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WHOSEFVA
Working with Healthcare Organizations to
Support Elderly Female Victims of Abuse



Naiste Tugi- ja Teabekeskus
Vägivallast on väljapääs

Co-funded by the Rights, Equality and Citizenship (REC) Programme of the
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Working with Healthcare Organizations to Support Elderly Female Victims of Abuse, **WHOSEFVA**

Country specific policy recommendations for Estonia¹

Agreed with project partners in 2018

The Istanbul Convention has entered into force on 1 February 2018 in Estonia. Legislative acts have been amended, but implementation remains limited if the culture, awareness and attitudes of social policy makers and social workers, health professionals as well as among judges, police and prosecutors are not addressed. Lack of understanding of gender based violence and ageism can lead to a smaller percentage of reported cases and exploring the prevalence, also lower number of cases being taken to court. Knowledge of various forms of violence and specificity of violence against older women is low.

Estonia has data about self-rated health (SRH) of the Survey on Health, Ageing and Retirement in Europe (SHARE Wave4). Data from the Wave 4 of SHARE from 2011 show that 72% of women over 50 and 71% men over 50 rated their health as poor. Women had a higher prevalence of activity limitations and long-term illnesses. Violence against old women takes place in domestic sphere as well as in institutional settings. While emergency medical care staff should report suspected cases of elder abuse to the police, specialized training on the issue is still lacking, and organizations are not required to establish specific procedures for dealing with potential victims. Family doctors are often well informed about health of older patients, but they do not interfere with family relationships and social networks of their patients. In Estonia training programs for formal and informal caregivers do not address the ability to observe, detect and handle elder abuse.

There is a problem connected with low income and person's dignity. In 2017, an average old age pension was 405 euros per month. People with care needs do not have financial capacity to cover payments in the care institution. In Estonia, all pensions are low, only some old age pensions for certain professions (e.g. civil service) are higher. One result of SHARE Wave5 from 2013 was that severe deprivation (i.e. the combination of social and material deprivation) is more common in Estonia. Estonia was one of three countries with severe deprivation of people 50+ (other two countries were Italy and Israel). Old age people in Estonia could get financial support from their children or from local government if there are no children or there are children with inadequate resources (poor). Estonian Family Law Act requires from four generations to provide maintenance: "Adult ascendants and descendants related in the first and second degree are required to provide maintenance." Lack of financial independence degrades and belittles seniors. Older women are often lonely. In case of violence, abuse or neglect they feel a guilt, and a shame keeps them silent.

Legislative and policy recommendations

1. Implementation of Istanbul Convention and the Victims Right Directive 2012/29/EU requirements.
2. Development of legal definitions of different forms of violence and acknowledgement of specificity of victims of violence from lifespan perspectives.

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3. Amending Family Law Act and other acts regarding maintenance provision and care for elderly and clarification of support (financial support and social services) from local government.

4. Addressing and harmonizing financial support for care for elderly, finding a new mechanism for health and social care funding,

Data collection and cooperation between different authorities

5. Data collection and more effective use of administrative data of different databases on national (e-Health, e-File) and local level.

6. Research and projects relating to the abuse of older people and gender based violence

7. Effective cooperation between Health Insurance Fund and Social Insurance Board regarding funding and responsibilities in elderly care.

8. Building a network and conferencing regarding violence against elderly. Inclusion of violence against older women into agenda of the Multi-Agency Risk Assessment Conference (MARAC) development plans, educators, and people responsible for curriculum development in higher medical schools and universities should be included.

Recommendations related to education, training and awareness raising

9. Integrating the issue/topic on gender based violence and elderly abuse into the core education of all professionals especially of the health and social care

10. Affordable and flexible training programs for professionals and people providing informal care. Training programs must systematically integrate the capacity to recognize violence and handle even the most "invisible" types of elder abuse and discrimination.

11. Raising awareness of the wide range of abuse experienced by older people, which includes physical, sexual, psychological, financial abuse and neglect.