Online Professional Education for
Physiotherapists on Domestic Violence

REPORT ON PHYSIOTHERAPY AND DOMESTIC VIOLENCE:

Policy recommendations

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Preface

Article 15 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (the "Istanbul Convention", 2011) explicitly requires signatories to provide or strengthen appropriate training for the relevant professionals dealing with victims of domestic violence (Pp. 1) and to include training on coordinated multi-agency co-operation to follow through with the comprehensive and appropriate handling of referrals (Pp. 2). In its Explanatory Report,[1] the Council of Europe proceeds to outline how this is to be enacted: "Initial vocational training and in-service training should enable the relevant professionals to acquire the appropriate tools for identifying and managing cases of violence, at an early stage, and to take preventive measures accordingly, by fostering the sensitivity and skills required to respond appropriately and effectively on the job" (Pp. 99). Signatories are not informed how to organise the training of relevant professionals, but Paragraph 99 stipulates that "it is important to ensure that relevant training be on-going and sustained with appropriate follow-up to ensure that newly acquired skills are adequately applied. Finally, it is important that relevant training should be supported and reinforced by clear protocols and guidelines that set the standards staff are expected to follow in their respective fields." Moreover, "professionals should also be taught skills in multi-agency working, equipping them to work in co-operation with other professionals from a wide range of fields" (Pp. 101).

Nine years after the Convention came into force, training of healthcare professionals on domestic violence (DV) / intimate partner violence (IPV) can be considered to still be lacking in scope and depth across many EU member states. This is not a consequence of an absence of relevant training materials, of which there are many spread among several key agencies combatting DV/IPV. Indeed, the European Training Platform on Domestic Violence has an impressive online training module directed at healthcare professionals,[2] and while focused on gynaecology/obstetrics, surgery, emergency medicine, paediatrics, and dentistry, omits a key group of service providers in healthcare networks – physiotherapists, who are often the first to encounter victims and survivors of DV/IPV and who, like dentists, typically spend much more time with their patients/clients than family doctors do.

Gender-based violence (GBV) is a complex and multi-faceted phenomenon that unfortunately remains widespread throughout Europe – as many as one in three women across the continent have reported that they have experienced physical or sexual violence in their lives, and in some countries one in two have.[3,4] Most often occurring inside the home, between current or former family members or partners, DV/IPV is the most common reported form of GBV in Europe, but even so in several countries remains woefully underreported due to victims' feelings of shame, fear, and sense that there is nobody they can turn to for help.

[1] https://rm.coe.int/ic-and-explanatory-report/16808d24c6

[2] https://training.improdova.eu/en/training-modules-for-the-health-sector/

[3] https://eige.europa.eu/gender-based-violence/what-is-gender-based-violence?language_content_entity=en

[4] A comprehensive survey, undertaken in 2014 with 42 000 respondents across the EU indicates the magnitude of this issue: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-vaw-survey-main-results-apr14_en.pdf

Because of this, and due to the nature of the services they provide, physiotherapists are well-positioned, within the group of healthcare providers, to identify possible victims of DV/IPV. At the same time, identification of DV/IPV must be undertaken cautiously to ensure that the safety and well-being of victims are protected. Due to those feelings of fear, shame and denial that many DV/IPV victims have, sensitive approaches are needed to increase the likelihood that victims will seek to change their situation. **Thus, it is important that physiotherapists are aware of how to discreetly detect, identify and approach possible victims.**

According to a 2023 survey that was conducted in Greece, Estonia, Cyprus and Spain within the framework of the Erasmus-funded *Online Professional Education for Physiotherapists on Domestic Violence* (OPEP-DV) project, and despite the call in Article 15 of the Istanbul Convention for the development of curricula targeting (inter alia) health professionals, **the overwhelming majority of physiotherapists (89%, N=167) have not received any training on DV/IPV,**[5] despite the fact that half of them (52%) indicated that they have suspected or have corroborated DV/IPV among their patients/clients. Consequently, this can be directly correlated with a low number of referrals made to other associated service providers, indicating that a consistent framework of support is absent.

While possibly most germane in each of the four countries participating in the OPEP-DV project, this report with its set of policy recommendations is applicable at the EU level overall. The recommendations focus on first improving the education of physiotherapists concerning DV/IPV, then on building their capacity to take appropriate responsive action. A third set of recommendations provides a roadmap to improve relevant legal frameworks and public policy. The recommendations aim to bridge existing gaps while stressing the importance of gender-sensitivity and awareness on DV/IPV across the healthcare sector.

The following policy recommendations represent an initial step towards empowering physiotherapists to be agents of change in a DV/IPV response systems. However, it will be important to monitor the impacts of bringing the recommendations online, and to consider additional, concrete implementation actions as necessary to ensure full compatibility with this objective.

[5] The latest 2021 Guidelines from World Physiotherapy on curriculum development for entry-level education has no mention of DV/IPV or more generally, gender-based violence: https://world.physio/sites/default/files/2022-09/Curriculum_framework_guidance_FINAL.pdf
It does, however, suggest that curricula "should reflect the physiotherapy skills and interventions required to meet the current needs of society", which offers a window to include the trainings as identified below.

EU-level recommendations

Education and Capacity Building

At both entry-level and follow-on professional training, all physiotherapists in Europe should be introduced to, and trained on, DV/IPV identification and onward referral.

While each Member State should be free to set its own requirements, a minimum standard should be legislated at EU level, to comply with the European Qualifications Framework (EQF) provisions. Pp. 15 of Directive 2013/55/EU of the European Parliament and the Council stipulates that “continuous professional development contributes to the safe and effective practice of professionals... it is important to encourage the further strengthening of continuous professional development for those professions. Member States should in particular encourage continuous professional development for doctors of medicine, **medical specialists**, general practitioners...”[6]

The European professional card (EPC) under Directive 2013/55/EU provides for the issuance of an EPC for selected professions, allowing professionals to obtain recognition of their qualifications more simply and rapidly through a standardised electronic procedure. The EPC has been implemented in for nurses responsible for general care, **physiotherapists**, and pharmacists, among others.[7,8]

Thus, the mechanisms for training already exist. The EU system of automatic recognition on the basis of harmonised minimum training requirements can be utilised in the form of the European Credit Transfer and Accumulation System (ECTS), which provides 1 ECTS unit with an equivalence of 25-30 hours of study. Additional training for practicing physiotherapists (to earn at least 1 ECTS) on DP/IPV should be mandated by the Commission pursuant to a Directive from the European Parliament, and include the following components:

- Introduction to the forms of domestic violence (i.e. physical, mental, sexual, financial) and their negative impacts on victims and their families
- Significance of the role of physiotherapists in identifying and tackling DV/IPV
- Stressing the meaning of consent in sexual relationships
- Identification of the signs of the various forms of abuse (adult, elder, child)
- Introducing gender and cultural sensitivities in relation to DV/IPV
- Introducing a victim-centred and trauma-informed approach, avoidance of secondary victimization
- The benefits of multi-agency (and professional) collaboration in response to DV
- Practical knowledge on referral systems, existing protocols, interconnections with other stakeholders
- Counselling and appropriate referrals of victims/survivors

[6] https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:354:0132:0170:en:PDF

[7] https://www.eumonitor.eu/9353000//1/j4nvk6yhcbpeywk_j9vvik7m1c3gyxp/vitgbgii7szg

[8] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL_2015_159_R_0003

Training and continuing education should be provided at all points along the professional lifecycle of physiotherapists. This includes:

1. A comprehensive and required module on DV/IPV in the curricula of physiotherapy students (1 or more ECTS)
2. Professional Development Trainings for practicing physiotherapists (1 or more ECTS)
3. Advanced training opportunities, such as using Virtual Reality to simulate encounters with victims of DV/IPV based on realistic scenarios where physiotherapists can practice identifying signs of abuse and respond appropriately.

To generate advocacy for DV/IPV educational training in EU-wide physiotherapy curricula, several organisations can be approached and lobbied: World Physiotherapy – Europe;[9] the European Network of Physiotherapy in Higher Education (ENPHE);[10] and the European Institute for Gender Equality,[11]among others.

Note that in relation to (1) and (2) above, OPEP-DV has prepared an online course (a MOOC, a massive open online course), available for 1 ECTS upon successful completion through the University of Tartu, Estonia. The MOOC will be available from April 2024; if there is sufficient demand and consistent funding, it can be run repeatedly.

One additional aspect of a potential EU-wide activity involves the benefits to be derived from supporting the capacity of victims/survivors of DV/IPV to self-identify and/or receive assistance through **innovative technology**. Examples that the EC might consider supporting include:

- **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. This could be embedded within a gaming app.
- **Gaming app:** Access to information and assistance for victims under a fake layer of smartphone games, translated into national languages and local access to help across the EU.
- **Mental Health Artificial Intelligence (AI) Chatbots:** Deploying AI chatbots in healthcare settings to monitor patients' mental health. Such chatbots could detect signs of distress or potential abuse through conversations, and alert healthcare providers if warranted.
- **Use of AI and Machine Learning in Risk-assessment:** Exploring the use of AI and machine learning to develop predictive models that can help healthcare providers identify signs of abuse. These models could analyse 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.
- **Internet-of-Things (IoT) Enabled Safety Devices:** Wearable panic buttons or smart home devices.

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[9] Guidance Document – Expected Minimum Competencies for an Entry Level Physiotherapist in the Europe region. https://www.erwcpt.eu/_files/ugd/3e47dc_15c7d395988d4024b383ad0ce59e847a.pdf

[10] https://www.enphe.org/en/about

[11] Gender-based violence. https://eige.europa.eu/gender-based-violence

Legal & Policy

On 8 March 2022, the European Commission adopted a proposal[12] for a directive to combat violence against women and domestic violence.[13] This proposal criminalises the most serious forms of violence against women across the EU and provides for comprehensive measures for victims' protection, support and access to justice as well as the prevention of such violence. While it is currently being negotiated by the co-legislators, notably it intends to tackle DV/IPV across the EU with tens of millions of Euros of funding.

On 1 October 2023, the Commission became a party to the Istanbul Convention. By doing so, the EC commits the EU to be bound by the Convention in areas of EU competence, and its Member States must implement the measures.[12]

In late 2023, the Commission established an EU network on the prevention of gender-based violence and domestic violence. The first in-person meeting took place in Brussels at the end of November 2023. The network will provide the space for Member States and stakeholders to discuss approaches for violence prevention, exchange knowledge and good practices.[12]

While regulatory and funding mechanisms may not yet be finalised, it is clear that the EC will engage with combatting DV/IPV. In view of this forward momentum, the following recommendations are made:

1. **Allocate EC funding to ensure coherence and quality in services provided across the Member States**
   - Establish specialized multi-disciplinary units at NUTS3-levels focused on gender-based violence that can assume responsibility for (a) the management of cases of DV/IPV and (b) communication with other engaged, external actors within a multi-agency consortium[14]
   - Within these specialized units, offer counselling support to all health care professionals who identify DV/IPV cases

2. **Develop protocols with standardized procedures and referral frameworks**
   - Specify a clear allocation of responsibilities among relevant key-stakeholders
   - Increase knowledge of the existing mechanisms to combat DV/IPV

[12] The Proposal for a Directive of the European Parliament and of the Council on combating violence against women and domestic violence: COM/2022/105 final. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0105

[13] https://neighbourhood-enlargement.ec.europa.eu/news/commission-and-high-representativevice-president-reinforce-their-commitment-protect-women-and-girls-2023-11-24_en

[14] In some countries (e.g., Ireland) this hub might be a regional public hospital; however, given the capability of perpetrators to install tracking software on victims' smartphones, victims may be dissuaded from visiting a hospital because of the risks involved.

- Assure legal and if necessary, police protection for physiotherapists (and other healthcare providers) to protect them after reporting DV/IPV, applied against perpetrators as well as possibly vindictive victims
- Impose a legal obligation on physiotherapists and healthcare providers to report DV/IPV to an appropriate authority
- Clarify a requirement for specialist support services for combatting DV/IPV among immigrants, people with physical or mental disabilities, Roma, minority, rural, and sex workers, as well as gender-non-conforming individuals
- Establish a specialized certification process targeting physiotherapists and other healthcare professionals so that a new generation of specialists emerges, one focused on working with victims and survivors of DV/IPV

3. Assure multi-agency collaboration of healthcare with social services

- Allocate sufficient funding to support a multi-agency coalition at NUTS3 levels
- Construct a human rights-based and EU-wide Theory of Change that unifies terminology, concepts, procedures, etc., with zero tolerance for countervailing culture-based normative practices
- Develop a comprehensive and systematic approach toward victims of DV/IPV that provides multifaceted support
- Institute protocols such that DV/IPV risk reduction practices are consolidated within health services

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National-level recommendations

These recommendations derive from OPEP-DV's work in four countries, hence focus on those countries. However, they are likely to be broadly applicable in all member states.[15] One possible incentive for motivating the addition of DV/IPV training in early-learning curricula is to involve national physiotherapy organisations by having them agree to a requirement for this training to be completed prior to accepting new members' applications. Another approach can be via student organisations, such as the 13 000-member National Federation of Physiotherapy students, France.[16]

Recommendation **Education and Capacity Building**	**Greece**	**Cyprus**	**Estonia**	**Spain**
The state must ensure that sufficient and ring-fenced funding is made available to ensure high-quality, gender-sensitive, trauma-informed and holistic training for all first responders and frontline workers, including all healthcare professionals; for established physiotherapists and other healthcare professionals, an alternative to the 1 ECTS continuing education is to receive training from victim support services in hospitals, clinics', health centres, and shelters	X	X	X	X
Training is to focus on the experiences of victim-survivors of DV/IPV, including the impact of trauma on accessing services, reporting to and navigating the legal system, on tackling the myths and stereotypes around DV/IPV, and on the intersectional and institutional barriers faced by minority and minoritized people in accessing services	X	X	X	X
Recruit experts specialising in intersectional forms of DV/IPV to ensure the development of holistic training	X	X	X	X
Develop undergraduate, postgraduate, and continuing education coursework on gender-based violence within the curricula of Physiotherapy and Health Science Studies	X	X	X	X
Establish mentoring programmes where experienced physiotherapists can guide entry-level physiotherapists on how to approach cases of DV and IPV.	X	X	X	X
Staff hospitals, clinics and health centres with social scientists, psychologists and social workers, who can then have a positive impact on physiotherapists' perspective, knowledge, and approach on DV/IPV	X	X	X	X

[15] The first three recommendations are derived from the Shadow Report to GREVIO in Respect of Ireland https://rm.coe.int/0900001680a9f524
[16] https://www.fnek.fr/

Staff from victim support services (e.g., shelters) visit hospitals, clinics and health centres for raising awareness on DV/IPV	X	X	X	X
Raise 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 insight of support mechanisms and thus more effective assistance to victims	X	X	X	X
Implement virtual reality training (VRT) programmes for healthcare providers to simulate encounters with victims of DV/IPV based on realistic scenarios where they can practice identifying signs of abuse and responding appropriately	X	X	X	X
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/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.	X	X	X	X
Recommendations **Legal and Policy**	**Greece**	**Cyprus**	**Estonia**	**Spain**
Develop legal requirements for healthcare professionals on DV/IPV identification, prevention, mitigation and risk-reduction strategies in health policies, guidelines, standards, to be integrated into professional education settings	X	X	X	X
Adopt an intersectional approach to protect women from GBV; barriers to access comprehensive protection and support for all women and girls should be removed, particularly women who are in situations of disadvantage and facing multiple discrimination, including women of migrant or minority background.	X	X	X	X
Develop adequate legal protection of physiotherapists and other healthcare professionals when reporting suspected cases of DV/IPV so that they can be encouraged to act without fear of legal repercussions	X	X	X	X
Develop and reinforce protocols with standardized procedures and a well-defined multi-agency referral framework to protect both the victims and professionals reporting incidents of DV /IPV; identify and make easily accessible the primary relevant contacts in the area in case of DV/IPV, e.g., area police officer, victim support, women's support centre, social worker	X	X	X	X

Hold policy dialogues with umbrella organisations and educational institutions for designing and evaluating existing policies to ensure a victim-centred, gender-competent and trauma-informed approach.	X	X	X	X
Offer specialized certification in physiotherapy and DV/IPV for those who wish to focus on this area	X	X	X	X
Develop the concept of absolute “safe spaces” within the NUTS3 hub, linked to rapid response by police if needed, where victims can speak about their DV/IPV free from fear	X	X	X	X
Establish a group of experts within or on-call to the NUTS3 hub who can act as focal-referral points.	X	X	X	X
Consolidate information and improve its distribution to victims and survivors on women’s rights, GBV, and available services, helplines and shelters, accessible in multiple languages in print (made widely available in, e.g., waiting and consulting rooms in healthcare settings) and digital format	X	X	X	X
Within GDPR requirements, routinely and regularly assess and evaluate the effectiveness of the policies developed 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	X	X	X	X
Within GDPR requirements, the robust collection of reliable, regularly updated administrative and statistical data on all forms of violence against women, disaggregated by sex, age and victim-perpetrator relationship, should be mandatory; a common tool for statistical data collection to reflect the specific circumstances relating to DV/IPV should be adopted by all relevant multi-agency stakeholders	X	X	X	X
Victim support services are often assigned to specialized NGOs, and they should therefore be provided with appropriate financial resources to meet demand	X	X	X	X
Provide regular supervision by psychologists, social workers and social scientists to support health care professionals and auxiliary staff coming into contact with victims of DV/IPV	X	X	X	X
The government’s reservation to Article 59 of the Istanbul Convention in relation to autonomous residence permits for migrant women experiencing violence should be lifted.		X		

Conclusion

The set of policy recommendations are indicative of the various dysfunctionalities and gaps that exist in the educational and policy frameworks related to the daily practice of physiotherapists and other healthcare professionals. The commonality of the policy recommendations across the projects' countries supports the finding that structural problems exist, specifically the lack of knowledge concerning DV/IPV combined with the absence of a consistent referral framework that obligates professionals to report and refer onward a suspected DV/IPV victim while also effectively protecting them when doing so. Acknowledging the crucial role of the healthcare sector in breaking the cycle of violence against women is of vital importance for developing the structured and holistic interventions that will effectively protect victims and guarantee their safety.