



**FEM-UNITED**

united to prevent femicide in europe

**WORKSHOP  
RECOMMENDATIONS:CYPRUS**

## Introduction

Within the framework of the EU-funded project '**FEM-UNITED - United to prevent IPV/DV Femicide in Europe**', the Mediterranean Institute of Gender Studies (MIGS), together with the Cyprus University of Technology (CUT) and in cooperation with the Advisory Committee for the Prevention and Combating of Violence in the Family, conducted capacity-building training workshops targeted at frontline professionals for the prevention of intimate partner violence/domestic violence (IPV/DV) and femicide.

The training workshops were held in-person with the following target groups: the police, social workers, multi-agency frontline professionals and healthcare workers. The workshops were held in Nicosia, Cyprus on the following dates: 23 June 2022 with the police; 9 July 2022 with frontline professionals; 12 July 2022 with healthcare workers; and 19 July 2022 with the social welfare services. A total of 81 participants attended the workshops.

The materials and programme of the workshops were developed with an emphasis on sensitising frontline professionals on harmful attitudes, behaviours and stereotypes (ABS) and on developing strategies, anchored in a gender perspective, for the better protection and safety of victims with the aim of preventing femicide.

## Workshop Recommendations

In order to improve system-wide responses to IPV/DV and prevent femicide, the following recommendations surfaced from the workshops:

### Police 23.06.2022

- **Legal framework:** there needs to be greater clarity as to which legislative provisions apply for the handling, investigation and prosecution of cases of violence against women in protocols and internal guidelines and procedures. It is unclear what the relationship between the Family Violence Laws of 2000 and the Violence against Women Law 2021 is (i.e. whether the 2021 Law replaces the Family Violence Law); which law prevails in case of conflict; and under which law cases should be investigated and prosecuted. This should also be incorporated in trainings of the police.
- **Gender perspective:** a robust and clear gender perspective should be incorporated in the operation of the Specialised Family Violence Units, with a clear distinction between forms of gender-based violence against women and other forms of violence that occur within the family sphere. Police officers of Specialised Family Violence Units should receive regular training on this distinction, as well as the various forms of gender-based violence against women. A clear gender perspective should be incorporated in all protocols, guidelines and procedures governing the Specialised Family Violence Units.
- **Obligation to prosecute should be reviewed:** the current police guidelines include a blanket obligation to investigate and prosecute all claims of violence within the family. This has led to a high case load of the Units, as well as cases being investigated and prosecuted without a clear understanding or consideration being given to the gender dimensions of each case, and the self determination of the victim. This has also led to exhaustion and burnout of the officers who are members of the Units.
- **Specialised training:** due to the high turnover within the Specialised Family Violence Units, valuable experience and expertise that may have been built is lost. Combined with the lack of clarity on the legal framework and a lack of a gender perspective, the Units do



not have the appropriate expertise to handle cases of gender-based violence against women.

- **Inter-agency cooperation should be strengthened:** there needs to be better and improved inter-agency cooperation between the police and other frontline services/agencies. All frontline professionals need to receive training on existing procedures, protocols and guidelines on inter-agency cooperation. All procedures, protocols and guidelines on inter-agency cooperation should set out clearly the role and obligations of each frontline service.

## Frontline Professionals 09.07.2022

- **Right to recognition as a victim:** All frontline professionals should work on the basis that the victim is a *de facto* victim (this has legal basis in the Violence against Women Law 2021), including when making any reports on the economic and social status of the victim. This approach should be streamlined and systematised across all frontline services when dealing with victims and included in all internal guidelines, protocols and procedures, as well as in all training.
- **Specialised protocols and guidelines:** there is an urgent need to develop and implement specialised protocols, guidelines and procedures in all frontline services on how to treat victims and handle cases of VAW.
- **Empathy** among frontline professionals needs to be cultivated; this requires combatting mental exhaustion and burnout.
- **Legal obligations of frontline professionals:** as part of their mandatory and systematic training, frontline professionals should be made aware of their legal obligations, as well as their legal protections, in order to bolster professionals' confidence and combat professional insecurity.

## Healthcare Professionals 12.07.2022

- **Knowledge and understanding of all forms of violence against women:** there is a lack of clarity and understanding of all forms of violence against women covered by the Violence against Women Law 2021, particularly psychological violence as all frontline professionals struggle to understand and identify this form of violence. Therefore, training should cover all forms of VAW, so that frontline professionals are equipped with the knowledge/understanding to be able to identify victims and handle cases. Protocols, guidelines and procedures should cover all forms of violence against women to enable frontline professionals to identify victims.
- **Training and specialisation on violence against women:** there appears to be a major gap in training provided to healthcare professionals and other frontline professionals regarding violence against women, leading to their inability to identify victims, or handle cases of violence against women. Training should be regular and mandatory and specialised according to the needs and realities of each frontline service. The police in particular, as well as mental healthcare professionals, need to receive training on psychological violence.
- **Obligation of frontline professionals to inform the police:** participants expressed that there needs to be more awareness raising on this obligation by the relevant authorities. There needs to be more clarity as to whether the obligation to inform overrides the consent of the victim, and if so, when and what are the criteria? E.g. does it depend on the level of risk? Who assesses the risk and how?



- **Gap between policy and practice needs to be bridged:** on the frontline, it appears that professionals have not been adequately prepared for carrying out risk assessment, despite the strides made in law and policy. The improvements made at the legal and policy level have still not been implemented in practice, nor have they had a real impact on cultural and social norms either.
- **There is massive potential for the healthcare sector to be more active in the prevention of VAW:** this potential should be harnessed as much as possible, across the different services and departments of the healthcare sector.
- **Handling and referral of cases of VAW:** guidelines and protocols need to be developed specifically for the healthcare sector, setting out clear procedures and tools for identifying, handling and referring victims of VAW and their children, when healthcare professionals come into contact with patients who they suspect are victims, or may be at risk, of VAW. In addition, guidelines and procedures for inter-departmental and multidisciplinary coordination should be developed. Currently, there are no such guidelines or protocols available for healthcare professionals.
- **“Screening in” principle:** an important guiding principle which should be incorporated into guidelines and protocols for identifying, handling and referring victims of VAW is the principle of “screening in”; i.e. the initial aim of frontline professionals coming into contact with victims of VAW is to maintain contact with victims and to build trust over time, and to maintain them in the system. This should be a guiding principle for multi-agency cooperation as well. There should be training of frontline professionals on how to build trust with victims of VAW and provide them with practical solutions and guidance for doing this. Training curricula and materials should also cover how to develop the communication skills of frontline professionals for better handling of cases of VAW.
- **Action Plan for Healthcare Sector:** all healthcare services require a specialised Action Plan on how to identify, handle and refer victims of VAW. A needs assessment should first be conducted by each healthcare service or department. All healthcare professionals need to have ownership of this Action Plan. A taskforce made up of healthcare professionals should be set up which will be responsible for monitoring the implementation of the Action Plan.
- **Victims’ right to information:** victims of VAW have rights under the law to receive information on the services available to them. Frontline professionals require more awareness raising on this and should be provided with all the information necessary to pass on to victims that they come into contact with through their work. All information on services available to victims, including helplines and shelters, should also be freely available and visible at all healthcare facilities, including hospitals, practices, etc..
- **Risk factors:** there should be more training of frontline professionals on risk factors such as disability and migration status.
- **Data collection:** a register should be set up within the healthcare sector for collecting data on victims of VAW. There should be clear procedures and tools for healthcare professionals to input data on the register.
- **Prevention:** VAW should be incorporated in the curriculum on health education in schools.

### Social Welfare Services 19.07.2022

- **FEM-UNITED study:** the findings of the study should also be compared with data from Greece – due to its proximity to Cyprus geographically, culturally and linguistically - as well as other European countries.
- **Obligation of frontline professionals to inform the police:** there needs to be more clarity and guidance on the obligation of frontline professionals to inform the police; it is not clear to frontline professionals whether this obligation applies to them and under what



circumstances, whether the consent of the victim is required, and under which conditions and criteria confidentiality may be overridden.

- **Specialised, gender-sensitive training:** frontline professionals/social workers who frequently come into contact with victims of violence against women or who handle cases of domestic violence must receive regular, specialised and mandatory training, in order to build expertise among frontline professionals at all stages from first contact with victims, to risk assessment and safety plans. Training should also address factors which increase victims' vulnerability and complicate the handling of their cases, such as disability, migration status, pregnancy, etc.. Training should be conducted in collaboration with women's NGOs providing specialist services who have the requisite expertise and adequate State funding should be provided for this purpose.
- **Victims' rights:** victims' rights to self-determination and autonomy must be respected by all frontline services throughout all the stages of the handling of their cases. This is a crucial element of providing a victim- and human rights- centred approach to handling cases of violence against women.
- **Risk assessment:** frontline professionals/social workers should be provided with standardised tools for risk assessment and with training on how to use these tools. In particular, frontline professionals/social workers should also receive training on how to apply their professional judgement when conducting risk assessment with a view to ensure the maximum protection possible to victims. Further, frontline professionals/social workers require guidelines, protocols and procedures for understanding and identifying when they can and should take action at their own initiative, irrespective of the victim's consent.
- **Access to firearms and risk assessment:** the registry on gun ownership must be regularly updated; access to firearms needs to be systematically included in risk assessment procedures, with clear guidance on how action can be taken to manage risk.
- **Institutional support and supervision:** frontline professionals/social workers require continuous institutional support and supervision in order to cultivate and build expertise among frontline professionals for the handling of cases of violence against women. This support can be provided in the form of clear guidelines, protocols and procedures and through the provision of specialised and regular training based on up-to-date good practices and latest data. In addition, the work of frontline professionals/social workers could be better supported and reinforced by improving the structures of the victim support and intervention system, e.g. by setting up shelters in all the cities of Cyprus.

