

## **Understanding abusive mental control (“*emprise*”) to better protect and care for women victims of domestic violence**

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### INTRODUCTION

The abusive mental control phenomena (“*emprise*”<sup>1</sup>) to which are subject women victims of domestic violence is still very insufficiently considered, both in medical and psychological care, and in legal proceedings. However, in order to protect these women effectively, it is essential to recognize such phenomena and to release the victims from them by providing appropriate psychotherapeutic care. Abusive mental control is defined as the victim’s mental colonization by their violent partner, in a process that leads to annihilating the victims’ own will. In order to provide the victims with the appropriate psychotherapeutic care, we need to understand well the devastating psychotraumatic impact of domestic violence on the victims’ mental and physical health, their suffering and their behavior. Deconstructing the abuser’s control over the victim’s mind and restoring her own personality involves securing her and treating her psychotraumatic disorders, especially her traumatic memory and dissociative disorders, as we shall see. But what allows the victim to engage in this work is understanding of the mechanisms at work in producing her traumatic symptoms, and being able to identify the abuser’s violence and strategy. Indeed, what proves liberating for the victim, and allows her to leave the scenario set up by the violent partner, is understanding and giving meaning to her own suffering, her ill-being, her behavioral troubles, being able to relate her symptoms to the logical consequences of violent acts that were intentionally perpetrated to harm her mental

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<sup>1</sup>The French notion of “*emprise*” draws on Freud’s (1905) “*Bemächtigungstrieb*” (Fr.: “pulsion d’*emprise*” – En.: instinct to master (or for mastery)), an instinct to dominate an object by force, and on Pagès’ (1967) notion of “*emprise*”, which is based on sociological work (Comte, Marx, Fourier, Durkheim), and on research on « *social control* » done then mostly by American researchers, as Maisonneuve reminded (2011). Later, Pagès (1985) noted that the notion of “*emprise*” comes close to processes of causality, in that a person influences another (or a collective influences one or more persons) with various degrees of sustainability and intensity – *n. trad.*

integrity and to produce her state of colonization and her submission. Providing the victim with this information is imperative if her rights are finally to be respected: her right to safety and protection, her right to be healthy and receive quality care, her right to social care, her right to justice and reparations.

## VICTIMS OF DOMESTIC VIOLENCE ARE WRONGLY HELD LIABLE FOR THEIR OWN ABUSE

Even today, in 2016, many people still believe that a woman victim of domestic violence is supposed to fight, leave and report as soon as she receives the first hit. If she has stayed for many years with a violent partner while suffering from his abuse without reporting violence, nor leaving, this raises doubts and misunderstandings. Does she not lie? Since she did not react, is not it her fault? And this violence, has she not consented to it, or even found pleasure in it, out of masochism? Thinking in these terms means enrolling in a culture of violence that makes victims feel guilty, and this is particularly unfair and wrong (Salmona, 2015b). It means ignoring the truth about the hell through which these women have been, the seriousness of the threats on them, the many strategies through which violent spouses take abusive mental control over the victims' minds and organize their own impunity, as well as ignoring the psychotraumatic disorders that disable the victims from reacting and entrap them sustainably.

### **The lack of protection concerns most of the victims**

Clearly, anyone who experiences abuse and violence needs to be protected and her rights to be respected. This should be possible, and yet the victims' protection is far from being the case.

Every year, only 14% of the more than 220,000 women victims of domestic violence file a complaint, and this rate drops to 2% of the 40,000 women victims of marital rape. Every year, 120 to 140 women die at the hands of their spouse, and more than 30 children are killed at the same time as their mother, with separation being the most dangerous moment for the victims and their children (Letter from the National Observatory of Violence against Women No. 8, 2015).

It is therefore particularly cruel to bring suspicion upon these women for not having been able to protect themselves, without taking into account what makes their reaction and escape impossible:

- the threats by their violent spouses on them, their children or other relatives,

- the risk for them to experience even more violence or to be killed when they decide to leave,
- the psychological constraints and manipulations that make them feel guilty and remain under the abuser's control,
- the trap set up by the abuser to organize of their financial, economic, and administrative dependence, which deprives them of money, work, and papers.

In a world made straight, women victims of domestic violence should be immediately protected when they reach for help. In our reality, however, this is very far from being the case. Death threats are rarely taken seriously, and women's safety is rarely assured, even though in France effective protection measures, such as the Restriction Order and the Serious Danger Phone, exist since 2010.

Moreover, after the separation, violent spouses often use children to continue to abuse the victims within the exercise of joint parental authority, custody and access rights. On the one hand, children, when they are directly threatened, are a resource for women victims to lodge complaints and leave abusive relationships in order to protect the children. On the other hand, children may be a major reason for the victims to *not* denounce violence, for fear of losing custody in the event of separation (which is especially the case especially when violence has a heavy impact on the women's mental health), and because of the risks run by children when they are alone with their violent father, if the abusive father's custody rights are maintained in court, which is unfortunately still too frequent.

Women victims of domestic violence often cannot count on justice courts, because, although children are recognized as victims of domestic violence, which undermines their health, development and safety, justice courts still have a hard time protecting women victims and their children. The children's basic need for safety and protection, which should be the Courts' absolute priority in the children's best interests, still comes after the fathers' rights and the questionable idea that children should maintain a link with the father at all costs. Similarly, in a separation context, if a father physically and / or sexually abuses a child, the protective mother who wishes to protect the child by filing a complaint against the abuser may be *a priori* suspected of false allegations and of using the child's voice. Although many studies have shown that false allegations in this context are very rare (4%) and most often come from the violent spouse and not from the protective parent (Trocmé, 2004), such a suspicion often raises against the protective mothers in the name of a pseudo-parental alienation syndrome, a notion void of scientific validity, which leads to the very frequent

dismissing of such alerts and to unbelievable situations in which children can be handed over to a parent accused of abuse, above and without considering the absolute priority of the child's protection and best interest.

### **Psychotraumatic disorders are not cared for**

But, what entraps the victim even more surely are the psychotraumatic disorders that she develops as a consequence of domestic violence, and that almost always occur especially when the abuse has been repeated and regular over many years, and particularly when the abuser raped the victim. Such psychotraumatic disorders are particularly severe, sustainable and frequent (58% post-traumatic stress disorder / 24% among all trauma victims - Astin, 1995), and even more so when marital rape occurs (80% / 24% - Breslau, 1991).

Without proper care, such psychotraumatic disorders can last for years, decades, or even a lifetime (Louville, 2013). For the traumatized victims, they are the cause of immense mental suffering and possibly vital risk (nearly 50% of the victims make suicide attempts). As shown in international studies, they have a considerable impact on the victims' health, both mentally (anxiety disorders, depression, sleep disorders, cognitive disorders, eating disorders, addictions for 50% of victims, etc.) and physically (stress and coping disorders), on their children's health, and on their quality of life (Black, 2011). And we also know that experiencing violence is one of the main determinants of people's health status (Garcia-Moreno, 2006 ; Felitti and Anda, 2010).

Psychological, physical and sexual domestic violence all traumatize and dissociate the victim, by that becoming a very effective weapon to put her at the service of the physical, sexual, mental and financial comfort of her abusive partner, turning her into his slave, therapist, "drug" used to anesthetize the abuser, an "extra" who plays a role in the abuser's staging. Domestic violence is always a matter of seeking power over the victim, of satisfying one's own expectations at the expense of the victim. Often practiced under the pretext of the abuser's love, jealousy, sexual need, of a pretended "necessary education" of the victim, or the abuser's frustration, tiredness or nervousness, or him being under the influence of alcohol, etc., domestic abuse is a true identity-destroying action used by the abuser to condition the victim to submit, feel worthless, incapable, guilty, ashamed, unintelligent, without any rights, reduced to a thing (Salmona, 2013).

Violence has a siderating, paralyzing power ("*pouvoir de sidération*") that disables the

victim's cortical superior functions, exposes her to an extreme stress that triggers neuro-biological survival mechanisms meant to save her from such vital cardiovascular and neurological risk (Nemeroff, 2009). These mechanisms are similar to a disjunction of the emotional and memory circuits, and they lead to traumatic dissociation and traumatic memory. The victim then has to cope with her traumatic dissociation that emotionally anesthetizes her, and with a traumatic memory that irrepressibly brings back and makes her experience the violence again, with the uncontrollable power of a machine that takes her back in time. These psychotraumatic disorders trigger in the victim a state of psychological disorganization, depersonalization, doubt and confusion which annihilate her will and allow the violent spouse to set up an *abusive mental control* (“emprise”) over her, to entrap and manipulate her, to dictate her emotions, to impose on her his own thoughts and the role that he wants her to play in his own staging. This abusive control over the victim’s mind, which is a true colonization of the victim’s mental and emotional processes and which is achieved through repeated abuse most often perpetrated over many years, is a great and dreadful tool of submission.

As domestic violence settles over many years, instead of asking how a violent man manages to transform the marital and family space into a lawless terror zone over time, the suspicion almost always turns to the victim, and she is the one who is asked for accounts. She is summoned to explain why she did not react, why she stayed so long with an abusive spouse who controls her, battered her, raped her, and also abused the children, why she did not say anything nor file a complaint. She is asked to explain the abusive control that the abuser took of her, while she is the one who would need to be informed about the mechanisms behind it so that she can understand what she experiences and how to escape.

The mechanisms at the root of the abuser’s abusive control over the victim’s mind do not stem from the victim, but from the violence, of which they are the consequence, contrary to what is often said to the victim. The victim does not “like” to stay with an abusive spouse, it is not what she wants, she is not the source of her own misfortune, she is just badly traumatized and dissociated, and she tries to survive violence by preventing her traumatic memory from exploding.

During domestic violence, the various professionals interact with the victims, or who take care of them, are only rarely trained to appropriately recognize the psychotraumatic consequences of the violence. They very often have hard time identifying the abuser’s control over the victim’s mind, the processes at work, and to

help the victims to free themselves. Thus, the victims often remain bound to a violent spouse and continue to be at his service. And even when they succeed to leave the abuser, professionals often powerlessly watch a repeated process in which women victims return to their abusive spouse, or end up with new abusive partners.

In addition, the abusive spouse almost always benefits from the victim's previous conditioning to become submitted, tolerant of, and hyper-adapted to extreme situations, a conditioning process already carried out during the victim's childhood in violent environments: a family with a maltreatment history, the victim's exposure to domestic violence, sexual violence whose frequency is unfortunately unknown (Impact of Sexual Violence from Childhood to Adulthood Survey, 2015), etc.. Having experienced violence in childhood is a major risk factor for experiencing it again throughout one's life (WHO, 2010 and 2014, Felitti 2010). The abusive spouse also benefits from the fact that his victim, regardless of the violence that she experienced event at a young age, was never protected, nor recognized as a victim, nor treated. She had to grow and survive the abuse, the violence and their psychotraumatic consequences alone, without help. She learned to think that she was worthless, that she has no rights, and that no one would come to her rescue. She had to build her personality with her traumatic memory and survival dissociative disorders, which prevented her from knowing herself and from viewing herself as a normal, worthy person (van der Hart, 2010, Salmona, 2013). The abuser thus takes advantage of the victim's accumulation of untreated traumas, and the often disastrous consequences of the survival strategies that she had to develop alone and that are additional vulnerability factors.

In addition to the complicity from the aggressive systems in the victims' past, the abuser benefits from the complicity around him: both the complicity of an unequal society that is still in denial towards violence against women and girls, and which carries many stereotypes about women, couples and love, and the complicity that stems from the lack of clear social recognition of the psychotraumatic impact that violence has on the victims' health. In a particularly unfair manner, psychotraumatic disorders are a blame put on the victims as proof of their incapacity, their madness, their stupidity, their lies... The lack of knowledge and training of those who interact with the victims (professionals, justice, etc.) and their misunderstanding of psychotraumatic disorders and their mechanisms are very harmful to the victims since they stop them from recognizing the reality of the victims' suffering, their symptoms and their disabilities for what they are (consequences of violence), and to link them to their cause: violence. It stops us from recognizing the abusers' responsibility and

allows us to continue to blame the victims as if they were the authors of their own misfortune by being unable to get better, get up, turn the page, stop victimizing themselves, get out of an alleged fascination for trauma (Salmona, 2013), by thus allowing us to reverse the responsibilities and protect the abusers.

With this in mind, recognizing the victims' reality of experienced violence and its psychotraumatic impact, understanding the neuro-biological mechanisms at work and the abusers' strategies, are all essential both for the victim and for those involved in the victims' care, treatment, and protection.

## TAKING OVER THE VICTIM'S MIND: TRAUMATIC DISSOCIATION AND TRAUMATIC MEMORY AT WORK

Domestic violence, through its siderating power and paralyzing effect on the victim's mind, prevents her emotional response and produces a state of extreme stress that puts her at vital cardiovascular and neurological risk. To avoid such a severe risk, an exceptional neuro-biological protecting mechanism triggers, which breaks the emotional and memory circuits. This disjunctive mechanism produces two traumatic symptoms that are at the core of both psychotraumatic disorders and abusive mental control processes: **traumatic dissociation**, which produces the victim's emotional and physical anesthesia, a feeling of strangeness and depersonalization, and a loss of temporal-spatial landmarks; and **traumatic memory**, which is a victim's unintegrated and unconscious emotional memory of violence that makes the worst moments come alive in an uncontrolled and pervasive way, bearing the same terror, the same pains, the same sensory sensations in the form of flashbacks (images, sounds, smells, sensations, etc.), with the power of a time machine triggered by the slightest cue of the experienced violence (Salmona, 2012).

### **Traumatic dissociation: how one becomes alienated from oneself**

As long as the victim stays in contact with her abuser, danger and sideration (tonic immobility) persist, as well as the extreme stress, so the safeguard mechanism continues to be triggered and to produce a state of chronic traumatic dissociation of the victim.

Such traumatic dissociation disconnects the victim from her emotions, she feels as a spectator of her life, as if she was detached and deprived of her emotions and feelings, and has a sense of unreality of the events. The emotional and physical anesthesia

produced by dissociation prevents the victim from organizing her defense and from taking the measure of what she experiences, since she seems to accept everything. The most serious facts are then experienced without affect and without expressed pain. They then seem so unreal that they lose all consistency and appear to have never existed (dissociative amnesia). The victim's entourage, faced with her dissociation and what appears as detachment, does not become aware of the danger (Salmona, 2013a).

Moreover, dissociation is a true haemorrhage of psychic energy, which empties the victim and annihilates her desires and will. She feels lost and does not recognize herself, she is like a puppet. Because of this, it is very difficult for her to project herself into another space that could be safer, another life. She feels incapable of doing so. This state is a great opportunity that allows the abuser to take control over the victim and her mind. He then takes advantage to colonize the victim's psyché and reduce her to slavery.

### **Traumatic memory: how life becomes hell**

The traumatic memory further closes the mental control trap around the victim: during violence, disjunction prevents the victim's emotional memory from being integrated into auto-biographical memory by the hippocampus (a brain structure which is the operating system of memory and temporal-spatial mapping), thus this memory remains trapped in a brain structure that has a primary role in emotional reactions: the cerebral amygdala.

Traumatic memory, then, is out of time, out of the reach of any possibility of analysis and processing. It is undifferentiated as a magma that contains all the victim's feelings, but also the violence itself, and its staging set up by the abuser. Traumatic memory triggers at the slightest cue that reminds violence, bringing back revivals of the worst moments as flashbacks, as an uncontrollable time machine. This traumatic memory becomes more and more important during disjunctive episodes, which can last from minutes to months, and even years, if the abuse is repeated over and over. And, like a time bomb, as soon as the victim is momentarily undissociated (for example, when the aggressor is away, or when the victim is protected, or when even more extreme violence occurs and exceeds the disjunction capacities), the traumatic memory explodes and invades the victim's psychic space making her relive exactly what had been recorded (Salmona, 2012).

The victim then feels the terror and the pain caused by violence with an intolerable



acuity, as her dissociation is no longer there to mitigate. She hears again and again the aggressor's hateful and contemptuous words and staging made for her to feel guilty "it's all your fault, you deserved it, you're worthless, you're nothing without me, etc."

As soon as the victim is away from the abusive spouse and undissociated, she is thus invaded and terrorized by the traumatic memory of violence, and hears an inner voice that attacks and humiliates her. A voice of which she thinks is hers, because she hears it in her head, while in fact what she hears is the abuser's voice.

The victim, colonized by the abuser's voice, feels guilty and ashamed, she can think that she is crazy, incapable, and feel self-hatred (while in fact the hatred is that shown by the aggressor who colonizes her), which makes impossible for her to be aware of her rights and to rebel. Traumatic memory changes into hell the only moments when the victim could recover, organize her defense and escape. The strategies that she must put in place to escape, to switch off, or to anesthetize her traumatic memory are expensive and disabling: avoidance and control behaviors, dissociative behaviors (addictions to anesthetize herself, dangerous and risky behaviors to generate extreme stress and cause a disjunction in order to obtain emotional anesthesia). Such strategies push the victim a little more into guilt and low self-esteem. This is especially the case for risky behaviors, whose paradoxical nature makes them even more confusing.

### **How the abuser taking control of the victim closes the trap on her**

How, under these conditions, can the victim escape from the aggressor's control of her mind, how can she defend herself and recover her autonomy? She is under his constant control, even when is away from her, as we saw. And if she does manage to save herself and find a safe place, then her dissociation stops, and then she is invaded by her traumatic memory. Instead of feeling safe and serene at last, she feels intolerably distressed and under intra-psychic attacks that make her feel guilty and disqualify her.

The big risk, then, is that she returns with her abusive spouse who, thanks to his threatening power to dissociate her immediately, will anesthetize her; she can think that she has him under the skin, that she depends on him, and that she cannot do without him, when in fact it is in her cerebral amygdal that he lives!

This apparently paradoxical behavior of the victim returning to her abuser is a regular psychotraumatic process that could have been treated, or at least explained to the

victim, which would have allowed her to anticipate it and to defuse the misleading traumatic emotions that prevent her from becoming free from the abuser, and from going back and forth, in moves that further deprive her of the support from family and professionals who do not understand this back and forth, and do not stand such paradoxical behavior (Salmona, 2015a).

Such oscillation between the traumatic dissociation and the traumatic memory explains why the victim is often condemned to remain under control from her abusive spouse. Once the trap is closed on her, only unconditional protection and appropriate care by professionals trained in psychotraumatology can give her the right explanations, help her identify the abuser's strategies meant to dissociate her, and treat her trauma through specialized psychotherapy that allows the integration of her traumatic memory into autobiographical memory, and helps setting her free.

As we saw, psychotraumatic disorders cause a state of dissociation and emotional anesthesia. This prevents the victim from understanding her own reactions and emotions: on the one hand, she knows that she suffers from serious violence, but, as she is cut off from her emotions, she doubts; on the other hand, she is overwhelmed by emotions that she cannot relate to specific situations, emotions that occur unexpectedly and that make her afraid of being crazy. This state of doubt, uncertainty, and confusion allows the abuser to consolidate his control over her, to manipulate her and dictate her emotions, to impose on her his own thoughts and the role that he wants her to play in his own staging.

## CONCLUSION

All in all, these neuro-biological disjunctive mechanisms and their consequences are essential to understand, they make it possible to take into account the processes by which an abuser takes over the victims' mind, and to explain the victim's symptoms and behavioral disorders, which otherwise appear paradoxical and totally incomprehensible to the entourage, to the professionals who interact and those who take care of the victims, and to the victims themselves. Without this knowledge, psychotraumatic disorders are often interpreted at the expense of the victim, with the risk of suspicioning her and abandoning her with no protection, nor justice, nor appropriate care.

For the victims, learning that their symptoms, suffering, malaise, and behavioral

disorders are consequences of violence and, as such, they are coherent and normal in the light of psychotraumatic processes (MacFarlane, 2010), learning that they are not the ones who are crazy, stupid, incapable, etc., is already very liberating in itself. The women victims tell us how much this changes everything for them. Suddenly, they have keys to understanding what they feel, to explain behaviors that are in fact their survival strategies, to getting out of the trap of their traumatic memory reminiscences that impose a pseudo-reality, and to sorting out between who they are and what colonizes them.

This understanding allows them to reconnect to their self-esteem, their sense of dignity, unity, coherence and inner security, to be less vulnerable and to no longer feel guilty. It allows them to dismantle the abusive system, to identify its inconsistencies, its strategies and its intentions, which enables them to foil the abuser's sidetracking and dissociating power, to defend themselves better, to denounce abuse, to no longer be manipulated and progressively exit his abusive mental control (Salmona, 2015a).

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