



# POLICY RECOMMENDATIONS REPORT



**Project OPEP-DV**  
Improving Physiotherapists'  
and Health professionals'  
response to gender-based  
violence



## Table of Contents

Introduction.....	3
Structure.....	3
<b>1. EU level recommendations .....</b>	<b>4</b>
1.1 Education & Capacity Building level recommendations.....	4
1.2 Legal & Policy level recommendations.....	5
<b>2. National level recommendations .....</b>	<b>7</b>
2.1 Greece .....	7
2.2 Spain .....	8
2.3 Cyprus.....	9
2.4 Estonia .....	11
Conclusion .....	13

## Introduction

Gender-based violence (GBV) is a complex and multi-faceted phenomenon which should not be left under the carpet. According to EIGE (2023), 27 % of ever-partnered women aged 15–49 have experienced forms of IPV in their life on an international level while 22 % women in Europe have been victims of physical and/or sexual violence by their partners since the age of 15, with prevalence across countries ranging from 13 % to 32% (p.27). Women experiencing DV and IPV suffer from adverse short- and long-term consequences to their physical and mental health. Physiotherapists and other health care providers are professionals, who encounter multiple patients in their daily practice, and given the increased figures of GBV, domestic and intimate partner violence (DV, IPV), it is significant that they are aware of how to detect, identify, respond and approach an individual who is victim. Their increased knowledge of the existing mechanism and how to provide support and refer them to other responsible entities has vital importance in developing a coherent, well-coordinated response to the needs of women, survivors of DV and IPV.

According to the survey conducted within the framework of OPEP-DV project, the majority of physiotherapists have not received any training on DV and IPV, despite the fact that many of them have suspected or have encountered DV and IPV in women patient's signs. In conjunction with that, based on the research, even fewer have made referral to other service providers, while others who made it, were addressed to diverse actors. This depicts the absence of a consistent framework of support and by extension the fragmented, inadequate and limited knowledge of health care providers concerning the issue. All of these are "red flags" of the inefficiencies existing in the current mechanism of support for women, survivors of DV and IPV.

## Structure

In terms of structure, these policy recommendations are divided into recommendations for EU level and then recommendations for each targeted country (Estonia, Greece, Spain and Cyprus) on a national level. Moreover, these policy recommendations are focused on two levels; Education - Capacity Building level and Legal - Policy level.

The following policy recommendations aim to bridge the existing gaps and stress the importance of gender-sensitivity, awareness on GBV in the health care sector. These policy recommendations are dependent on their actual implementation. Therefore, it is important to underline the necessity for country specific action plans to put them into effect in order to respond efficiently to the needs of women, survivors of DV and IPV.

## EU level recommendations

### Education & Capacity Building level recommendations

#### Added value:

- Increase knowledge and awareness of DV and IPV and upscale the level of awareness to this sector professional
- Enrich knowledge on how to approach a patient who has experienced DV and IPV
- Promote sensitivity for women's and children's rights
- Increase in the likelihood of early detection and referral to appropriate services
- Encourage disclosure & Reducing of self-blaming

#### **1. Incorporation of specialized education programs, elective and/ or mandatory course and Massive Open Online Courses (MOOCs) focused GBV in the curriculum of Physiotherapy and other Health Studies**

- Capacity building upon GBV
- Introduce victim-centered and trauma-informed approach, avoidance of second victimization
- Identify signs of abuse
- introduce to the concept of multi-agency collaboration among the actors involved
- referral procedures; How to organize referral – how to support the survivor as a professional
- Adapt to the national context

#### **2. Specialized Certification:** Offering specialized accreditation in physiotherapy & GBV for those who wish to focus on this area.

- Physiotherapists specialized in GBV with knowledge regarding the mechanism of support would enter the job market, as specialized professionals
- Consolidation of victim-centered and trauma-informed approach
- Adaptation to victim's needs

#### **3. Mandatory Professional Development Trainings focused on:**

- Introducing gender sensitivity, victim-centered and trauma-informed approach
- Meaning of consent in sexual relationships
- Detecting signs of abuse
- Significance of physiotherapists' and health care providers' role in tackling gender-based violence
- Practical knowledge on referral procedure, existing protocols, interconnection with other stakeholders

- Increased knowledge on the importance of multi-agency collaboration on mitigating GBV
- 4. Virtual Reality Trainings offered to physiotherapists and other healthcare providers**
- Simulation of encounters with victims of GBV based on realistic scenarios where healthcare providers could practice in identifying signs of abuse

## Legal & Policy level recommendations

### Added value:

- Efficient coordination between services & Increased quality of response
- Better adaptation to the needs of patients, victims of DV and IPV
- Reduction of secondary victimization
- Mobilization of bystanders (physiotherapists & health care professionals)
- Existence of a framework of protection for professionals who report an incident of DV & IPV

### **1. Government funding should be allocated to ensure coherence and quality in services provided throughout the countries**

- Establishing specialized units in hospitals focused on GBV that could be responsible for the management and communication with other actors involved in a case of gender-based violence
- Provision of counseling support to health care providers who identify a GBV case

### **2. Development of protocols with standardized procedures and referral Framework that should be followed in hospitals**

- Clear allocation of responsibilities among relevant key-stakeholders
- Increased knowledge of the existing mechanism
- Legal protection for Physiotherapists & Healthcare Providers working at hospitals after reporting an incident of DV & IPV
- Legal obligation of physiotherapists and health care providers working at hospitals to report a DV & IPV incident

### **3. Collaboration of Health Care Domain with Social Services**

- Allocation of funding to Victim Support Services to train Health Care Provider on DV & IPV
- Unified approaches in terms of terminology, concepts, procedures etc.
- Comprehensive approaches to victims of DV& IPV
- GBV risk reduction practices consolidated within the Health Services

#### 4. Incorporation of innovative technological devices and gadgets

- **Anonymous Telemedicine Consultations/Remote Care:** Creating a system for anonymous telemedicine consultations where potential victims of DV & IPV can seek advice and help without fear of their abuser finding out.
- **Mental Health AI Chatbots:** Deploying AI chatbots in healthcare settings to monitor patients' mental health. These chatbots, with the patient's consent, could detect signs of distress or potential abuse through conversations, and alert healthcare providers if needed.
- **Use of AI and Machine Learning in Risk-assessment:** Exploring the use of artificial intelligence (AI) and machine learning to develop predictive models that can help healthcare providers identify signs of abuse. These models could analyze patterns in a patient's health data, psychological state, and social circumstances to predict the likelihood of them being a victim.
- **Blockchain-Based Confidential Reporting System:** Blockchain technology could ensure the anonymity of victims and healthcare providers, and provide an immutable record of reported incidents, enhancing security and trust in the system.
- **IoT Enabled Safety Devices:** Developing and promoting of wearable panic buttons or smart home devices

## National level recommendations

### I. Greece

#### Education & Capacity building level recommendations

1. **Specialized professional training:** Development of specialized undergraduate - postgraduate and professional oriented capacity building (for professionals) courses focused on GBV within the curriculum of Physiotherapy and Health Science Studies for Physiotherapists, Health Care Professionals and students
2. **Specialized Accreditation:** Specialized Certification for Physiotherapists and other Health Care Professionals will contribute to a new generation of Health Care professionals specialized in working with patients, survivors of DV & IPV
3. **Specialized training sessions:** Conduction of training sessions to Physiotherapists and Health Care professionals on GBV in hospitals regarding victim-centered, trauma-informed approach, multi-agency collaboration and the importance of physiotherapists' and health care professionals' role in tackling DV & IPV. Initial and in-service training of physiotherapists as second-line healthcare professionals in recognizing signs of abuse, and how to make referrals – should be mandatory and systematic.
4. **Mentoring Programmes:** Establishing mentoring programmes where experienced physiotherapists can guide entry-level physiotherapists on how to approach cases of DV and IPV.

#### Legal & Policy level recommendations

1. **Incorporation of new technological tools:** Development and Promotion of innovative AI risk-assessment tools that will facilitate physiotherapists' daily practice and contribute to a more holistic overview on DV and IPV on the national level
2. **Reinforcement of multi-agency collaboration:**
  - **Development of a consistent referral framework:** Protocols with standardized procedures and a well-defined referral framework within hospitals that efficiently protects the professionals report an incident of DV /IPV
  - **Development of a common and coherent database:** Professionals (including health care professionals) access to a common database on victims and perpetrators as well as type of violence can facilitate their daily practice and enable them to detect more effectively signs of abuse
  - **Policy Dialogues with Umbrella Organisations and Educational Associations:** Bringing these institutions and healthcare professionals together for designing and

evaluating existing policies to ensure a victim-centred, gender-competent and trauma-informed approach.

3. **Adequate and sustainable funding:** Governmental funding should be allocated on Victim Support Services for training Physiotherapists and other Health Care professionals in hospitals, clinics and health centers.
4. **Enhancing recruitments :**Staffing hospitals, clinics and health centers with more social scientists, psychologists and social workers can have a positive impact on physiotherapists' perspective and knowledge, approach on DV & IPV
5. **Raising –awareness activities:** Victim Support Services' visits to hospital, clinics and health centers for raising awareness on IPV & DV
6. **Survivor's access to information for support**
  - **Development of Safe Spaces:** Designing clinics with safe spaces so that patients can talk about DV and IPV without fear. Establish a group of experts within the hospitals and health centres that will act as focal-referral points.
  - **Provision of leaflets on DV / IPV:** Provision of informative leaflets about women's rights and available services, helplines and shelters accessible in multiple languages, in print and digital format.

## II. Spain

### Education & Capacity Building level recommendations

1. **Mentoring Programmes:** Establishing mentoring programs where experienced physiotherapists can guide new graduates on how to address cases of GBV.
2. **Specialised Certification:** Offering specialized certification in physiotherapy and GBV for those who wish to focus on this area.
3. **Modifications in Physiotherapy and Health Science Studies' curriculum:** Promoting gender-focused topics and research into the medical curriculum for all healthcare professionals.
4. **Mandatory and systematic specialised training for physiotherapists:** Training sessions to physiotherapists and health staff in public mediation skills, GBV, women's/human rights, on the signs and implications of domestic violence (DV) and intimate partner violence (IPV), how to respond to such situations, and how to approach victims.



5. **Virtual reality (VR) training programs:** Implementing VR training programs for healthcare providers to simulate encounters with victims of DV and IPV based on realistic scenarios where healthcare providers could practice identifying signs of abuse and responding appropriately.

### Legal & Policy level recommendations

1. **Development of GBV & IPV strategies:** Including GBV prevention and mitigation strategies, GBV risk-reduction strategies in health policies, guidelines, or standards.
2. **Development of protocols:** Creating a standardized, consistent framework for healthcare providers to make referrals to other service providers when they encounter victims of DV and IPV.
3. **Constant evaluation:** Assessing and evaluating the effectiveness of the policies regularly for optimization via the government and healthcare institutions by tracking the number of cases identified, referrals made, and the subsequent support provided to the victims.
4. **Legal Protection of professionals:** Protecting physiotherapists and health care professionals legally when they report suspected cases of DV and IPV so that they can be encouraged to act without fear of legal repercussions
5. **Technological tools:** Incorporation of technological innovative tools for better detecting signs of IPV & DV, monitoring more effective patient's health (Mental Health AI Chatbots), Blockchain-Based Confidential Reporting System and development of safety devices (panic button & smart home devices)

## III. Cyprus

### Education & Capacity Building level recommendations

1. **Mandatory and systematic specialised training for physiotherapists:** Initial and in-service in-house training of physiotherapists as second-line healthcare professionals in recognizing signs of abuse, and how to make referrals – should be mandatory and systematic. Training should be tailored to meet the specific needs of these services in order to complement frontline professionals. Introducing victim-centred and trauma-informed approach, highlight the significance of health care providers' role in recognising GBV, deeper understanding of the existing mechanism of support, increased knowledge on the importance of multi-agency work.
2. **Specialised Certification:** Offering specialised certification in physiotherapy and GBV for those who wish to focus on this area.

3. **Mentoring Programmes:** Establishing mentoring programmes where experienced physiotherapists can guide new graduates on how to address cases of DV and IPV.

## Legal & Policy level recommendations

1. **Creation of Specific Policies on DV and IPV in Physiotherapy:** Including GBV prevention and mitigation strategies, GBV risk-reduction strategies in health policies, guidelines, or standards.
2. **Creation of a Consistent Referral Framework:** Creating a standardized, consistent framework for healthcare providers to make referrals to other service providers when they encounter victims of DV and IPV. A clear gender perspective should be incorporated in all protocols, guidelines and procedures system-wide for all healthcare services (especially hospitals).
  - **Following an intersectional approach aiming at protecting migrant women from gender-based violence:** Barriers to access to comprehensive protection and support to all women and girls should be removed, particularly women who are in situations of disadvantage and facing multiple discrimination, including women of migrant background. The Cyprus government's reservation to Article 59 of the Istanbul Convention in relation to autonomous residence permits for migrant women experiencing violence and deriving their status by their abusive husbands, it should be lifted.
3. **Regular Assessment and Evaluation:** Assessing and evaluating the effectiveness of the policies regularly for optimization via the government and healthcare institutions by tracking the number of cases identified, referrals made, and the subsequent support provided to the victims.
4. **Adequate and sustainable funding for specialised services** provided by NGOs: Victim support services are assigned to specialized NGOs and they should therefore be provided with appropriate financial resources in order to meet demand.
5. **Legal Protection for Healthcare Providers:** Protecting them legally when they report suspected cases of DV and IPV so that more professionals can be encouraged to act without fear of legal repercussions.
6. **Reinforcement of multi-agency collaboration on tackling GBV:** Multi-agency and multidisciplinary cooperation involving all relevant stakeholders, including women's organizations NGOs and health care sector, should be strengthened and supported, as well as within the context of the Woman's House in Cyprus that operates as a "one-stop-shop" crisis intervention centre for victims of violence against women.

- **Collaboration with Social Services:** Establishing firm collaborations between the social services, women's organization and the health care sector to offer a comprehensive approach to victims of DV and IPV, coordinate GBV risk reduction activities, ensure a unified approach in terms of terminology, concepts used, procedures etc.
- **Policy Dialogues with Umbrella Organisations and Educational Associations:** Bringing these institutions and healthcare professionals together for designing and evaluating policies adopted ensuring a victim-centred, gender-competent and trauma-informed approach.
- **Robust data on DV and IPV:** The collection of reliable, regularly updated administrative and statistical data on victims and perpetrators of all forms of violence against women, disaggregated by sex, age and victim-perpetrator relationship, should be mandatory. A common tool for statistical data collection in order to reflect the specific circumstances relating to DV and IPV should be adopted by all relevant stakeholders.

#### 7. Victim-survivor access to information for support

- **Information leaflets on DV / IPV:** about their rights and available services, helplines and shelters accessible in multiple languages (i.e. national and commonly used languages in the country), in print and digital format.
- **Safe Spaces in clinics / hospitals:** Designing clinics with safe and discreet spaces so that patients can talk about DV and IPV without fear. Establish a group of experts within the service that will act as focal-referral points.

8. **Awareness raising among the public and the media:** More attention should be given to primary prevention of violence against women by recognising the role of the educational system, as well as the media, as transmitters of traditional cultural and social norms that are conducive to DV and IPV. Sensitisation of media professionals through awareness raising and training is essential to strengthen skills in gender-competent, culturally appropriate and victim-survivor-centred reporting.

## IV. Estonia

### Education & Capacity Building level recommendations

1. **Specialized courses:** Incorporation of courses on DV & IPV in the curriculum of under-graduate and post-graduate studies in Physiotherapy and other health and social care professions.

2. **Availability of MOOCs:** Encouragement of developing more Massive Open Online Courses (MOOC) on DV & IPV and how health care specialist can identify, respond and approach the victims and where to forward the patient if needed, to get the necessary help
3. **Mandatory ongoing trainings on DV/IPV for healthcare professionals and auxiliary staff.** Auxiliary staff are often the first to come into contact with the client, so their training can be essential:
  - Understanding the patterns of violence
  - Identifying the signs of abuse
  - Approaching the victim
  - Responding to DV and IPV
  - Trauma informed- approach and avoidance of re-victimization

## Legal & Policy level recommendations

1. **Development of Safe Spaces:** Creating safe areas in the clinics where the victim could talk without fear or shame. Supportive environment, both mentally and physically, helps victims in expressing their feelings and thoughts.
2. **Reinforcement of multi-agency collaboration among key stakeholders:**
  - Development of standardized protocols or other assistive tool to identify and support victims of DV and IPV, including referrals, and keep it up-to-date.
  - Raising awareness of multi-agency cooperation principles and values among healthcare professionals. Understanding multi-agency cooperation and the role of each member will provide a deeper understanding of support mechanisms and thus more effective assistance to the victim,
  - Identifying and making easily available the primary relevant contacts in the area to contact in case of DV or IPV, e.g. area police officer, victim support, women's support centre, social worker.
  - Providing regular supervision by psychologists, social workers and social scientists to support health care professionals and auxiliary staff coming into contact with victims of DV and IPV.
  - Making leaflets on DV and IPV available in waiting and consulting rooms to provide potential victims with information on DV and IPV and ways to access help, as well as to raise public awareness.

## Conclusion

The policy recommendations aforementioned indicate that various dysfunctionalities and gaps existing in the educational and policy frameworks related to the daily practice of physiotherapists and other health care professionals. The common policy recommendations for the targeted countries depict that structural challenges need to be mitigated, such as the lack of knowledge concerning DV and IPV combined with the absence of a consistent referral framework that “obliges” but also effectively protects the professionals who intend to report an incident of DV and IPV, it should be tackled in order to promote women’s safety. Acknowledging the crucial role of health care sector in breaking the circle of violence against women is of vital importance in developing a structured and holistic intervention enhancing the effective protection of women, survivors of DV and IPV.