EU SUPPORT FOR RULE OF LAW

POLICY BRIEF

HEALTHCARE PROFESSIONALS

A Safer Future: Strengthening the Prevention of Gender-Based Violence through Professional Training in North Macedonia

Role

Health workers play a vital role as first responders to gender-based violence (GBV), often being the first point of contact for victims. Their responsibilities include identifying signs of abuse, providing immediate medical care, ensuring confidentiality, and offering a supportive environment for disclosure. To effectively fulfill this role, healthcare professionals must receive specialized training in recognizing GBV, applying trauma-informed and victim-centered approaches, and understanding their legal duties to report incidents. In North Macedonia, under the Law on Prevention and Protection from Violence against Women and Domestic Violence (LPPVAWDV), health workers are legally required to report any known incidents of GBV to the police or Centers for Social Work and act promptly in the victim's best interest. Their duties also include documenting physical and psychological injuries, informing victims about their rights and available support, and ensuring that medical services are delivered free of charge through programs approved by the Ministry of Health.

In addition to general medical care, North Macedonia has established specialized services for victims of sexual violence through Sexual Violence Victim Referral Centers located in Skopje, Tetovo, and Kumanovo. These centers provide a range of services, including medical examinations, psychological support, crisis intervention, and referrals, in accordance with standardized procedures mandated by the Ministry of Health. Initially developed with support from UN agencies, these centers are currently not formally embedded within the hospital system and are excluded from the official staffing structure. Their ongoing functionality depends heavily on the voluntary engagement and commitment of individual professionals, which poses a risk to the sustainability and institutionalization of these essential services.

Introduction and Context

Gender-based violence (GBV), including violence against women (VAW) and domestic violence (DV), remains a serious and persistent social issue in North Macedonia, deeply rooted in patriarchal norms, unequal power relations, and gender stereotypes. Despite existing legislation and alignment with the Istanbul Convention, challenges remain in the implementation of laws, limited institutional coordination, and insufficient capacities for prevention and protection.

Funded by the European Union

EU with YOU

GBV continues to be widespread in North Macedonia. Nearly half of all women (45%) have experienced some form of intimate partner violence—whether physical, sexual, or psychological—since the age of 15. (OSCE, 2019)

- Internal data collected by the Ministry of Social Policy, Demography and Youth (MSPDY) from the 30 Centres for Social Work show a continuous increase in reported cases of gender-based and domestic violence between 2022 and 2024.
- Psychological violence remains the most frequently reported form, increasing from 1,051 cases in 2022 to 1,492 in 2024.
- Physical violence has also shown a steady rise, with 846 cases reported in 2022, 944 in 2023, and reaching 951 cases in 2024.
- Although less frequently reported, economic violence is on the rise—from 25 cases in 2022 to 36 in 2024.
- According to publicly available data from the Ministry of Internal Affairs (MoIA), reported rape cases increased from 18 in 2022 to 33 in 2023, in 2024 31 cases were reported.
- Cases of bodily harm continue to dominate in the context of domestic violence, with more than 650 criminal offenses registered each year.
- The number of femicides—ranging from 3 to 7 annually—is particularly alarming in a country with a population of just 1.8 million.

A survey conducted by the OSCE (2019) revealed that only 2% of women in North Macedonia who experienced gender-based violence reported the incident they considered most serious to the police.

The EU Gender-Based Violence Survey (2024) covering all 27 EU Member States shows that 21% of women who experienced physical violence, threats, and/or sexual violence at some point in their lives sought support from a healthcare or social service, while only 14% reported the incident to the police.



Scope of the Research

The research aimed to answer the following main question: "How can the prevention of gender-based violence (GBV) in North Macedonia be improved through training of professionals/first responders?"
The study employed a mixed-methods approach that included a review and analysis of relevant literature and legal documents, as well as qualitative data collected through interviews and online questionnaires with professionals and first responders. The research was conducted between November 2024 and April 2025. The data collected focuses on preventive measures, specifically the trainings for professionals and first responders, conducted between January 2021 and December 2024.

Coverage: The analysis includes responses from 14 healthcare workers (12 women and 2 men) from nine municipalities in North Macedonia, representing professionals in various roles, including general practitioners, gynaecologists, nurses, a social worker, and a department head. The limited participation highlights the potential for raising awareness among health professionals for GBV within the health sector. Additionally, interviews were conducted with representatives from civil society and international organizations, two representatives from the Macedonian Association of Gynaecologists and Obstetricians (MAGO), as well as one representative each from the Ministry of Health and the Sexual Violence Victim Referral Center – Skopje.

Key Findings – Healthcare Professionals

Between 2021 and 2024, a series of targeted trainings were conducted to strengthen the capacity of healthcare professionals in North Macedonia to respond to gender-based violence (GBV) and sexual violence. These trainings were designed to improve early identification, intervention, and cross-sector collaboration.

Key Topics Covered:

- **Fundamentals of GBV and sexual violence**: definitions, manifestations, consequences.
- **Legal and institutional frameworks**, including the Istanbul Convention.
- **Victim-centered approaches** and **trauma-informed responses**.
- **Gender equality** and addressing **personal/professional biases.**
- **Multi-disciplinary coordination** between healthcare, police, and social services.
- Recognition and response to GBV among **persons with disabilities**.
- Addressing the needs of **transgender and gender-diverse individuals**.
- Clinical management of **rape victims**, with a focus on consent and psychosocial support.

Gaps and Limitations Identified

- Trainings remain scattered and lack institutional continuity or standardization.
- There is insufficient follow-up or practical application of learned concepts in everyday clinical settings.
- No formalized, nationwide training curriculum or mandatory modules exist.
- The dissolution of the Centers for Referral of Victims of Sexual Violence highlights institutional regression. These centers currently lack legal status, designated staff, and structural support, placing the burden of response on individual professionals.
- Coordination between sectors (healthcare, justice, social services) is inconsistent and depends heavily on ad hoc initiatives.

Despite the critical role healthcare professionals play in identifying and supporting victims of gender-based and domestic violence, only 4 out of 14 respondents surveyed reported participating in any GBV-related training between 2021 and 2024. Most professionals indicated they had not received adequate or sufficient training, and few were fully familiar with national legislation or the Istanbul Convention. This reflects significant gaps in legal literacy, preparedness, and institutional support in GBV cases within the health sector.

The majority of healthcare professionals reported the absence of clear institutional protocols for responding to GBV cases, or were unaware of whether such protocols exist. Additionally, many professionals did not fully recognize their legal obligations to report or provide medical assistance in suspected cases of violence. This lack of clarity and accountability, combined with a lack of availability of trauma-informed and intersectional training content, undermines the health sector's ability to provide timely, coordinated, and victim/survivor-centered care.

Gaps Between the Legal Framework and Practical Implementation

The gaps between the legal framework and practical implementation in the health sector are significant and affect the quality of support for victims of GBV, including VAW and DV. According to Article 19 of the Law on Prevention and Protection from Violence against Women and Domestic Violence, the Ministry of Health is responsible for developing and conducting training for healthcare professionals to enhance their capacity to identify, care for, and support victims. However, in practice, the trainings are uneven, inconsistent, and lack systematic institutional support, resulting in insufficient preparedness of healthcare staff.

Although Article 20 of the Istanbul Convention emphasizes the need to provide adequate resources and continuous training for healthcare workers as the first point of contact, a lack in coordination is observed, just like the absence of clear internal protocols, and weaknesses in the institutional integration of specialized services, which hinder effective and sensitive care for victims. Furthermore, the current unclear status of the Sexual Violence Victim Referral Centers and their staff further complicates the coherent and effective implementation of legal provisions. These gaps reduce the health sector's capacity to respond to the complex needs of victims and urgently call for strengthening trainings, standards, and intersectoral cooperation.

Recommendations for First Responders to GBV among Healthcare Professionals

Enhance legal literacy and institutional accountability

- Develop mandatory training on the Law on Prevention and Protection from Violence against Women and Domestic Violence and obligations under the Istanbul Convention, tailored to the healthcare context as well as obligations under international human rights law (e.g., CEDAW, CRC, CRPD).
- Clarify the legal duty of healthcare professionals to report both confirmed and suspected cases of GBV, VAW, and DV.
- Ensure clear institutional accountability mechanisms so that professionals understand when, how, and to whom to report suspected violence.

Develop and implement internal protocols

- Establish and disseminate internal protocols for responding to victims of GBV, ensuring alignment with national guidelines.
- Integrate victim-centered and trauma-informed approaches into all health protocols, including emergency, gynaecological, and general care procedures.

Develop and implement comprehensive and continuous training programs

- Introduce ongoing, role-specific GBV training programs covering early identification, psychosocial support, confidentiality, and referral mechanisms.
- Promote peer learning through regular case discussions, debriefings, and knowledge-sharing platforms across institutions.
- Include advanced modules on working with women, children, persons with disabilities, LGBTIQ+ individuals, and other groups in vulnerable situations.
- Address common misconceptions about perpetrators and victims through modules that challenge biases and improve sensitivity.
- Strengthen training for healthcare professionals on documenting injuries accurately to ensure medical records can be effectively used as legal evidence in court.

Develop and implement specialized training on the identification and management of GBV perpetrators

- Provide specialized training on identifying, managing, and referring perpetrators of GBV—especially in cases involving repeated injuries, coercive control, or mental health conditions.
- Introduce specialized modules on different categories of perpetrators, including perpetrators: with a mental illness or psychiatric disorders, with a history of alcohol or drug abuse, with unresolved psychological trauma or history of violence exposure and who are coercive and controlling and may present manipulation or deny accountability.

Promote multi-sectoral coordination and case management

- Facilitate joint trainings with professionals from social services, police, and education to build inter-sectoral cooperation and referral pathways.
- Assign focal points in health institutions responsible for liaising with other sectors and managing GBV cases.
- Strengthen coordination with forensic services to streamline responses in cases of sexual violence.
- Support collaboration with specialized perpetrator intervention programs to enable healthcare institutions to contribute to broader prevention and accountability mechanisms.

FOR FULL ACCESS TO THE RESEARCH "A SAFER FUTURE: STRENGTHENING GENDER-BASED VIOLENCE PREVENTION THROUGH PROFESSIONAL TRAINING IN NORTH MACEDONIA", SCAN THE QR CODE!

This report was funded by the European Union. Its contents are the sole responsibility of Ludwig Boltzmann Gesellschaft - Institute of Fundamental and Human Rights (LBI-GMR) and do not necessarily reflect the views of the European Union.