

Title	From screening to strengths-based intervention: meeting the needs of women experiencing ongoing psychological violence in intimate relationships <i>Du dépistage aux interventions axées sur les ressources: Répondre aux besoins des femmes subissant des violences psychologiques chroniques dans leur relation de couple.</i>
Acronym	WoPsyVIR
Status (Begin-End)	04.2017-08.2021
Principal investigator (Institution)	<ul style="list-style-type: none"> Emmanuel Escard MD, PI (UIMPV, HUG) https://www.hug.ch/medecine-premier-recours/unite-interdisciplinaire-medecine-prevention-0 Véronique Jaquier PhD, PI and research coordinator (HEDS-FR, UNINE) https://www.heds-fr.ch/jaquier-veronique/ http://www.unine.ch/crrc/home/equipe/veronique.jaquier.html
Collaboration/Partnership	<ul style="list-style-type: none"> Katia Iglesias PhD, methodologist and statistician (HEDS-FR) https://www.heds-fr.ch/iglesias-rutishauser-katia/ Mélinée Schindler MA, sociologist, research scientist (UNINE) http://www.unine.ch/crrc/home/equipe/melinee.schindler.html Oriane Gauthier-Jaques (2020), Marie Hottinger (2020) et Laura Sallin (2019), psychology trainees, BNF Program Noémie Kumar (2020), Marco Panzera (2020), psychology students (UNIFR)
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Abstract	<p>Psychological, physical, and sexual intimate partner violence (IPV) against women are both a major public health issue and a human rights violation. In Europe, over 1 in 5 women has experienced physical and/or sexual violence by an intimate partner. Psychological violence is even more widespread, with close to 2 in 5 women reporting some form of psychological violence by an intimate partner, such as humiliations, controlling behaviours, and threats of physical violence.</p> <p>Research in past decades has demonstrated that IPV victimization has deleterious effects on women’s mental, physical, sexual, and reproductive health, but also on women’s quality of life. Health problems subsequent to IPV victimization are frequent, chronic, and persistent – even after the abuse ended. Besides bruises, broken bones and concussions, IPV-victimized women often report clinically significant levels of depression, post-traumatic stress, and anxiety, and can suffer from eating disorders or sleep disturbance. Mental health problems are frequently associated with physical health problems or can increase existing conditions. Further, women victims are disproportionately affected by substance use problems in the context of IPV. Mental health problems, in particular, are associated with increased maladaptive coping or risk behaviours, such as tobacco use, substance abuse, and prescription drug abuse. Self-medication and tension reduction models have been proposed as possible explanations for the high rates of substance abuse among victims, suggesting that women use alcohol or drugs to decrease anxiety, stress, fear, and other tensions associated with experiencing IPV. And scholars have also suggested the added relevance of also considering how IPV abuse impairs women view themselves and their daily functioning.</p> <p>Psychological IPV victimization has proven particularly detrimental to women’s health and well-being, yet it remains critically underexamined. Though early research mostly focused on physical IPV and subsequent health problems, there</p>

	<p>is increased evidence of the pervasive negative impacts of psychological IPV as well. Further, the co-occurrence of psychological, physical, and sexual IPV has a cumulative impact on women’s mental and physical health. In particular, studies have underscored that the severity of women’s mental health problems increased when psychological IPV co-occurs with physical or sexual IPV, but most importantly that psychological IPV alone is detrimental to women’s mental health.</p> <p>There is a critical need for more research investigating the possible mediators and moderators of the IPV-related abuse-trauma link to inform intervention. Research suggests that various cognitive and emotional factors mediate the effects of IPV-related trauma on negative mental health sequelae. Negative cognitions (e.g., attributions of self-blame) and emotions (e.g., shame), emotion dysregulation, and maladaptive coping may be particularly important for understanding mental health outcomes and trauma recovery.</p> <p>While many studies have investigated the negative consequences associated with psychological IPV experiences, few have considered protective factors and resilience. Women’s personal and social resources vary and thus differentially impact the extent to which they evidence health problems subsequent to IPV victimization. In particular, it is important to examine the impact of IPV victimization in the context of women’s personal (e.g., self-efficacy, empowerment, coping) and social resources (e.g., social support, social reactions, resource utilization) to better identify targets for intervention development.</p> <p>To date, women’s strengths, capabilities, and resilience in the face of psychological IPV victimization remain insufficiently examined, even though these elements are essential to inform intervention strategies that meet the specific needs of women’s experiencing ongoing psychological IPV. To address the research and clinical gaps highlighted above, the present study aims:</p> <ol style="list-style-type: none"> 1. To better understand women’s experiences of psychological IPV and specific intervention needs by combining clinical assessments and narrative interviews; specifically: <ol style="list-style-type: none"> a. To document the co-occurrence of psychological, physical, and sexual IPV victimization, and their impact on women’s health and relationship functioning; b. To identify risk and protective factors as mediators and moderators of the psychological IPV abuse-trauma link; and c. To examine women’s adaptive coping strategies, personal strengths, and social resources and support. 2. To identify barriers in screening, protecting, and empowering women experiencing psychological IPV; specifically: <ol style="list-style-type: none"> a. To examine health, social work, and criminal justice professionals’ definitions and theories of psychological IPV; b. To document policy, legal, and institutional limitations to providing adequate services to women; and c. To identify promising avenues for targeted interventions.
<p>Field partners</p>	<ul style="list-style-type: none"> • Unité interdisciplinaire de médecine et de prévention de la violence, Département de médecine de premier recours, Hôpitaux universitaires de Genève • Commission consultative sur les violences domestiques et institutions représentées, Genève • Centre d’accueil MalleyPrairie, Lausanne • Service d’aide aux victimes, Centre LAVI & Solidarité Femmes, Neuchâtel

Contact	<ul style="list-style-type: none">• veronique.jaquier@hefr.ch• +41 26 429 60 15
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