Screening and Assessing Psychological Intimate Partner Violence Against Women : A New Role for Primary Care Physicians?

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Background and significance

Intimate partner violence (IPV) against women is a pervasive public health issue deserving critical attention. Survey data show that IPV is widespread **among women in Switzerland**, with 1 in 7 women experiencing physical/sexual IPV, and 2 in 5 women experiencing psychological IPV.

«2 in 5 women experience psychological IPV»

A retrospective medical charts review conducted at the UIMPV/HUG (2011-2017) show that **96% of help-seeking women** (*n*=764) reported instances of **emotional and verbal abuse, controlling behaviours or threats of violence**, with 4 in 5 women experiencing psychological IPV alongside physical or sexual IPV.

Psychological IPV has **deleterious effects on women's mental, physical and sexual health, and quality of life**, yet it remains critically underexamined. Negative health effects are **persistent** even after the abuse ended. Further, the co-occurrence of psychological IPV with physical and/or sexual IPV has a **cumulative impact on victims.**

«Psychological IPV has deleterious effects on women's mental, physical and sexual health»

Identifying **severity thresholds**, documenting **consequences**, and assessing **risks** in relationships marked with asymmetry are among the issues that preoccupy primary care physicians who are on the front line of welcoming, guiding and caring for victims.

Method

Combining a documentary analysis and a series of **focus groups and interviews** with **professionals (n=65) in the health, social work, and criminal justice sectors**, this ongoing research examines the relevance of guidelines and tools to assess psychological IPV. Specifically, we investigated professionals' understandings of:

1. The **types and categories** of psychological IPV, including those fostered by technology;
2. The underpinnings of **abusive dynamics and perpetrators' motivations**, and how these contribute to women's entrapment;
3. How psychological IPV increases **health problems and risk behaviors**; and
4. Promising avenues and gaps **in screening and assessment** across professional fields.

PSYCHOLOGICAL IPV TAKES MANY FORMS…

alienation, blame, bullying, compulsive lying, coercive control, corruption, critique, denial, deprivation, disqualification, emotional neglect, exploitation, false accusations, gaslighting, harassment, humiliation, ignorance, infantilization, intimidation, invalidation, manipulation, mockery, push-pull, rejection, sabotage, shaming, sleep deprivation, stalking, threats, undermining, verbal abuse…

Main results

Professionals consider psychological IPV to be a **unique form of abuse**, yet its definition remains "**blurry**." A **common definition across services** is needed to improve screening and foster collaborative intervention and prevention efforts.

Most often psychological IPV occurs in **asymmetrical relationships**, namely those were power and control are unequally distributed among partners. It comprises various attitudes and behaviors that are repeated, hostiles or dismissive.

It is important to **examine the impact of psychological IPV** in the context of women's coping strategies and personal and social resources in order to tailor intervention to women's specific needs.

Better understanding women's trajectories is critical to develop appropriate protocols. PCPs need to **consider the logics** of social workers **who set up protective measures**, and of criminal justice professionals who **translate individual experiences into legal provisions**. A process that requires time and "horizontal" case management, both **interdisciplinary and intersectoral**.

Categorizing highly personal experiences of abuse requires us **to confront our expertise** with women's discourse, the one of their significant others, and the one of our colleagues. And how we apprehend these situations is undeniably subjected to **community and socio-cultural influences**.

Common risks include **secondary victimization** and the **instrumentalization of professionals**, both in the clinical relationship and during the procedure, as well as the **trivialization of psychological violence** given its occurrence in various types of relationships (family, friendship) and across living environments (work, school). Though we focus on the role of PCPs **at the bedside of women victims**, let us not forget their responsibility **helping perpetrators** and **protecting child victims**.

Discussion

Because psychological IPV encompasses **multiple realities** it is important that those realities are rendered more visible. This means that professionals in the health, social work and criminal justice sectors need to **detect and document psychological violence**. In order to adequately document abuse, professionals need to **agree on a common definition** that fosters collaborative intervention and prevention efforts. Women's suffering remains invisible until one agrees **to name it**.

Naming, defining and documenting psychological IPV:

- ✓ **Validates** women's experiences
- ✓ **Helps women understand** both the abuse and its impacts in their lives
- ✓ Allows for more **comprehensively assessing risks**
- ✓ Helps **tailoring intervention** to women's needs

PROMISING STRATEGIES

How to better attend to psychological IPV?

- Record the multiple types of psychological IPV
- Allow time to investigate abusive dynamics
- Examine associated health impacts and protective factors
- Foster multisector engagement and collaboration
- Provide opportunities for training *within* and *across* professional sectors

P90-SGAIMFK 2019-Basel-5-7.6.2019