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Gender-based Violence and Covid-19

Experiences of Nordic and Baltic specialists

Survey subscriber: Nordic Council of Minister's Office in Estonia

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Background of the study

From August to October 2022, Turu-uuringute AS conducted a survey commissioned by the Nordic Council of Ministers' Office in Estonia, the purpose of which was to map and analyze the practices, experiences and lessons learned by specialists from Nordic and Baltic countries in preventing and combating gender-based violence in the situation of coronavirus pandemic. The sub-goals of the study were to get a comprehensive overview of the measures planned for the prevention of gender-based violence, from the point of view of specialists dealing with problems of domestic violence:

- changes in legislation;
- changes to the organization of services provided to victims;
- organization of work of specialists;
- cross-sectoral cooperation and networks.

The study was commissioned as part of the Nordic Council's project "New ways to tackle gender-based violence: Nordic and Baltic Approach".

8 countries participated in the survey – five Nordic countries (Finland, Sweden, Norway, Denmark, Iceland) and three Baltic countries (Estonia, Latvia, Lithuania). For data collection, a qualitative survey methodology was used. On the Zoom platform, group conversations were conducted with specialists from different fields, who dealt with the prevention of domestic violence, solved the problems and assisted the victims of domestic violence during the coronavirus pandemic. Most of the interviews were conducted in English; some interviews with specialists from Latvia and Lithuania were conducted in Russian. The group interview with Estonian specialists was conducted in Estonian.

As the result of group conversations, it was found out:

- Changes in legislation and regulations in social sphere and criminal law during the corona pandemic to ensure more effective protection of victims of domestic violence, provision of services for victims, continuation of criminal proceedings;
- The experiences of specialists concerning the possibilities of reporting domestic violence and actual reporting of domestic violence;
- Practices and experiences of specialists concerning general organization of services for victims of domestic violence during coronavirus pandemic;
- Practices and experiences of child protection specialists, law enforcement specialists, victim support specialists during the coronavirus pandemic;
- Experiences of specialists in cross-sectoral cooperation and cooperation networks.

The report on the results of group interviews consists of a description of the background and methodology of the survey, an executive summary of the results of the survey, conclusions and recommendations, and a descriptive summary of main results in comparison of countries participating in the survey.

Research methodology

Sample and fieldwork

Representatives of the prosecutor's office, the police, ministries of social affairs, ministries of justice, crisis centers, women's shelters, child protection specialists, psychologists, social workers and victim support providers were invited to participate in group discussions to receive feedback from people who were involved in preventing, identifying and providing assistance to victims of domestic violence during the coronavirus pandemic.

15 group meetings were conducted to collect data, with 2-7 participants in each group.

Survey questions were sent to the participants of the group conversations in advance, so that they could familiarize themselves with the topics covered during the conversation. The discussion contained both, general topics on which all participants in the conversation expressed their opinion, and more specific topics, where specialists of the field spoke about their experiences. Representatives of Estonia, Latvia, Finland and Sweden sent additional written overviews concerning the amendments to the law implemented during the corona period.

Data processing and report

Group conversations were recorded. Transcripts were written based on the recordings. On the basis of the transcripts, the analysis of the research questions, in comparison of the countries involved in the study, was compiled. On the basis of the comparative analysis, an executive summary with conclusions and recommendations was drawn up. A PowerPoint presentation was created to introduce the main results of the study.

Conductors of the survey

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|---|-------------------------------|
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Executive Summary

Changes in Legislation/Regulations

- During the pandemic, not many legal changes were made, rather the organization of daily work was regulated. Reasons why the law was not changed: countries already had an extensive legal framework; just before the covid pandemic, the changes to the law concerning domestic violence, were made; society reacted too slowly, pandemic ended before law changes could be made.
- **Law changes in social sphere:** in the crisis situation, volunteers were allowed to undergo a rapid training, no full training was demanded; official additional funding of women shelters. There were some law changes that were made during the pandemic, but not because of the pandemic: new accreditation system for specialized support centers was worked out to measure better their professionalism; the compensation granted to the victim of domestic violence did not affect getting additional social benefits foreseen legally to the person; more help to perpetrators in their violence.
- **Changes in the legislation in the sphere of criminal law,** implemented because of the pandemic: participation in court hearings over internet was allowed; the police were given the right to treat digitally signed letters as official documents; victims could make online reports; it was possible to issue temporary restraining order to the criminal in an accelerated manner; perpetrator could be removed from home, victims did not have to leave home if they didn't wish. Law changes that were made during the pandemic, but not because of the pandemic: taking advantage of a child as a weaker party in resolving relations between parents was forbidden; participation in a social rehabilitation program was made mandatory for perpetrators of domestic violence; the police were highly recommended to use a body camera system, going to check homes with a report of domestic violence.

Possibilities for Reporting Domestic Violence During Pandemic. New channels. Information campaigns

- The same possibilities and ways to report domestic violence as before pandemic were used - telephone, helplines, online platforms, face-to-face visits, neighbors' and acquaintances' help. Societies were not that closed, that it were not possible to go to the police station or crises center. Women's support centers were reached through the police or through victim support specialists or health care system. Child abuse could be reported through school system – schools were not closed in all countries, or were closed only partly or for a short period. When schools were closed, teachers, child protection specialists and the police had to deal more with children. Despite the additional responsibilities imposed on them, reports of domestic violence involving children decreased.
- Online support services, hotline consultations and internet chat possibilities were strengthened. New help line numbers, free of charge, were opened. Hotlines supplemented

their options - it was possible to send an email/text message to the hotline number instead of calling there. New web site channels with chat function were opened. More attention was paid to immigrant women.

- Information campaigns about announcing, which services were available, were conducted in social media. Neighbor watch/neighbor help campaigns, which encouraged neighbors to report domestic violence to the police, were conducted in social media and via mainstream media channels. The aim of all those information campaigns was to increase public awareness of domestic violence. All these campaigns were useful, the numbers of service users started to grow.

Reasons for increasing/decreasing of reporting violence

- At the beginning of the pandemic, in general, reporting and seeking for help went down. The victims were afraid of the perpetrator at home; children were at home because the schools were closed and it was unpleasant to speak about bad things in front of them. Lack of information - people were not sure if crises centers were open. Some population groups had little knowledge or possibilities to use online services, no access to Internet. It was feared that you could get infected in the shelter. Many crises centers were closed or had shortened their working hours. Health services suggested everyone who were not seriously ill, stay home; most women did not consider domestic violence a serious illness. Psychologists saw decrease in number of people seeking for contact, because crisis centers couldn't offer face-to-face consultations.
- Police officers and representatives of prosecutor's offices still noticed the increase in reporting. People were at home, complicated situations arose, violence increased. Hotlines saw higher number of phone calls from victims' close people, not from the victims themselves. The calls to children's hotlines increased, children suffered from higher general anxiety during pandemic. Women shelters saw increase in reporting in online chat rooms. Migration centers didn't have decrease in reporting, because several other organizations were closed or had shortened their working hours.
- Representatives of state institutions mentioned that several nationwide information campaigns were carried out during the pandemic to provide more information on how to prevent domestic violence, how to deal with it, how to report domestic violence. Representatives of non-governmental organizations found that the number of information campaigns organized by the state was not sufficient. Not enough money was allocated to non-profit organizations to carry out information campaigns. The countries with less nationwide information campaigns and the countries where neither the police nor private security centers got enough money from the government to conduct information campaigns, saw more decrease in reporting violence.

How the services were organized

- All services in the victim support system continued to work, just the internal organization of services was redone; access to services took more time. It was tried to offer as many face-to-

face services as possible, but many services went to telephone and online. The number of face-to-face services decreased; many face-to-face services were postponed.

- Women shelters' umbrella organizations' main focus was to keep the shelters open. Ordinary services were continued, if possible, face-to-face, if not, online. Social rehabilitation programs with accommodation for victims of domestic violence (both, for women and men), continued. Online consultations were conducted via phone, Zoom, WhatsApp, Skype. First of all, it was necessary to find out if the victim's life was not in danger at home and if she could communicate freely via phone or Internet.
- The police stations stopped face-to-face services for some time, they were reached by phone or e mail. In case of face-to-face meetings, everyone had to wear a mask or visor and keep distance. Victims could communicate face to face with the police officers patrolling in the streets. The contacts of the policemen, who could be contacted at any time, were available in well-noticed places in the community centers. The police officers started monitoring those addresses from where multiple reports of domestic violence had been made. When schools were closed child protection services reported the crimes involving children to the police. Social workers accompanied the police in visiting problematic homes.
- Legal counseling centers were closed for some time at the beginning of pandemic. When they reopened, the telephone lines and websites for urgent cases were opened; face-to-face consultations for most severe domestic violence cases only.
- Crises centers' psychologists' consultations were hold mainly via phone or internet, though more face-to-face meetings would have been badly needed. At the beginning of quarantine victims were reluctant to talk via phone. It was thought that they were afraid, because the perpetrator was with them. Actually, victims were just not used to talk over phone.

Basic changes in provision of services

- New helpline numbers were opened; the opening hours of helpline numbers were extended; new employees and volunteers were recruited to help centers; new online chat services were opened. All these channels were helpful and much used. When the numbers of reporting domestic violence via telephone and face to face went down, it was necessary to offer more possibilities to report via internet.
- When counseling centers were closed their employees were working from home. They received funding to create a digital advisory service. Women shelters increased the number of places in shelters and allowed women to stay there longer. Before crises volunteers usually worked in the shelters in the evenings, but during corona, the shelters' employees worked themselves. It was precisely calculated, how many hours it was necessary to devote each woman in order to know, how many workers should be kept at work at a time. First of all, severely traumatized women were served, lighter cases had to wait. If possible, face-to-face meetings were conducted in the open air or at cooperation partners' bigger premises. Victims of possible domestic violence were given a watch with a panic button, to signal the police that domestic violence is taking place.
- Non-profit organizations in social field had to cope with the increased workload with their current workforce. Many women centers didn't get additional labor nor additional funding though they applied for funding for being able to keep the face-to-face consultation open or increase their online services. The most effective reasons for getting more money for the help system were cases when the crisis center database was attacked by cyber criminals, who stole

customers' data and started blackmailing customers and service providers. Then additional money was found to strengthen the security systems.

Practices and experiences of specialists identifying and supporting children having experienced domestic violence

- Children in violent homes were affected because of covid restrictions, delayed custody hearings, delayed divorce processes. Child protection specialists could solve problems via video conference or phone. In the beginning, it was afraid that remote method would not work well, but online communication turned out to be very successful. Child protection specialists still prefer to meet children face to face. It was tried to divide children into groups according to the severity of their trauma. Those children with most serious traumas, whether with sexual or physical abuse, received the treatment first.
- In cases of children attending online school, the signs of abuse were not often seen and child protection specialists were of the opinion that the decision to transfer the schools to distance learning was not the best decision. Reports submitted by officials of schools and kindergartens showed that distance study led to the decline in the overall well-being of children.
- Specialists working with children saw an increase in violence against young people and children on the Internet but services of child psychologists were less available. It was very good that at least in some countries (Sweden) government-mandated state grant could be distributed to non-profit organizations working with children.
- Children suffered more than adults. They missed their normal life, social relations. Counseling centers saw that children were more introverted; it took time to open them up. Some violent parents used corona to justify their violent behavior. Children were not allowed to be vaccinated because parents did not believe in vaccines. When children were in shelters, it was necessary to find some kind of physical activity for them.
- In the countries where child protection units are part of local governments, more problems arose. During the pandemic, local governments worked behind closed doors, it was difficult to catch them face-to-face. All kinds of home visits, when child protection workers should have been involved, became more difficult. The police could not go everywhere without a child protection specialist.

Practices and experiences of law enforcement specialists identifying and resolving cases of domestic violence, including cases of removing the perpetrator from home

- The police conducted a lot of telephone interviews, but often it turned out later, that the victims did not even understand that this was the official interview already and a part in the crime investigation process. No written reports, no sitting in the police station and reading the report, seeing it on the paper; reports were read out via phone which caused confusion among the victims. The use of Internet platforms gave the victims a better overview of the course of events than the information received over the phone. Where possible, an internet-based platform was used through which the victim could seek for help fast and easily from several professionals at once.
- When schools were closed the police visited children's houses (shelters, crises centers for children) more often. The police made control calls the families from whom it was known that there might occur domestic violence. If an underaged child was the victim of violence or

witnessed violence between parents, in Baltics it was possible to separate the child from the family, even if the perpetrator was the child's only legal representative. The police could impose a restraining order on the parent.

- Removing perpetrators from home was not much practiced in Nordic countries, the police had to follow the laws of the country. In Baltics there is the law, which allows perpetrators to be taken away from their homes. During pandemic the police were given specific instructions, how to remove the perpetrator from home if he was suspected of being infected. Local authorities were responsible for accommodation if the infected perpetrator had no safe place to go. If local government had no accommodation places, then the perpetrator was taken to the hospital. It always caused a lot of arguing.
- The best experience that the police received - pandemic forced all police units to come together and do their best together. Suddenly there were the resources that had not been there before the pandemic.
- The courts tried to find practical solutions not to cancel court hearings or postpone them, but it was not easy during pandemic time. Extensive internet-based work was not officially allowed for security reasons. The prosecutors did not know well, how to arrest a criminal who was infected with covid and where to take him. Too few rules were provided for prosecutors.

Experience in protecting victims of domestic violence and providing them assistance during the pandemic

- More discussions and consultations were hold via phone or online. Psychologists practiced digital counseling and therapy. But despite the increase in domestic violence, fewer people came to psychologists and this made them worry. Later they learned that they had not done anything wrong, it was the result of the pandemic crisis that the victims and patients did not reach the service providers.
- Women shelters used all safety and security measures. They didn't tell even the victims themselves where the particular hotel or shelter was, where the victim will be taken. Shelters had security companies to support them in keeping the addresses of shelters secure. The specialists in shelters needed to keep physical distance in the room which diminished emotional closeness with the victims. If some kinds of financial resources were found, art therapy sessions were carried out in women's shelters. Women couldn't always get into shelters because there was a rule that everyone must show a negative corona test, made within 48 last hours. The queues for test were two weeks long, the queues for private test (that cost money) were seven days long.
- It was difficult to work with different minority groups - people who did not speak local language, people with disabilities, people with alcohol or drug problems. E.g., when the victim needed to be questioned by the police, women's support center specialist tried to accompany the police to support victims with hearing problems, who didn't understand the policeman when he spoke behind his face mask.

Main danger points and difficulties in work of specialists. How specialists were supported

- **Concerns related to personnel.** Specialists and employees might get infected with virus; how to interact with people who are infected; how to substitute colleagues who have fallen ill,

- burnout of specialists; how to manage with increased work load and no additional labor nor funding; the age of volunteers; starting and learning to work remotely.
- **Concerns related to victims.** More serious violence, less possibilities to contact health services; lack of possibilities to provide face to face support. The latency period in reporting the domestic violence by victims. When victims need accommodation, how to keep them isolated. How to reach most vulnerable society groups (disabled people, migrants, people with alcohol, drugs problems). Where to send infected perpetrator if it was needed to remove him from home but he had nowhere to go.
 - **Concerns related to information technology.** Security problems working online; limitation in allowance of using different internet platforms for communication and interaction.
 - **Psychological problems.** Feeling that domestic violence was not considered a serious crime in the society; domestic violence wasn't given enough attention. Problems with people who didn't believe that covid exists. Entropy, the situations changed quickly, no clear overview which rules were in force; lack of knowledge, nobody knew exactly what was going on behind the locked doors.
 - **Lack of information.** How to reach people who need help; which channels should be used for info campaigns; how to help citizens abroad if they were in trouble because of pandemic restrictions; the government institutions were not sure if their main messages reach the target groups.
 - **Support:** mutual psychological support of colleagues and wish to do everything together; online counseling and interaction; benefits for frontline specialists (vaccination, possibility to send children to kindergarten or school); additional funding (more in Nordics, less in Baltics); support from the private sector and individuals (financial support, sweets, coffee, kind words). New shelters were opened due to domestic violence in most problematic areas.

How domestic violence changed, reasons for the variation

- Several researches revealed that all different forms of violence increased. As the general stress level of the society increased in crises situation, the stress level also increased in families where domestic violence occurred. The cases became more serious because victims had to suffer for a longer time. Close relation violence and sexual crimes increased indoors but decreased outdoors; violence increased in online relationships. Crime moved from real life to virtual life. More reports of domestic violence came from certain parts of the cities, e.g., from these areas where more alcohol was consumed, where ethnic minorities live. Violence against elderly relatives in the family grew - unemployed people demanded money from elderly family members.
- The growth of psychological violence was bigger than growth of physical violence. People who were not used being together, created (initially) emotional problems for each other which they had not caused under normal circumstances.
- Children suffered more; they reported the psychological violence in Internet. Children were more cruelly treated by parents. Children received diagnoses because of their (mental) health problems; children did not have such problems before.
- The prosecutor's offices didn't notice any difference in types of domestic violence. Still, stalking decreased because people just didn't go out. Statistics of pretrial investigations didn't show the growth of severe cases of domestic violence, it seemed so only cognitively.

- Main reasons why domestic violence increased and became more savage: those, who controlled and abused their partners, were most benefited from the implementation of wide-spread isolation. The guidelines that recommended working from home encouraged domestic violence to become more violent. The fear of both parties grew - the fear of the victim and the perpetrator.

Examples of real cross-disciplinary cooperation

- **The Police** were allowed to listen to parliamentary debates via Internet. This way, it was possible to participate and cooperate with government representatives, and the best decisions were made. The police cooperated with local authorities concerning the field of general prevention of domestic violence. The police cooperated with specialists in victim assistance agencies, to gain a better overview of the general situation, whether additional help should be implemented in families where domestic violence had occurred. The police met (digitally) with healthcare and educational institutions and pharmacies to give necessary information to people from there. The police cooperated with hotline workers and started cooperation with non-governmental organizations dealing with victim assistance. The employees of NGOs started calling the victims of violence and gave the police an overview of the addresses from which domestic violence occurred.
- **Crisis centers** cooperated with social services, courts, police, family doctors, schools, kindergartens, because the specialists there knew, where crisis center workers should call, where the problematic families were. Psychological counseling centers cooperated with the police and with local authorities to develop social networks for better reaching victims of domestic violence.
- **Women shelters** worked closely together, if one shelter lacked accommodation places, another shelter helped with places. Women shelters cooperated with emergency services and hotels to provide additional accommodation for their clients. Women shelters used the sports clubs' small accommodation places to accommodate their clients. Since the sports clubs were closed, clubs sometimes themselves offered these possibilities. Umbrella organizations for women's shelters were in close contacts with government and parliament members, shelters received funding from government to stay open. Women shelters also received donations from private companies, both, monetary and non-monetary donations for children.
- **Child protection centers** cooperated with the police, prosecutor's offices and psychologists, who provided support in solving difficult cases. Before the court hearing, the psychologist had to meet the prosecutor, the police and a child protection specialist via Internet.
- **Digital platforms** were used for cooperation, involving members from the prosecutor's office, the police, social welfare, health services and various municipalities. Such platforms facilitated and accelerated cooperation.

Main risk points in cross-disciplinary cooperation

- **Interdisciplinary cooperation was weakly coordinated by the state.** More effective support from the state was expected in the organization of cooperation between different sectors. Women's shelters used a lot of their own resources to figure out how things must work during pandemic, they would have liked that the umbrella organizations and the state had given them

more information on how to behave. Prosecutors did not have enough rules on how to organize their cooperation with the police and child protection authorities.

- **Digital communication with state institutions.** Courts started postponing court hearings because they lacked the technical solutions. There were no commonly used digital platforms, state institutions were not allowed to use Zoom and Teams.
- **Local government institutions were closed for too long time.** This led to delays in solving problems; cooperation with child protection specialists was most difficult.
- **Lack of cooperation caused by individualistic attitude of enterprises.** Success of cooperation depended on the personality of the contact person of the organization. Personal characteristics came out sharper during the crisis. Lack of face-to-face interaction contributed the decline in cooperation.
- **Entropy.** No one knew how long it lasts and how serious it is, not clear, what comes next. Excessive corona fear prevented cooperation. The workload of frontline specialists increased for an unknown period of time.
- **Inadequate and unequal funding of non-profit organizations.**
- **Domestic violence is not considered a big crime, neither by the elite nor by ordinary citizens.** Criminals are not sufficiently prosecuted or punished, family violence is considered to be a matter between two people, which takes place behind closed doors. Society understands that something is wrong, but nothing has changed much.

What should be kept in mind next time

- **Have a plan for how to work in the crisis situation:** which technical systems are needed; how/through which channels to reach victims; more information about service provision in different languages; better organized cooperation; accommodation of victims and perpetrators; more personal and face-to-face contacts.
- **More attention to people:** people's (mental) health, psychological support; extra money and additional labor to frontline. More attention to children. There should be a special app on the phones of the victims of domestic violence to report violence.
- **Some legislation needs to be changed:** how to share digital information better; everything can't be done on the basis of agreements and bigger work load only, specific rules need to be established.

Support for professionals during pandemic

Specialists from the Nordic countries were either very satisfied or quite satisfied with the support given to them, specialists from the Baltic countries would have needed more support.

- **Very well supported:** if necessary, support was received from government; working groups/ organizations tried to support each other; professionals/colleagues helped and supported each other.
- **Quite well supported:** specialists were supported by their superiors but not involved enough in the process of decision, specialists' knowledge and opinions were not taken into account. Within the organization, colleagues supported each other.
- **SoSo:** Colleagues were supportive, more support was expected from government; insufficient psychological support when working with serious cases.

- **Would need more support:** Support from government agencies was available online; too little professional and psychological consultations; NGO-s were little funded by the government; social care and the police should not suffer as much as they did this time.

Conclusions and Recommendations

Changes in legislation/regulations

- In most countries, the participants perceived that some changes in the law were made during the pandemic, but more often just changes in daily work regulations were noticed. Main changes included precautions to prevent the spread of virus among the population and transition to widespread digitized work.
- It was found that stronger changes in the legislation should have been made. Video systems should have been allowed more widely in the work of the police and prosecutors; the rules for postponing criminal trials and other legal procedures should have been defined more precisely. Even working in home office should have been more precisely regulated. In some countries, the legislative changes were limited in time - the changes were valid during pandemic only. It would be necessary that the courts, the police and other institutions dealing with preventing domestic violence could continue working online and use internet-based communication after the pandemic situation as well.

Changes in reporting domestic violence during pandemic. Information campaigns

- It was stressed that official statistics about the increase or decrease of reporting domestic violence should be publicly more available. Cognitively, it could be said that there were periods when reporting of domestic violence increased and periods when it decreased, but no official information available. The reasons for the changes in reporting of domestic violence require deeper analysis to address the reasons for the decline in reporting better in next crisis.
- The police were less reported but women shelters were more contacted and visited. Victims turned to crisis centers, because women did not want to end the relationship with their partner completely, they hoped, things get better, they didn't want to make things official. Another reason - women shelters and women protection organizations conducted many information campaigns about their services available, but for the national police very few information campaigns, introducing their services and availability, were conducted. Shelters became closer to victims than the police.
- Several information campaigns were conducted in different channels. Campaigns seemed to be successful, more people started to report the violence and look for help. But actually, it's not known, was it so because people were more aware of the helpline possibilities, or because of more violence cases at homes. The campaigns were shown on different channels, but there hasn't been media monitoring to find out via which channel the message had reached people best. In order to evaluate the success of the campaigns, a deeper analysis of the campaigns would be necessary.
- Participants of the focus groups saw the increase or decrease in reporting of domestic violence and reasons for variation, somewhat differently. Representatives of state institutions mentioned that several nationwide information campaigns were carried out to provide more information on how to prevent domestic violence, how to deal with it, how to report domestic violence. Representatives of non-governmental organizations found that the number of information campaigns organized by the state was not sufficient. Not enough money was allocated to non-profit organizations to carry out information campaigns. In general, victims did not have fewer

opportunities to report violence, they simply had varying degrees of information about whether necessary institutions were open or not. The countries where less nationwide information campaigns were conducted, where neither police nor private security centers got enough money from government to conduct information campaigns, saw greater decrease in reporting.

Basic changes in provision of services

- Since in the crisis situation it was necessary to reorganize the work and the general work load grew, the need for additional resources was obvious. If the Nordic countries were more or less satisfied with the resources allocated to them, then the representatives of Baltic countries complained about the lack of extra labor and necessary funding. A lot of things could be done with good will and enthusiasm, but in the end people still got tired.
- In the condition of crisis, it became clear how necessary cross-disciplinary cooperation was to ensure the best possible service for victims of violence. Social services and child protection specialists had to cooperate with the police, the police and the prosecutor's offices had to take into account each other's peculiarities; consultants depended on the speed and good will of IT specialists. The time of crisis brought out the peculiarities of personalities - who really worked hard and was 100% committed, and who tried to tick quietly in home office under the shadow of corona.
- It was suggested to learn from what has been done in neighboring countries and use successful practices in your own countries. In France, e.g., there was a system that if a woman went to the pharmacy, and she said a certain word there, the pharmacist understood that she was actually asking for a certain help. It could be discussed with politicians across countries to jointly develop some kind of uniform coding system for victims of domestic violence.

Practices and experiences of specialists in identifying and supporting victims of domestic violence during pandemic

- Specialists from different fields perceived the same situations differently. Employees at women's shelters complained that the shelters were overcrowded, the police received official information that most shelters had fewer clients than usual. The representatives of government institutions were well informed about the changes in the law and the conducting of information campaigns, but not all of this information reached the specialists dealing with victims of domestic violence, nor the victims themselves. **Information between different work fields and between different levels within one field did not move as quickly and accurately** as it should have moved.
- In the Baltics, according to the law, perpetrator could be removed from home in case of (threat of) domestic violence, victims did not have to leave home. In the Nordic countries, the removal of criminal from home was a very rare phenomenon, usually victims go to the women shelters or crises centers. The representatives of the Nordic countries suspected that both, the police and society as a whole lacked in-depth knowledge of domestic violence - what should be classified as domestic violence at all. Perhaps there has not always been a very intense desire to remove the perpetrator from home because domestic violence is not considered a major crime, especially when it involves psychological or emotional violence.

Cross-disciplinary cooperation

- Cooperation worked differently in different regions and between different cooperation partners. If cooperation did not go smoothly before, then it got worse during the crisis. Cooperation went better at the beginning of the pandemic. Institutions learned quickly to arrange meetings online. People had a feeling that they have partners and colleagues very near. But as the pandemic continued, the meetings got quieter. Some of the working groups even hindered the cooperation because there were no face-to-face meetings. In general, cross-sectoral cooperation went well during the pandemic, but **the decrease in face-to-face contacts ultimately affected the success of cooperation**; problem solving did not go as quickly as it would have been desired.
- The pandemic made it clearer that if the police/other institutions were to make changes in their work in some areas, **all service providers of this field could be invited to meetings to share their experiences**. How they conduct different interviews or how the complaints and requests are accepted during isolation. If changes are made, it would be better to explain more about what has changed. How many resources are available. How could cooperation be organized better.

How to manage better in the next crisis

- Next time we will just adapt faster. In this crisis we built a ship, in the next crisis we would like to start sailing it. Someone should write a book about their experiences during the crisis, and let others know how to cope better. How to reach out to victims and perpetrators in times of crisis; how to organize the first date for new employees or new clients/victims in a crisis situation.

Results of the Survey in comparison of countries

1 Changes in Legislation/Regulations

1.1 Changes in the legislation and regulations in the social sphere

Finland: Regulations were established by organizations dealing with victims of domestic violence, nothing was given from above. It was necessary to limit the number of clients visiting crisis offices and women shelters; make an appointment in advance; test the clients if they were not infected with covid. Face-to-face group therapy activities were substituted with phone or online meetings.

Sweden: In 2021 an amendment was made to the Social Service Act which obliges the Social Service to take measures to help perpetrators in their violence. The Health and Welfare Board prepared bulletins and website information during the pandemic, aimed to inform staff and social services that there are no special rules for dealing with domestic violence cases during pandemic; no need for unreasonable remote handling of the cases.

Norway: Norwegian Government took a number of measures to prevent transmission of coronavirus and protect the population, but municipalities were obliged to provide accessible shelters for residents who suffered from domestic violence. To be able to keep the shelters open, the employees working there were defined as frontline workers, they were vaccinated first, they were allowed to send their children to kindergarten and school. Specialized services for mental health problems were available via phone and online.

Denmark The Danish government allocated additional funds to establish new temporary shelters for domestic violence victims in bigger cities. Some shelters were able to expand their accommodation possibilities. No official changes of law were made.

Iceland: Everything was done through mutual agreements, not because of law nor official regulation changes. The main change was that the opening hours of shelters for homeless people were limited. Specialists still felt that something should be changed in legislation, you can't do everything based on good will alone.

Estonia: An article was added to the Victim Assistance Act for the duration of a special situation. When additional training of helpers may not be possible during a state of

emergency or a state of war, it is still necessary to continue with services of victim assistance services. So, even if a person had not completed the relevant training, she might act as a volunteer, offering victim assistance during the situation of crises.

Latvia: From 2020, all official advisors have the right to provide services online. If a victim of domestic violence receives compensation for the crime committed against her, it's not viewed as a usual income, and social services can't diminish any kind of social supports to her.

Lithuania: A new accreditation system for specialized support centers was established with the aim to guarantee better quality services. The mechanism for the operation of inter-institutional cooperation was established, to determine, what each institution is responsible for.

1.2. Changes in the legislation and regulations in the sphere of criminal law

Finland: The number of people reporting violence decreased because there was no way to get help quickly - the police were not allowed to question people if they had not made a police report beforehand. Some criminal justice processes were not implemented as properly as usual. The police have not made any reforms due to the coronavirus, but in 2022 a handbook for investigating domestic violence for police, was issued.

Sweden: No official changes were made to legislation and regulations in the field of criminal law. Sweden already had a law on conducting interviews and hearings via video connection. In 2021, Sweden made it a crime to take an advantage of a child as the weaker party in resolving relationships between parents. But although this law was implemented during the pandemic, it was not because of the pandemic.

Norway: Several public services were closed, among them the administrative services provided by the police. Services for victims were mostly available, but often based on online and telephone consultations. The Covid-19 pandemic meant that Norwegian courts had to reduce their activities to prevent infection between the various participants in the court. The Government introduced a new regulation that made it possible to carry out court proceedings with the use of video conferences.

Denmark: Danish courts were closed in March and April, 2020 as the Danish government introduced several lockdown measures. During this period, only most urgent cases were discussed. Many cases were postponed during that period. General focus was on preventing covid and there was no time to deal with the changes to the law; changes to the law specifically related to domestic violence were neither planned nor postponed during the pandemic.

Iceland: The Minister of Justice allowed the police to operate on the Internet and it was considered legal. It was something new! Victims could make online reports and it was considered official. Court cases could be formally conducted online. The prosecutor's office got additional labor and funding. If changes were made to the Penal Code at all, they covered broader areas, not narrowly domestic violence. Prosecutors have been dealing with domestic violence since 2018, since then there have been no updates to the regulations. The only new thing was that the perpetrator could be removed from the home, the victim did not have to leave the home.

Estonia: The use of allowed digital solutions was expanded. Participation in court hearings over internet was allowed. Police were given the right to treat digitally signed letters as official documents. An amendment was made to the law, which made it possible to issue a temporary restraining order to the criminal in an accelerated manner, by the prosecutor's order.

Latvia: The draft "Amendment of the Police Act" says that a police officer can make a decision to separate a criminal on his own initiative, without a written statement from the victim. The Ministry of Justice developed a package of draft laws to ensure temporary protection against violence in order to protect women suffering from domestic violence more quickly. Participation in a social rehabilitation program was made mandatory for perpetrators of domestic violence. In February 2022, a change came into effect, according to which the police were recommended to use a body camera system when he went to check the home with a report of domestic violence.

Lithuania: The Police made some changes regarding the security of police officers and consultants. Phone calls were made instead of face-to-face visits. So, rather technical changes in the procedures than real changes in the law. Some changes were made in the Criminal Procedure Code related to the use of electronic technologies in preliminary investigation and court proceedings. There is also a new article in the Criminal Code "Unlawful Stalking". If a criminal systematically attacks his victim and the victim is forced to change her place of residence or work, this is now punishable under criminal law.

2 Possibilities for reporting gender-based violence during pandemic

2.1 Channels and methods used by victims to report domestic violence

Telephone and Internet platforms were most used channels to report domestic violence. It was even possible to call for help from abroad. Women's support centers and police offices have email addresses and Facebook accounts, where the victims could write. There were even special internet sites (Norway) [dinutvei.no (your way out)] as a guide for assistance for victims of domestic violence. Women's support centers were reached

through the police or through victim support specialists. Victims could go to the doctor's and if the signs of violence were seen, the doctor could report the police. Neighbors or family members could call to help lines or child protection services or hotlines. Children protection specialists reported the police about abuse of children. Victims could also go to the police station or to the prosecutor's office or contact a specialized support center. People could report domestic violence through school system – schools were not closed in all countries or were closed only partly, or for a short period (Sweden, Iceland).

2.2 Changes made for reporting violence - new channels, information campaigns, their effectiveness

Finland: Online support services, hotline consultations and internet chat possibilities were strengthened. A new web site about shelter services was opened - it was encouraged the clients to visit the shelters if they needed help. A social media campaign in Facebook, where shelter services were advertised, was conducted. There was a video campaign conducted in the social media, where it was taught how a woman in a difficult situation can use the new helpline number. A national campaign introducing all different services that were provided for victims of domestic violence during pandemic, was conducted. All these campaigns were useful, the numbers of services users started to go up.

Sweden: No special changes were made in channels but different information campaigns were conducted. The State Prosecution Authority conducted communication campaigns focused on how to prevent and report violence. The campaigns were directed to professionals and municipalities, but also to the healthcare sector. Existing channels were used to distribute campaign materials - newsletters, LinkedIn and other social media channels, news pages of different institution's websites. The problems of both, victims and perpetrators of violence, were addressed on the police web sites. The umbrella organizations of women shelters conducted campaigns in social media to let everyone know that the shelters were open. They also prepared physical flyers and left them in laundries, preschools, pharmacies to inform people. Middle-level institutions financed information campaigns carried out by local governments. These campaigns were meant to inform victims about the support they can get.

Norway: The Norwegian government set up a state-wide round-the-clock (24/7) telephone helpline, free of charge to provide advice to victims of sexual and domestic violence. The Immigrant Consultation Center opened a channel with chat function on their web site, launched several information campaigns to inform people about where they could get help. This information was translated into different languages and was available on the Government's Corona information page and in social media. In January 2022 there was another campaign, targeted to immigrant women. Women shelters and some local organizations also conducted online campaigns that were released on their own channels, also on social media channels. Nationwide information campaigns were not carried out.

Denmark: Different hotlines supplemented their options - it was possible to send an email to the hotline instead of only calling there. Women's rights organizations organized information campaigns via social media to say that women shelters are open. They stressed in newspapers and news programs how dangerous it is to stay in violent relation and not seek for help. A neighbor watch/neighbor help campaign was conducted, for which the money was received from the government. The aim of all those information campaigns was to increase public awareness of domestic violence.

Iceland: There was a campaign that reminded to call the helpline number in case of emergency. There were more calls after this campaign but it's not known, was it because of more violence cases or because people were more aware of the helpline possibilities. A media campaign was started which encouraged people to report domestic violence to the police. It was also turned to the neighbors and people around to call the police if they noticed violence. The police targeted social media campaigns to people who were of foreign origin or did not speak Icelandic. After the campaigns there were more reports of domestic violence than ever, but not sure, was it a good influence of the campaign or something else.

Estonia: Various new helpline numbers and live chat platforms were opened. The information campaign directed to neighbors - domestic violence at your neighbors' place must be reported, was conducted. This campaign was shown on different channels, but there hasn't been any media monitoring via which channel the message had reached people best. So, it can't be said if the campaign brought any major changes.

Latvia: Victims could go to the police station without a written complaint about the crime with her, the complaint could be made via police web portal or by email. No information campaigns were conducted but the Ministry of Welfare and Justice Ministry published informative articles on what to do if you are in danger at home.

Lithuania: A new possibility was added to helpline number - the victim could write an SMS (text message) to this number. A public internet page was opened by specialized help centers and there was the possibility of real-time scheduling to them. The police conducted information campaigns over the radio and on TV - how to prevent domestic violence. But the majority of such advertisements were conducted in social networks. As the result of the advertising campaigns, people were more active in asking for help and reporting cases of domestic violence. The Government funded an informational campaign called "I can't be silent". Different articles on the topic of domestic violence and how to recognize it better and what to do when recognized, or when a person has experienced it, were published. There were also videos on the national TV, special clips made about different types of domestic violence. Sexual, physical, psychological, economic violence were covered, including real victims who had experienced violence and who shared their stories. Facebook and other social media accounts were used to spread information about domestic violence.

2.3 Increase/decrease of reporting violence. Reasons for variation

Finland: At the beginning of pandemic reporting went down, but soon it started to normalize. At the beginning the victims were afraid of the perpetrator being at home, they were not able to seek for help. They didn't want to talk about difficult things when children were at home because the schools were closed. Less reporting because people were afraid that the offices were closed. Many victims did not have the knowledge or tools to use online services, no access to the Internet or a computer. The number of women with children in the shelter decreased because mothers were afraid their children might get infected. Many social welfare services were closed, visits to social welfare institutions fell. From the Police side - the reporting increased. People were at home, complicated situations arose.

Sweden: In Sweden no official information about changes in reporting domestic violence is available. Representatives of the Prosecutor's Office noticed that the complaints increased - domestic violence itself increased during the pandemic. The Middle-level institutions' research did not observe an increase in reporting of domestic violence. However, the differences between regions were large. In some municipalities the number increased, in others decreased. But those municipalities that saw the increase, were not convinced that the increase was due to the pandemic. Another research, investigating the health care problems during the pandemic period in 2020 did not show increase in reports of violence, rather slight decrease was seen. Hotlines saw a higher number of phone calls from victims' close people, not from the victims themselves. The calls to children's hotlines increased, children suffered from higher general anxiety during pandemic. Women shelters saw increase in reporting in online chat rooms, turnings to women's shelters decreased. There was information from health care institutions that everyone should stay at home unless they were very sick. Most women did not consider domestic violence to be a serious disease. The police received information from other countries and from Swedish women's shelters that reports of domestic violence increased but Swedish police itself didn't see increase. One of the reasons for the decrease - the police have changed the report codes in their work and since 2019 they don't have comparable data.

Norway: The Police received fewer reports and the crisis shelters had fewer visitors. There were not fewer possibilities for victims to report violence, they had just less information about the reality, that the institutions were open. The government didn't mention clearly enough that victims could visit the police and the shelters, there were no nationwide information campaigns to inform victims that they still should seek for help. Neither the police nor private security centers got any money from the government to conduct information campaigns. The psychologists saw decrease in number of people taking contact, that's because they were not able to see new people, they worked only with old clients. Migration centers didn't have any decrease in reporting, they had more clients because other organizations were closed or had shortened their working hours.

Denmark: When the date of lock down of the society was announced, the number of calls of domestic violence increased drastically. After the schools were closed, the number of calls immediately decreased. The decline was greatest in the northern cities. Reporting to

the police increased because overall domestic violence increased. At the same time, visiting crisis centers and psychologists decreased. People's possibilities were limited during the lockdown, they couldn't leave homes, perpetrators and children were at home. Women didn't know for sure if the shelters were open. But the psychological side should be also mentioned - women used all their energy to cope somehow with the situation at home and minimize violence. They didn't have the strength to call. As soon as they adjusted a little to the new situation and got a practical opportunity to be on their own, they immediately called.

Iceland: People started calling more. Sometimes it wasn't serious domestic violence at all, they just wanted to get out of isolation. More calls were made because people's awareness of domestic violence had increased. All the media talked about possible domestic violence in the time of corona.

Estonia: The police's numbers showed slight increase in violence reporting. The reason might be that the police had shared messages with their partners - no difference, if the victim turned to support center, the police or somewhere else, she could get help from everywhere. The police had tight cooperation with the Ministry of Education and Science, when schools remained on distance study, teachers had to watch carefully what was happening in schoolchildren homes. Women shelters and crises centers noticed that psychological violence was reported more often. Earlier, people used to report mostly physical violence, during pandemic mental violence was experienced more sharply and reported more.

Latvia: Helpline for victims saw some increase in reporting domestic violence. Severe physical violence and manipulation with children were reported more. Some women's counseling centers acknowledged increase; others decrease in reporting. Victims in need of different assistance were sent to different centers. Another reason why fewer people went to crisis centers was that they were afraid of getting infected there. Older people did not seek help because speaking of domestic violence is embarrassing. The police have no official data, but they noticed that the number of calls to the police due to domestic violence decreased because domestic violence often took place during some family party, but since domestic parties were prohibited, the police were rather not informed about domestic violence.

Lithuania: On the basis of the police statistics reporting of domestic violence increased. But it was so only during the first quarantine period, in 2020. People were locked in their homes; they were not used with lock downs yet. During the second wave the reporting of domestic violence decreased. People called more because they were in conflict with applied rules and regulations of the pandemic time. At the beginning of the pandemic, there were fewer reports to the Women's Centers, but very serious cases were reported. Five months later, the increase in reports was over 20%. In the beginning, people had to get used to the quarantine situation, domestic violence seemed insignificant compared to the general situation. A huge increase in reporting was observed during the second wave. This might have been related to the opening of two new channels - a live chat channel and a new helpline. But tensions and violence in homes had also grown. Schools reported more when they were not closed.

3. General organization of services for victims of domestic violence

3.1. How the services were organized to ensure supporting and protecting victims of domestic violence during pandemic

Finland: In spite of difficulties all services were continuously offered. In counselling centers, the customers had to wait longer, appointments got canceled, appointments got delayed, a lot of face-to-face appointments were changed to phone appointments, but at last the victims got help. The staff and volunteers had to work mostly by remote contact, which was not the same as working via face-to-face contacts. At least it was possible to keep the services open and even increase the number of clients during the pandemic. The police continued their daily work and service provision, there were no big changes in their work, they simply wore personal protective equipment.

Sweden: The State Prosecution Authority had to continue their work as they worked before. There were no changes for them. Remote work was voluntary but actually they used digital communication more than before. People working in the courts preferred to work from home, not in the courtroom, this meant that the courts processed mainly difficult cases (violence against women was usually not considered a very serious case). The Police worked as usual. The women shelters' umbrella organizations' main focus was to keep the shelters open.

Norway: Legal counseling centers were closed for some time; victims of domestic violence could not get in contact with them at lock-down time. When they reopened, the telephone lines and websites for urgent cases were opened. Exceptions for clients who were experiencing severe domestic violence, were made, they were called to face-to-face meetings. Psychologists' services were organized as in normal time. Face-to-face services in police stations were stopped, they were reached by phone or e mail. There were really very few face-to-face meetings. When these meetings took place, everyone had to wear a mask or visor. Victims could communicate face to face with the police officers patrolling in the streets. Investigation of minor crimes were postponed.

Denmark: It was not possible to postpone any police work, the police just had to pay more attention to hygiene, masks and distance. All the police stations started monitoring those addresses from where multiple reports of domestic violence were made. In many cases of domestic violence, help could also be provided over the phone or internet.

Iceland: Child protection center divided their employees into two groups. One group worked at home and the other group worked online. Face-to-face service was offered only in Reykjavik. The police's speed of work was affected by the fact that half of the team dealing

with the sexual violence cases worked in the office, the other half at home, communicating with each other took more time.

Estonia: Specialists continued in exactly the same volume as before, with rather more than less tasks. No proceedings remained unsolved in Police nor prosecutor's office. At the support centers, even face-to-face meetings continued. The specialists secured themselves with masks or visors.

Latvia: At women rehabilitation centers ordinary services were continued. If possible, face-to-face, if not, then online. Social rehabilitation programs with accommodation for victims of domestic violence (both women and men), continued. Online consultations were conducted by crisis center staff via Zoom, phone, WhatsApp, Skype. First of all, it was necessary to find out if the woman's life was not in danger at home and she could communicate freely via the Internet. There was also a free helpline for psychological help. The police were instructed that social workers should interact more with clients, not only the police. Non-governmental organizations operated in Latvia, offering legal and psychological consultations via phone number 116006.

Lithuania: Psychologists' consultations were hold via phone. At the beginning of quarantine victims were reluctant to talk via phone. It was thought that they were afraid, because the perpetrator was with them. Actually, victims were just not used to talk over phone, always face-to-face only. The police created a "Domestic violence incident location plan". According to this plan, the criminal police agency had to draw up a list of potential perpetrators and visit these addresses once a month. In case of young children, the Youth welfare office could be called and this office passed the information to the police. The contacts of the policemen, who can be contacted at any time, were posted in well-noticed places in the community centers.

3.2 Basic changes in provision of services (moving online, new places and times for service delivery, additional funding for services)

Finland: In April 2020, the opening hours of the helpline 116006 were extended. It was seen that people were seeking for advice and assistance, victims were using more telephone helpline than normally. A new online chat service was opened, which was helpful and much used. In spring 2020 the numbers of reporting domestic violence via telephone and face to face, went down, so it was necessary to offer the possibility to report via internet. Social sphere specialists had to do everything with their current workforce. That was a challenge because a lot of people were in quarantine or in isolation. Many women centers didn't get additional workforce nor additional money though they applied for funding to increase their online services or being able to keep the face-to-face consultation open a bit longer. One serious reason for getting more money into help system was that in October 2020 there was a big cyber-attack into data of Psychotherapy center. The patient information was stolen by criminals, some clients were blackmailed. Then it was necessary to build the system more trustworthy.

Sweden: Police officers did a lot more work over the phone but the result was that they didn't reach all people in need at pandemic time. They were not as close to victims of domestic violence as they used to be. The police received additional funding, not a lot but these millions were still a huge help. Organizations working with women shelters had to get digitized very quickly, employees had to get familiar with Zoom and conduct the meetings and consultations online. Women shelters' roof organizations couldn't say that they received enough extra money for their hard work. But the funding that they got from the government to distribute to the shelters, made the situation a lot better. Prosecutors' offices were trying to find technical solutions, so that people could participate in a court hearing by phone or computer or Skype. So that if the abuser was in custody and he had the corona disease, he could attend the hearing from jail via Skype or phone.

Norway: The Immigrant Women Center received fewer clients at a time to ensure safety rules. When the Center of Psychologists saw a significant increase in the number of people contacting them, they managed to get more funding from the government to increase their capacity to provide services. The police developed a number of internet-based platforms that made it possible to share information more widely. During the pandemic, the police intensified cooperation with other organizations so that different organizations (e.g., social services) had a legal basis to visit victims' homes.

Denmark: Psychologists had to reduce their face-to-face therapy sessions to groups. For some time, only personal face to face interviews were conducted. Then they went over to digital discussions but at first some issues with confidentiality arose. And there are lots of situations where online consultations can't be conducted. Counseling centers were closed, their employees were working from home. They received funding to create a digital advisory service. Women shelters increased the number of places in shelter and allowed women to stay there longer. The biggest difference was that the emergency shelter already focused on those activities that under normal conditions would have been offered only in a regular shelter. Telephone services were used more. Previously, volunteers usually worked in the evenings, but during corona, the shelters' employees worked themselves. Women who needed help were divided into categories, and it was calculated, how many hours was necessary to devote each woman in order to keep exact track, how many workers should be kept at work at a time.

Iceland: The police officers had to wear protective clothing. It was dangerous to visit homes in such large groups as it was used before, fewer people had to be used, social workers were less used. More online meetings and phone calls instead of face-to-face meetings. Employees were working from home. The police received funding to create a digital advisory service. Social service workers' services were the same, only lighter cases had to wait longer. During the pandemic, specialists could not fly to other regions because people who lived outside Reykjavik did not want specialists from Reykjavik who might bring the virus. Specialists used more video technology, more phone calling and more web possibilities. To face to face meetings only children were allowed, not parents. Adults had to wait in the car. Sometimes a link was provided for parents and they could see what was going on, via video. Sometimes the child protection specialists didn't have to invite the kids

to their small office room, partners allowed to use their large courtrooms if people were properly spread out.

Estonia: Face-to-face meetings were replaced with phone and video solutions. Some face-to-face meetings in women's support centers were conducted outdoor; if in the office, then security measures were used - masks, gloves and detergents; if possible, windows were kept open. Cooperation partners were informed of the changed instructions. More emphasis was put on psychosocial support. Specialists were given instructions about accommodation of clients who were infected with corona virus. The police did not receive any additional labor nor additional funding, that's why some work commitments were delayed, but not cut off totally. The only help - specialists were provided with personal protective equipment. People from private companies supported the specialists with masks and chocolate boxes.

Latvia: Whenever was possible, the services were conducted online. Special policy was developed, how to act in providing online consultations - if something unexpected happens, if the conversation stopped suddenly, how to act then. Specialists had the possibility to improve and increase their knowledge in providing distant consulting professionally. With the help and support from the government a new support line 116123 was opened. There was an area with an extremely high level of unreported violence and the lowest rates of applications for temporary protection in Latvia. This is a border area, close to Russia and Belarus. A new office was opened there to increase the capacity to provide services there. For getting extra money for this office, it was approached to private companies. It was amazing how willingly they supported this project.

Lithuania: A new live chat line and more consultations via phone were implemented. Both, specialists and clients learned, how to use the technology and Zoom or Skype consultations, with or without video were widely used. The police took more time for their procedures but they did not fail to do anything. During the coronavirus, "bell phones" were in use. The victim of domestic violence was given a watch with a panic button, to press, to signal the police that domestic violence is taking place. But that was in use during the coronavirus only. This technology is old fashioned already. Now special apps are recommended.

4. Practices and experiences of specialists in identifying and supporting victims of domestic violence during pandemic

4.1 Identifying and supporting children having experienced domestic violence

Finland: Children were affected because of covid, delayed custody hearings, delayed divorce processes. Women seeking help for escaping from violent relationship gave up the

processes because of covid and children went on living in the violent home. In cases of children attending online school, the signs of abuse were not often seen; child protection specialists were of the opinion that the Finnish government's recommendation to transfer the schools to distance learning, was not the best decision. This decision impacted the drop of the child welfare in reports that were presented by the schools and day care officials. All specialists missed face to face meetings with children.

Sweden: The police officers working with people aged 13-18, interviewed them in the Children's Houses - face-to-face conversations were needed to conduct with them. These Children Houses were created during the pandemic. The roof organizations of women shelters saw an increase in violence against young people and children on the Internet. The services of child psychologists were less available during the pandemic because the entire health service had to adapt to the pandemic and focused more on the coronavirus. Children who needed special psychologists had to wait. It was very good that National Board of Health and Welfare received a government-mandated state grant in 2021, and due to the effects of COVID-19, they distributed this to non-profit organizations working with children. About 30 organizations received state support.

Norway: Psychologists' Center and Immigrant Women Consultation Center were in close contacts with the Child Protection Services. In general, schools and other children's institutions discover the violence against children before children reach the police, but during pandemic the police also visited Children's Houses (shelters) more often. When these shelters were closed, then the police called the families from whom it was known that there might occur domestic violence, and tried to find out if everything was in order.

Denmark: Psychologists saw that the children suffered more than adults. They missed their normal life. The transition to digital school was difficult for many children, more violence was felt at home and on internet. Counseling centers saw that children were more introverted. In the first phases of lockdown, the counselors didn't see many children, mainly their mothers were seen. When children finally came to crisis center, their "opening" took time. Women shelters saw that some violent parents used corona as an excuse to justify their violent behavior. Children were not allowed to be vaccinated because parents did not believe in vaccines. When there were children in the shelter, it was necessary to find some kind of physical activity for them.

Iceland: Child protection specialists could solve problems by video conference or phone, digital tools were used more than before. At first, it was afraid that remote method would not work well, but online communication turned out to be very successful. Child protection specialists still prefer to meet children face to face, if possible. Specialists tried to be more productive in their therapy sessions. They divided the children into groups according to the severity of their trauma. Those children with most serious traumas, whether with sexual or physical abuse, received the treatment first.

Estonia: In Estonia child protection units are part of local governments. During the pandemic, local governments worked behind closed doors, it was difficult to catch them face-to-face. All

kinds of home visits, when child protection workers should have been involved, became a problem. The police could not go everywhere without a child protection specialist.

Latvia. If an underaged child was the victim of violence or witnessed violence between parents, the child could be separated from the family, even if the perpetrator was the child's only legal representative. The police could also impose a restraining order on the parent. This was done under the Child Protection Act. A free helpline was open for children. Rehabilitation assistance was applied to children who suffered from domestic violence. If mother went to the women's crisis center with the child and the child was a victim of domestic violence, then crisis centers dealing with children were turned to.

Lithuania: Finding out domestic violence against children became more difficult when schools were closed. Parents used more emotional violence on their children and justified it with general restrictions, the children could not even be brought to the hospital because of the corona. (Often not convincing justifications). Interviewing of younger children could not be conducted online or by phone, a child psychologist had to be present - the interviews were postponed. During the first quarantine period, psychological and psychiatric examinations of victims were suspended, although such examinations are essential for all cases of sexual violence.

4.2 Experiences of law enforcement specialists identifying and resolving cases of domestic violence, including cases of removing the perpetrator from home

Finland: The police conducted a lot of telephone interviews, but it turned out later, that the victims did not even understand that this was the official interview already and a part in the crime investigation process. In Finland, the MARAC model is used, MARAC offers those seeking for help, a fast and easy way of getting help from several professionals at once. It worked during corona pandemic time, too. Criminals are usually not removed from their homes violently for no apparent reason.

Sweden: If the policeman went to interview the victim and perpetrator in their home, and it was not immediately clear that there was an obvious need to arrest the perpetrator, the police had to leave and the criminal had to be called to the police station. But the criminal simply did not show up, justifying it by being afraid of corona. Taking the criminal away from home is always difficult, the police must follow Swedish laws. The courts tried to find practical solutions not to cancel court hearings or postpone them, but it was not easy during pandemic time. The use of every electronic communication program was not allowed.

Norway: In Norway, removing abusers from their homes has not been used very much. During the corona period, the removal of violent people from their homes did not increase, either. Rather, the victims of violence - women and children - left their homes and went to shelters.

During the pandemic, the police began to establish new guidelines on risk assessment and prevention of domestic violence. To prevent domestic violence, it's necessary to understand how the perpetrator thinks and acts, especially in those families where the victims had already sought help at least once.

Denmark: The Danish police paid great attention to domestic violence reports in order to remove possible obstacles that hinder efforts to reduce domestic violence. However, the local police stations did not face any particular obstacles and followed the normal procedure in Denmark. It is not possible to remove forcibly a criminal from home. This is done very rarely. If it is done, you should monitor the perpetrator 24/7 because he just goes back home. There is no law to stop him. Some men don't even care about the restraining orders placed on him; they constantly violate these restrictions.

Iceland: The police didn't enter the house if everyone in the house had covid, it was talked to those quarantined people online the next day. The best experience that the police had, pandemic forced all police units to come together and do their best together. Suddenly there were the resources that had not been there before the pandemic. Before pandemic it was not allowed to use online services or Zoom for team meetings, now online meetings were allowed, they were secured by the police. The prosecutor's officers' experiences were related to the video recordings that the prosecutor's office received from the police.

Estonia: The police had been given specific instructions, how to remove the perpetrator from home if he was suspected of having the virus. The police car underwent a proper cleaning afterwards. If the perpetrator was infected with virus and he had no place to go, the local government had to accommodate him. If local government had no places, then they took the perpetrator to the hospital. It caused a lot of arguing. Remote interviews with victims of domestic violence were problematic, nobody knew if the victim was free to give her testimony. Specialists had to be convinced that the abuser had been removed and that the victim was not at his mercy.

Latvia. In Latvia, the biggest step had been taken already in 2014 when a law was implemented, which allowed perpetrators to be taken away from their homes. Victims no longer needed to leave the house. During the pandemic, the problem arose, where to escort a domestic abuser if there was a lock down and it was not allowed to walk in the streets. The state had a list of places to which such person could be taken. But it was impossible to put a domestic abuser there if he was infected with the coronavirus. For such occasions, the state also provided places to put them. The police were well informed, the prosecutors not so well, they did not know how to arrest a criminal infected with covid and where to take him. Too few rules were provided for prosecutors.

Lithuania: Recently a new law had been implemented that it is possible remove the perpetrator from home even if he doesn't want to go away. If the police officers couldn't prove at once that domestic violence has taken place, there is not enough evidence for immediate arrest the criminal, then the criminal could still be moved from this address for 15 days (list of places where he could go, was specified in the law). He was also given a restraining order to

his home address within 15 days. If the victim herself or neighbors said that the perpetrator had appeared at that address, he was charged with an administrative offense.

4.3 Experiences in supporting and protecting adult victims of domestic violence during pandemic

Finland: The specialists in shelters needed to keep physical distance in the room which diminished emotional closeness with the victims. More discussions were held via phone. The mental wellbeing of staff was something that needed to be discussed, to ensure that personnel was okay. It was felt that superiors and executive officers had no clear evidence that domestic violence increased during the covid.

Sweden: The Swedish Agency for Gender Equality collected a lot of information about national companies and organizations that worked with most vulnerable target groups during covid, with a special focus on various minorities, such as those who do not speak Swedish, people with disabilities, people with alcohol or drug problems. Representatives of National Board of Health and Welfare also assisted this agency in preparing the report of supporting municipalities in their work connected with gender-based violence. New informational material, which was aimed at victims of violence, their relatives and also perpetrators of violence, was prepared. The report concluded that most municipalities did active work during the pandemic. Those municipalities that had already dealt effectively with violence problems in the past were able to adapt quickly in their work methods. Others had a harder time. There was a big difference in the knowledge of municipalities in terms of providing information and support.

Norway: The Legal Consulting Center's assistance moved to online and phone; the police had the information that there were an increasing number of women seeking for shelters and other support agencies. 45 women shelters in Norway reported on a weekly basis to the National Police Directorate about the use of the shelters during the crisis, compared to the use of the shelters in normal situation. No shelters reported that they were totally full.

Denmark: A reduction in the number of crimes on the streets and the increase in the number of crimes at homes was seen. The police officers tried to deal with new cases of domestic violence at once, to resolve these situations before disputes escalated. Police also worked on how to motivate victims to report crimes. Psychologists practiced digital counseling and therapy. But despite the increase in domestic violence, fewer people came to psychologists and this made them worry. Later they learned that they had not done anything wrong, it was the result of this pandemic crisis that the victims and patients did not reach the helpers. Women shelters used all safety measures, even more than usual. They didn't even tell the victims exactly where this particular hotel or shelter was, where they would be taken. Shelters also had a security company to support them in keeping the addresses of shelters secure.

Iceland: Usually women did not say whether they needed help because of the pandemic isolation time or they had problems already earlier. Isolation helped women get out of bad

relationships faster. There was also a lot of talk about violence and shelters in the media, it helped women go to shelters more easily.

Estonia: When the victim needed to be questioned by the police first, women's support center specialist accompanied the police to support victims with hearing problems, who didn't understand the police when he spoke behind his face mask. If the client needed to be placed somewhere, even late at night, victim support staff always supported the victim, using their personal cars if needed. More mental and psychological violence was noticed and reported. People's awareness of domestic violence has grown and they recognize mental violence better. If people had suffered for a long time, during isolation time the mental violence amplified. Old problems were piling up. Already on the first call, more mental violence was brought out, earlier it happened only on the 2nd-3rd year of consultation.

Latvia. Victims of violence received help through social services and psychological consultations that were organized and offered by women center specialists. These services were mainly conducted face-to-face even during corona pandemic. There were art therapy groups if some kinds of funds were found for them. During the pandemic, a lot of victim support was offered online. Therapy groups, support groups, education groups were conducted in the office. During the corona, it was felt that many women preferred to call, not face-to-face meeting, especially those who only wanted an one-time consultation.

Lithuania: Women couldn't always get into shelters because there was a rule that everyone must show a negative corona test, made within 48 last hours. But the queues for test were two weeks long, and the queues for private test (that cost money) were seven days long. So, several women couldn't get help. The help of technology began to be used for counseling. At last people got comfortable with it. But specialists needed a very good training, to hear, if victim is in the safe situation. Everybody learned to use the technologies but what was missed - the specialists didn't get enough emotional and financial support.

4.4 Main danger points and difficulties in work of specialists. How they were supported

Finland: Problems with people who didn't believe that covid exists. It was afraid that the senior staff would get sick and the shelters must be closed. Reaching out to victims was difficult, they didn't know and understand that specialists are still there for them. Lack of possibilities to provide face to face support. The age of volunteers. Positive surprise was that the staff was well adapted working from home, all technical systems were taken into use quite quickly and people adapted to new way of working.

Sweden: Keeping the employees healthy. Big workload of the specialists who had to substitute their colleagues. The managers were supposed to look for and take care of employees working at home - it was energy- and time-consuming to check whether employees working at home offices are OK and if they are really working there. Lack

of information, the situations changed quickly, no clear overview which rules were in force. For the government the hardest part was trying to understand if their main messages reach the target groups. Online platforms were used for communication but national authorities were not allowed to use Zoom or other widely spread platforms. Some authorities were only allowed to use Skype, which is not a secure channel. Police officers felt like victims during pandemic, they were diverted to work in all kinds of other areas, they couldn't just limit themselves to their daily duties. Office workers didn't feel alone, they were supported by colleagues and their managers but police officers, people working in women shelters and child protection centers felt that they had too much work, not enough additional funding nor emotional support.

Norway: Lockdown made homes prisons for victims of violence. The police worried that the victims of domestic violence didn't have a possibility to contact the health services or them. The reports that the police got, showed that the violence during the lockdown was more serious. Not all people could work in home offices, so, there was a lot of worry about being infected. If the help is provided through digital platforms, how to reach those in need who are unable to use the internet?

Denmark: Increase of domestic violence caused everybody more work. At pandemic time, there was lack of knowledge, nobody knew exactly what was going on behind the locked doors. There were too many victims, who did not get help on time. Psychologists' danger points were related to technical issues - they couldn't have confidential conversations through the computer screen. Difficulties communicating with criminals via the Internet. Counselling and women shelters' specialists mentioned limited resources of their organizations. Very many people visited them, they didn't have the capacity to receive all clients. Shelters got money from the government but there was not enough labor force. Women with immigrant background did not have a supportive network. Many of them even didn't realize that they live in violence. It is a question for the future, how we can ensure that these women are not left helpless in some crisis situation in future.

Iceland: Work in women's shelters was difficult and dangerous. Everything had to be disinfected, it was a lot of extra work. The atmosphere was anxious. There was always responsibility, you had to follow the rules and demand others follow the rules. Because of close contacts with women in shelters the employees didn't want to go home to infect their family members. Pandemic was more unknown than the worst criminals. It was a pleasant surprise that most people were willing to do whatever needed to be done. Psychological help was given when needed. New shelters were opened for the homeless due to domestic violence. These shelters could have been made safer for the social workers who worked with the women (clients) there.

Estonia: How to avoid getting infected; how to work with people who are infected. How to work with disabled victims who had hearing or moving limitations; victims' accommodation problems in shelters. Infected perpetrators. How to help citizens abroad. Support: the Health Board advised women's support centers how to behave right during virus time.

More wide online counseling was accepted. Frontline specialists got the opportunity to get vaccinated first, send their children to kindergarten.

Latvia: Working online: criminals spy after women, they hack into the conversation between the client and the specialist with their spyware and then harass women. Two major cyber-attacks took place during the pandemic. Information systems were infected and specialists lost a lot of information. Another difficulty - burnout of specialists. Despite of enormous efforts, it was impossible to get additional funds to hire more specialists. The 3rd - lack of information - how, through which channels is it possible to reach those who need help. More information was needed - where people get all the information about the services that were offered. Instagram and Facebook did not seem right channels to share such information, through these channels impossible to reach the main target group. Much more support and money were expected from government to offer better help for victims of domestic violence. The police were struggling with repeated domestic violence, but there were also cases where the perpetrator committed suicide. Asking abusers for money to support their children was also difficult. The criminal also had to have some amount of living allowance. He was already unemployed. There are all kinds of laws in this field, but sometimes you just have to be humane. Physical force or a weapon should only be used as the last chance.

Lithuania: Main challenge - to start and learn to work remotely, being secured and professional. The latency period in reporting the domestic violence by victims. Much more work than usual, but no additional labor. Less face-to-face contacts led to mistrust between people, specialists and authorities. There were no special measures for the victims with disabilities. If the victim could not walk and if she was not ready to talk over the phone, she was completely cut out from outside help. No social worker was visiting her to help, none of the members of women shelter could visit her because of the quarantine rules.

4.5 How Domestic violence changed, reasons for the variation

Finland: Several researches revealed that all different forms of violence increased, but when the lockdown began, the number of shelter clients decreased. Diminishing was most seen among children. Specialists of women shelters didn't know, how staying at home affected women and children. The prosecutor's offices workers didn't notice any difference in types of domestic violence, their clients still experienced a variety of different types and forms of violence. Stalking decreased because people just didn't go out. From the national police statistics, in March and April 2020, in Finland the number of domestic violence calls increased about 30%.

Sweden: There is no official information but cognitively, those, who controlled and abused their partners, were most benefited from the implementation of wide-spread isolation. The guidelines that recommended working from home encouraged domestic violence to become more violent. The fear increased; the fear of both parties grew - the fear of the victim and the perpetrator. The police noticed that gender-based violence increased in online relationships. Close relation violence and sexual crimes increased indoors but decreased

outdoors. Crime moved from outdoors to indoors, from real life to virtual life. Serious crime decreased during the pandemic (murders decreased).

Norway: Domestic violence became wilder because people had to stay in difficult conditions longer than usual, help did not arrive quickly enough. There were more reports of domestic violence from certain parts of the cities, from these areas where more alcohol was consumed. There was more psychological violence than physical violence at homes. Children suffered more, they reported the psychological violence. People who were not used being together all the time created emotional problems for each other. The biggest change during the pandemic was that the abuse moved to the Internet, especially children were suffering from that.

Denmark: The police noticed that the cases became more serious because the victims had to suffer for a longer time. Women's organizations were warned that domestic violence will increase and become more savage - shelters have a cooperation network with other shelters in Taiwan and China, the first information was received from them. As the general stress level of the entire society increased, the stress level also increased in families where domestic violence occurred. Under stress, the abuser became more violent.

Iceland: The police reported the increase in domestic violence. The violence increase was seen in the reports of the child and family protection agencies', as well. Sexual violence increased; many cases were related to digital sexual violence. One person could abuse even 70 children at a time through digital media. This was seen cognitively and statistical data supported this. During the pandemic the violence cases that would not have happened under normal circumstances, were seen. Brutal physical abuse. There was more alcohol consumption in families and parents hit children. The mental abuse increased. Children were more cruelly treated. There was more mistrust. Children received diagnoses because of their (mental) health problems; they did not have such problems before. The main reasons for becoming more violent were that the living conditions become tougher, people had fewer opportunities to do pleasant things, they were disappointed and angry with the whole world. Abusers used certain techniques to get what they wanted, but actually perpetrators also need help and training.

Estonia: As alcohol consumption increased, violence occurred in families where under normal circumstances it had never occurred. Getting help took more time, victims had to suffer longer, violence turned more severe. The number of people interested in one-time simple consultation decreased; the number of those, who really worked for the set goal, increased. Children were used to manipulate with other family member, another parent.

Latvia: Manipulation with children grew. Even in decent healthy families there were more quarrels. Violence became more severe, more sexual violence appeared because of emotional stress in corona isolation. Perpetrators learned to manipulate well.

Lithuania: The statistics from the pretrial investigations and the Statistical Office showed the growth of the cases of murders and severe bodily injuries. People are together. Not enough personal space. People don't know how to live together peacefully. People were

not used to new rules, not every person is able to adapt new circumstances at once. On the other hand - statistic of pretrial investigations didn't show the growth of severe cases in domestic violence, it seemed so only cognitively. The police representatives said that sexual violence and psychological violence increased. Physical violence remained at the same level. People began to report psychological violence more because they got the information that it was also violence. Violence against elderly relatives in the family also took place and grew - unemployed people demanded money from elderly family members.

5. Cross-disciplinary cooperation. Networks, partners

5.1 Examples of real cross-disciplinary cooperation

Finland: Victim support centers are partners in local, regional and national level cross-sector networks. At the beginning of the pandemic, there was a short break to find out the technical possibilities to continue this cooperation. Specialists from support centers contacted police stations to talk about supporting victims, which services were available, how police could send the victims to crises centers. Unfortunately, professional cooperation did not work smoothly in every region.

Sweden: The umbrella organizations for women's shelters were in close contact with government and parliament. Shelters received funding from government to stay open. The Department of Health and Wellbeing hosted a webinar through the National Inter-Agency Network to present its work on the impact of the pandemic on family violence. There is also a large collaborative platform called Stevenson, which includes members from the prosecutor's offices, the police, social care, health services and different municipalities. This is a big corporate platform, work on gender-based violence is one part of this platform's work.

Norway: The Immigrant Women's Center worked closely with women crises shelters because immigrant centers lacked accommodation for women who needed it. The police cooperated with local authorities concerning the field of prevention of domestic violence. The police also met digitally with healthcare and educational institutions and departments of the Ministry of Justice.

Denmark: The Danish National Police cooperated with the national domestic violence hotline, the municipality of Copenhagen, as well as victim assistance agencies, in order to gain a better overview of the general situation and whether additional help should be implemented in families where domestic violence had occurred. The police were given an overview of the addresses from which more calls about domestic violence came. Psychological counseling centers cooperated with the police and with local authorities to develop social networks for better reaching victims of domestic violence. Women's shelters cooperated with emergency services and hotels to provide additional accommodation for

their clients. Women shelters received donations from private companies, both monetary and non-monetary donations for children.

Iceland: Child protection centers cooperated with the police, prosecutor's office and psychologists, who provided support in solving difficult cases. Before the court hearing, the psychologist met with the prosecutor, the police and a child protection specialist via Internet. The loss of face-to-face contacts affected work results; all the nuances were not visible to all parties. The police cooperated with social workers and child protection specialists - bars were closed during the pandemic, there were less bar fights, the police had to deal with domestic violence cases.

Estonia: The Ministry of Justice, the Police and the Social Insurance Board worked closely together to get a better overview of the bottlenecks of various institutions. During the time of movement restrictions, when people could go to food stores and pharmacies only, the Police worked with pharmacies to give the information to people from there. Workers at women's shelters used the sports clubs' small accommodation places to accommodate their clients. Since the sports clubs were closed, clubs themselves offered these possibilities.

Latvia: Crisis centers cooperated with social services, courts, police, family doctors, schools, kindergartens, because the specialists there knew, where shelter workers should call, where the problematic families were. Such cooperation had been going on for a long time. From the point of view of the police - the smaller the municipality, the better the cooperation between different services. According to Latvian legislation, such cooperation is mandatory: a group of experts (police, teachers, social workers, court workers) meets and discusses each case of sexual violence. During pandemic, mainly online meetings were conducted.

Lithuania: The police were allowed to listen to parliamentary debates via the Internet. This way, it was possible to participate and cooperate with government representatives, and the best decisions were made. The police also started cooperation with non-governmental organizations dealing with victim assistance. The employees of these NGOs started calling the victims of violence and asking if they needed help.

5.2 Main risk points in cross-disciplinary cooperation.

Finland: Cross-sectoral cooperation did not go well in all regions, it all depended on specific people. Though specialists of different organizations had many Teams or Zoom meetings, cooperation often did not work as well as it would have normally worked. The lack of face-to-face communication was bigger challenge than the overall remote collaboration. The emotional distance between different specialists in the companies was problematic. The most important thing - how to keep your services open, there was no time to think about cooperation and helping others.

Sweden: There are no commonly used digital platforms in Sweden. Organizations and institutions could not use the same digital platforms, the prosecuting magistracy was not allowed to use Zoom. Woken shelters specialists felt that criminals are not prosecuted and punished enough; domestic violence is not considered a big crime in the society. Society understands that something is wrong, but nothing changes. The police and Swedish society as a whole are not very cooperative. It would be necessary to communicate more with organizations at different levels.

Norway: Many things exist on paper, but in real life they do not work. Schools and medical facilities know the problems, but the problems are not solved. Women shelters should be open, actually they were not – partners were not informed about changes in every day work.

Denmark: Some local social services, schools and offices were closed during the pandemic, causing inconveniences for local residents. Centers for psychological help had difficulties in cooperation with municipal employees. Child protection specialists worked under local government, but local government employees were sent to home offices during the pandemic, and psychologists could not discuss practical issues with child protection specialists; processes were postponed. It was difficult for women's crisis centers to work in conditions of constant changes. They had to be aware of all new rules and regulations.

Iceland: Child protection specialists found that the police investigation took too long, children and women did not get help as quickly as they should have. Shelter professionals and staff received no additional manpower or funding from the government. The biggest fear of the legal protection center was the risk of getting infected, the most difficult was the limited opportunity to meet face to face with colleagues and partners for a longer period of time.

Estonia: The novelty of the situation, no one knew how long the crisis would last, people got tired of the long-lasting unknown situation. Overload, lack of resources. For those who already had difficulties in cooperation with their partners, the cooperation problems worsened during the crisis - the parties did not keep the agreements. Excessive fear of the coronavirus. It was feared that the shelters would fill up quickly because people had to be dispersed. In cooperation with municipalities, the preparation of a list of possible reserve shelters was opened. Some municipalities did not have rooms to offer. Some hotels refused to accept corona patients. People started calling shelters with all sorts of social problems, because the doors of the municipalities were closed.

Latvia Different institutions have different understandings of emotional, physical or sexual violence, victim blaming is still continuing. This means that there are other focuses, domestic violence is not considered an important problem in the society. In terms of cooperation, everything depends on specific people - if you want to cooperate, cooperation works well. Those who are not interested in their work will not do it well, even not for good money.

Lithuania: People got sick, couldn't participate in teamwork, so the processes slowed down. The police found that real cooperation was hindered by the knowledge that some services received more funding and others less.

5.3 What would be done differently next time

Finland: More information, which services are open. In different languages. It is very important that you have a plan for how to work in a crisis situation. What technical systems are needed, how to contact people, how to reach customers, how to provide information. We need more personal contacts to explain to people what they need to do.

Sweden: Find a secure digital platform on which all government agencies and other institutions can communicate. A guide on how to plan your work systematically. This guide should include national statistics. Police must be visible where potential victims move - in stores, pharmacies, health care facilities. More cooperation at local level because local authorities are different, they need different help. More attention to people's mental health, not just physical violence. Extra money for frontline workers.

Norway: More money to NGOs dealing with domestic violence victims. Clear crisis plans and guidelines covering the entire target group, information available in different languages. More contacts and cooperation with different organizations. More information could be provided about services aimed at men. The police representatives found that some legislation needs to be changed in order to share information better.

Denmark. There should be places where to send criminals if they have to be taken away from their homes. More accommodations that meet the requirements of infectious diseases. Specialists should all work hard but they could also be more attentive to each other by simply asking - how are you. Maintain face-to-face consultations. Provide more activities for children in the shelter.

Iceland: When doing something for the first time, everything has to be thought through very thoroughly and it takes time. Next time we will just adapt faster. Comparing Iceland to other countries, we don't need to do much differently. The government, the health sector tried to limit contacts as much as possible, it was a good decision. And it was a groundbreaking decision to keep schools as open as possible.

Estonia: Wouldn't spend yourself so thoughtlessly any more. Before starting proposing the ideas to partners, you need to think things through. Frontline workers should be able to take children to kindergarten and school, even if these facilities are closed for the majority. The basic needs of frontline workers (additional manpower, funding) should not be forgotten. Set your priorities, understand what is really important.

Latvia: More help for frontline workers and interdisciplinary working groups – both, additional manpower and financial support. More attention to the causes of professional

burnout. Less bureaucracy at the national level. Maintain the widest possible opportunity for face-to-face communication.

Lithuania: Fewer online meetings. All decisions made should be formulated more clearly so that it is clear to everyone what someone has to do next. Specific rules or guidelines should be established before action is taken. Next time, you should understand that not everything can be perfect. Not every solution can be perfect in an unknown situation. More patience, less emotion. Visiting a psychologist should be made mandatory for victims of violence. People should install a special app on their phones to report domestic violence.

5.4 Support for professionals during pandemic

Finland: If necessary, help was received from the ministries. The working groups themselves tried to support Finnish asylum services and other victim services. Team meetings were organized for social workers working in shelters. The professionals felt that they were well supported. All essential services were kept open, staff were taken care of. Guidance was provided for specific individual cases. What was allowed and what was not, was discussed on a daily basis; the instructions helped to structure the work. The sharing of information was very important, thanks to the shared information, many more training sessions aimed at volunteers could be conducted. Some cases were similar, it was useful to exchange new experiences with colleagues during covid.

Sweden: Experts from women's shelters would have liked more support. In fact, they rather felt left out, nothing was asked from them as experts, their knowledge and opinions were not taken into account before the restrictions were applied. Within the organization, colleagues supported and treated each other well. The police only talked about work. Managers never directly asked how police officers are doing. If they had worked together in the office, there would have been more support. You feel supported when you are with your colleagues. Working from home was suitable for some employees, not for all.

Norway: Colleagues and superiors were very supportive. Specialists in some fields would have expected a little more support from the government, specialists in other fields were satisfied with the support from the government (both, financial and non-financial support was kept in mind). Several office workers felt that there was no direct psychological support, but if people were afraid of getting infected in the office, they could work in home office and it was considered a good support already.

Denmark. When the psychologists encountered technical problems, they contacted their partners in IT Services, these people were very helpful. Since psychologists are very good at creating and maintaining relationships and dealing with crises, they did well in this field. Specialists in women's shelters would have liked more support when working with serious cases of domestic violence. Employees can work very hard for a while, but they can't do it forever.

Iceland: It was felt that everyone cooperated when needed, and this gave the feeling that you were well supported. The opportunity to learn from the experiences of co-workers was useful. It's nice that all specialists understood that some new laws need to be introduced in Iceland. Iceland still doesn't have any laws concerning dealing with domestic violence.

Estonia: Specialists had the opportunity to receive supervision from the Social Insurance Board, unfortunately, via Internet only. There could have been more consultations during the pandemic, both, professional and psychological consultations. It would have been nice if someone just asked - how are you?

Latvia: Some NGOs received financial support, but there were many NGO's dealing with domestic violence who did not receive any support. It would be ideal if the services provided by NGOs were 100% funded by the government. The government could trust NGOs more, for example the rehabilitation centers Skalbe or Marta. It would be nice if there were a cross-sectoral commission, like the one created for the issues of human trafficking, also for victims of domestic violence. Women's crisis centers are non-governmental organizations, they are not profitable businesses, they need more support from local authorities. Social care and the police should not suffer as much during a crisis as they did this time.

Lithuania: During the pandemic, people often did not understand what they really needed, only now they say they would have needed more supervision or shorter working hours. The police did not get much support from outside. Prosecutors had the opportunity to work from home. Thanks to more digitized work, it was possible to see regional differences, identify good and bad practices and react immediately to move forward better.