers to be interviewed or otherwise included in the project. The project was judged to be largely duplicative of the research commissioned by the Ministry of the Interior and carried out this year by the Centre for Applied Anthropology of Estonia (CAAE) on "Knowledge and attitudes towards intimate partner violence among rescue workers and police officers", and the potential benefits for the police would no longer have added value or innovative solutions. The data provided is based on this study and other sources.

<sup>5</sup> Rajaveer, L; Kaljuvee, E. Knowledge and attitudes towards intimate partner violence among rescue workers and police officers. Centre for Applied Anthropology of Estonia (CAAE). Tallinn 2023  
<https://www.antropoloogia.ee/wp-content/uploads/2023/10/LOPPRAPORT-LSV-RAK-1.pdf>

## What are challenges<sup>6</sup>

Awareness of trauma and DV tends to be low among police officers, with somewhat better understanding among district police officers, and worse among patrol police. It happens that when the emergency centre refers to a call as a DV incident, the patrol police conclude that it is not DV, for example because an incident of violence between ex-partners is not considered DV. More complex cases may be overlooked because they are difficult to detect. Knowledge and skills related to DV are mostly acquired through work. There are some officers who do not see the need for continuing training on DV and do not consider it necessary to handle DV cases separately from other cases of violence. Officers themselves feel they lack the communication skills to make contact with both the victim and the perpetrator.

There is a need for a functioning system and support network to deal with both the victim and the perpetrator, more clarity on roles and processes, i.e. who is doing what in the system (what does the rescue officer, patrol officer, investigator, district police officer do; when and how does the victim support, child protection or social worker intervene and what do they do in detail, what services do they offer; what are the possibilities to deal with the victim and the perpetrator of violence in general).

Police officers may feel hopeless because they only seem to be able to alleviate the situation, but the problem persists.

## Risk Assessment/Case management tools used

The Police has their own risk assessment tool, the "Risk Assessment and Mitigation Sheet", which is used to assess whether the risk is low, medium, or high. The level of risk determines when a case is followed up.

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<sup>6</sup> Rajaveer, L; Kaljuvee, E. Knowledge and attitudes towards intimate partner violence among rescue workers and police officers. Centre for Applied Anthropology of Estonia (CAAE). Tallinn 2023  
<https://www.antropoloogia.ee/wp-content/uploads/2023/10/LOPPRAPORT-LSV-RAK-1.pdf>

### Data sharing challenges<sup>7</sup>

Patrol police feel they have no feedback on the incident, the only way to get feedback is according to whether or not there will be further calls from the same address in the future.

### Recommendations for improvement<sup>8</sup>

1. upgrading of the curricula on domestic violence at the Estonian Academy of Security Sciences
2. systematic and continuous provision of further education and training for the staff of the Police and Border Guard Board;
3. supervision for first responders;
4. raising awareness of mental violence, including tools for handling cases of mental violence;
5. development of multi-agency cooperation

## Summary of Other Professional Advisory Group

### What works well

Multi-agency cooperation is an important part of the work of professionals working with both victims and perpetrators. There is a wide variety of potential members. Interviewees mentioned police, victim support, probation services, social workers and child welfare professionals, women's support services, health professionals, mental health professionals, educational institutions, unemployment offices, etc. as network members, depending on the needs of the specific case. Interviewees rated multi-agency cooperation as satisfactory or good.

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid

*“I think it's very important and important that we are in the same information field. Because there is no other way.”*

Professionals working with both victims and perpetrators of violence see the police as an important partner in their work.

*“Without the district police you don't do very much, they are the first partner.”*

Victim support services are mostly located in police stations, which greatly supports multi-agency approach, in particular cooperation between police and victim support services. Such cooperation works bilaterally. On the one hand, it is easier for the police to involve a victim support services, for example, in carrying out a follow-up inspection or, if necessary, to immediately support a victim who has come to the police station to give statements. From a victim support perspective, the benefit is also important, as a police officer or a criminal investigator can be involved in the conversation with the victim if necessary. For example, if the victim is unsure whether or not he or she wants to make a claim, it is possible to involve the police to explain the details of the procedure to the client. Several victim support workers gave an example of a follow-up visit with the police. This seems to be more the practice in smaller districts. The police can also be a partner in keeping in touch with the victim.

*“If for some reason we can't get in touch with the person, there is a chance that we can go looking for them together.”*

A good example is the police station, where the Victim Support Services attends the morning briefings at the police station and receives initial information on potential cases.

*“Without a network, we can't do much, we're very short-handed on our own.”*

## What are challenges

The main problem highlighted is the difference in understanding of DV. While the perception of DV among district police was rated as relatively good, low awareness of DV issues among patrol police was highlighted. The exchange of data between the police and other professionals was also mentioned as a problem. As people leave and new people join the core network (police, victim support, social worker or child welfare specialist, prosecutor's office), networking can suffer due to a lack of a common understanding of the nature of DV. It will take some time before the network is up and running smoothly again.

*“Maintaining and training the network is a lifelong process. Some will come along, the child welfare specialist is ever awesome, and then he or she goes away. Not all people are such that they understand DV unequivocally. It's quite tiring sometimes, you've got it all going well and then a link falls away. It never gets to the point where now the network is complete.”*

There may be problems with initiating case management. The law sets out the principles for when a case management arrangement is to be implemented and who is to be the case manager<sup>9</sup>. It can happen that there is a basis for a case management order but the person who should initiate it is not.

*“I try to channel it (case management) to where it legally should be. If there has been a nudging, I'll try to check somehow if something is or isn't happening, so that I can (if necessary) nudge again.”*

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<sup>9</sup> If a person needs long-term and diverse assistance for which it is necessary to co-ordinate the co-operation between several organisations upon the provision of assistance, the principle of case management is to be used (Social Welfare Act). A case manager may be a local authority social worker (Social Welfare Act), victim support worker, women's support center (Victim Support Act), or, in cases involving children, a child welfare specialist (Child Protection Act).

### Risk Assessment/Case management tools used

Victim Support Services uses form for assessment of need and vulnerability, DV risk assessment form and DASH assessment for high-risk cases. The perpetrator service does not use a standardized assessment tool, but this is considered important and is being developed. The assessment is based on standard risks such as mental health problems, addiction problems, criminal history.

In addition to standardized assessment tools, all the professionals interviewed use non-standardized assessment tools that complement standardized assessment tools. This is mainly based on professional or personal experience and sentience.

*“Body language, human posture, all of this gives much more than these questions in a risk assessment. How a person reacts to questions, how they respond to answers.”*

The assessment of colleagues and network partners was also mentioned as a non-standardized evaluation tool. More complex cases are discussed with colleagues and, if it appears that there have been previous cases involving a client, a specialist who has dealt with the case before is sometimes contacted.

*“I believe that I also use the assessment not only of myself but also of others, of partners.”*

### Data sharing challenges

As regards the MARAC model<sup>10</sup> used for high-risk cases, the right to share sensitive information between network members is guaranteed by a legal framework. Problems with information sharing were identified for standard cases. In general, it was felt that how much

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<sup>10</sup> Multi-Agency Risk Assessment Conference

<https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

and how the information is shared is person-specific. The better the cooperation, the more detailed the information shared.

Problems in data exchange arise on the one hand because of data protection rules and on the other hand because of the transmission of information. Several victim support workers pointed out that DV leaflets<sup>11</sup> are very laconic and do not give enough information about the case, sometimes missing contact details. Victim support has to be proactive in seeking information, because waiting for information will slow down the handling of the case. While in smaller areas it is relatively easy to get the information you need because people are in closer contact, in a larger area, such as a major city, it can take more time and resources.

Separate databases are used by the police, local authorities and victim support services, which are not compatible. This leads to two main problems, firstly duplication of information. All the parties do the same work, although if the databases were unified or compatible, it would be possible for only one of them to carry the data. Secondly, it is not possible to see what services the victim/offender is already receiving or has received in the past. The victim/perpetrator often does not know whether he/she has seen a psychologist or a psychiatrist, for example, or exactly what service he/she received there.

Communication with partners and colleagues is seen as very important.

*“When something is known, we would rather share the problem or concern with our partners or colleagues immediately to find a better solution, than keep it to ourselves and decide to solve it when we have time.”*

#### Recommendations for improvement

1. Training and awareness raising on DV.
2. Merging or unifying databases

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<sup>11</sup> An information sheet to be filled in by the police during a DV response, which includes, among other things, a brief description of the case, contact details and consent to the transfer of data to the victim support service.



3. Involving victim support in the follow-up as a standard procedure
4. Raising awareness of other professionals' roles and responsibilities
5. Clarifying the legal framework for data protection rules in DV cases

## Summary of WP2 work activities

A request was sent to the Police and Border Guard Board to carry out a study, requesting, among other things, statistical data and an evaluation tool used on DV cases. The Police and Border Guard Board did not give its consent for police officers to be interviewed or otherwise included in the project. The project was judged to be largely duplicative of the research commissioned by the Ministry of the Interior and carried out this year by the Centre for Applied Anthropology of Estonia (CAAE) on "Knowledge and attitudes towards intimate partner violence among rescue workers and police officers"<sup>12</sup>, and the potential benefits for the police would no longer have added value or innovative solutions. The Police and Border Guard Board provided some of the requested statistics.

For the purpose of conducting the interviews, a request to participate in the interview was sent to all women's support centres, victim support services and perpetrator services operating in Estonia. The interviewed professionals were also asked to assist in contacting victims and perpetrators who would be willing to be interviewed. None of the perpetrators agreed to be interviewed, but some agreed that the social worker would ask questions and summarise them for the researchers later. However, the data collected is not usable as none of the interviewees said they were involved in a DV case. Given that it was not possible to specify the circumstances, no conclusions can be drawn about cases of DV.

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<sup>12</sup> Rajaveer, L; Kaljuvee, E. Knowledge and attitudes towards intimate partner violence among rescue workers and police officers. Centre for Applied Anthropology of Estonia (CAAE). Tallinn 2023  
<https://www.antropoloogia.ee/wp-content/uploads/2023/10/LOPPRAPORT-LSV-RAK-1.pdf>

All interviewees were sent an informed consent form which they signed before the interview. One of the interviewees (victim) did not agree to give her full name.

DV and risk assessment tools used in the provision of victim support services were requested from the Social Security Board. As these are assessment tools in development, they were not provided, but an overview of the design of the assessment tool and the aspects that will be assessed was given.

## Annex - Overview of national level statistics and reports

The main sources for the identifying areas requiring specific action in Estonia are the Istanbul Convention, GREVIO's Evaluation Report on Estonia (2022)<sup>13</sup>, WISC shadow report for GREVIO about Estonia implementing Istanbul Convention<sup>14</sup> and some studies conducted in recent years on the work of police officers and the Rescue Centre in dealing with cases of domestic violence. GREVIO's Report raises, inter alia, issues related to training of professionals, multi-agency approach, risk assessment and the implementation of restraining orders and makes recommendations for improvements in these areas. The issues raised in GREVIO's Report clearly reflect the problems identified in the studies. GREVIO urges the Estonian authorities to ensure systematic and mandatory initial and in-service training on the prevention and detection of all forms of violence against women covered by the Istanbul Convention, on equality between women and men, on the needs and rights of victims and on the prevention of secondary victimisation, for all professional groups, in particular the healthcare sector, social workers and legal professionals such as those in prosecution services and the judiciary. All training must be supported and reinforced by clear protocols and guidelines that set the standards staff are expected to follow. Aspects such as sexual violence, stalking, psychological violence and sexual harassment, victims' rights, trauma behaviours and gender-based violence should be systematically addressed in training and refresher courses to help officials respond more adequately to cases of domestic violence.<sup>15</sup>

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<sup>13</sup> Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). GREVIO 2022 <https://rm.coe.int/grevio-inf-2022-32-eng-final-report-on-estonia-publication/1680a8fcc2>

<sup>14</sup> Laas, A; Tsopp-Pagan, P. <https://rm.coe.int/estonia-grevio-shadow-report-wsic-fvfv-sept21/1680a475dc>  
Women's Support and Information Centre 2021

<sup>15</sup> Ibid.

The study "Client-centered first contact call handling on domestic violence incidents on the example of Emergency Response Center" (2020)<sup>16</sup> investigated whether and how client-centered and effective handling can be achieved. The study recommended, among other things, a change in the current call taking process on domestic violence and the mandatory questions in call taking process. The study "Possibility of revictimization of domestic violence victims by patrol officers based on body worn camera recordings from the Northern prefecture" (2022)<sup>17</sup> focused on revictimization issues. As a result of the study, it was recommended to the Police and Border Guard Board to organize more training sessions to allow patrol officers to brush up on their knowledge about domestic violence and revictimization and increase the amount of training regarding communication psychology.

In 2022, the Ministry of the Interior commissioned a survey - "Knowledge and attitudes related to intimate partner violence among rescue workers and police officers"<sup>18</sup> - to understand the experiences, knowledge and attitudes related to intimate partner violence among rescue workers and police officers who meet cases of intimate partner violence. The survey was published November 2023 and will serve as an input for planning further activities to improve the awareness and skills of professionals. The survey highlighted several gaps in police officers' attitudes and understanding of the issue of intimate partner violence. As the Police and Border Guard Board did not consent to interviewing police officers, this survey was the substitute source for interviews with police officers. Among other things, the study concluded that understanding DV is not systematic and that police officers lack an understanding of the dynamics of DV and trauma behaviour.

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<sup>16</sup> Sepp, M-L. Client-centered first contact call handling on domestic violence incidents on the example of Emergency Response Center. The Estonian Academy of Security Sciences. Master thesis. Tallinn 2020

[https://digiriul.sisekaitse.ee/bitstream/handle/123456789/2504/2020\\_Sepp\\_\(AK\\_vaba\).pdf?sequence=1&isAllowed=y](https://digiriul.sisekaitse.ee/bitstream/handle/123456789/2504/2020_Sepp_(AK_vaba).pdf?sequence=1&isAllowed=y)

<sup>17</sup> Sild, K. O. Possibility of revictimization of domestic violence victims by patrol officers based on body worn camera recordings from the Northern prefecture. Police and Border Guard College. Tallinn 2022.

[https://digiriul.sisekaitse.ee/bitstream/handle/123456789/2899/Sild\\_Kiur\\_Olaf.pdf?sequence=1&isAllowed=y](https://digiriul.sisekaitse.ee/bitstream/handle/123456789/2899/Sild_Kiur_Olaf.pdf?sequence=1&isAllowed=y)

<sup>18</sup> Rajaveer, L; Kaljuvee, E. Knowledge and attitudes towards intimate partner violence among rescue workers and police officers. Centre for Applied Anthropology of Estonia (CAAE). Tallinn 2023

<https://www.antropoloogia.ee/wp-content/uploads/2023/10/LOPPRAPORT-LSV-RAK-1.pdf>

Most of the sources focus on the aspect of re-victimisation and the implementation of trauma-informed care, but there are also references to multi-agency approach and risk assessment issues. A variety of sources point to police officers' insufficient knowledge of intimate partner violence, including causes, effects and types. Sources point, inter alia, to the need for a functioning comprehensive victim support system and for systematic and continuous training on intimate partner violence. Weaknesses were identified in multi-agency approach. Interviews conducted by WISC in the framework of the TACTICS Project also show that police officers' knowledge of intimate partner violence (and trauma-informed practice) is uneven. Evaluation of multi-agency approach has been more evenly spread and mostly positive, but it has been highlighted that the effectiveness of multi-agency approach depends on professionals involved, which can be a challenge due to staff mobility. It was also stressed that district police officers are more familiar with the issue of intimate partner violence than patrol officers.

In December 2023, the Action Plan for the Prevention of Domestic Violence 2024-2027 was signed. It is a cross-sectoral strategy document which sets out the goals and activities related to the prevention of domestic violence for the social, justice and education sectors. The aim of the document is to strengthen violence prevention, improve the response to domestic violence and develop services for victims and perpetrators. The document stresses, among other things, that the handling of domestic violence offences must be victim-centred and trauma-informed and avoid re-victimisation, and that services for victims and perpetrators of intimate partner violence must be based on societal development and be needs-based and sustainable. Some of the more important activities include: upgrading of the curricula on domestic violence at the Estonian Academy of Security Sciences; systematic and continuous provision of further education and training for the staff of the Police and Border Guard Board; supervision and co-vision for first responders; raising awareness of mental violence, including tools for handling cases of mental violence; development of cross-sectoral cooperation.

## Legal framework

In accordance with section 9 (1) of the Victim Support Act<sup>19</sup>, in the case of an adult victim of domestic violence, the risk to their life and health arising from domestic violence must be assessed. If a person needs long-term and diverse assistance for which it is necessary to co-ordinate the co-operation between several organisations upon the provision of assistance, the principle of case management is to be used. A case manager may be a local authority social worker<sup>20</sup>, victim support worker, women's support center<sup>21</sup>, or, in cases involving children, a child welfare specialist<sup>22</sup>. The network may include a variety of specialists according to the needs of the specific case. For example, the police, local authorities, victim support, women's support center, health professionals, educational institution, among others.

For high-risk domestic violence cases, the MARAC<sup>23</sup> model is followed, which foresees the involvement of a network that may include the Police, the prosecutor's office, local authorities, victim support services, service of support for abandonment of violence, the probation supervisor and other relevant specialists in justified cases. Among other things, data exchange and data protection is regulated<sup>24</sup>. Whether a case is high-risk and falls under the MARAC model is decided by a DASH risk assessment. The risk assessment can be carried out by any relevant professional who will forward the results to the Victim Support Unit. Victim Support will include the case in the MARAC model if justified.

<sup>19</sup> Victim Support Act <https://www.riigiteataja.ee/en/eli/503042023004/consolide>

<sup>20</sup> Social Welfare Act <https://www.riigiteataja.ee/en/eli/519012024004/consolide>

<sup>21</sup> Victim Support Act <https://www.riigiteataja.ee/en/eli/503042023004/consolide>

<sup>22</sup> Child Protection Act <https://www.riigiteataja.ee/en/eli/510042023004/consolide>

<sup>23</sup> Multi-Agency Risk Assessment Conference

<https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

<sup>24</sup> Victim Support Act § 10