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CARE4TRAUMA

IMPROVING GENDER-BASED VIOLENCE VICTIMS SUPPORT SERVICES
AND THE ACCESS TO JUSTICE THROUGH TRAUMA-INFORMED CARE

State-of-Art Assessment DATA REPORT - ESTONIA



Women's Support and
Information Center
There is a way out of violence!





Care4Trauma – Data Report Estonia

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Introduction

Care4Trauma (Improving GBV Support Services and Access to Justice through Trauma-Informed Care) is an EU co-funded project to improve access to justice for gender-based violence victims by strengthening the services provided to traumatized victims. In the project's first phase, partners from five countries (Croatia, Estonia, Greece, Italy, and Spain) determine the State of the Art of Trauma-Informed care in their respective countries.

Firstly, a country report was developed which covered the gender-based violence prevalence in Estonia, how survivors can access justice, and what obstacles they face. It also included an analysis of national, regional, and local legislations, policies, guidelines, and victim surveys regarding trauma-informed care. There are no fundamental problems concerning law enforcement or trauma-informed practices in the Estonian legal or social system. In summary, it can be said that several shortcomings occur primarily at the level of implementation. Some principles should be recognized and prioritized at higher levels. For example, gender-based violence as a specific type of violence should be recognized, but also the understanding that as time goes on, the need for understanding people from different cultures, their traditions, and cultural values also increases in the law enforcement system.

To better understand how the specialists assess using and implementing trauma-informed approaches in their workplaces, the Care4Trauma consortium developed a survey and interview questions with the lead of SISST (The Italian Society of Traumatic Stress Studies) for social and healthcare and judicial sphere specialists.

The current report summarises the findings of the survey and interviews conducted with Estonian specialists in the field. The Methodology of the report is available at the end of this document.

1. Survey

The Care4Trauma consortium developed an online survey targeting specialists in the social/health and judicial sphere with 19 questions and 39 variables. Respectively the survey had two paths depending on the respondent's background. The online survey was set up in the 1KA platform in English and all project partner languages.

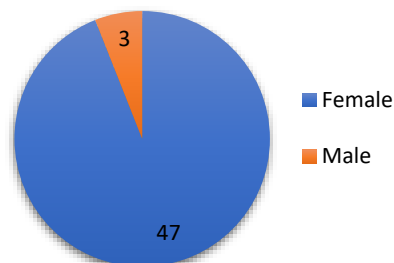
A direct link to the Estonian survey was distributed to all relevant stakeholders via email and social media. Among the targeted organizations were local governments' social services departments, victim support units, women's support centers, Estonian Social Worker Association, Estonian Psychologists Union, Estonian Psychoanalytic Society, Estonian Court Houses, Estonian Prosecutor's Offices, and Estonian Bar Association. One hundred thirty (130) people started to fill out the survey. Unfortunately, 43% of the respondents dropped out, and 74 specialists completed the survey. One of the reasons might be that the first part of the survey – demographics – was considered too specific. Considering the small scale of Estonia, by filling in all the required data, the anonymity of the respondents disappeared.

1.1 Survey Results of Social and Health Care Representatives

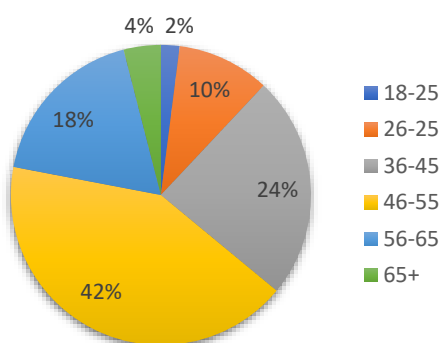
In total, 50 specialists from different social services completed the survey. 94% (47) of the respondents were female, and 6% (3) male.

Respondents presented all age groups. The majority of the respondents (42%) were in the age group 46-55, followed by 36-45-year-olds (24%) and 56-65-year-olds (18%). Two people were over 65, and 1 person was in the age group 18-25.

Sex of the respondents - social- and healthcare



Age of the respondents - social- and healthcare



99% (49 respondents) have a higher education (bachelor's, master's, or Ph.D.), and one (1) person has a high school diploma.

Geographically, Estonia was divided into four regions: northern, southern, eastern, and western. All areas were represented. The majority of respondents work in North Estonia (48%, n=24), followed by West (18%, n=9), South (8%, n=4), and East (4%, n=2). One respondent works abroad, and 20% (n=10) of the respondents did not wish to disclose that information.

Most respondents worked in the social sector – 84% (42). These were representatives of local government social services, victim support services, counseling services, day centers, hospitals, schools, women's support centers, and special-care facilities. The average work experience in the current role was seven (7) years. Three people had 20 or more years of experience, and eight had ten or more years.

Three respondents (6%) represented the healthcare sector (a pharmacist, psychiatrist, and nurse) with an average of 10 years of work experience.

Five respondents (10%) represented psychologists and psychotherapists, with an average of 12,4 years of work experience.

Professional profile - social and health care



The respondents were asked to rate different statements concerning trauma-informed practices and approaches in their current workplace (WP) on a 5-point scale (*Not at all true for my WP; Rather not true for my WP; Somewhat true for my WP; Mostly true for my WP; Completely true for my WP*). The statements were generally divided into three categories: organizational issues, multi-agency cooperation, and services to women/victims. Following the assessment of the statements, the respondents were asked an open question to provide suggestions on how to improve the current system.

1.1.1. Organization

64% (n=32) of the social and healthcare representatives reported that their workplace has no written policy established committing to trauma-informed practices. Only 14% (n=7) claimed that there are concrete policies established. There is room for improvement for most social and health care services to develop and establish solid written policies for their organizations to follow to detect traumatic experiences and avoid re-traumatization.

Since most organizations do not have written policies, only a few organizations (16%, n=8, mostly and completely true for my WP) have formal systems for reviewing whether the staff is using trauma-informed practices. 72% (n=36) claimed that no procedures are in place to track the use of trauma-informed approaches.

Within the services, 24% (n=12) of respondents assessed that it is mostly or completely true for their workplace that trauma-informed responses are consistent across roles when providing services to women and their children. 50% (n=25) claimed that it is not at all or rather not true to their workplace. This, again, is linked to the absence of written policies and revision systems. Without official structure and support from the management, it is not feasible to implement trauma-informed practices. At the same time, 60% (n=30) of the respondents have said that it is mostly or completely true for their workplace that understanding the impact of trauma is incorporated into daily decision-making practices. It may be that specialists acknowledge the necessity of trauma-informed approaches on an individual level. Still, organizations need to follow up with their policies to make the use of practices official.

Concerning supervision offered to specialists in their workplace, 40% agreed (mostly or completely true) that staff receives supervision from a trauma-informed supervisor, and nearly half (48%) stated that the supervision includes ways to manage both personal and professional stress.

1.1.2 Multi-agency collaboration

Multi-agency collaboration has developed over recent years in Estonia. Information sharing with other organizations is established according to 72% (n=36) of the respondents (*somewhat, mostly, and completely true for my WP*). According to 54% (n=27) of specialists, their services have a system to develop/sustain common trauma-informed goals with other services.

Though over a quarter (28%) of respondents claimed that there is no communication with other organizations working with women and their children, and 24% (n=12) said they do not pursue common trauma-informed goals with other organizations. Though multi-agency collaboration has been more emphasized and the need for it is acknowledged, a quarter of services do not implement cooperation when assisting victims. This leads to numerous visits to different agencies on victims' behalf and repeatedly telling one's story, which is re-traumatizing.

1.1.3 Services to women/victims

The majority of respondents (74%, n=37, mostly or completely true) claimed that women and their children are given systematic opportunities to voice their needs, concerns, and experiences in their workplace. In addition, 78% of the respondents agreed that a woman's definition of emotional safety is included in treatment plans and workplace procedures. On the other hand, there is very little practice in using written trauma-informed safety plans with beneficiaries (22%, n=11, mostly or completely true). Also, trauma-informed assessment for women is not widely used either. 44% claimed their workplace does not use assessment (not true, rather not true). Roughly one-third of respondents (34%) claimed that in their workplace, timely trauma-informed assessment is available and accessible to women. Lack of assessment can also be related to organizational policies and practices, since there are no official procedures within the organization in the first place.

Please rate the following statements regarding your workplace (WP) as it currently operates					
	Answers				
	Not at All True for My WP	Rather not True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
A written policy is established, committing to Trauma-Informed Practices (detection of traumatic experiences, actions to avoid re-traumatization)	15 (30%)	17 (34%)	5 (10%)	6 (12%)	7 (14%)
The service/institution has a formal system for reviewing whether staff are using trauma-informed practice	20 (40%)	16 (32%)	6 (12%)	6 (12%)	2 (4%)
There is a system of communication in place with other services/institutions working with women and their children to make trauma-informed decisions	7 (14%)	7 (14%)	16 (32%)	9 (18%)	11 (22%)
There are structures in place to support consistent trauma-informed responses to women and their children across roles within the service/institution	13 (26%)	12 (24%)	13 (26%)	7 (14%)	5 (10%)
Women and their children are given systematic opportunities to voice their needs, concerns, and experiences	3 (6%)	4 (8%)	6 (12%)	12 (24%)	25 (50%)
The service/institution has a system in place to develop/sustain common trauma-informed goals with other services/institutions	3 (6%)	9 (18%)	11 (22%)	12 (24%)	15 (30%)
Understanding the impact of trauma is incorporated into daily decision-making practice at my workplace	4 (8%)	5 (10%)	11 (22%)	12 (24%)	18 (36%)
Supervision at my workplace includes ways to manage personal and professional stress	7 (14%)	8 (16%)	11 (22%)	12 (24%)	12 (24%)
Trauma-informed safety plans are written/available for each woman (i.e., triggers, behaviors when over-stressed, strategies to lower stress)	20 (40%)	12 (24%)	7 (14%)	7 (14%)	4 (8%)
Staff receive supervision from a trauma-informed supervisor	12 (24%)	9 (18%)	9 (18%)	10 (20%)	10 (20%)
Timely trauma-informed assessment is available and accessible to women served by my workplace	11 (22%)	11 (22%)	10 (20%)	10 (20%)	7 (14%)
A continuum of trauma-informed intervention is available for women served by my workplace.	11 (22%)	10 (20%)	14 (28%)	7 (14%)	8 (16%)
A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.	7 (14%)	7 (14%)	7 (14%)	14 (28%)	15 (30%)

1.1.4 Suggestions for improvement

Respondents were also asked to propose one to three ideas to better implement a trauma-informed approach in their workplace. In total, 21 people provided their views. Twelve people emphasized the need for awareness raising and training of trauma-informed practices among specialists. The need for cross-sectoral collaboration (n=2) and establishing written policies (n=2) were also highlighted. Local government representatives mentioned that violence topics are not a priority due to their overwhelming workload.

“Local governments and courthouses should improve significantly. Opinions characteristic of the 13th century can still be found even in court decisions and municipal protocols.”

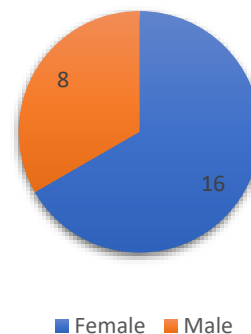
1.2 Survey results of Judicial System Representatives¹

All respondents of the Care4Trauma survey for the judicial sector have a tertiary degree.

A total of 24 judicial system representatives completed the survey. 67% (n=16) of the respondents were female, and 33% (n=8) male.

The majority of the respondents (33%) were in the age group 36-45, followed by 56-65-year-olds (29%) and 26-55-year-olds (25%). Three respondents were in the age group 46-55.

Sex of the respondents - judicial system



¹ Estonia's court system consists of three instances: county and administrative courts are the first instance courts; circuit courts are the courts of the second instance, and the Supreme Court is the third instance. The formation of emergency courts is prohibited by the Constitution. The prosecutor's office is a government agency within the area of government of the Ministry of Justice which participates in the planning of surveillance necessary to combat and detect criminal offences, directs pre-trial criminal procedure and ensures the legality and efficiency thereof, represents public prosecution in court and performs other duties assigned to the prosecutor's office by law.

In Estonia a jurist is a person with legal knowledge who has (mostly) a legal education. Acting as a jurist is not regulated by law. A jurist who has acquired at least a master's degree in the study of law can act as a contractual representative in court.

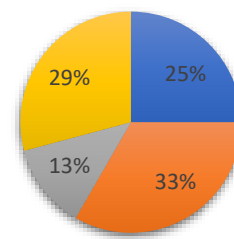
An attorney is a person who, in addition to the acquired higher legal education, has passed the bar exam and been accepted as a member of the Estonian Bar Association. Attorneys rights and obligations are regulated by law and he/she meets high professional standards.

A citizen of the Republic of Estonia may be appointed as a judge, who: has acquired at least a master's degree in law on the basis of an accredited study program or has a higher education certificate obtained abroad for completion of equivalent studies; have not acquired a master's degree, but have completed at least a four-year academic higher education degree in law with an accredited four-year nominal duration in accordance with the procedure before the changes to the University Act entered into force on March 10, 2003, or at least a five-year academic higher education degree in law with a nominal duration before the entry into force of the Education Act of the Republic of Estonia based on the curriculum; knows Estonian at an advanced level; has high moral qualities; has the abilities and personal qualities necessary for the work of a judge.

Pursuant to section 74 of the Estonian Courts Act, a judge is required to develop knowledge and skills of his or her speciality on a regular basis and to participate in training. Judges' training includes mostly legal training and skills training. Legal training is divided into training for civil judges, criminal judges and administrative law judges.

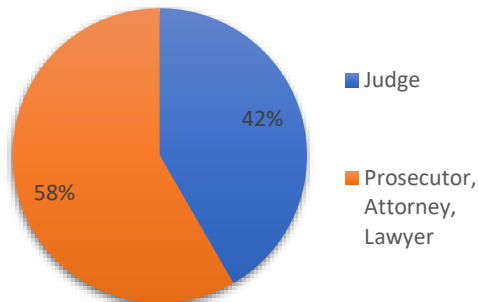
Geographically all four Estonian regions were represented, with most respondents (42%, n=10) from southern Estonia, followed by northern (33%, n=8), western (13%, n=3), and one respondent from East-Estonia. Two specialists (8%) did not wish to disclose that information.

Age of the respondents - judicial system



■ 26-35 ■ 36-45 ■ 46-55 ■ 56-65

Professional profile - judicial system



Ten respondents (42%) were judges, and 14 (58%) represented district prosecutors, assistant prosecutors, attorneys, and jurists/lawyers.

The judges' average work experience was 15 years, though it is worth mentioning that half of the judges (5) had 23 or more years of experience.

The respondents were asked to rate different statements concerning trauma-informed practices and approaches in their current workplace (WP) on a 5-point scale (*Not at all true for my WP; Rather not true for my WP; Somewhat true for my WP; Mostly true for my WP; Completely true for my WP*). The statements were generally divided into three categories: organizational issues, systemic cooperation, and treatment of women/victims and their children within the judicial system. Respondents were also asked to identify barriers in the judicial system to implementing trauma-informed approaches and how to overcome these barriers.

1.2.1 Organization

According to 54% (n=13, not at all true, rather not true) of the respondents, written policies committing to trauma-responsive practices are absent. Neither are policies established for regular screening of women and their children for trauma (n=13, not at all true, rather not true).

Concerning policies regarding promoting resilience and general well-being when working with women and their children, 55% claimed that it is completely or mostly true for their workplace, followed by 25% claiming that this is somewhat true. Therefore, most respondents feel that it is established officially to support the beneficiaries within the judicial system. Also, 75% of the respondents think understanding trauma is incorporated into daily decision practices.

Support for specialists who work with gender-based violence cases is essential to reduce burnout and stress. 21% claimed their workplaces have specific protocols to support the staff. Concerning is that 38% (n=9) admitted that there are no protocols to support staff working with women and their children who have experienced violence. To avoid burnout and provide necessary support in cases of secondary trauma, organizations must invest in delivering regular supervision by trauma-informed supervisors.

1.2.2 System

Assessment of the Estonian judicial system in general and regarding trauma-informed collaboration is positive. Most respondents, 76%, feel that the system stakeholders treat each other respectfully (none of the respondents claimed that it is not at all true). 71% (n=17, somewhat, mostly, or completely true) admitted discussing trauma-related issues with cross-system partners.

1.2.3 Women and children within the judicial system

Not enough screening tools are used to detect violence or trauma. Only one-third of the respondents said that their workplace uses a standardized tool to assess the impact of violence (34%, mostly and completely true). Though the legal representatives try to protect the women and their children within the system – 92% (n=22, somewhat, mostly, and completely true) admit that efforts are made to minimize the stressful aspects of legal procedures. Specialists believe that women and their children are treated with respect (71%, completely true) and have the opportunity to voice their needs, concerns, and experiences (50%, completely true).

1.2.4 Barriers and solutions

Respondents were also asked to point out three barriers for women victims of violence to access justice. Eighteen people replied. The most common (n=12) barrier mentioned was fear (fear to speak out, to seek help, fear of consequences for or from the perpetrator), followed by lack of knowledge/awareness (n=10) (knowledge about rights, where to get help). Also, the victim's financial situation was brought out as dependence on the perpetrator.

The specialists were asked how to overcome the barriers mentioned. On nine occasions, awareness raising/educating/training were seen as solutions to improve the situation. Noteworthy is also systemic cooperation in recognizing cases and designing interventions. Local government social departments should pay more attention to families in financially disadvantaged situations to detect potentially abusive situations and act accordingly.

„The [justice] system is vast, it takes time to train all people. There are no compulsory trainings.“

Please rate the following statements regarding your workplace (WP) as it currently operates					
	Answers				
	Not at All True for My WP	Rather not True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
Written policy is established committing to trauma responsive practices for women victims of violence and their children.	8 (33%)	5 (21%)	4 (17%)	1 (4%)	6 (25%)
It is the policy of my organization to regularly screen women and their children for trauma.	6 (26%)	7 (30%)	4 (17%)	2 (9%)	4 (17%)
In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.	3 (13%)	2 (8%)	6 (25%)	4 (17%)	9 (38%)
My organization has specific protocols in place to reduce the "burnout" associated with working with women and their children who have experienced violence.	5 (21%)	4 (17%)	9 (38%)	1 (4%)	5 (21%)
The diversity in my organization reflects the populations we serve.	0 (0%)	2 (8%)	7 (29%)	9 (38%)	6 (25%)
Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions.	9 (38%)	4 (17%)	3 (13%)	5 (21%)	3 (13%)
Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.	1 (4%)	1 (4%)	7 (29%)	6 (25%)	9 (38%)
An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.	2 (8%)	4 (17%)	6 (25%)	4 (17%)	8 (33%)
Families and children are given systematic opportunity to voice needs, concerns, and experiences.	1 (4%)	2 (8%)	6 (25%)	3 (13%)	12 (50%)
Women (and their children) are treated with respect.	0 (0%)	1 (4%)	1 (4%)	5 (21%)	17 (71%)
Systems stakeholders treat each other with respect.	0 (0%)	1 (4%)	5 (21%)	9 (38%)	9 (38%)
I discuss trauma issues with cross-systems partners.	2 (8%)	5 (21%)	5 (21%)	4 (17%)	8 (33%)

2 Interviews

The data presented above were complemented by five in-depth interviews conducted with professionals from the justice and social system who have direct experience of violence against women and children. Despite numerous attempts to involve professionals from the health system, we did not succeed. The positions of the interviewees are annexed to the report.

The interview was intended to explore the participants' experiences regarding the knowledge, development, and implementation of the trauma-informed approach and to collect their opinions on how and why the use of this approach could improve access to justice, policies, and, more generally, all services supporting women victims of violence and their children. The interview targeted their organizations' practices and reflected on how different organizations plan to deal with the impact of trauma on women victims of violence and their children. It is important to note that the approach to violence in Estonia is gender-neutral. Apart from some specific services, such as women's support center service, violence is addressed rather from another perspective than the gender of the victim. Estonian policy framework in violence against women focuses mainly on domestic violence.² This is also reflected in the results of the interviews. Except for women's support center service provider, organizations interviewed do not recognize gender-based violence against women as violence directed against a woman because she is a woman or that affects women disproportionately. Broadly speaking, the responses were divided into two: the women's support center service provider and the other interviewees (state/ministry, local government, prosecutors office, welfare centre).

2.1 Policy

Concerning the policies adopted by each organization interviewed on violence against women and children and the trauma-informed approach, except for women's support center service provider, there are no written policies and procedures focusing on trauma, its pervasiveness for women victims of violence, nor victims of violence in general. Some of the interviewees mentioned general rules provided by the legal framework. It was also said that there had been discussions amongst colleagues about a trauma-informed approach concerning violence in general rather than violence against women. Even if the subject has been discussed and there is a basic understanding that re-traumatization must be avoided, there are no written policies and procedures. On the other hand, women's support center service provider has written policies and strategies focusing on trauma and its pervasiveness for women victims of violence. These policies are seen as the cornerstones of their work with victims of violence against women and children.

According to Estonian legislation, assessing the risk of an employee's health and safety is mandatory, so every organization has a risk assessment of the working environment. The risk assessment must include an action plan designating the measures applied in all fields of activity and at all management levels to prevent or reduce employees' health risks. It also must, i.e., consider the gender of employees. All organizations interviewed had risk assessment plans, but those do not recognize the violence against women nor the pervasiveness of trauma and do not specifically support staff who have experienced direct or secondary trauma. Of course, in recent years in the social field, it has become normality to use supervision and co-vision to support employees. Also, all the

² GREVIO Baseline 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) on Estonia <https://rm.coe.int/grevio-inf-2022-32-eng-final-report-on-estonia-publication/1680a8fcc2>

organizations interviewed offer the employees the opportunity to get psychological support if necessary. Again, the women's support center differs from other organizations interviewed. In addition to the risk assessment plan, they have individual health and well-being plan for each employee, which recognizes the pervasiveness of trauma to support employees who have experienced direct or secondary trauma.

It was pointed out that the trauma-informed approach in Estonia is a fairly recent development and is increasingly discussed. There is no specific manual on trauma-informed client work, but the staff is offered needs-based training to help them better deal with different client groups.

Training to understand a client's cultural background when it is different from our own is rarely offered. The organization providing the women's support service pointed out that, although there is no training, the specificities of clients' cultural background is taken into account as much as possible. The design of the organization's services has considered this need and has worked through potential concerns. Clients from non-traditional cultural backgrounds are also in the service during the interview.

The interviewees saw the potential benefit of guidelines that would support recognizing trauma symptoms and talking about trauma with a person who has experienced trauma. Talking about trauma with someone who has experienced trauma is not necessarily natural; trauma comes with myths and prejudices that may not be true. Instructional material would help to orient oneself in the topic better. None of the interviewed organizations has such guidance material. According to the Women's Support Center, there are no instructional materials. Still, the staff is thoroughly trained to recognize the symptoms of trauma in the context of violence against women and children, and they know how to talk to the survivor in a supportive manner.

2.2. Engagement and involvement of survivors

The case management model applied in Estonia requires the involvement of the survivor in the case. Survivor involvement is, therefore, elementary in the field of social work. In the justice system, the survivor is involved to the extent possible within the limits of the law. This principle was also reflected in the interviews. All interviewees pointed out that the work is ineffective without victim involvement, and the client can usually direct the case. The involvement process explains the purpose of case management, making agreements, and otherwise allowing clients to control what happens in their lives. The purpose of involvement depends primarily on the case, but generally, it is the client's responsibility for her life. For example, in one-off cases, the victim can decide on mediation. In a plea agreement procedure in court, the victim can express an opinion on the sentence to be imposed. The opinion is not binding on the prosecutor and the court, but there is a possibility that it will be taken into account, at least in part. It was also pointed out that there should be more face-to-face communication and less bureaucracy, explaining procedures and other support for different procedures to increase trust.

In terms of building trust with the survivors, all interviewees saw openness, clarification, and honesty in communicating with the traumatized person as necessary, as well as a solution orientation. While in the justice system, the problem of maintaining a sense of role identity was not seen as such a problem, the issue of role identity and possible role confusion was raised by organizations working in the social system. Training, supervision, and co-vision were identified as possible solutions. A rapid response when the issue of crossing role boundaries arises is essential.

The women's support service provider pointed out that the issue of role identity is already monitored during the recruitment process since the employee's character traits must match the work offered. The trusting relationship between staff is encouraged, which

helps to maintain role boundaries by having the courage to discuss problems with a colleague when they arise. If there is slippage, co-vision is carried out at the earliest opportunity, which helps. Slips in role flexibility are also seen as an opportunity to learn. Sometimes it is difficult to maintain focus, and people get distracted because they want to help more. Then it's an opportunity to ask who you are helping, yourself or the client, and what your role is here today. The role question is raised occasionally, depending on the case: the more complex the case, the better the opportunity to learn.

2.3. Cross-Sector Collaboration

Organizations supporting people who have experienced trauma are known and easy to reach. On the positive side, the forthcoming Victim Support Act was mentioned, which will clarify the services available and the possibilities for more effective support for people who have experienced trauma. The state provides victim support services with regional counselors through the social security office. This was mentioned as a positive aspect, as having person-to-person contact rather than knowing the institution to turn to is essential. The importance of person-to-person contact was also stressed by the women's support center service provider, who pointed out that for some partners, the effectiveness of the help received depends primarily on the specialist dealing with the case. Interpersonal communication and information days were mentioned as necessary for building partnerships and sharing different trauma-informed practices. Collaboration is effective when there is trust between the partners. Interestingly, the justice system rated the partners as trauma-informed, the social system rated the closest partners as trauma-informed but otherwise lacking, and the only organization dealing specifically with violence against women rated the partners as not very trauma-informed.

In Estonia, the state has established a cross-sectoral communication system for certain more complex cases. In addition, the interviewees have not developed a communication system with partners. Communication is people-based and primarily based on practice. In contrast, the women's shelter service provider has a communication strategy, which, among other things, sets out a signal and wording for each target group.

2.4. Finance

Except for the women's support centers service, a specific service for dealing with violence against women, the interviewees' budgets do not specifically allocate funds to support ongoing training on trauma and trauma-informed approaches to violence against women or violence in general. However, this does not mean that training in trauma and trauma-informed practices is unavailable; instead, funds are not explicitly earmarked to promote trauma awareness. It was also pointed out that if training is necessary, there is no problem in providing it, regardless of whether or not specific training resources were provided on the subject. This principle applies regardless of whether the planned training is sectoral or cross-sectoral.

2.5. Progress Monitoring and Quality Assurance

The service's quality will be ensured per the guidelines laid down by law and regulations. In general, these guidelines do not mention violence against women and children except for the Women's Support Center service. As discussed above, Estonia's approach to violence is gender-neutral, which is reflected in the work organization and guidelines of

the different institutions. Development interviews and satisfaction surveys were mentioned to gather information, based on which training plans are drawn up to support staff work and needs. However, the satisfaction and development surveys do not specifically address trauma and trauma-informed approaches in general or in the context of violence against women. Organizations do not assess progress toward a more trauma-informed approach separately, as no such indicators exist.

On the other hand, the legal and service specification requirements for providers of specific services related to violence against women, and their practice, contribute to the provision of accessible, culturally relevant, trauma-informed services and support. In addition, the organization interviewed is supported in providing trauma-informed service and support by a values-based development plan that supports trauma-informed service provision, its service specification, and a communication strategy specifically designed to address the specific issue of violence against women and children. An organization's movement towards a more trauma-informed approach has been assessed through referral statistics and feedback surveys, as there is currently no good evaluation tool or indicator that provides objective feedback on the organization's service and support. In both cases, there are certain question marks. For example, feedback forms are generally filled in at the service provider's premises, which may affect the results. Secondly, the client may not be able to assess whether the support was adequate if they do not know what the service should be.

3 Conclusions

The sample is relatively small to draw any fundamental conclusions about how trauma-informed Estonia's judicial, social, and medical system are. It may not be possible to assess how trauma-informed the system is regarding violence against women and children, as only one specific service provider that recognises violence against women and children as a particular form of violence was interviewed. The interview responses do not provide information on aspects related to violence against women, as most organizations interviewed do not differentiate between gender-based violence. Still, they give some information on general trauma awareness. Violence Policy in Estonia is gender-neutral, and although violence against women is increasingly discussed, the Estonian policy framework addresses violence against women primarily in the context of domestic violence.

However, it is possible to highlight certain aspects to conclude the findings from the online survey and the interviews.

1. It is essential at the national level to recognize gender-based violence against women as violence directed against a woman because she is a woman or that affects women disproportionately and its pervasive and far-reaching impact.
2. Raising awareness through the recognition of violence against women and children will contribute to more trauma-informed decision-making and the prevention of re-victimization in cases of violence against women and children.
3. There are no written policies and guidelines to support the implementation of trauma-informed practices in organizations. Although basic knowledge about the nature of trauma and trauma-informed practices exists and methods are discussed, this is not sufficient to ensure the provision of trauma-informed services and help.

4. While there is basic knowledge that cultural background significantly impacts how victims of violence against women or children can be helped, there is a lack of specific knowledge and training opportunities on the knowledge that can help provide a culturally appropriate service.

5. There is a need for sectoral and cross-sectoral training on violence against women and children. In addition to the possibility of acquiring knowledge, cross-sectoral training also has the added value of providing a networking opportunity and thus promoting cooperation between sectors.

6. Helping the survivor is a priority; everyone offers their best. Still, a lack of knowledge and cross-sectoral cooperation may hamper the actual support delivery to the person in need.

7. To ensure a high level of trauma-informed service for victims of violence against women and children, evaluation tools need to be developed that can provide objective feedback on the quality of service and support organizations offer.

ANNEX 1: State-of-the-art Assessment Methodology*

Professional Surveys Semi-structured Interviews

Trauma-Informed-Practice, Trauma-Informed-Care, Trauma-Informed-Approach, and Trauma-Informed-Systems are used widely and interchangeably to refer the broad notion of a programme, organisation or system that is **intentionally designed** to support traumatised individuals who experienced or are experiencing adverse events.

Such terms, policies are, often, not clearly operationalised. Care4Trauma explores what the perceptions of target groups are with respect of the existence of a potential trauma-informed- vision in their agencies, services, institutions. We would consider this, altogether with the outcomes of the country report to make decisions about how to design the curriculum according to local culture, organisations and stakeholder perceptions. In other words, we are seeking to assess key actors' readiness to implement the approach.

Aim of the State-of-the-Art Assessment

The goal of this phase is to better identify and to address trauma-informed-care (in its intersection with the justice system also) gaps within the target groups' workplaces. The outcome of this phase is the description of the degree of implementation of TIC principles across the system (health, social care and judicial). According to the aim, this phase involves data collection which engages professionals and key informants.

Participants are going to be engaged in a mixed method data collection:

- a. an online survey divided into two different versions (one for the Health and Social Care system and the other for the Justice System); a standardized questionnaire will be submitted to the personnel of victims' support organizations and other professionals involved in the process of providing support to women and their children.
- b. a semi-structured interview targeting managers of shelters and anti-violence centres and policy makers

Online Survey

The survey (in different languages) has been designed on the European platform 1KA.

All the Partners have access to the full survey results, including the data collected in the other partnership countries.

Depending on the Professional profile, the respondent will be addressed to Survey Version A or Survey Version B (see below).

The minimum number of respondents has been set at 40 per Country (in total 200).

* © Italian Society of Traumatic Stress Studies (SISST)

- a. The sample should represent the following indicators that we collect in the demographics part:
- .1. Geographical areas
 - .2. Type of service and institution (health and social care);
 - Hospitals: emergency room where there is a specific pathway of care for women victims of violence
 - Social services
 - Shelters
 - Anti-violence centres
- b. Type of service and institution (Justice System)
- c. Professional profiles:
- Social worker, Social care professionals, Educator (Version A)
 - Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist (Version A)
 - Healthcare professional (Version A)
 - Lawyer, Jurist, Legal operator, Legal expert (Version B)
 - Judge, Magistrate (Version B)
- d. Time of Service

Demographics

Gender		Age	
Country of Residence			
Education			
Professional profile			
Region of the Country where you work			
Type of service/institution			
Current role:			
Years in the role:			

Version A - Health and Social Care System

Introduction

Trauma-Informed Care promotes the use of universal precautions approach that assumes women victims of violence and their children involved in the care system have experienced some form of trauma that may be mitigated through appropriate practices. Trauma-Informed-Practices, therefore, refer to a paradigm and to an organisational vision that understand, consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The survey aims to explore whether and how the Health and Social Care System is trauma-informed and what you think the changes should be to shift towards an approach which is more trauma-informed.

Questions

Rate the following statements regarding your workplace as it currently operates.

Item N	Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
1.	Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)					
2.	The service/institution has a formal system for reviewing whether staff are using trauma informed practice					
3.	There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions					
4.	There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution					

Item N	Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
5.	Women and their children are given systematic opportunities to voice needs, concerns, and experiences					
6.	The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions					
7.	Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace					
8.	Supervision at my workplace includes ways to manage personal and professional stress					
9.	Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)					
10.	Staff receive supervision from a trauma informed supervisor					
11.	Timely trauma informed assessment is available and accessible to women served by my workplace					
12.	A continuum of trauma informed intervention is available for women served by my workplace.					
13.	A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.					

Based on your replies, please provide from one to three ideas to better implement a trauma-informed approach at your workplace:

1. _____
2. _____
3. _____

Survey Version B -Justice System

Introduction

Trauma-Informed Care promotes the use of universal precautions approach that assumes women victims of violence and their children involved in the justice system have experienced some form of trauma that may be mitigated through appropriate practices. Trauma-Informed-Practices, therefore, refer to a paradigm and to an organisational vision that understand, consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The survey aims to explore whether and how the Justice System could benefit by advancing the emerging field of trauma-informed-justice to better serve women victims of violence and their children.

Questions

Rate the following statements regarding your workplace as it currently operates (Perceptions of Justice System policy measures)

Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
.1. Written policy is established committing to trauma responsive practices for women victims of violence and their children.					
.2. It is the policy of my organization to regularly screen women and their children for trauma.					
.3. In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.					
.4. My organization has specific protocols in place to reduce the "burnout" associated with working with women and their children who have experienced violence.					
.5. The diversity in my organization reflects the populations we serve.					

Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
.6. Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions.					
.7. Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.					
.8. An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.					
.9. Women and their children are given systematic opportunity to voice needs, concerns, and experiences.					
.10. Women (and their children) are treated with respect.					
.11. Systems stakeholders treat each other with respect.					
.12. I discuss trauma issues with cross-systems partners.					

- .1. Please point three barriers of access to justice for women victims of violence: _____
- .2. What are the needs and goals to address the barriers you indicated: _____
- .3. Determine obstacles for implementing trauma-informed-practices in the Justice System to better address the needs of women victims of violence _____

Semi-structured interviews with policy makers and service leaders

Structured interviews are to be conducted with professionals at decision making levels who have direct experience of GBV. We could aim to recruit up to 12 professionals from national and local governments and justice, health and social care systems.

The topic guide explores participant experiences of developing and implementing Access to Justice approaches and TIC approaches and their views on how and why TIC approaches could improve policy and implementation.

Potential interviewees:

1. A Policy maker (appropriate to provide a system view of health and social care system)
2. A Head of a shelter
3. An Emergency Room director
4. A Prosecutor
5. A Judge
6. A Lawyer
7. The President of the National Psychological Association
8. The President of the National Social Worker Association
9. An Advisor/member of Advisory committees for Local Authorities, central Government (etc)
- 10 to 12 The remaining three professionals are to be selected by the Partners to better represent their country

The instructions for the interview could be: *Please think in terms of the current policies (practices) of your organisation. We are going to ask you a few questions to explore how the organisation envision, address the impact of trauma on the target population.*

Policy	<p>Have the organisation's written policies and procedures yet included a focus on trauma, its pervasiveness for women victims of violence and yet expressed a commitment to the reducing re-traumatization?</p> <p>Has the organisation a specific health and well-being plan in place for staff, which recognises the pervasiveness of trauma and helps supervisors and workers support staff who have experienced trauma? If not, why not?</p> <p>How do the organisation's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed?</p> <p>How beneficial would it be to have an organisational policy on how screening should be completed and/or how service users should be asked about trauma?</p>
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Engagement and involvement of survivors	<p>Does your organisation have a survivor involvement policy, outlining your mission and what you want to achieve by involving survivors? Have staff been involved in discussions on how this will work/ barriers to implementation?</p> <p>What can be done to improve trust and transparency in staff, for survivors who do become involved in-service planning and delivery? How has their role been collaboratively identified and clearly outlined to avoid any confusion?</p>
Cross Sector Collaboration	<p>Have suitable collaborations been identified? How? Is this process sufficient?</p> <p>Is there a system of communication in place with other partner institutions, services, agencies working with the women receiving services for making trauma-informed decisions?</p> <p>Are collaborative partners trauma-informed?</p> <p>What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?</p>
Finance	<p>How does the organisation's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?</p> <p>What funding exists for cross-sector training on trauma and trauma-informed approaches?</p>
Progress Monitoring and Quality Assurance	<p>What mechanisms are in place for information collected to be incorporated into the organisation's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?</p> <p>What measures or indicators are used to assess the organisation's progress in becoming trauma-informed?</p>

ANNEX 2: Survey tables

Gender

	Frequency	Percent
Female	63	85%
Male	11	15%
Valid	74	100%

Age

	Frequency	Percent
18-25	1	1%
26-35	11	15%
36-45	20	27%
46-55	24	32%
56-65	16	22%
65+	2	3%
Valid	74	100%

Education

	Frequency	Percent
Degree	73	99%
High School	1	1%
Valid	74	100%

Professional Profile

	Frequency	Percent
Social worker	42	57%
Clinical psychologist, Psychotherapist, Psychologist	5	7%
Healthcare specialist	3	4%
Prosecutor, Attorney, Lawyer	14	19%
Judge	10	14%
Valid	74	100%

Region of the country (aggregated responses)

	Frequency	Percent
North	32	43%
South	14	19%
East	3	4%
West	12	16%
Other	1	1%
Not Specified	12	16%
Valid	74	100%

Type of service/institution (aggregated responses)

	Frequency	Percent
Local Government	29	39%
Court	10	14%
Other services	8	11%
Prosecutors Office	8	11%
Hospital/Clinic/Med.facility	7	9%
Victim Support Services	5	7%
Women's Support Centre	3	4%
Law Office	2	3%
Not Specified	2	3%
Valid	74	100%

Years of Experience

	Frequency	Percent
Less than 1	1	1%
1 to 4 years	34	46%
5 to 9 years	9	12%
10 to 14 years	8	11%
15 to 19 years	9	12%
20 to 24 years	6	8%
More than 25 years	5	7%
Not Specified	2	3%
Valid	74	100%

Table Version A – Health and Social Care System

Version A	Rate the following statements regarding your workplace (WP) as it currently operates					
	Answers					
	Not at All True for My WP	A Little True for My WP	Somewh at True for My WP	Mostly True for My WP	Completely True for My WP	Valid
Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)	15 (30%)	17 (34%)	5 (10%)	6 (12%)	7 (14%)	50 (100%)
The service/institution has a formal system for reviewing whether staff are using trauma informed practice	20 (40%)	16 (32%)	6 (12%)	6 (12%)	2 (4%)	50 (100%)
There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions	7 (14%)	7 (14%)	16 (32%)	9 (18%)	11 (22%)	50 (100%)
There are structures in place to support consistent trauma informed responses towomen and their children across roles within the service/institution	13 (26%)	12 (24%)	13 (26%)	7 (14%)	5 (10%)	50 (100%)
Women and their children are given systematic opportunities to voice needs, concerns, and experiences	3 (6%)	4 (8%)	6 (12%)	12 (24%)	25 (50%)	50 (100%)
The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions	3 (6%)	9 (18%)	11 (22%)	12 (24%)	15 (30%)	50 (100%)
Understanding of impact of trauma is incorporated into daily decision-makingpractice at my workplace	4 (8%)	5 (10%)	11 (22%)	12 (24%)	18 (36%)	50 (100%)
Supervision at my workplace includes ways to manage personal and professional stress	7 (14%)	8 (16%)	11 (22%)	12 (24%)	12 (24%)	50 (100%)
Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)	20 (40%)	12 (24%)	7 (14%)	7 (14%)	4 (8%)	50 (100%)
Staff receive supervision from a trauma informed supervisor	12 (24%)	9 (18%)	9 (18%)	10 (20%)	10 (20%)	50 (100%)
Timely trauma informed assessment is available and accessible to women served by my workplace	11 (22%)	11 (22%)	10 (20%)	10 (20%)	7 (14%)	49 (98%)
A continuum of trauma informed intervention is available for women served by my workplace.	11 (22%)	10 (20%)	14 (28%)	7 (14%)	8 (16%)	50 (100%)
A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.	7 (14%)	7 (14%)	7 (14%)	14 (28%)	15 (30%)	50 (100%)

Tabel Version B – Judicial System

Version B	Rate the following statements regarding your workplace as it currently operates					
Answers						
	Not at All True for My WP	Rather not True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP	Valid
Written policy is established committing to trauma responsive practices for women victims of violence and their children.	8 (33%)	5 (21%)	4 (17%)	1 (4%)	6 (25%)	24 (100%)
It is the policy of my organization to regularly screen women and their children for trauma.	6 (26%)	7 (30%)	4 (17%)	2 (9%)	4 (17%)	23 (99%)
In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.	3 (13%)	2 (8%)	6 (25%)	4 (17%)	9 (38%)	24 (100%)
My organization has specific protocols in place to reduce the “burnout” associated with working with women and their children who have experienced violence.	5 (21%)	4 (17%)	9 (38%)	1 (4%)	5 (21%)	24 (100%)
The diversity in my organization reflects the populations we serve.	0 (0%)	2 (8%)	7 (29%)	9 (38%)	6 (25%)	24 (100%)
Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions.	9 (38%)	4 (17%)	3 (13%)	5 (21%)	3 (13%)	24 (100%)
Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.	1 (4%)	1 (4%)	7 (29%)	6 (25%)	9 (38%)	24 (100%)
An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.	2 (8%)	4 (17%)	6 (25%)	4 (17%)	8 (33%)	24 (100%)
Women and children are given systematic opportunity to voice needs, concerns, and experiences.	1 (4%)	2 (8%)	6 (25%)	3 (13%)	12 (50%)	24 (100%)
Women (and their children) are treated with respect.	0 (0%)	1 (4%)	1 (4%)	5 (21%)	17 (71%)	24 (100%)
Systems stakeholders treat each other with respect.	0 (0%)	1 (4%)	5 (21%)	9 (38%)	9 (38%)	24 (100%)
I discuss trauma issues with cross-systems partners.	2 (8%)	5 (21%)	5 (21%)	4 (17%)	8 (33%)	24 (100%)

ANNEX 3: List of persons interviewed

All participants have signed a consent form and the interviews were recorded. Only occupations are made public.

1. Executive Manager of a Women's Support Centre (NGO)
2. Advisor of the Ministry of Social Affairs (Department of Family Well-being and Safe Relationships)
3. Head of local government Social Department
4. Deputy Manager of a Welfare Centre
5. District Prosecutor, Circuit Prosecutors Office (Department of Juvenile and Intimate Violence Crimes)