

**Acompanying migrant women victims of spousal violence by family
and conjugal counsellors**

Analysis of a clinical situation in France.

مرافقة النساء المغتربات ضحايا العنف الزوجي من طرف استشاري العلاقات الزوجية والعائلية
تحليل لوضعية عيادية في فرنسا

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Received: 29/06/2024

Accepted: 13/12/2024

Published: 18/12/2024

Abstract:

Abstract: The objective of this work is to identify ways of working with women from North African culture who have experienced spousal violence in the context of migration.

To do this, we used the analysis case of a woman victim of spousal violence, of North African origin living in France, by presenting her experience with her domestic and family counsellor working in a health center in a Paris suburb.

This work made it possible to identify a working method accomplished by this marriage and family counsellor to help this woman to move forward and find solutions that would be adapted to her. We were also able to identify resources that this woman was able to mobilize to deal with violence in the couple.

Keywords: spousal violence, women victims, Marital and Family Counsellors, support, strategies, case studies.

.1. INTRODUCTION

Intimate partner violence exists in all countries and in all social, economic, religious and cultural groups. According to a WHO report (2002), violence against women by a male husband or intimate partner is one of the most common forms of violence. According to 48 population surveys conducted by the World Health Organization, between 10% and 69% of women report having been physically assaulted by a male intimate partner at some point in their lives.

As a result, violence spousal against women as a social phenomenon is considered by the World Health Organization to be one of the world's major public health issues (Ellsberg et al., 2008; Montero et al., 2011).

Definition of violence in the couple (spousal violence)

According to the World Health Organization, we call intimate partner violence any behaviour in an intimate relationship that causes physical, psychological or sexual harm or suffering to those who are part of that relationship. These include but are not limited to:

- Acts of physical aggression, such as slapping, punching, kicking and volleying.
- Psychological violence, such as intimidation, humiliation and constant belittling.
- Forced sex and other forms of sexual coercion.
- Various authoritarian or tyrannical behaviours, such as isolating a person from family and friends, monitoring their actions and limiting their access to any help or information (WHO, 1997).

According to Josse (2007), there are two types of spousal violence:

- Symmetrical and complementary relationships

Domestic violence can occur in symmetrical relationships as well as in complementary relationships. However, it is very different in each of these cases.

- In symmetrical relationships, the roles of each are subject to negotiation. Violence is generally two-way, with both partners being able to use it (fighting). She is often known to those around her, the couple even attacking each other in public or in front of relatives.

- In a complementary relationship, roles are fixed, each having its rights, prerogatives and duties. Violence is unidirectional and is exercised by the dominant partner. It is practiced in the privacy of the home and generally remains secret.

- Isolated violent act and relational organization of violence. It is important to distinguish an isolated violent act from the relational organization of violence.

In the first case, the individual reacts uncontrollably to an exceptional and unacceptable situation.

In the second case, violence is repeated, it is an instrument of domination and control. For many of these women, physical assault was not an isolated event but was part of a pattern of violent behaviour. Josse (2007) states that in traditional societies, the majority of couples are built on a complementary model. When it arises in this type of relationship, violence tends to settle down and become a mode of operation. At first punctual, weak and insidious, it gradually becomes sustained, stronger and more visible. (Josse, 2007)

Daniel Welzer Lang defines spousal violence as “the paralyzing and destructive use of power by which a person imposes on another his vision of life, forces him to renounce any idea, any desire in opposition to his own and prevents him from thinking and being himself”.

Spousal violence and immigration

With respect to spousal violence experienced by immigrant women, it cannot be fully explained by arguments related to cultural differences. According to Rinfret-Raynor and al (2010), the context surrounding the immigration process can contribute to women’s vulnerability to spousal violence.

Moreover, this immigration process confronts women and men with changes that are often reflected in family functioning. This can lead to a redefinition of roles and lead to tension and high anxiety within the family. (Rinfret-Raynor & al., 2010, and Castro Zavala, 2013).

In the context of immigration, women face certain structural barriers that contribute to their vulnerability (Hassan, G. & al., p.). These include immigration law requirements, barriers to services and sponsorship.

Finding themselves isolated, alone with their violent husbands, these women sometimes resort to services or structures where they can benefit from protection such as the authorities, doctors, psychologists who are often the first professionals to identify the existence of violence. Conjugal and family counsellors, for their part, are often attentive to these women and can intervene effectively in the process of preventing violence, but also support in the separation procedure.

Marriage and Family Council (CCF)

In France, the profession of “Marital and family counselling” has officially entered the support system since 1930, and has evolved since then, but its status is not always clear and identical in all sectors. Nevertheless, the functions of the CCF are listed by the decree of 23 March 1993 which defines the four missions given:

- Reception, information and guidance of the public on issues related to fertility, contraception, sexuality and the prevention of sexually transmitted diseases, including human immunodeficiency virus infection.
- Preparation of young people for their couple life and parental function, particularly through individual and collective information in schools.
- Interviews prior to the voluntary termination of pregnancy and support for women who have experienced pregnancy termination.
- Reception and advice to people in difficult situations related to family dysfunctions or victims of violence.

The specificity of the conjugal and family counselor lies in the nature of the interview conducted in order to help people to reflect and move forward, so that they themselves find their own solution when they cross, during the stages of their life, relationship, sexual or psychological difficulties. The function differs from therapy with which it is merged in other countries, such as Canada. (Gal & al., 2006)

In this article, we are interested in the support work done by a Marital and Family Counsellor, whom we name C, with a Maghreb woman, migrant in France, victim of spousal violence.

We opted for an analysis of transcribed interviews. These are individual interviews with N (victim of spousal violence), and those with C (Marital and family counsellor).

Twelve interviews, in all, were conducted with N&C in a municipal health centre in June and July 2018. The interviews were conducted individually and separately. And were recorded with the help of a tape recorder. The breakdown of interviews was four with N and eight with C.

The objective of this work is to identify how to work with this woman from North African culture, having experienced a situation of spousal violence, in the migratory context.

Case of N*

N is a woman aged 31, mother of two daughters (3 and 6 years), she is Moroccan, and has been living in France for 6 years. She divorced her husband recently. We met her during the divorce proceedings, and we continued to exchange with her two years after her divorce (internet).

*N is a fictif name

Since the first days of her marriage, N had been the victim of physical, verbal, and sexual abuse by her husband, but she did not dare to file a complaint or even consider leaving him. She describes this violence by saying : *"Why north Africans men are violent ? Because we are brought here by marriage, by regrouping, and add to this the mentality of the Arabs, the woman is made only for the household, the children and the bed (sex), that's all, yes, why, when we are far from his family, exiled, he wants to crush you even more, without papers, no family, he beats you up".†*

From the beginning, N felt completely vulnerable in front of her husband. Considering divorce was, for her, a way to make herself even more fragile on all levels: «the woman who does not work, she is weak psychologically, socially, economically, in addition to being exiled, if women manage to have a home and a job, none will stay with a violent man, she will certainly leave».

Despite her inability to apply for divorce or to respond effectively, N has always been able to mobilize resources to avoid violence, while highlighting the context with which she must deal with her situation.

Denounce violence, seek help from those around her

A month after her marriage, the violence of N's husband increased: *"he beat me so hard with an iron bar, I went to the emergency room, my cousin had come to support me, she advised me to file a complaint, to leave, but I could not, I was not able to."*

†I tried to translate the meaning while keeping the style of N. The interview with N was done in Arabic

In addition to avoidance, N often refrained from reacting to her husband's provocations, and was even, most of the time, subjected to her desires. But his attempts at dialogue and negotiation failed, he became increasingly violent.

In addition, she asked her mother-in-law to intervene to stop the violence, especially after the birth of her two daughters, she brought in her own parents. She also shouted loudly when she was subjected to the violent blows so that her neighbors would react. In the end, and after mobilizing these family resources, N began to leave the house to learn little by little about her rights, always under the pretext of going to the doctor, because she was not allowed to go out freely: *"I went to the PMI (maternal and child protection) to ask if I could have a pregnancy test..., I was very afraid of getting pregnant for the third time, for me, it was a disaster, because if it happened to me, I could never divorce, I always needed diapers and milk for the little one, so a third child, I couldn't stand it."*

The fact of going to a state structure to solicit someone to help is an implicit attempt to denounce by N.

We support our remarks by some American research on this theme that evokes the breaking of silence as a moment with decisional effects for the victim (Coeling; Harman, 1997). Another study indicates that fear of loneliness, shame, and fear of social condemnation would further influence the decision to stay with the violent partner (Hendy and al., 2003).

The intervention of the Marital and Family Counsellor

In Maternal and Child Protection, N was referred to the marriage and family counsellor «C», who works in a Municipal Health Center in a Parisian department. N describes her first contact with the professional: "When I asked for a pregnancy test, Ms. C told me that *"you should be careful (speaking of pregnancy)"...when I took the test and saw*

that it was negative, I was very happy, whereas before I was very afraid, she told me, why you are so happy, I told her that I was not able to take charge of three children, and I needed to space the births, because my child was still a baby, «she gave me her number and told me if you need to talk, call me».

We believe that the counsellor detected the existence of violence within the couple of N, and immediately began a process to identify the violence and this following the fearful behavior of N which was revealing. N was also insecure and had an apparent lack of autonomy.

According to a study by HAS[‡] (2019), the revelation of violence within the couple by the patient may not be immediate and be done in stages during subsequent consultations. Victims often tend to downplay or trivialize the facts because of the process of control, a sense of shame or guilt, or because of inadequate management during previous revelations.

Even if the awareness of violence is not immediate, this questioning approach promotes awareness and then revelation during subsequent consultations. This is what happened after when N called C (her advisor) to talk about the violence: *"After a week, I called the advisor, he still abused me, I had no one to talk to, no friend, no family, no one. On the phone, I first told her that I had come to inquire about the questions of the papers, when I arrived, she told me «you came for? , Ms. N, are you okay? And then I started to cry...."*

For N, it was very difficult at one point to talk about violence, according to Uriburu (2013): "silence can be presented as "a sign of the minimization of violence but can also constitute the last place, of course unconscious, to which the perpetrator of violence does not have access. That is why it is so difficult to take this step and free the floor." (Uriburu, 2013, pp. 59.68)

[‡]In French « Haute Autorité de Santé » High Authority of Health

Generally speaking, the dispossession of the victim's speech is part of the effects of violence. The victim's voice is snatched away in the cycle of violence. According to Hirigoyen, one could also mention among these elements the appropriation of the victim's desire and the mechanisms of dissociation (Hirigoyen quoted in Uriburu, 2013, pp 59.68)

In return, violence is also necessary to break out of silence. It is important, according to Uriburu (2013), to know what are the conditions that make the statement (what is requested) possible on the one hand and the enunciation of the violence (the act of saying the request) on the other. This leads us to question the position of those who welcome listening.

Since that day, N had been returning to see her counsellor regularly once or twice a month. In this space of speech offered to her, she was able to talk about her most intimate marital problems, and describe the types of violence she experienced (verbal, physical and sexual within the couple, HIV-positive husband, economic problem, ...). In addition, the counsellor had referred N to other professionals such as the psychotherapist in the same centre, another psychologist for her two daughters, a physiotherapist and a doctor.

According to Uriburu, speaking means ending the grip. Breaking the silence involves making a decision: to leave or to stay. Reflection also allows to take a distance from the hold. The victim seeks to express her fear because it makes her feel guilty. (Uriburu, 2013, pp. 59-68)

The revelations came after a great deal of work in the relationship of trust between her and her counsellor. Indeed, according to Sugg and Inui (1992), "breaking the silence is indicative of a key moment in his suffering and subjectivity. I think that saying violence represents a chance to arrive at the epilogue of the situation of violence in the victim's journey and at the same time constitutes the prologue of its subjective reconstruction. In this sense, saying allows to find a link with the world, it is a turning point in the victim's journey. This statement does not appear at any time because it sets up the possible terrain to a click,

which is the silent noise before a decision is made. Breaking with silence can lead to the exit of the victim from the cycle of violence" (Sugg, Inui, 1992 quoted in Uriburu, 2013, pp. 59-68).

Following her revelations, N was unable to act actively for a while. She stayed for two years in consultation without being able to make the decision to file a complaint against her husband, or to leave: "*C wanted me to file a complaint, but I had a baby, no home, not a penny to support my daughters*".

Despite the fact that N really had financial problems that prevented her from acting against her husband, she was also not psychologically ready to face him. In a study with immigrant women in Canada, Hassan (2013) argues that spousal violence makes women in precarious economic and social situations more vulnerable. Moreover, in a WHO report (2002), the fact that women often have emotional links with their abusers, on whom they are also economically dependent, has a significant impact on the dynamics of violence and on the approaches chosen to it.

Thanks to the listening sessions she had with her counsellor, N made a positive transfer with her. From then on, feelings of security and trust settled in this space of speech. The counsellor encouraged N to move forward, offering help and reassuring her, "*One day, Ms. C told me:.. I know you are afraid to jump from here to there..., I will remember all my life this sentence, you are afraid to fall, but I, I will be there so that you will not fall, I will give you ladders, and even if you fall you will fall standing up.*"

After this session, N decided not to let himself be: "*I thought, if he would touch me once again, I file a complaint, it will be the last! A week later, he beat me again, I said it's okay, my father was there at my home in France... I had already talked to my psychologist and the doctor who had given me certificates, I called dad, I told him dad it's over.*"

The decision to leave was already made during the interview, but N waited for the violence to recur before being able to act. This moment corresponded with the arrival of her father in France. N needed family support. According to Paul and Savard (2016) "Attachment specialists have shown that in the face of a stressful event, the individual, whatever his age, activates his attachment system and seeks, more or less spontaneously, support and comfort with its various attachment figures according to their hierarchy. The attachment system is active from cradle to grave, says Bowlby (1988).

"So dad came in and found me in a state ... (silence), plates broken and everything turned upside down, blood on the floor, I wanted him to leave (her husband), but he didn't want to go out, he wanted me to leave, ...my father told me is OK (to separate from her husband) my father asked him to get out right in the car and that he was going to join him to talk to him, and I asked my father to keep my daughters, my father told me «I'm here, he kissed me on the forehead, and said, you have all my blessings (weep)".

The presence of the father was therefore of great importance in the complaint process. According to Paul and Savard (2016) always, the stress situation caused by an assault by a stranger will cause the victim to seek comfort from a relative, of a professional, and to seek redress for the damage suffered by the punishment of the perpetrator of the assault. This support is essential to help the victim cope with the trauma experienced." (Paul; Savard, 2016, pp. 29-72)

Once the family support was provided by the father, N was able to file a complaint with the police station: *"I left dad with my daughters, I went to the police station, I hadn't felt my feet on the ground, I was somewhere else, I wasn't thinking about anything, the other (her husband) was downstairs, in a car, he followed me, I didn't see him, at the police station, they said, It's not here it's at Lila (another station of police), I said, no, I don't know, I'm*

abused by my husband, and I'm scared, and the policeman tells me and him? By waving at my husband, is he with you? I turned my head and saw his face, it was behind me, I said to the policeman, yes it is him, he is following me, I am in danger, and there he said to me madam, you fear nothing."

Following the filing of the complaint, N finally felt safe, thanks to the support of the professionals and especially the counsellor: *"I found help from people, who are not from our country, nor my race, nor my religion, they supported me, and helped. Here, they are human, they help you without expecting anything from you."* She adds, speaking of the counsellor, *"Madam C, she is my guardian angel." to me and to my children, the gestures she had made to me, no one made them to me, after the complaint was filed, the physiotherapist, the doctor and Ms. C made the youyous[§] they were happy for me, the doctor had cried, they are rare people, a precious persons."*

From the analysis of N's story, we deduce that the fear that N had activated in her this initial need for attachment to her counsellor but also to other professionals. A need that is reinforced exactly in situations of aggression especially when it is committed in the conjugal home. The host country is perceived as protective, enveloping. Conversely, people from her country of origin, whether related or not to her attacker, are perceived by N as potentially dangerous and can be a source of concern. The generalization that N makes is at the origin of a trauma related to the spousal violence of which she was victim: *"the Maghreb are all cowards...I did not have a euro of my family, my sister who lives here in France, did not even want to sign me a certificate of testimony, while my French neighbours, signed and supported me and they testified, they intervened several times to arrest my husband..."*.

[§]Maghrebi Song sung by women

Indeed, international studies have shown that having experienced violence has a considerable impact on mental health, including post-traumatic stress disorder, anxiety disorders, depression, suicide attempts, addictions, eating disorders, insomnia, phobias, cognitive disorders (Garcia-Moreno, 2006; Felitti and Anda, 2010 Blake, 2011). But also victims of trauma have a high risk of developing an insecure, ambivalent, avoiding or disorganized attachment pattern, as well as distrust of others and negative representation of self and others. (Godbout, Milot & Collin-Vezina, sd).

In addition to psychological support, N needed physical support from C for certain steps, such as going to the lawyer, to the court to learn about her rights. *"she arranged to free mornings and come with me, she took the bus and waited outside for two, three hours, she babysat my girls once, took them to the cinema, to Macdonald, to the park, without taking a penny, she didn't want to, she told me it was her proposal"*.

In addition, the counsellor put in action meetings between N and other local professionals, she made medical appointments to justify her absences with professionals she could call.

After two years of support, N was able to resume her life, first starting to work. Her children, meanwhile, are now in school: *«between 2018 and 2020, I am not the same! Now I want to help women who are in such situations, I want to volunteer, and advise others, now I have an experience, I want to create an association to advise these women."*

N was able to create new landmarks in the host society, and to open up new perspectives. The door of the **Other** was opened to her. This opening is the result of a work of several professionals but especially that of the accompaniment of the marriage and family counsellor. As a result of this journey, N's situation has improved significantly, as she is now divorced and has had a certificate of protection, as well as a residence card and stable work

and even housing. The change in her social and financial condition allowed her to start living again: "I recovered my personality, I was another for seven years, and I become myself again, now I am not ashamed, I am no longer afraid!"

Comment following conversations with the advisor:

For the Marital and Family Counsellor, accompanying N was more a task of taming than of accompanying. It is above all a matter of building confidence, a need, for N, to find a supportive, supportive, reassuring figure that will have allowed her to feel able to leave, when she has decided. Be at her own pace, respect her time. The same goes for the lawyer and the workers (physiotherapist and all), who N was able to call on during her journey. N was isolated and needed a reference, a resource person, not to face alone what was going to happen. For Counsellor C, the professional must be in this position that the women victims ask her: "*Is the person in front of me strong enough to bear with me what I endure? ... will it be sufficiently present, whatever the time of day or night?*"

The resource person that C could be for N, in this accompaniment, earned her eternal gratitude, she takes of his news regularly, she made her gifts, introduced her to her father (when he came to France) who thanked her warmly, while telling her not to let her down. N like her parents, would have as a "symbolic debt" that they impose on C, always repeating this sentence: «*you are part of the family*».

The Marital and Family Counsellor raised the issue of time in her work with N, for her: «*the time of the professional is not that of the victim*». Regarding the time that N took to divorce (2 years in the accompaniment), we think that she was afraid to tell her family, as

well as the fear of being judged, of hurting them, of worrying them, this was, according to the counsellor, N's greatest difficulty.

This can be supported by the fact that N was only able to file a complaint when her father was at home in France. N's family was supportive and encouraging in the process of divorce and filing a complaint. However, they are not aware of her sexual abuse or her ex-husband's HIV status.

CONCLUSION

Through this article, we have tried to highlight the importance of the support provided by Marital and Family Counsellors to women victims of spousal violence. We were able to identify a way of working by these professionals to help women move forward and find solutions that would be adapted to them, and this, through the analysis of the situation of N and her Marital and Family counsellor. We also identified resources that this woman victim was able to mobilize to deal with violence in the couple. Indeed, the methodology used in this study, which is the analysis of a clinical situation from the narratives, allowed us to account for it.

From this analysis, we can clearly identify the multiple efforts and strategies that N was able to mobilize to get out of the spousal violence situation. N could, more or less, be an actress in her career. Nevertheless, the changes and promises of the spouse in relation to her behavior reactivated in her ambivalent feelings, sometimes of shame and guilt, without her being able to define them as a feeling of love, but as a feeling of attachment to a man who is the father of his children. For her, the last chance is not a chance to find love but to have a quiet life and consistent with her idea of the couple and family.

Initially, N used family resources before arriving at the professionals. It is important, however, to point out that she was able to identify her own weaknesses and to argue her more or less passive attitude towards her husband. Research on Arab and Muslim women also suggests that they tend to use domestic violence services long after seeking support from their family and community networks (Abu-Ras, 2007; Baobaid, 2002; Haj-Yahia, 2002; Haj-Yahia and Sadan, 2008).

In a second time, N showed that she was able to follow her own path through the work of accompaniment. She was finally able to surround herself with people who allowed her to learn about her rights and the resources available to her to mobilize in order to get out of the situation of violence.

5. Bibliography List :

- Abu-Ras, W. (2007). Cultural beliefs and service utilization by battered Arab Immigrant Women,. *Violence Against Women* , Vol. 13, N°10, (pp. 1002-1028)
- Baobaid, M. (2002). *Access to Women Abuse Services by Arab speaking Muslim women in london, Ontario : Background investigation recommendations for further research and community outreach*. (Rapport de recherche). London, Ontario. Centre for research on violence against women and children, 27-p.
- Bendriss, N. (2005). *Représentations sociales ethnicité et stratégies identitaires : le cas des femmes arabes du Québec*. (Thèse de doctorat). Montréal, université de Montréal, 501. p
- Castro Zavala, S. (2013). Politique d'immigration : femmes et violence conjugale dans le contexte québécois. *Alterstice*, 3(2). (pp, 97-109).

- Gal, C ; Vilchien, D ; Salzberg, L. (2006). Le statut des conseillères conjugales et familiales. *Rapport RM. 2006-148* p. disponible dans : *discours.vie-publique.fr*. consulté en septembre 2020
- Haj-Yahia, M. (2002). Attitudes of Arab Women toward different patterns of coping with wife abused. *Journal of Interpersonal violence*. Vol. 17, N°7. (pp. 721-745).
- Haj-Yahia, M., \$Sadan, E. (2008). Issues in intervention with battered women in collectivist societies. *Journal of marital and Family Therapy*. Vol. 34, N° 1, p. 1-13
- HAS. Haute Autorité de Santé. (2019). Repérage des femmes victimes de violences au sein du couple. Méthodes Recommandations pour la pratique clinique. Juin 2019. Mise à jour 2020. disponible in https://www.has-sante.fr/upload/docs/application/pdf/2019-09/170919_reperage_des_femmes_victimes_de_violences_au_sein_du_couple_texte_recommandations.pdf
- Hassan, G. (2013). Violence conjugale et diversité culturelle. *Alterstice*, 3(2), 5-7.
- Hassan, G., Thombs, B.D., Rousseau, C., Kirmayer, L.J, Feightner, J., Ueffing, E., Pottie, K. Intimate Partner Violence: Evidence-based clinical guidelines for immigrants and refugees. (sous presse).CMAJ : *Canadian Medical Association Journal*. Disponible dans: <https://www.inspq.qc.ca/violence-conjugale/comprendre/contextes-de-vulnerabilite/femmes-immigrantes>. Consulté en 2020.
- Heise L.L., Ellsberg, M., Gottemoeller, M. (1999). *Ending violence against women*. Baltimore, Maryland (Etats-Unis d'Amérique), Johns Hopkins University School of Public Health, Center for Communication Programs. (Population Reports, Series L, N° 11)

- Josse, E. (2007). *Les violences conjugales : quelques repères*. publié dans www.resilience-psy.com. Consulté en Octobre 2020.
- OMS (1997). *Violence against women: a priority health issue*. (2007). Genève. Organisation mondiale de la santé (document non publié WHO/FRH/WHO/97.8)
- OMS (2002). *Rapport mondial sur la violence et la santé* : Etienne G. Krug (sous dire), Linda L. Dahlberg, James A. Mercy, Anthony Zwi et Rafael Lozano-Ascencio. Organisation Mondiale de la Santé. Publié dans www.who.int, octobre 2020.
- OMS (2021) in <https://www.who.int/fr/news-room/fact-sheets/detail/violence-against-women>
- Paul, O ; Savard, N. (2016). Développement des enfants exposés aux violences conjugales. In *Exposés aux violences conjugales, les enfants de l'oubli*. 2016, Pages 29-72.
- Paul, O ; Savard, N. (2016). Les facteurs protecteurs du soutien social et familial. In *Exposés aux violences conjugales, les enfants de l'oubli* (2016), pages 73 à 90
- Rinfret-Raynor, M., Brodeur, N. & Lesieux, E. (2010). *Services d'aide en matière de violence conjugale: état de la situation et besoins prioritaires*. Montréal et Québec : Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes.
- Rousseau, C. (2002). Repenser la vulnérabilité chez les femmes immigrantes et réfugiées. Dans Jacqueline Oxman-Martinez et Nicole La Pierre Vincent (dir). *Statut précaire d'immigration, dépendance et vulnérabilité des femmes à la violence : les impacts sur leur santé*, Actes du séminaire. Montréal, Centre d'études appliquées sur la famille. pages 18 à 25.
- Salmona, M. (2016) Cité in Godbout, N ; Tristan, M ; Collin-Vezina, D. Répercussions liées aux traumatismes complexes et pistes d'intervention. Disponible dans :

https://www.mcgill.ca/crcf/files/crcf/s3.2_godbout_symposium_traumacomplexe2019_tm.pdf

- Taibi, B. (2015). Ressources mobilisées par des femmes arabo-musulmanes victimes de violence conjugale en contexte migratoire. *Reflets*, 21(1), 161-188.
<http://doi.org/10.7202/1032552ar>

- Tjaden, P., Thoennes, N. (2000) Full report of the prevalence, incidence, and consequences of violence against women: *findings from the National Violence Against Women Survey*. Washington, D.C. (Etats-Unis d'Amérique). National Institute of Justice, Office of Justice Programs, United States Department of Justice and Centers for Disease Control and Prevention (NCJ 183781).

- Uriburu. M.E. (2013). Quelques éléments pour « briser le silence » des violences conjugales. Dans *Cliniques méditerranéennes* 2013/2 (n°88), pages 59 à 68 in <https://www.cairn.info/revue-cliniques-mediterraneennes-2013-2-page-59.htm>