

## Idea: vulnerable victims can bring a facility dog into the courtroom

In Estonia there are many people who have become victims and whose rights are not protected. This situation is re-enforced by officials and medical professionals who often do not know how to recognise and support victims and their needs. Over the next two years, Estonia expects to take a better approach as a large-scale victim of crime protection project, AREV, has just started in the regions of Lääne-Virumaa and Ida-Virumaa. The project has been set up in cooperation between the Ministry of Justice, Victim Support Europe (VSE), and the European Union and aims to implement appropriate methodology in all Estonian districts and to serve as example for other European countries.

Brit Tammiste, from the Ministry of Justice, is the initiator and leader of the AREV project. She emphasised the project's aim to reach as many victims as possible at the primary level, ensuring their protection and providing them with necessary support. Based on the project's activities in these two Virumaa districts, AREV will identify the needs of victims, and professionals working in this field, including any opportunities for cooperation between the different agencies.

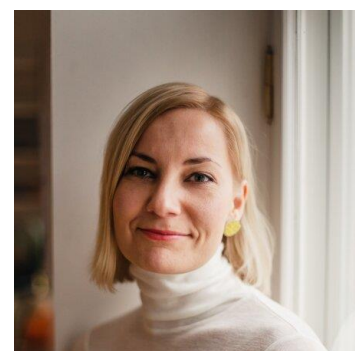
Victim Support Europe has a very important role to play in the project as it has a great deal of experience in working with victim protection issues. **"Estonia is special for VSE too, because they have dealt with different aspects of victim protection, this time they have taken an holistic approach to one area, to the community, focusing on all the agencies that reach victims"**, Tammiste explained.

**"We hope that, if successful, we can replicate this model in the EU and elsewhere,"** said VSE expert, Aleksandra Ivankovic. She noted that while, in the past, VSE worked in Estonia primarily through partnerships, for example with the Estonian Centre for Human Rights and the Social Security Board, this is the first project that the VSE is explicitly implementing here. **"We are very excited to be able to use this opportunity to build a truly victim-centred approach in the Viru region,"** said Ivankovic.

### A new perspective for Estonia

According to Tammiste, this is also a new perspective for Estonia. She referred to a recent study by the European Agency for Fundamental Rights, which found that 20% of Estonian victims of physical violence turned to a healthcare provider for help, and not to the police. In comparison, the European average for those who contacted a healthcare provider in such situations is 17%.

**"Presumably, in specific areas, there are places and institutions that victims turn to: social workers, church, school and community organisations. A new strand of this project is health care providers,"** said Tammiste.



*Brit Tammiste*

There are well-established Sexual Violence Crisis Centres that operate in four major Estonian hospitals. However, only one group of victims receives attention at these centres. There is now the ambition, in cooperation with Ida-Viru Central Hospital and Narva Hospital, to determine the current ability to identify and register potential victims and, if necessary, to refer and further support them. **"To what**

**extent are health care workers in these hospitals able to recognise the signs of victimisation? To what extent are the staff trained? How is the hospital operating? How should the victim be dealt with? Is anyone from outside the hospital, such as social workers, involved or are hospital staff working with victims?",** Tammiste questioned, adding that this is where VSE's expertise comes in handy.

The idea is not for hospitals to provide the same level of service to all victims. **"It is important that the health service provider knows what support and services are available from their partners,"** said Tammiste. **"We can by no means ensure that agencies across Estonia are aware of the existence of victim support organisations and what they can offer. We need to understand how well health care providers know how to offer preventive support services to victims, i.e. how well they can explain to the victim what different options there are (to access victims support) and to what extent they support the patient in contacting victim support or other service providers,"** Tammiste explained. She acknowledged that there is much work to be done to educate the authorities. The default presumption should be that the person needs help, and health care providers need to act on this. Tammiste cited the example of victim support above, but also that other services can provide for this, such as a social worker or a paid psychologist.

More broadly, the project will focus on the individual communities and on the victims themselves. Outreach, awareness-raising, listening to what prevents people from seeking help. One important issue is to improve the referral of victims from one service to another, for example from health services to victim support and the police. Still too often, victims are not referred by the police office to victim support. **"The percentage of referrals, in cases of domestic violence in the Viru region, is still low compared to other regions in Estonia, although it has increased over the years"** Tammiste said.

**"It is necessary to find out why victims do not agree to their data being forwarded to the victim support services,"** said Gardi Anderson, chief prosecutor of the Viru District Prosecutor's Office. **"They don't quite understand, maybe it hasn't been clearly explained to them what kind of help they can receive from these services. Very often, victims do not want anyone from their community to know what happened to them,"** Anderson said.

### **Balancing the needs of victims**

Anderson further mentioned that the offer of help should not be over-hyped. She gave the example of a woman who, after the fifth person had called her and offered help, asked to leave her alone. **"It's a balancing act to recognise who needs what,"** Anderson said.

A toolbox will be developed and tested during the project, to help police, victim support, and health care professionals to better assess victims' needs. **"With this toolbox, we can ensure that none of the victim's needs are overlooked. A checklist of items that should be taken into account must be drawn up,"** stressed Tammiste.

Anderson said she was excited and pleased that the Viru region had been given this opportunity. **"The locals are very open and enthusiastic as they are already offering their support."**



*Gardi Anderson*

Anderson said the project also aims to better assist victims that come into contact with judicial services, to understand their needs, and to provide appropriate support and services. If there is something that is not in the prosecution's remit, it's important to have the ability to refer victims. **"I welcome the President's idea of a seamless society. No victim should be left alone. A caring society should be the concept behind this project and the way forward,"** said Anderson.

Victims are often afraid and unwilling, for different reasons, to report what is happening to them. **"We reach out to the victim and do not wait for them to come to us. This requires better information sharing,"** said Anderson.

### **Striking examples from elsewhere**

Above, are the current challenges for which Estonia wants to put improved solutions into practice. In the meantime, Estonia is looking to other countries, where VSE is operating, to improve the implementation of victims' rights. **"The examples they bring are eye-opening, inspiring, encouraging and creative. For example, VSE has the FYDO project, which aims to train and deploy facility dogs in criminal justice proceedings. These dogs are reassuring and calming, we could try something like that,"** said Tammiste. She explained that three EU countries are training and deploying dogs to accompany, and support, vulnerable victims throughout criminal justice proceedings.

According to Tammiste, the hospital reports serious cases of first-degree crimes to the police. It is difficult for a doctor to determine whether the injury was an accident or caused by someone else. If the patient himself is not interested in, or is even against, police involvement, further non-medical support may be discontinued. **"Yet it is at this moment that valuable contact with the victim would make the difference. It would be an opportunity to talk to the victim, or their loved ones, providing information about support services. A social worker, victim support worker, or crisis counsellor could be called, to tell the patient about the different support options. The ideal would be to give the victim's contact details to, for example, a victim support service, of course with the victim's consensus. The expertise of doctors can also assist investigators to better take into account the needs of victims, such as traumatic reactions or other health conditions,"** said Tammiste.

Obviously, there are many doctors and nurses who would need additional training to better recognise the signs of victimisation. They would then be able to respond, without causing re-victimisation, and refer the victim to other services when necessary. In some families, there is a fundamental value-based practice of resolving issues within the home. **"The question here is how to make the person understand what he or she is worth as a human being and what the state can actually offer a support. There is a need to explain to the victim what the long-term effects of suppressing his or her own needs might be, which he or she does not want for his or her loved ones. It is also important to explain why it makes sense to accept the help offered at the first opportunity,"** said Tammiste, adding another important nuance.

As mentioned, the project does not only focus on victims of domestic violence. It is true that more victims, of crimes against the person, end up in hospital, but other victims seek support from mental health professionals. A person's need for help may be because of who they are, as a result of being a

victim of a hate crime or property crime, or because of their sexual orientation, ethnicity, nationality or religious background.

The Ministry of Justice has written a legislative draft based on all current victims' rights challenges in Estonia. The aim is that a person should not have to fight to get support and help, nor to justify or prove their specific needs. They should be approached individually, with a trained eye, by professionals who can provide what the victims requires.

The following situation serves as an example. When a victim is interviewed, his or her rights are set out in the record of the interview. Instead, the investigator should be trained to point out and explain details himself, depending on the specific needs of each victim. **"Clarification should be anticipatory. The procedural officer should be able to relate the victim's needs to a specific legal provision. For example, a person going to a procedural hearing will have a bus fare. Many do not know that they are entitled to compensation. For some it means nothing, but for others this can determine whether they will continue with the criminal justice proceedings. Similarly, a victim is entitled to compensation if he or she is forced to miss work because of the proceedings,"** said Tammiste.

In this regard, VSE expert Aleksandra Ivankovic states the following: **"When assessing the needs of the victim, three aspects need to be taken into account: the type of crime, the circumstances of the crime, and the victim's situation. At VSE, we understand victims' needs as a pyramid. All victims are entitled to these five rights: (1) respect and recognition, (2) access to justice, (3) support (including information), (4) protection (including from secondary victimisation), and (5) restoration and reparation. Some groups of victims have specific needs: for example, victims with disabilities may have accessibility requirements, while victims of terrorism or historic crimes may have specific recognition needs, such as memorials or state recognition. Finally, each victim should be assessed individually to identify their needs and the best way to support them, whether or not they report the crime. This is ensured by the EU Directive on the Rights of Victims of Crime."**

A key issue here is the referral from one service to another. Good referral systems are those that are not burdensome for the victim. They ensure that victims have access to support without having to overcome unnecessary barriers. For example, in the Netherlands and Northern Ireland, the police apply what is known as an opt-out referral, whereby the police always pass on the victim's information to the victim support service, unless the victim specifically tells the police not to do so. The police will send the victim's information to the support service on a regular basis (within 24 hours) and support staff will contact the victim within 24-48 hours. The victim support officer can then assess the victim's needs and further support him or her. In this way, the police can delegate part of the work to a professional dealing with the victim, thus ensuring better results for all.



*Kärt Anvelt*

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