

# DE L'OMBRE À LA LUMIÈRE

CHRONIQUES DES VIOLENCES INVISIBLES



COMITÉ  
DROITS DES  
FEMMES  
PRINCIPAUTÉ DE MONACO

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**S.E.M. Didier Guillaume**

Fighting so that women no longer suffer abuse is an ongoing challenge. Women, who are the main survivors of domestic abuse, deserve to have their voices heard, listened to and considered, whereas for too long they have been ignored.

It's proof of a society that is evolving and that knows how to challenge itself.

It is also at this price that survivors can hope one day to rebuild their lives. The campaign run by the Committee for the Promotion and Protection of Women's Rights to mark 25 November 2024 is all about restoration, resilience and regained autonomy, and I welcome its initiative.

To help them through this process, these women can benefit from the support of competent professionals at their side. In Monaco, a close-knit network has been set up to welcome, guide and care for survivors.

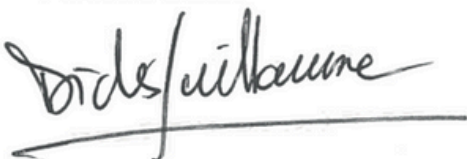
I would like to thank all those involved on the ground, often behind the scenes, for the quality of their work and the efforts they have made to provide this vital support.

Nine of them have agreed to testify in this digital book and lift the veil on abuse that is sometimes insidious, often invisible, but very much present in our society.

These professionals, who come from a variety of backgrounds, tell us how to move from the shadows into the light, how to free oneself from the grip of an author. I hope that this book will give readers hope, the hope that we can get out of this, that a way out is possible.

I dedicate this book to all the survivors, here and elsewhere in the world, as well as to their loved ones, families and direct or indirect witnesses, in the hope that it will help to open our eyes a little more to abuse against women so that it can finally stop.

S. E. M. Didier Guillaume  
Ministre d'Etat

A handwritten signature in black ink, reading 'Didier Guillaume', written over a horizontal line.





Interview by Geneviève Berti

# VALÉRIE CAMPORA

**Directrice**  
**Association d'Aide aux Victimes d'Infractions Pénales**

**Valérie Campora** was a journalist with the Monaco Info television channel. Between 2010 and 2017, she was chief of staff to the Director of Public Safety. From 2017, she was in charge of the care of survivors of domestic abuse for the association d'Aide aux Victimes d'Infractions Pénales (AVIP). Since 2018, she has been director of this association.

## **When we talk about survivors of criminal offences, what comes to mind first?**

It's quite a broad field, because we take in survivors of road accidents, theft, breach of trust, abuse of weakness, but mainly we take in survivors of domestic abuse, so mostly women, survivors of harassment, bullying, sexual harassment, and survivors of sexual assault.

## **When the survivors arrive, what's inside them first?**

Mostly fear, suffering and shame. When you're dealing with domestic abuse, it is mostly shame, and generally the first thing you hear is: "Excuse me for bothering you, I'm not sure I'm in the right place...", "I'm not sure my story concerns you", "Excuse me", "Excuse me". They make a lot of excuses because they are afraid to speak out. They're afraid of not being believed and, above all, we know that when they're survivors of domestic abuse, the perpetrator tends to make them feel guilty. In other words, they're too sexy, not sexy enough, late, too early, the meal isn't cooked well enough, it is not good enough, etc. Women, whatever their profile, feel guilty if they suffer abuse. Whatever it is, it is their own fault.

## **Whatever their profile, this means that there is no typology, in fact it can affect anyone?**

It affects everyone. We can take in women, young girls, very young girls who have been sexually assaulted, but as far as domestic abuse is concerned, it starts at the age of 20 and goes all the way up to the oldest person we received at 86. I can guarantee you that it is difficult to report abuse when you're 86, have been married for 60 years and still care about the person in your life. But the facts are there. When you're pushed at 86 and dragged along the floor, yes, you're a real survivor of abuse. So it is a bit more complicated. The profiles can range from people with no jobs or qualifications to doctors and lawyers.

## **This hold is not only linked to financial or emotional dependence, it is first and foremost linked to psychological dependence?**

Unfortunately, financial dependency is a frequent occurrence in the Principality of Monaco. Because we're a country where there are nearly 150 different nationalities, we have to deal with a lot of people from abroad.

These women are often completely disaffected, in inverted commas, because they generally don't have their family here. They don't have many friends because the perpetrator isolates them, so they are financially dependent on this person, and it is true that life on the Côte d'Azur is expensive. In the Principality of Monaco, accommodation can be very expensive and it is not easy to leave when your papers are held by the author. When you no longer have your identity papers, or a bank card in your name, it is complicated for a woman to say to herself: "I'm going to leave".

**Very often,  
the general public  
thinks that if  
it is a battered  
woman, why doesn't  
she leave?**

**So how do they find you? How do they get to you?**

Fortunately, these days there are several ways of reaching us. It can be word of mouth, because depending on the community, they talk to each other. We're now well referenced on the Internet, so if you're looking for us, we come up fairly easily. We work in partnership with many institutions and places in the Principality, such as the CHPG, the police, the public prosecutor's office and other associations: Action Innocence, the Monegasque Women's Union, the Zonta Club and I could go on. Now they have the reflex to come back to us.

**Is there a moment during the day, when you're faced with all these difficulties, when you get discouraged?**

We're discouraged by certain stories where we know it is going to be complicated. When it is the beginning, we have all our strength and all our hope to tell ourselves that we're going to get her out of there. And then, sometimes, it lasts. It lasts a really long time. And it is true that there comes a time when you mustn't be discouraged, because it is up to us to help the survivor find a lasting solution to get out of the perpetrator's grip. But it is true that at times it can be a bit complicated. When you have a family with children and the procedure lasts three years, you have to put yourself in the shoes of the survivor who, at some point, managed to lodge a complaint. There are hearings, several of them, and it is not always easy for the survivor or the children, and you have to wait three years before being confronted with the perpetrator again. Because at a court hearing, the perpetrator is present, and that's hard on a person.



## Can it still happen that survivors don't want to leave or go back?

Of course, but that's why you have to give it time. Very often, the general public thinks that if it is a battered woman, why doesn't she leave? That's the easy question. There's a whole psychological hold involved, and then there are often children in the middle. Mums or dads don't want to destroy that family. Because a cocoon has been built around it. And for the children, it is also difficult to understand that at some point, Mum and Dad don't love each other any more, so they may not see Dad any more, or they may have to move to another way of life, leaving the flat where they've got their bearings, where they've got their toys, to go somewhere where things may be a little more precarious. I understand some women who, at some point, say to us "No, but I can't leave, I can't destroy all that". At some point, something happens.

**At some point,  
something happens**

A few years ago, we saw a woman who was regularly beaten by her husband. One evening she was taken out of the flat by her two children, with a swollen face. She managed to take refuge with her parents. She filed a complaint. We realised as we followed up, because we also followed up the children, that the children had also suffered abuse. The mother filed a complaint on behalf of the children. A few months later, they were in our office and we were talking. The children were 7 years old at the time for the little girl and 12 for the little boy. And the mother broke down in tears and said: "I'm really sorry to have put you through all this, if I'd known, I would have left. If I had known, I would have left. If I had realised, if I had known, I would have left before".

If I had known, I would have left. If I had realised, if I had known, I would have left before". And we got a magical response from the little girl, and it still gives me the shivers today, the little girl looked her mum in the eye and said: "You know, Mum, we don't blame you because we knew you loved Dad". And those are particularly touching moments for us. Because a child is a sponge. And a child adapts to a situation. We're often afraid for our children, and it is often they who start protecting their parents.

**Sometimes there can be a really strong feeling that unites the protagonists. That must be the hardest thing to unravel.**

This is the most difficult part, because at some point you have to ask the woman the question: "Do you still love him? Are you sure it is still love? Or is it something else? Is it a feeling of dependence, shame, need? Because it is true that they're pretty strong and they manage to make people believe that without them, life isn't possible.

**With women who are sometimes uprooted, who come from abroad, who don't always speak the language, who don't have their own means of subsistence, there can also be this idea that without him, you are nothing.**

We're nothing, and we mustn't forget culture. Because, for example, when we talk about Eastern European countries, women are educated in the knowledge that in the family it is the man who takes care of everyone, whatever their social level. The woman comes second. So she's brought up to think: "I have to play my role as a mother, as a housewife", and it is true that it is complicated to make her understand that there's something else.



## Finally, how do people get in touch with you, Valérie?

Though our phone number,  
**93 25 00 07,**  
which is available 7 days a week,  
from 7 a.m. to 10 p.m.

When we receive a call, we never ask for the person's name. We ask for a first name, ask if we can record the telephone number so that we can call them back if they agree, and make an appointment. We were lucky enough to have premises with two different entrances. You enter a building, so nobody knows where you're going. Confidentiality is perfectly respected.

Above all, we have partnerships with the police, social services and the Public Prosecutor's Office, which enable us to move quickly if we need to, but also to give the survivor time to come to terms with her situation. If it is an emergency, then you have to call the police. On the other hand, if at any time you need to talk, call us. If it is outside our opening hours, leave us a message saying that we can call you back on your mobile number, and if we feel that the person is in difficulty, even if it is much later in the night, we'll call back.



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Interview by Geneviève Berti

**RÉGIS  
BERGONZI**

**Avocat & Conseiller National**

**Régis Bergonzi** was President of the Monaco Bar Association, and it was in this role that he launched an appeal for the creation of a compensation fund for survivors in 2021, which has since been approved by the National Council. He was also behind the charter given to the Association d'Aide aux Victimes d'Infractions Pénales (Association for Assistance to Victims of Criminal Offences) so that lawyers from the Monaco Bar could help people in distress. He has been a National Councillor since February 2023 and was the author of the bill on disability tabled in December of that year. He has acted as a lawyer for a number of survivors of abuse, particularly sexual abuse.

**How does the subject of abuse come to you? Do some women make an appointment saying "my husband is violent or I'm being abused, what can I do?"**

It's very rare for someone to come to you and say they're a survivor of abuse. It's more like "I want to separate" and then problems of domestic abuse appear in the course of the discussion. Or there may be criminal cases where a tragedy has occurred, which means that you have a person who has either been arrested, charged or accused of rape, or a survivor who comes to see you and needs help to act as a civil party or lodge a complaint or try to revive a case that has been buried.

**Aren't the survivors a bit helpless? Do they have a clear idea of what they can do to free themselves from this hold?**

Liberation and separation are quite closely linked. You're going to have people who react in different ways, and that's the whole problem, with all the facets of everyone's behaviour. There's this image that I learnt about during one of the women's days organised in Monaco, which was that of this frog.

The frog jumps into boiling water, jumps out and runs away. The frog is in cold water, the temperature rises, it lets itself be scalded and it dies, but it doesn't realise it. In fact, the poison is distilled into the veins of the prey, the survivor, in small doses. There will be stages and perhaps, I would say, a certain habituation to the abuse which can take place over time, and which means that the woman can find herself thinking that what she is experiencing on a daily basis is completely normal, when in reality it is completely abnormal. Let me give you a very important example of women's freedom of speech. She was Brazilian and spoke very little French. She hadn't studied, and one day I shook her up a bit in my office. I told her: "If you don't lodge a complaint, there's no point in coming crying to my office, because no one else will be able to help you, apart from yourself". In the week that followed, she reported the facts. Her husband had stuck a fork in her arm during lunch. So it wasn't something that had happened 6 months, 8 months or 10 years ago. And she made a complaint and the husband was prosecuted and then convicted. And there were divorce proceedings.

**Do we get used to that? Because the way we look at these things, the vigilance we show, is also a guarantee that we will be active.**

In our system, in the world of the police and the judiciary in particular, the person has to be able to talk. We know the triggers, the completely excessive situation that gets out of hand, the third parties who are alerted. Women who are survivors of domestic abuse need to talk, talk to their friends and relatives, and get over the shame of talking about it. But they also need to talk to the police and the courts, and if need be, they should not hesitate to do so. Because if you don't, you're really just remaining walled up in silence. For example, many women will start to react because they feel that their children are in danger. And the children start to take a bad view, because seeing too many scenes of domestic abuse, they can become like the father, for example, if it is the father who's at fault, and that can be a trigger for a woman to say to herself, to put it simply, I'm prepared to put up with everything, but I don't want my children to suffer.

**What is the route? Where do you start? With the complaint?**

There's going to be a lot of thinking in that person's mind because there's the question of what comes after. I think that anyone, regardless of domestic abuse, would ask themselves some serious questions and say to themselves, until then I have my life, it works in a certain way, I can also find good things in it, financial support, materially, I can have status, a kind of social recognition. The economic aspect is perhaps more important, but this social recognition, this status, or even the taste for habits. I think that generally speaking people aren't very happy to change their habits, but there are some people who hate the idea of changing their habits, who can't even imagine it, even if it means staying with the worst person ever, simply because changing their habits is impossible.



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**Many women will start to react because they feel that their children are in danger.**

**In a discussion, how would you identify economic abuse?**

You're going to have economic pressures from the moment two people get together and one has more money than the other. There isn't necessarily abuse. There is a difference, there are two situations that are not the same. It's a reality that we see all around us every morning. Now, where it starts to descend to the stage of abuse is if a person is, let's say, completely bound by money. For an abused woman, the question then arises as to whether she is prepared to break with her comfortable lifestyle, her habits, to do without, to a greater or lesser extent, to get out of the gilded cage that may be hers. This is an essential part of the equation. You're going to have several facets. But you can have a person who, having a lot of money, can use procedures to endlessly nag the person who dares to leave, and it is going to be procedure after procedure, with the sole aim of continuing to maintain a completely pathological relationship. Sue her, sue her, to suffocate her financially. That's the reality. You can use your financial firepower to try and buy the affection of your children, but that's more specific to divorce. It's a reality that also exists. It's indisputable. After that, there can be cases that are completely extreme. I saw a case where there had been domestic abuse a long time ago. And the person completely recanted. Perhaps this person had been showered with gold by the rich husband and had completely retracted all the possible and unimaginable allegations.

**Can you define economic abuse and physical abuse? Are they both criminal offences?**

So not economic abuse. It may be enshrined in civil law in extremely specific cases in commercial matters, but it is hardly ever enshrined. Economic abuse is rarely used in family law. You can plead it anyway to try and show the darkness of the other side, but fault is becoming less and less important in divorces, so it is not that important. On the other hand, to come back to the criminal side, that is to say where there is a crime, there is domestic abuse, where there are injuries, attempted

homicides, kidnappings. There have also been a few cases here in Monaco. This aspect of the case will be assessed to determine whether the economic firepower was used to fuel something.

**Does this mean that economic abuse is just another element in the case?**

It helps to understand the dynamics of the couple, and in my cases I prefer the experts to see both parties, to get an overall view and understand the dynamics of one, the other, but also both together. How has the couple evolved? What has upset the balance? What triggered it? Earlier, I was talking about the fork episode, and there was one point that was quite salient, which I remember. An expert report had been ordered, and the man in question admitted that he preferred to choose his companions from poor countries, and if possible without culture, in order to establish his dominance. So there was clearly a desire to dominate. And he had gone to look for his wife in a small fishing village in a corner of Brazil, and this was something that happened quite often. In any case, he admitted it to the psychologist. It's not a detail. If you take someone who is very poor, it can help you to establish the problem.



**We're talking about people who are in full physical and mental control. Have you come across cases where one of the parties, or rather the survivor, was disabled?**

Yes, in two different ways. Disability has every facet in the world, whether physical, motor, mental or psychological. What all these situations have in common is that people's vulnerability increases the greater the disability. If you're a disabled person yourself, a cynical argument that your partner or spouse might use to impose a lot of things on you, such as keeping quiet or staying, is to say: "Do you really think that a judge will give you custody of the children, given the disabilities you suffer? It's totally cynical, it is totally cold and icy, but it is a reality.

It's something that can be used to say that the question of child custody will be decided on the basis of the exclusive interests of the children, the criterion of the children's interests, and if you have a lot of disabilities, for example, you could be asked: "But do you really think you'll be able to look after them?"

A second example. I didn't experience this in Monaco, but I did in a European country. I spent 12 years with the European Committee for the Prevention of Torture. We didn't just work in prisons, we also worked in psychiatric wards. And in psychiatry, there are two lessons that I learned on this subject.

The first was that, as one psychiatrist told me, a mentally handicapped person might consider that there had been no rape, for example, if I had received a cigarette or a chocolate in return. And that's a completely negligible reward. And the survivor will say, no, but I got something in return, I got my cigarette. So that's a reality.

The second lesson I've learnt, particularly in this country, is that there's a real disconnect between a person's physical appearance and their cognitive capacity. You can have a very beautiful, magnificent person but with an extremely low IQ. And that poses problems of vulnerability. Because the person themselves is not really in a position to defend themselves.



**People's vulnerability increases the greater the disability.**



**Do you ever have people come to your practice who are helpless, who don't have anything to back up their case?**

You have situations. Not everyone is equally capable of defending themselves. That's a fact of life. In our old age, when we are at the end of our lives, with cognitive abilities that may have deteriorated, defending ourselves will become infinitely more complicated than it is today when we are able-bodied. So that's a reality. On the question of women, particularly survivors of abuse, we come back to the economic question. In other words: "Can I cope with a lawsuit? A woman with no resources can have legal aid, and she can have a lawyer, and frankly, many lawyers working on these cases will give their all and be extremely serious.

**Are you saying that just because a lawyer has been appointed by the court doesn't mean he won't work?**

No, no, I don't believe that at all. But it can be extremely useful because these cases are very long, they're very hard because you'll be able to see a woman, to see her private life, which is going to be exposed to third parties who don't know her. There's a proverb, or a saying, that says that a woman who is raped is raped three times: at the time of the incident, at the time of the investigation and at the time of the trial.



So it is obvious that not everyone is happy to have their life, particularly their sex life, laid bare, plus what the other side says, which may distort or even say anything about it. So you have to hang in there.

**I have never  
seen anyone  
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and saying to me  
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better before**

**There are also women who don't have the evidence. For example, one woman says, "My husband broke my arm, but that was three years ago. My arm is no longer broken. Can you do anything just on the strength of a word?"**

There will already be a body of evidence in these cases. There's a saying in the legal profession that what can't be proved doesn't exist. Secondly, when it comes to domestic abuse, what happens in a bedroom, between four walls, is not filmed, happens without witnesses and is not witnessed by a bailiff, obviously. So there is always a problem of proof. Now, let's try to move forward. Police officers are trained to work on this type of case and will have an extremely important task of identifying genuine cases of domestic abuse or rape, for example, versus cases that are based on false allegations. And this unfortunately also exists. So there are questions of evidence. To give you examples of evidence that can still help you see whether the case is serious or not, you can look at the survivor's reaction. Is she totally shocked or not, has she spoken to the people around her or not at all? Of course, as I've seen recently, if text messages are exchanged the next day saying we really had a great time, it was fantastic, when there's an allegation of rape the

day before, there's a contradiction. If the violent events were particularly intense, you may have blood droplets. You may have traces that will remain, and even if they are erased, they can be brought to light at the time of the investigation. With regard to the example you gave me, the broken arm goes back 14 years, for example. A broken arm, for example, if there's a fracture, I was going to tell you, for the lawyer, that's good. For the plaintiff, it is fine, it is unfortunate what I'm telling you, I prefer people to be in good health, of course, but the fracture leaves traces, because it will create a bony callus instead of the fracture, and the bony callus, you can go looking for a very long time afterwards.

**But progress has been made... A radio and it is there for all to see.**

You've made progress in terms of evidence, particularly in recent years, where psychological trauma certificates have been drawn up to say, "I, a psychiatrist, estimate that the consequence of this trauma lasted more than 8 days". This makes the case a little more concrete.

**You mean it adds to the case you're building? Because when there's been a rape, if it hasn't been established, is it possible, with hindsight, to say, we didn't do a rape kit but we know something happened all the same?**

If there is an allegation of rape, there will almost certainly be a visit to the gynaecologist, in particular, or the coroner, depending on the marks, because the position of the marks can teach us a great deal. Is a blow lethal or not? If there are traces of strangulation, you can find out where the strangler was positioned, was he behind her back, in front of her, straddling her, did he hold her arm, which arm, how... it is possible, even without a rape kit, you need photographs. The gynaecologist is more involved if there has been tearing, for example, which is a very obvious sign, especially if it was a third party. The medical aspect is fundamental. I remember in an extremely violent case that took place here, the

assailant, who was convicted of attempted homicide, had very angrily alleged that his partner had been unfaithful to him. And then when we went further into the investigation, we realised that it was he who was being unfaithful all over the place, but that in particular the problems she was having in her private life had absolutely nothing to do with an affair with a third party. All this lends credence to one theory or another and helps us to try to get at the truth.

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**You can live  
a more relaxed  
life without  
having to suffer  
from this scourge.**

”

**Do you think there's a recipe for getting these women from the shadows into the light?**

I think the AVIP does a fantastic job in Monaco. The AVIP is Valérie Campora and her team, the Association d'Aide aux Victimes d'Infractions Pénales, and even if someone is listening to this podcast outside Monaco, I think that there is always, more or less far from home, an association specialising in this issue. I can see the immense difficulty it is for a woman who has to start talking about things. There are questions about what will become of me financially? What will become of me? What will happen to my children? Will I get custody? What will the people in my social environment who know me as a very active, self-confident person feel about myself, say about me when they see me as a bit dirty or weak?

**Finally, can you think of an example where you've given a survivor their life back?**

Yes, yes, yes, yes, yes, yes, yes.

**So does that mean we can?**

Of course it is.

**We can win, can these women win?**

There's the problem we're talking about, and then there's the fact of rebuilding one's life. This choice to rebuild one's life independently of domestic abuse is something that can raise questions for anyone. But in this case, I have never seen a single person regret having taken this path, having been recognised as a survivor and having been able to rebuild their life, this time happily in this new chapter. I have never seen anyone regret saying to me that it was better before. Justice has been done. A person in another situation, with another person, can very well live and be happy and say to themselves "well, life wasn't all hell". You can live a more relaxed life without having to suffer from this scourge.



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Interview by Geneviève Berti

# YANNICK ALLA

**Puériculteur**  
Centre Hospitalier Princesse Grace

**Yannick Alla** has worked at the Princess Grace Hospital for many years. He has worked in various departments within the hospital. He is currently a nursery nurse in the paediatric unit, and is particularly involved in supporting parents and caring for children. This is the second time he has taken part in a campaign to combat abuse against women. He was involved alongside the Committee in 2022 by starring in the interactive film "You can change history".

**In your experience, have you come across situations where you said to yourself, there's something there?**

Yes, I can think of one situation where we were confronted with a violent situation and we were able to work on it with the survivor.

**How do you realise there's something there?**

It's a climate that's a bit special. There's also experience, personal or professional experience. And the fact that you're not alone. We always work in pairs. Generally, it is with the childcare assistant, the paediatrician, the psychologist or a nurse. It's a truly multidisciplinary team with whom you can share your feelings about an event.

**Do you have the material time to turn to the other person and tell them that there's something wrong?**

You have to realise that we work in different departments: emergency, paediatrics and neonatology. The time frame is not necessarily the same. And even though we learn during our training to be observant, you have to leave time to see these things. You have to realise that when people come to hospital, it is not for pleasure,

especially when it is for a child, and even more so when it is their first and there's something wrong. There's an anxiety, a stress that's present, and that shouldn't be mixed up with any other situation.

**Is the example you're talking about an example of abuse towards the child or within the couple who came with the child?**

It's between the two parents. It wasn't towards the child, it was a newborn who was a few months old. We sensed a climate that was a little peculiar. The child wasn't breathing comfortably.

**And can you sense anything amiss in the bedroom?**

So they go through the emergency department, and then they go upstairs for hospitalisation and follow-up care. We go into the room. We welcome them, and what's interesting is that we always pay attention to the welcome. For me, that's really the key point. We always say that the first 10 seconds are the most important and during the welcome you realise that something is special. The family dynamic is different. It may be due to anxiety because it is a first child who's ill. But you could sense that there was something else going on.

**How do you explain when you say "we felt"? Are there times when you think "what if I'm wrong"?**

That's why we work in pairs, with colleagues who are nursery assistants, care assistants, paediatricians, nurses and psychologists. We're really a team in which we share a lot, and that's what also enables us to take a step back from the situation, to discuss it with each other, and not just rely on our personal impressions, because we can make mistakes.

**How do you break the ice? Do we make contact? Do we say something?**

That's the hardest part. First of all, you have to be present and available. It's active listening and reassurance... In paediatrics, we call it the triad. It's the child and the parents. It's not just the child, it is also accompanying the parent, showing that we're there and giving them time. We have to be aware that there is a time limit to this process, to the survivor's journey, but we can't rush the survivor.

**In this case, was there a moment when it was triggered? When she realised that you understood?**

We quickly understood the father's attitude. This was confirmed by the climate, as I said, but also by an event where the child was deteriorating. We saw that the mother-child bond was absent.

“

**But, sincerely,  
I think it is  
possible to  
pull through.**

”

**She was kind of in the background, wasn't she?**

Yes, that's right. Generally speaking, mums and dads are very present when it comes to looking after their child. Some parents are very observant and ask a lot of questions, and that's perfectly normal. In this case, we realised that, in fact, the mother had taken a back seat while we were providing her child with oxygen therapy.

**In other words, a visible intervention.**

Visible, intrusive for the child, and the mother gradually fades away. She cowers and protects herself. So we look at each other and ask questions, while at the same time helping the child to get better, to recover, and we talk afterwards. So, for me, that was the first sign that something was wrong.





**Doesn't it create a distance when it is a man who has to talk to a woman he senses is suffering?**

It's possible, yes. As far as I'm concerned, there are times when being a man gives me an advantage. For example, when the father was present, there was a calm that was created.

**You mean he respected you more because you were a man?**

I don't know about respect, but he was less toned. For me, the female contribution in this kind of care is essential for the mother. I have the impression that there's a bond that's perhaps easier between you.

**And at that point, did you pass the witness on to anyone?**

We work 12-hour shifts, so 7am-7pm and 7pm-7am. In the mornings and evenings, we talk to our colleagues about the child's health and what's going on around them. We have a keen sense of observation when it comes to supporting parenthood and the parental bond. By being as objective and neutral as possible, and by talking to our colleagues, we've been able to put in place actions as the child's hospitalisation progresses and to be there for the mother. We realise that this is a complex situation to study. At the CHPG, we have the opportunity - and it is a medical decision - to set up a small for a short period of time, to protect the mother, to get her mind off things and her emotions, and to take advantage of the opportunity to intervene in a safe environment.

**It's true that as long as they're there, in the medical unit, they're not at home, so if there's a concern, it is less likely to be expressed. So you're actually saving time?**

Yes, and whether or not it is possible to put measures in place, in a multidisciplinary way. So it is not us, the paramedical staff, who make the decision. We are the eyes and ears. We point it out, we discuss it, we take our time, so that we don't make a mistake.

Because if we do, it can be dramatic. In a couple's relationship, the arrival of a child is very upsetting and can lead to tensions that may be healthy or logical. This is where you need to be vigilant and take a step back.

**In the example you gave, did it help her to take a step forward? Did you hear from her afterwards? Do you know what became of her?**

I know that afterwards, while respecting the professional secrecy that is specific to our profession, we were made aware that things were being put in place. It took time. The intervention of the various health partners in our structure meant that the mother was able to feel secure and was able to discuss the matter. I don't know what happened next.

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**Freeing people  
to speak out  
is important.  
It gives you  
enormous power.**

”

**In this example, do you feel that you played a role in this woman's life or not?**

That's a good question. Unfortunately, confirmation says yes. The feeling of having done the job. The feeling of trusting your intuition, your observation and the feelings of your colleagues. And certainly the feeling of being present and available as a team for this mother.

**Disappointed to be right?**

Yes, that's exactly it.

**I imagine you're disappointed, because you're hoping to say to yourself, I was wrong.**

Yes, or that there's tension in the couple but that it is normal. We have other satisfactions in our day-to-day work as professionals, with the children, with the parents, with the hospital, with the team. It's a satisfaction in the work accomplished, but with a certain amount of situational sadness for the person.

**Don't you feel that this could affect you personally?**

Yes, of course there are situations in which you're affected, you're involved, perhaps more involved than usual, because of your experience, because of your sympathy, because of your character... But we're not alone. It also allows us to talk to each other if we're in difficulty. The health managers, the senior managers, day and night, the colleagues, the doctors, who are the decision-makers, on the other hand, it can be difficult for them to implement and validate certain actions.

**What do you think is the key to getting out of situations or trying to stop being a survivor?**

This is the hardest part. There are several things for the survivor.

Time, the maturity of that experience, the fact of accepting and understanding what's happening, but that's specific to the survivor. I like to say that, on your own, you're nothing. So you also have to accept the hand that's outstretched, know how to recognise it, and for the person who's extending the hand, sometimes simply listen. Because, you know, sometimes you can have your hand outstretched, and say one word, or one word, and the person backs away. So it is sad, it is horrible. Because time goes on and the abuse continues. But, sincerely, I think it is possible to pull through. There have been so many examples of this, and the people who have been there, the associations, the Committee... Freeing people to speak out is important. It gives you enormous power. You don't realise it, but it must give you a lot of strength and confidence.

**What would your message to the survivors be? You're not alone?**

Yes, quite simply. They're not alone. People are there. Health professionals, community workers, the State, the government, the Principality, the hospital, friends, family. And sometimes it is the child who is the real resource person. It's sad, but it is the child who gives us the power to want to get through this.



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Doctor

**JULIA****AUMIPHIN**Gynécologue / obstétricienne  
Centre Hospitalier Princesse Grace

**Doctor Julia Aumiphin** was an intern and then head of clinic at Marseille hospitals. She has been a hospital practitioner at the Princess Grace Hospital for 6 years. She is responsible for gynaecological and pregnancy care. Since 2020, she has held the Grenoble/Paris Necker inter-university diploma in the management of abuse against women.

**Does being a gynaecologist mean you have to deal with more than just physical health?**

For me, being a gynaecologist means dealing with something other than physical health, because you're treating a human being, you're treating a woman, and when you're dealing with these women, the vast majority of whom are confronted with the issue of abuse, you can't ignore this abuse and the consequences it has on their bodies, their psyches and their whole lives.

**Do you see it when the patient first comes in? Is there anything that makes you spot it or not?**

I was lucky enough to be trained in the subject of abuse, and once you've discovered that world, once you've stopped being blind to it, you feel like you've got laser glasses. I mean, sometimes I see them come in and I think: "Whoa! I've got 20 minutes, I'm late, but I know it is going to be a long one". If they want to, of course. But yes, I have the impression that we manage to see them. Unfortunately, we see far too many of them.

**Even the smallest phenomenon can be detected?**

Yes, sometimes patients aren't even aware of it.

In most cases, they are unaware that they are in a climate of abuse, or sometimes they have forgotten in their minds that they have been survivors. They still have traumatic memories, i.e. they have amnesia about what happened. They are sometimes unaware of the climate of abuse that can have an impact on them because it is not just the physical abuse we're talking about.

**When you say that patients are unaware of this, is this because there may be other forms of abuse in addition to physical abuse?**

Yes, of course. There is psychological abuse, economic abuse, and also old forms of abuse that still have an impact on their lives, their relationships, their life choices, their love choices, because they themselves were abused as children, or witnessed it. Simply having witnessed it is a risk factor, that of being confronted with abuse again. In a way, it is the only path they know, the only path that reassures them. It's their software. It's like a landscape, in a forest, if you see grass that's a little flattened, you're going to take that path that you know, rather than explore something new.

**Have there been times when you've come up against women who have refused to talk about it?**

Yes, it happens. In my consultations, in my questioning, in the same way that I ask whether they've had an appendectomy, have they witnessed or been survivors of abuse in their lives as women? And in fact, very often they look at me with wide eyes, surprised by the question. So either they tell me spontaneously: "No, no, not at all, everything's fine". Or they pause for a moment and enter into something for which they were not at all prepared, because nobody ever asks them this question. Sometimes we don't even manage to do the consultation they came for. I see them again and we reschedule an appointment. But sometimes, and this is quite rare, you get the feeling that something has happened but they're not ready. In that case, I tell them I'm available if one day they need to talk about it. I understand that something has happened. I explain to them the consequences of not confronting that past. Either that frees them up to talk, or they say, "No, it is in the past for me, I don't want to talk about it". So we move on, but I leave the door open for another time.

**Would you say that this open door is one of the keys? These things aren't easy to talk about.**

No, it is true that we don't talk easily, but that's why if we don't ask, we won't talk. It's something we want to keep out of our lives, because it is too painful to think about, because in any case, even if we don't think about it, it comes back to bite us in the ass, sometimes several times a day, sometimes at some point in our lives. That's why it is essential to ask the question, because this abuse has consequences for women's health. It has consequences for motherhood, for pregnancy, for their health in general. We know that being a survivor of abuse increases the risk of mental illness and addiction problems, as well as autoimmune diseases, cancer, cardiovascular disease, etc.

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**In most cases,  
they are unaware  
that they are in a  
climate of abuse**


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**There have been cases where you've said to yourself, is this the consequence of that, or could that be it?**

Every day. There's not a day that goes by that I don't make the connection. Yes, because there are far too many illnesses where I've realised there's a link. These are psychosomatic illnesses. There are links between the stress caused by this experience, the consequences of this stress and the illnesses they develop. I also explain to them that there may be a link, and that's why I'm interested in it, and that's why we talk about it, and that's why we need to work on it. After that, each case is completely different and we're going to develop things differently depending on the patient's time frame, because some patients aren't ready at all. Others have already done so. But it is important to explain to them that it is essential not to turn a blind eye to it.



**Fortunately,  
there are women  
who have  
made a long  
journey towards  
resilience**

**When you say that some people have already done it, so if they come back to you with the same pathologies, it is because they haven't dealt with the problem?**

I often use the metaphor of a child's untidy bedroom. I explain to them that as long as you haven't put those memories in drawers, they're just going to wander. They're in the middle, and then from time to time you trip over them. Sometimes you hurt yourself, sometimes it is your little toe and it hurts even more, sometimes you see them and sometimes they fall on you.

The aim is not to forget them, it is to put them away in a drawer, to know that the drawer is there, that you can open it if you need to, but above all not to forget. And that's what we tend to want to do, we want to hide.

**As a doctor, do you stay in touch with them all the same, or not?**

Yes, of course. I'm a figure of security and trust. Sometimes they'll tell me what happened next, or ask me for a certificate. Not long ago, I had a patient who came back to me two years later and said: "You know what I told you? I've got the strength to lodge another complaint. Can you help me?" and then I can draw up a certificate setting out what they've told me.

**Yes, because it is the doctor-patient relationship that normally doesn't expose itself.**

At the patient's request, I have the right to provide a medical certificate setting out the allegations she has made to me, as well as the physical consequences I have observed. This can also be done under requisition, but that's another case. It's exceptional, but I've had to issue a certificate after the event so that a woman could lodge a complaint. It took her a long time. These were events that happened when she was much younger, but which had consequences for her whole life.

**Do you know any stories of women who have managed to live with this?**

Fortunately, there are women who have made a long journey towards resilience, sometimes towards forgiveness, which can be quite disconcerting. Each patient's path is different. Fortunately, there are some who are doing very well, others who are doing very badly and still others who are doing very badly and who know that they are not doing well because of it and who are fighting every day to get better.

**Do you ever feel discouraged?**

Yes. I'm a human being, so there are days when I

don't necessarily have the strength to take it all in. But yes, there are times when I'm discouraged, when sometimes I tell myself that there's nothing I can do. I can't save the planet, but I can be a good listener, and explain the consequences from my own experience, relieve them of their guilt, explain to them that they are survivors, that it is not their fault, that they had no right to do it. All this is important to hear, as a survivor.

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**It's a prejudice to think that the survivor had it coming.**

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**There is this perception that survivors of abuse tend to think that they had something to do with it.**

Yes, it is part of the attacker's strategy. One of his strategies is to reverse the guilt. "If I'm like this, it is because of you. It's because you did this that I'm reacting like this". By repeating this over and over, they end up believing that they are responsible for what happens to them, that it is their fault.

**When you go to your doctor, are you prepared to discuss this?**

No, they're not at all prepared to discuss it. Some would like to talk about it, but they don't necessarily find themselves in front of someone who's open to discussion. We prefer to close our eyes because we don't know how we're going to react to what we're going to be told. So we don't ask the question because we're afraid of the answer. Because we don't understand the mechanisms involved, what it will mean for the patient. We have a lot of prejudices about abuse.

One of my colleagues said, "Unlike in a terrorist attack, a survivor of abuse knows that she's going to sit on a bomb". No, they don't necessarily know that they're going to sit on a bomb. It's a prejudice to think that the survivor had it coming. Victims also suffer the same after-effects. The same phenomena of post-traumatic stress, the same psychological mechanisms and the same physical consequences are found in survivors of attacks. Another prejudice is that they are "attracted to these people". Another mechanism is the phenomenon of dissociation, which means that once you've been a survivor once, you're much more likely to be a survivor again, because it has created something in your brain that the attacker perceives.

**In conclusion, how do you go from darkness to light?**

So it is difficult because each case is unique... There's no ready-made path for each story. It's all about finding someone to believe them. To understand them, to explain to them what has happened, that it is not their fault if they've fallen into this, and then to refer them to associations, sometimes the police, depending on the stage we've reached. Sometimes, very often, I arrive after the story. It's very difficult for us to detect things that are active at the time because there's often denial. On the other hand, detecting things that are old is something I do every day.



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Interview by Geneviève Berti

# NATHALIE SIMONNET-JANIN

Sage-femme  
Centre Hospitalier Princesse Grace

**Nathalie Simonnet-Janin** has been a midwife at the Princess Grace Hospital for several years. She became aware of the issue of abuse against women after meeting patients who were survivors in the course of her professional work. She then took an inter-university diploma in the management of abuse against women offered by Grenoble University. Since then, she has "put on" the glasses of abuse and her vision of patient care has been profoundly modified.

## Just so we understand, the midwife is not only involved in childbirth?

No. We're there before that. We're there in the run-up to the birth, during antenatal consultations, and also during the first month afterwards, in hospital, at home, in the practice, sometimes in hospital, but it is this whole perinatal period, in fact, that affects the whole family.

## Overall, is your special bond with the mother-to-be?

Yes, the story begins with her, because she comes to see us because she's pregnant. But it is true that in my line of work, sometimes we meet for the first time in a consultation.

## You talk to them a lot, you observe them a lot, to find out what state they're in. How do you establish contact?

We always have to be wary of our interpretations, so the best thing to do is to ask them "how are you", rather than saying "are you all right? But ask them how you are, taking the time to hear whether they're OK or not. In general, when they come, it is for a particular reason, so we talk about that reason. They may be in pain, they may be having contractions, they may be moving too much or not at all. So, we focus on the medical

aspects, and afterwards, we can ask other questions if we think it is important or if we have the time because if we don't have the time, we shouldn't ask too many questions because we can't listen to the answers. It's important to be able to sit back and listen to the answers.

## Are there warning signs of this famous response or not?

Yes, there are already signs. There are women who are isolated, who have no family here, women who don't speak French or don't speak the same language, who have no contacts here. During consultations, I ask them: "Do you have any family here? Do you have any friends? Do you feel safe here? These are important questions. If they are working, autonomy is also important. In the first consultation, I really take the time to get the partner out, not to let him in for the first 10-15 minutes, so that I can talk to her a bit about how she's feeling, how she's doing, how things are going at home.

## Were there times when your partner still wanted to come home?

No, I always put on my big smile and say "I'll pick you up in 10 minutes, but would you mind if I started the consultation with the lady? And I haven't had a single refusal.

Unfortunately, in those few minutes alone, you discovered a few things?

That's really the problem we have, which is that we do a lot of screening for antecedents, for what happened before, but everything that's present, for a woman who's currently a survivor, is very complicated, to feel it, to verbalise it even more, and so that's where we need the tools so that we don't just rely on our feelings because our feelings aren't always reliable. I have a patient who came in on a Sunday morning.

**You can live  
a more relaxed  
life without  
having to suffer  
from this scourge.**

In fact, she came on a Saturday because her baby wasn't moving enough. And when that happens, we call them back the next day. And the next day, normally, they come in the afternoon. And there, at 7am, she was in hospital. In my head, I thought, well, that's unusual. At 7 o'clock, she was alone. At 7am, you're asleep. She didn't speak French, her husband wasn't there. She didn't look like she'd slept very well and I think that if I'd asked her the question directly, she wouldn't have been able to answer it. So I asked her about it, I dealt with the medical side, and I asked her the question, I was with a student, and I said, "And how are things at home? And that's when I saw that she was looking at me with big eyes, she got a little water in her eyes, and she said, "It's fine". So I didn't insist. You don't insist at that moment. It's everyone's time, and you absolutely have to respect it.

Afterwards, we left this woman alone, and I came back alone, without the student, and I sat down next to her, and there I simply told her where she was from, which country, and I put her at ease. Once I'd got her to trust me, I asked her a question and said, "But you said earlier that things were fine at home, but are you sure that everything's fine at home? And then she started to tell me that, no, things weren't going well, that her husband had gone somewhere else that night, that he'd left her alone, and then there was the whole sequence, that he spoke badly to her, that he denigrated her all the time, but she wasn't going to tell me that, she wasn't going to say "he denigrated me". The question is: "And when things go wrong, what happens? What does he say to you? And it is when she tells us what he's saying that we say, "But you know what, that's not acceptable, you can't accept someone talking to you like that, it is not normal". And in fact, that's when you see in their eyes, "oh well, I'm right". In fact, we're validating something that they assumed, that they sensed, but that they had forbidden themselves from validating.





**Do you think they refrain from validating it because it scares them or because they don't have the necessary benchmarks to confirm it?**

Maybe a bit of both, it depends. Often, it is women with life histories in which they've been used to being subjected to things, and who therefore don't know how to say no, who are easy prey for these perpetrators who are also survivors in a way, because they put people, women, through things. If we interviewed them, and we don't, but we should, because often, in their own history, there are breaks, difficulties and, in fact, it is a way of repeating. So they're both repeating something. And this woman, her mother was abroad, she was going to come and for her she's a resource person. It's very important to identify the resource person. Because she won't feel alone and she knows she'll be able to talk to her. Because often there is silence. They don't talk about it, they're ashamed. In the end, these women feel really denigrated, it is as if they no longer have any value, they lose confidence in themselves, and they lose confidence in others too.

**As a midwife, you have extremely limited time with her. So you were saying that you have to give her time, but sometimes you don't have that time?**

I'm just one link in a chain. In fact, the most important thing is to make people understand that it doesn't matter if I can't do anything for just one person.



**Abuse against women, it's a problem of domination.**



You just have to be there at the right time to get something going. After that, it is the survivor's time, so it is up to her, but it is up to me to give her the documents. For example, for this woman, I gave her the documents from a lawyer, an association, the contacts, and then she can do what she likes with them, keep them or not. I sent them to her by email, because she didn't want any papers with her, she didn't feel at ease. And when we ask them if they feel safe at home, that's a question, that's part of the tools. Because the difficulty lies in distinguishing between a simple conflict and a power struggle where the person is really in control of the other person and it is a question of domination.

**When she tells you that things aren't going well, is there a moment when you say to yourself, should I go or not?**

No, I don't have any more doubts. I know I have to go, because I'm not putting her in any danger, it is for her that I'm doing this, there's no husband, there's no-one else but us. I know that that time wasn't her time, but I said to myself, you have to insist a little, but if afterwards it didn't work out, I would have said to her "I hear you, but know that if anything happens, you can come back here, this is always a place of welcome, night and day, you can come at any time", and I also point out that pregnancy is a period of risk. 40% of abuse starts during a patient's pregnancy.

**That's a huge number. So that means that pregnancy really is a pivotal time, and that's why we need training. Are we trained in these tools or do we have them in us?**

Not in us, it is not possible. We can be sensitive to something, but intuitively we don't want to know about it. Because we often don't know what to do with it. So if you're not trained, you don't know that afterwards, there's the social worker who's going to take over, you don't understand, you don't realise that you're only one link, but that behind that, there are other things that are there, which is why it is important.

There are social workers, psychologists, lawyers and associations. When you know that there's this network, you can get to the heart of the matter. But as long as you don't have that and you say to yourself, if I ever ask her and she says yes, what am I going to tell her? And that's often one of the biggest obstacles. That's why, in Monaco, we trained the team with Julia Aumiphin so that we could ask the questions and hear the answers. We have a very high return rate, especially when it comes to antecedents. In one department, we have at least three or four patients every day who have a history of abuse of any kind, either as children or in the past.



**We have at least three or four patients every day who have a history of abuse of any kind**



**Have you had any feedback from these women? At any given time, has one of them come back to you and said, this is what I've done?**

Yes, the one on Sunday. When she was discharged, I gave her the association's papers and she signed up straight away, it was like it was her time, it was the right time, I was there at the right time, in the right place. I gave her what she needed, she contacted the people at the association and she came back for the birth. And I was the one who delivered her, because I was there. So that was a nice story. I called her back, I think, the week after she gave birth to see how she was doing. Her mother was there, so that was good.

Then, not long ago, she sent me an email saying that she wanted to introduce me to her baby, to see how it had grown, and that she was in the process of separating from her partner.

**When you receive a message like that, do you think you'd do it all over again? Or don't you ask yourself questions like that?**

In fact, I said to myself, now I'm really useful, I'm where I belong. I didn't train for nothing.

**You said it was a huge statistic. Do you have three or four a day?**

In other words, when I'm on call on a maternity ward, there are three or four cases of previous abuse of any kind, in childhood, adolescence or women's lives. In 95% of cases, it is abuse against women, so it is definitely a gender problem, it is sexist abuse, linked to a woman's sex. It's a problem of domination.

**It's a problem of domination, societal, cultural. And it may be a problem of education. Are there times when, when you see the baby leave, you say to yourself, I hope he's going to get the education he needs?**

Yes, it is very clear that we don't all have the same opportunities from the start. That's for sure, and it starts well before birth. We know that women who have experienced abuse during pregnancy have an impact on their unborn child. But it is clear that pregnancy is really a key moment.

**How would you say we manage to move from the shadows into the light? For example, this woman you mentioned, what do you think made her take this path?**

I think it is the pregnancy, it is the child. When a child arrives, it is often a motivating factor, because if they've suffered abuse, they don't want their children to suffer it too. That can give them the motivation they need to do something, but you need to meet people, you need help, you need to go back to the drawing board.

It's said that a woman leaves seven times before she really leaves. So you need to be very patient, you need to build a network around her. A network of people who are resources. And we can't all do the same thing. I'm just there to ask questions and say, if you need us, we're here. And then, once she's there, we see the problem. For example, in the case of this woman, there was a legal problem with the declaration of the child. So I referred her to a social worker. Then she went to see a lawyer. What's lacking, I think, is coordination. In other words, as in a women's centre, the woman should be at the centre and the whole system should revolve around her. But here, she's going to go and find the various people to talk to. And that takes time and is difficult.

**I'm just there  
to ask questions  
and say,  
if you need us,  
we're here.**



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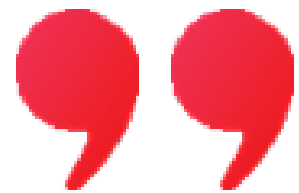
## **Extracts from a letter from a patient** to Nathalie Simonnet-Janin

**Your presence was a beacon in my darkness. [...]**

I pay tribute to you for being by my side without  
judgement or barriers. [...]

In you I have found refuge, peace and serenity in the  
midst of the storm my soul has been weathering. [...]

**Thank you for your presence on this cursed journey.**







Interview by Geneviève Berti

# NICOLE ORRAO

**Assistante Sociale**  
Direction de l'Action et de l'Aide Sociales

Assistante sociale diplômée, **Nicola Orrao** fait cemétier depuis près de quarante ans. Après un premier poste en foyer d'accueil d'urgence pour femmes avec enfant à Marseille, elle a intégré les équipes de la Mairie puis du Gouvernement. Elle a ensuite travaillé dix ans dans l'unité de gérontopsychiatrie d'un hôpital psychiatrique de Lyon avant de revenir exercer en Principauté. Elle a eu de nombreuses occasions d'intervenir auprès de femmes fragilisées par des relations toxiques, voire dangereuses. Cela fait maintenant plus de dix ans qu'elle est au service d'hébergement d'urgence de la Direction de l'Action et de l'Aide Sociales.

## **What is a social worker's first contact with a survivor of abuse like? Do we get straight to the heart of the matter?**

We have two very different types of contact. There are the women who come to us because they feel that what they're going through is starting to become unbearable, and they're ready to hear what the solutions might be. And then there are all the others who come to us for another reason and we realise that they're not doing so well. And for these people, we mustn't establish a relationship head-on, but make ourselves available, explain to them and feel that what they are going through may be complicated, but that we are there. That's something I often say to the women I meet: it is happening to you today, it could happen to me tomorrow, and it has happened to lots of others, and we're not to blame for what we're going through.

## **It's important to remember that it is not just physical abuse, there can be other forms of abuse, including financial abuse, which is one of the most difficult.**

Absolutely, and the most difficult to recognise because there are many people, particularly here in Monaco, and couples where there is enough

money to make it easy for the woman to stop working to look after the children or to lead a nice life of travel and charity work. And these women, as long as the romance lasts and the story is beautiful, they don't put any money aside, they've given up their job, they've given up their country for many of them. And when the relationship becomes toxic and dangerous, they can no longer integrate socially or professionally. And we very regularly receive people who have been here for 10, 15, 20 years, who haven't learnt French, because it is not strictly necessary in their social environment, and then to go and find work when you don't speak French, even though we're a very multilingual country and also very English-speaking, it is a lot longer, it is a lot more complicated, it doesn't give you access to everything. You have to have someone on hand to do the translation if need be. We've never had to deal with the various administrative departments. We don't know how to register a car, we don't know if there's social security cover, we don't know what our rights are. They are completely unaware of the society in which they live. And I think it is also very important for us on the ground not to lie to them. I remember someone who really impressed me, with my colleague, a woman we met in hospital after a suicide attempt who said

colleague, a woman we met in hospital after a suicide attempt who said "I'm going to leave him and finally I'll be happy", so in reality yes, but only at the end of the road because not right away. If you're a survivor of abuse, the abuse is going to start in the divorce proceedings, in the separation proceedings, in the child custody proceedings, so it is a very complicated process.

**From the discussions you have with them, do you get the impression that they feel alone, isolated?**

Yes, because they assume that what's happening to them hasn't happened to others, which is true enough, everyone has their own path of suffering, but they also believe that we can't understand it. They feel alone because they are guilty of having allowed abuse to take place, guilty of not seeing it coming, guilty of not having protected their children from it.



**Fortunately,  
there are women  
who have  
made a long  
journey towards  
resilience**



**Because these women often have the additional mental burden of protecting their children, since abuse is generally not directed solely at them.**

Yes, but sometimes they also have the child to protect because they are protecting their children by directing their partner's anger at them. But in a way, the children are also protecting them. Not so long ago, a woman told us that she had left the marital bedroom, saying, "When I slept with the little one, at least he didn't hit me". Because there was still this barrier of the father not telling their child, not being seen and heard.

Moreover, this lady left as soon as it wasn't enough to be in the children's room and he managed to open the door at 3am to ask for a pasta dish and to get it he kicked his wife who was sleeping with the children, that's what made her leave.

**What's the hardest part? Packing your bags and your kids and leaving?**

When there are children involved, it is extremely complicated because it means depriving the children of their father. So it is an obstacle course, because, in general, she leaves with the children. And all of a sudden, we change everything, we find ourselves in a hotel for a few days, staying with family, in a hostel, or even in an emergency flat, which is what we offer. The children won't have their room, they won't have their toys at first, and they feel a lot of guilt. Because sometimes the children don't take it well. And they know that afterwards there will be a comparison between mum's and dad's home. Because at Dad's, you can have the latest Playstation, you can have a big bedroom, you can have lots of toys, but Mum doesn't have a job yet, and she may not have a job to match Dad's financial situation, so it is complicated for mums to put up with it. They have these moments of hesitation and also that moment when, for example, they are aware that they don't have any money, because most of the time that's the case. There are very few couples who have experienced abuse where, when it is the men who have the better end of the financial deal, who give a pension from the outset or who take responsibility for the children from the outset. They refuse, "You wanted to leave, you take responsibility". Most of the time that's it. And if it is not put like that, it is: "I don't want you to be able to take advantage of my money through the children. So I don't pay pensions, I don't buy the shoes I should, I don't prepare for the start of the school year", and as a result, these women end up, for example, not having even 20 euros to buy a present because the boyfriend has invited the child to a birthday party and they can't go because they don't have the money to bring the present. At

that point, what's complicated is that they don't go back.

### **Have they gone backwards? Did they come back?**

They go backwards because they are tempted to re-establish a balance that was not in their favour, but which on the whole was holding up well for the family. It's also a sense of duty. And for the children, it is simpler, and then they're going to miss their father, and generally, in these cases, he promises that he'll change. We try not to let them down. But afterwards, some of them don't want to have any more contact with us. They feel guilty about leaving, but they also feel guilty about leaving the team that took care of them. And it is the art of the social worker not to judge, to keep saying that "it is your choice that worries us. Keep in touch, keep in touch". Because the second try will be quicker and more solid. Because it is true that the person to whom you're going to say "now it is like that if you go back it is too bad for you", and we'd be so tempted to say it because it is true that it is infuriating after a few months when they've taken the trouble to rebuild themselves, when they tell you "at last I'm sleeping well and I'm no longer on the alert all the time".

### **"It doesn't hurt anymore."**

So they don't say "it doesn't hurt any more" very often. They're not aware of the harm it is done them. Even when it is physical abuse, they say "I'm better", but then it goes away. I remember one woman whose husband had caused her injuries that had even led to the amputation of a finger, for example, and she said, "I'm fine, I'm fine now", and they forget about the pain. They still have the administrative worries, the paperwork, the burden of everything that needs to be done, but not the pain. And you have to remind them of this by saying "but remember when you arrived, you were injured". They forget about it, I think.

### **Is there a particular recipe for being a contact, for maintaining a link?**

So I think it is companionship. It's saying to them "Listen, I'm a woman next to you, I'm going to do everything I can know, everything I can be to help you, so that together you can get through this. It's going to be difficult, it is going to be complicated, there will certainly be moments of worry, moments of collapse, but I'll be there, I won't let go of your hand, we'll do it together, at your own pace, and you won't let me down", because there too, if they leave, it is, "I've done something stupid, you're not going to be happy with me". They transfer the guilt from the relationship to the helping relationship. In other words, "you told me not to do it, but I couldn't, I didn't dare, I didn't do it, so you're going to scold me". And not young people... I'm getting a bit old, but even people my age and even older, "you're going to scold me, I didn't do it", but no, I'm not going to scold you, if you did it, it is because you



**We always manage to knit together something that will enable us to get out of this spiral and rebuild our lives.**



couldn't do it any other way, it doesn't matter, we'll change, we'll find another way, especially when it comes to integrating. It's true that we have to give them a time frame, emergency accommodation, as its name suggests, is an emergency, and it has to be limited in time. But some of them are so destroyed inside that our time is not theirs, and so it is true that all the pressures we put on them are positive pressures, and there's also the risk of collapse, i.e. "but I won't be able to, I'm going to disappoint you", and in a way that reflects the image of disappointment they may have had in the eyes of the couple, So it is really, I think, the most

important thing, this partnership, being together, we're going to try and make you feel better, calm the children down and get things back on the right foot. But it is not all plain sailing.

**I was going to say, what is it, 24-7? They have your contact, can they call you?**

So we're not on call at the weekend, but we still have the option of sending a message by text message, and then we create the security conditions, so when people arrive, they're in a flat not far from our office. As long as we're there, they come downstairs, they come to see us, it can be three times a day when they arrive, and then not at all for a fortnight, so we create the conditions of internal security for them, which means that, for the moment, we've never had to intervene in a disaster at night.

**The question I'm asking myself is what do you need? Because at the end of the day, the mental burden is on you too.**

It's the trust that the residents place in us, it is the knowledge that they can come to us without judgement, that they can simply rebuild their lives and feel more at peace. It's the new-found confidence that pays us back for the investment of our time and energy. It's being able to have people who have left, and there are many of them, who come back regularly to give us news,

who drop by the office. Very recently, we had the pleasure of welcoming a young woman who is now married with two children, who came to present us with her latest baby, saying, "I always say to my husband, watch out because if one day things don't work out between us, I'll keep in touch with the ladies at the accommodation and it won't happen like it did in the past". And that's what makes us want to go back every day.

**What you've just said is a tremendous message of hope. Does it mean that this road, strewn with obstacles, also has a possible arrival point which is the start of something else?**

I often use this image: the light is at the end of the tunnel. Except that some tunnels are angled, and when you're inside, you don't see the light at first sight. So all the networking that goes on around caring for women survivors is to tell them that they can go forward in the dark, even if they don't yet see the end of the tunnel, there is a way out and that we'll be there to hold their hand until they see it for themselves and feel strong enough to make the journey on their own, and really there's no story where there's no solution. Even if it is difficult, even if it takes a long time, even if it is complicated, we always manage to knit together something that will enable us to get out of this spiral and rebuild our lives. Even if you have to do



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it once, twice, three times, you'll get there in the end.

**But getting out of the spiral means separating all the same?**

Yes, that's right.

**Are there any examples of this being resolved without separation?**

I'd like to say yes, but no. On the other hand, we do succeed in calming the situation sufficiently so that we no longer have a couple, but a parental couple that continues to exist, and that functions well after all these difficulties. It's at this point that you become a bridge-builder and hold on to your hand until you can move towards the light.



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Interview by Geneviève Berti

**NADÈGE  
ALEKSIC**

**Psychologue**  
Direction de l'Action et de l'Aide Sociales

**Nadège Aleksic** holds a Master's 2 in Psychology, and began her career in the psychiatric emergency department of the Toulon Prison Centre. This initial experience brought her into contact with perpetrators of domestic abuse. In 2017, she joined the Monegasque administration through the Department of Social Action and Assistance. Her responsibilities include caring for survivors of domestic abuse.

### **What role does the psychologist play in women's lives?**

I'd say that it is above all a matter of listening attentively, empathically, kindly and sometimes over the very long term. Where the psychologist is going to be a major asset in caring for survivors of domestic abuse is in being able to see the issues at stake for the women involved. There are going to be a lot of people working around them, but the role of the psychologist is really going to be to make them aware that they are survivors of domestic abuse. Most of the time, women are not necessarily aware of their status as survivors of domestic abuse.

### **Why don't they know? Is it because culturally they don't realise?**

Culturally, there is an impact, that's for sure. You have to realise that all socio-professional and social categories are affected. And yet, in the majority of representations, these women may say to me, "But no, domestic abuse isn't me. I have a social life, I have a good job, my husband isn't that violent". So these representations are going to be just as much resistance that we're going to have to deconstruct.

### **When they come to you, what stage have they reached in their journey?**

For the most part, they arrive at the beginning, because in the Principality many professionals have been trained to detect signals and to receive survivors, which means that there is a very good network that will then direct these people. When it comes to the DASO, the all-purpose social workers may have their suspicions, may talk to the person and say: "This person is a psychologist, she's there to listen to you if you need it. Would you agree to an initial interview and possibly leave the door open to something else? Some refuse and some accept, and I meet them in this context. And sometimes it is after an emergency shelter. The fact that they've left home stirs up a lot of things, and at that point they feel the need, at first, to pour out everything they've been through.

### **What has made the biggest impression on you so far?**

It's the multiple aspects that can characterise abuse. In my practice, I see very few survivors of physical abuse, which is the most common type. I see much more psychological abuse.

This is the most difficult to detect for the survivor and those around them. But there's also a lot of economic abuse, which is very widespread but little known. It can range from confiscation of means of payment to a ban on working.... The strategy is to isolate, control and establish a relationship of domination over time.

**Do you have any flashbacks?**

Of course, and it is even common. It's common because it is an integral part of the rebuilding process. It's important for these women to test leaving home, but often the hold is such that they'll go back.

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**The strategy  
is to isolate,  
control.**

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**So the hold is such that she immediately feels responsible for the failure? There is a notion of responsibility in this equation that must be difficult?**

This goes hand in hand with guilt, which is absolutely immense and plays an enormous role during the interviews, even sometimes after a stage that can be described as positive, such as leaving the home. At the same time, it is a moment when you have to be extremely vigilant, because often there's a boomerang effect where, having taken this step forward, the survivor can say to us "My God, what have I done?"

**How do you respond when the person who took the decision to leave ends up telling you: "If it doesn't work, it is because I left, it is my fault really"?**

Fortunately, things can be deconstructed. Sometimes, I admit, I get the oars out. At the same time, we're really trying to deconstruct and bring in the facts. I rely heavily on the cycle of abuse that can be found, for example, in the booklet published by the DASO, and we try to understand it. I'm very present at these times, so that she can rely on a neutral person who will have the distance to say that domestic abuse is a crime, so what he's doing to you is not allowed.



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**Yes, but does a survivor understand that "what he's doing to you isn't allowed"? There's this idea that what happens in private is private, and so everyone makes their own rules.**

It's a very powerful phenomenon and it has to go. In an ideal world, there's no place for abuse, in private or otherwise, there's absolutely no justification for it. We talk about it a lot in the interviews, but it is trivialised to an enormous extent, and that's also explained by the phenomenon of the "hold", which has become so widespread over the years that the tolerance threshold of the survivors increases over time, which means that abuse that might have been perceived as unspeakable at the start of the relationship finally becomes, "well, I've seen worse", so it is trivialised.



**It's a process,  
so you have to  
give it time.**



**When you come along and say the exact opposite, you're a completely dissonant voice for these women, so it is complicated for them to hear you?**

That's why what I've said in 30 seconds sometimes takes me 7-8 interviews to go into in depth.

**Is it common to reach the 7th interview, or is it sometimes interrupted before and resumed after?**

Every psychologist has their own professional stance and at the same time I really try in my practice to be very caring and reassuring while not

being infantilising. There are women who have a very good social or professional situation, and they don't want us to infantilise them. But there is denial. It's very powerful.

**Can you think of a time when, in a conversation, there was denial and it was complicated for you to continue or not?**

In general, from one interview to the next, I really try to find strategies to get people to listen differently. And the key, often, in what I've noticed, is to get people to question. If I ever assert truths, I automatically lose them. The questioning process really has to be led by the person, guided by me, but led by them. You have to ask the person "What do you think a healthy relationship is? Would you say that you find similarities with your partner? OK, so there are a few differences, because if we look at the differences, what would you like to improve? And as time goes by, a bond of trust is established, because they already feel and hear that I respect their rhythm, and that's essential. And that's what makes working with survivors of domestic abuse so complex - it is about adapting to their psychological timeframe, which is not the same as the legal timeframe, for example, and really adapting to their pace all the time.

**When you say "psychological timeframes are not the same as legal timeframes", do you see the challenge as being to align them in the end?**

In a way, yes, because we know that when the status of survivor is recognised, the fact that things are brought before the courts, that a complaint is lodged, that there is legal recognition as a survivor, helps the psychological processes enormously, but at the same time, some women are not ready to lodge a complaint for months. So they still have to rebuild their lives first. They don't all arrive in the same psychological state, so it is up to me to adapt to them and to make it very clear to them - in general, I'm very transparent - that I'm not going to force them to go to the



Sûreté Publique, I'm not going to force them to file a complaint. On the other hand, if it ever comes to that part of the job, I'll be there to support them therapeutically and also physically, if need be, to accompany them to the Sûreté.

**Do they say the phrase "I need help"?**

Yes, it happens. When people really realise that they are survivors and say to themselves: "I'm under a spell, I recognise myself in every way in this cycle of abuse and I can recognise that I've been in this cycle for sometimes years", they ask for help and they say so.

**And this is a moment when you feel it opens a door for you?**

Yes, indeed, it opens the door to work on the next stage, which is no mean feat.

**Because we always say, when you accept help, you start to move forward, but the path is not yet complete.**

No, they're not there yet because there's a very strong conditioning. They've been living in a conditioned environment, sometimes for decades. So it is not me, a humble psychologist, who's going to deconstruct that in three sessions.

**You talk about deconstruction. Are there survivors who were afraid of this deconstruction?**

Absolutely, and of course that's been the case, there are flashbacks. It's not just something as concrete as leaving home and then returning to the marital home. In the work itself, there are little steps backwards, and when I see this, I tell them, but I welcome it, always remembering that progress is not linear, it is never simple. So we need to be able to normalise these little steps backwards, to be able to say to them: "OK, that's part of the reconstruction process, you don't get out of a hold immediately, so it is the conditioning that has an effect". I'm here to help with that too.

**Several days or hours can go by between two sessions, so are we on an equal footing**

**with everyday life?**

No. Not really. At the same time, the distance between the interviews, depending on the person's condition, I'm not going to leave too much, but in the content of the interviews, it can be very dense, both in terms of the aspects that have been discussed and at an emotional level. So you need time to digest everything that's been said. It's a process, so you have to give it time.

**Are they prepared for this time?**

They're aware of it, yes. After that, it is because I worked a lot on it beforehand. Temporality is really at and respecting their time frame also allows me to say, "Well, what you're expecting from the State, the institutions and the justice system isn't in the right time frame. We still have time to work on other aspects before you get a divorce or anything else".



**In order to move from the shadows into the light, you need to take the time to do so.**



**Could this timeframe be discouraging for her?**

Yes, it is clear that it can take a very long time for a divorce to be officially pronounced. Sometimes there are appeals or even postponements of hearings, so all that is quite difficult to go through, so I also help them through the process.

**Is it possible to move from the shadows into the light?**

I think that in order to move from the shadows into the light, you need to take the time to do so, while protecting yourself from being put at risk, so

we work on this during the interview, in particular through what we call a protection scenario. This is specific to leaving home, but it involves planning reassuring strategies to facilitate a sudden departure in the event of episodes of abuse. This means keeping cash at hand, identifying a room in the home that can be locked, if possible trying to hide a mobile phone in it, preparing a bag with essential items such as a few items of clothing, copies of identity papers, spare keys, and possibly leaving the bag with someone you trust, a resource person you have identified beforehand.

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**Dare to think  
positively about  
the future again.**

”

So these are all moments of psychological support that are reassuring and that also give you the desire to move forward. So I'd say that it solves some aspects, not all, but it can remove certain obstacles. You have to be able to give yourself time, and a lot of empathy too, because it is often difficult for these women, whose self-esteem has been very low, to say to themselves: "I deserve to be empathetic with myself, I deserve to get better, I have the right to make mistakes, I deserve to feel better". And finally, to work on mobilising the resources that are there, dormant but very much present. Dare to think positively about the future again.



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Interview by Geneviève Berti

## CHRISTELLE DUBOIS

Conseillère en économie sociale et familiale  
Direction de l'Action et de l'Aide sociales

**Christelle Dubois** holds a degree in psychology and a diploma in social and family economics counselling. She began her career as a teacher at the Lycée Technique et Hôtelier de Monte-Carlo in 2005, where she taught for 9 years in the section for pupils with learning difficulties. More than ten years ago, she joined the Department of Social Action and Assistance, where she helped people in financial difficulty to balance their budgets, and also worked in the emergency accommodation scheme, where she assisted people who had been survivors of abuse.

### **When we talk about social and family economy advisers, we're talking about supporting women in difficulty along the way? How does this work?**

I'm a social worker, so we're talking about helping people in difficulty. The counsellor's specific area of expertise is budget support, but that's not all. There's all the day-to-day support. This is in line with the other professions of social worker and specialist educator.

### **When the women come to you, are they women who have already separated?**

By the time they arrive at our scheme, they have already taken the plunge and decided to leave home.

### **Already, without abuse, separating is a financial issue. In these cases, it can be even more difficult?**

It can be more difficult because there's often this economic abuse that we talk so much about, which is sometimes even the first abuse. It's true that it is not easy because they are completely dependent.

### **Are they dependent on their spouse?**

Most of them are no longer financially independent. So they arrive with no income of their own. They don't work, and often it is their spouse who has explained to them that with his income, it is better for them to stay at home and look after the household. For some, this is a choice, but for others it is not necessarily so. They were forced into it in a very gentle way. It's never frontal. They then find themselves without an income of their own and in control. That's what makes the difference, because it is the spouse who controls what they need to run the household. They'll give a certain amount and say: "This is enough to keep the household going, if you can't manage it, it is because you don't know how". That's economic abuse, and it can go so far as to completely deprive people of their financial autonomy, with people arriving with no bank account of their own. I have the example of a lady who arrived and didn't have her own bank account, so she used her husband's bank card, which wasn't in her name, or cash. He gave her cash and the card on an ad hoc basis for very specific things. That's serious abuse.



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**It is the spouse  
who controls  
what they need.**

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**When you leave, you're living on benefits, on an extremely modest budget until you get back on your feet. Is living on an extremely tight budget a real difficulty for them in the end?**

There's been a change because there's this budget management that they didn't use to do. They were used to being given money to do specific things. Some people have to learn and others have to relearn how to manage a budget. Shopping for food, housekeeping, school supplies... It's all about managing a budget. You think: "We have so much income and we have to pay for all these everyday things". They also have to learn to enjoy themselves again, so that they can use their money for themselves. Some of them are no longer in the habit of doing this.

**In other words, they have a relationship with money that, while not negative, is pleasure-free. We all have moments in our lives when we say to ourselves, we're going to treat ourselves.**

They are no longer used to money or spending. It's all about the household. And, above all, they no longer make their own decisions. Most of the time, it is their spouse who decides. There are different levels of economic abuse, but it can go

It seems to be a phenomenon of total control. How do you free yourself from this hold? as far as: "I decide whether you can go to the hairdresser or not. I'll give you money for this or that and you have to use it for that or that expense".

**Are there times when they ask you what I'm doing with this money?**

It really depends on the individual. Some of them actually ask to see me regularly to help them manage their business. It's a really specific request. "Can I come over? Can we go through the accounts together? Can you tell me whether what I'm doing is going well or not? They need reassurance. They don't trust themselves.





**When you say they don't trust you, can they say to themselves, "I've still managed to fit everything into the budget, but it may not be right?"**

I once had a lady come in, and when we looked at the accounts everything was fine, and she asked me: "But is it fine? Are my expenses correct? She needed me to say, "Yes, it is fine. The expenses are fine, there's nothing to worry about". After that, managing a budget is complicated because there's no such thing as good budget management from one person to the next. Some people spend more on food, others more on leisure. It all depends on lifestyle habits. You can't say to someone: "That's good, you've spent this amount per month on this item, you're within the framework". No, it depends on lifestyle habits, and each person may develop an expenditure item differently, depending on the way they live.

**Is there ever a moment of dismay, surprise or pressure? It's quite something to regain your financial independence, to have your own money.**

There's relief above all, in fact, because they're also regaining financial security. They know they need that. They know when they arrive. In fact, often the fact that they don't have financial independence can be a hindrance. So they're aware that it is important, and there's a relief in saying to themselves: "OK, I've got my money, I've got my own money, I've got this financial security now", and it also allows them to regain their inner security, to get out of the daze they've been in, because they often arrive at thinking: "But how could I have accepted this? These people often feel guilty. When they arrive, they often say that they feel guilty for having suffered what they have. And they think about it, they retrace their steps a little, saying to themselves: "But how did it get to this point? At what point did I not see this coming? There is guilt, at least for those we have been able to help.

**Is your time with them long, short, how is it going?**

When they arrive, they are stunned by what has happened, by what they have been through, and they need time to settle down, to digest, to rebuild, to regain a sense of inner security, and this time varies depending on the person and what they have been through. Once this time has passed, or sometimes at the same time, they take steps to reintegrate into society, because they are often isolated. Later, they may embark on professional reintegration, and through this, regain financial autonomy and stability, which will then enable them to look for a flat in which they can live independently. It's a whole process that goes through several stages, which can take more or less time depending on the individual.



**It's a whole process that goes through several stages**



**During this period, are you a telephone correspondent? Do they come to see you? Are there different ways of supporting them?**

They come to see us or we contact them by phone, but most of the time they come to see us. We see them frequently, at least once a month. Often when they first arrive, they come more regularly. They need a place where we can listen to them without judging them, and then accompany them, advise them, they need support.

**Do they have any questions?**

They have questions about things that are sometimes very trivial. They need to confide in someone.

Above all, they need to be listened to, they need support and they need to realise that they are not alone. They are often isolated from their families. Sometimes they have also left the country or region where they were living to follow their partner, so they are also isolated from their friends. Their friends are often friends of the couple and not necessarily of themselves. I think it is also good for them to re-establish links and create friendships. That's also an important part of the process.

**How do you go from darkness to light? Is there a moment when you feel a trigger?**

In fact, it is mainly a question of regaining self-confidence and security, whether internal or financial. After that, when we say that they move from the shadows into the light, they sometimes go back and forth too. They can go from the shadows into the light, then back into the shadows and back into the light again. The important thing is that they know they have a place, a listening ear and a place where, if need be, they know they can be accompanied and supported.

**When you say "they go back and forth several times", do they break contact when they go back into the shadows?**

It happened once. While she was staying with her partner, we didn't have any contact. But, in any case, the person knew that we existed, that this support and accompaniment service was there and that she could call on it if she needed it.

**And she came back?**

She didn't come back to us, but she did go back into the light. But she didn't need us.

**Are there times when you say to yourself, "Thank God we're here"? Because it is very hard for these women.**

It's very hard for these women, yes. These are really complicated stages for them to go through. And yes, fortunately this support exists. It's

financial support from the state, which enables them to get through this stage.

**We leave, but it is very complicated if only to have a roof over our heads. Do you give them a roof over their heads for the time being?**

Of course, yes, we give them a temporary home. A "home", so that they can really rediscover the serenity of being safe.



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Interview by Geneviève Berti

# CLAIRE QUESSADA TAXIL

Capitaine de Police  
Direction de la Sûreté Publique

Police Captain **Claire Quessada-Taxil** has been assigned to the Juvenile and Social Protection Unit (G.M.P.S.) of the Criminal Investigation Division since 2019. The scope of her duties includes handling proceedings relating to domestic abuse, minors who are perpetrators and/or survivors of misdemeanours and/or criminal offences, abuse of vulnerability and cases relating to the possession of child pornography.

**In the course of your work, you come across women who have been survivors of abuse and who come to file a complaint. What are they looking for?**

There are a number of different situations. We may find ourselves dealing with women who come to us for answers to questions they have, or sometimes for guidance on a problem they are experiencing. Then there are people who come to us to lodge a complaint because they have been the survivor of an offence committed against them, and obviously that's where our role comes into its own, as we are able to receive their statement and ultimately their complaint.

**There are different stages: you don't have to lodge a complaint straight away, you can make a statement. Complaints are not systematic.**

For us, lodging a complaint is the first step in the investigations we can then carry out. But it often happens that people come to see us to talk about problems, but without going all the way to filing a complaint. They will ask us to make an inventory of what may have happened to them, and this is what we do by means of police reports, which we keep on file to record the date of the visit of a person who has told us about their problems.

**Would you say that when they arrive at your home they already think there's something there?**

Their stay with us is a fairly important indicator that we really take into consideration, which is why there is always a record of their visit. Even if they don't say much. We believe that if someone comes to see us, it is not necessarily trivial. They come to bring something to our attention, and that something has to appear somewhere, so that at some point it can be used again when the person is at a more advanced stage in their journey.

**The fact that you're a woman isn't entirely insignificant in this scheme either. Is there a relationship that develops?**

Contact with a female investigator in this area is advantageous. I think it is easier for a woman to confide in another woman, especially when the offence is a private one. That's not to say that this is always the case within the department. We have male colleagues who are very aware of these issues and who are just as attentive and caring as we are. But it is true that it is perhaps easier to form a bond, and we approach subjects more freely when we're face to face with a female investigator.



**They walk through the door, but they're not sure how far they want to go, particularly by keeping things to themselves?**

Of course, this can happen. You may come across people who are going to tell you about a whole host of problems without necessarily going into the precise point they have in mind. When you get the feeling that things are going a bit off in all directions, that means there may be something there. It's not always the case, I'm not going to generalise about all the people you meet, but it is something to keep in mind. In the group I belong to, we always have this little warning in us. We keep in mind that in the flood of information we receive, there may be something more important. And it is up to us to bring out what's causing the person real difficulty.

**It's often a reversal of guilt that takes place in these situations.**

**Is it rare for everything to go wrong the first time?**

It's completely random.

**Once they've filed a complaint, at the end of what may already have been a fairly long process with you, is it all over for you?**

Yes, in fact, our role comes to an end once we have received the complaint, carried out the necessary investigations and completed the procedure. That's our mission. When the courts take over, it is out of our hands.

**Do you talk about it amongst yourselves?**

Of course it is. There are seven of us in the unit, and most of the investigators know each other's cases. Yes, it is important, we talk to each other about it. If a survivor doesn't necessarily make contact with a colleague, we'll be able to take over from there. After that, it is rare for us to maintain contact or a link. It can happen, but it is still very rare.

**Monaco is a small place, so you might bump into them. Is it easy to make contact with them, even if it is totally impromptu?**

You can have a sympathetic view from someone you've been able to help and then unfortunately





there can also be the other side from someone who may not have gone all the way or may not have been able to go all the way for their own reasons or if the end result may not have been what they had hoped for. There are always people who are disappointed.

**We've talked about the women who come to you, but sometimes you're in action. You're called out and you find yourself on the scene. Does that happen?**

Yes, as part of our judicial duties. As investigators, we very often come second. There are the responding officers, who are on site and in direct contact with the people involved. For us, it is different. Unless there's a really special situation, when we go out, our role is a secondary one, that of the investigator.



**It's possible to go backwards**



**Have you witnessed situations of denial? Are there women who refuse to admit that they are survivors?**

It happens. It's a protective mechanism we come up against. It's our duty to put things in their place, to recontextualise, to put the guilt back on the right person. It's often a reversal of guilt that takes place in these situations. It's up to us, as external facilitators, to put the cursor back in the right place and get the survivor to reformulate things. When we invite them to rephrase things,

they can realise for themselves that they have set up this denial mechanism. That's crucial. In our intervention, it is very important to put legal terms on what's happening to her, to be able to say exactly what it is: assault, abuse, physical abuse, psychological abuse, economic abuse, sexual abuse... This is our moment, that's why we're here, to explain to her that no, this isn't normal. The slap she may have received because he was overworked and tired, no, that's not normal.

**If there are links, how do they work? Can they stay in touch with you?**

So, as far as we're concerned, it is true that I think we all have to show a certain detachment within the unit because it is necessary.

**Was the roast burnt?**

Exactly. And the same goes for economic abuse. Saying that the partner has the upper hand on the accounts because he or she manages the couple's finances better can also be a form of abuse. It's up to us to intervene and put things in their place.

**Are there situations where you feel you need to provoke something?**

Yes, especially when there are children involved. It's true that it is a form of leverage. It allows us to say: "As far as you're concerned, you see things this way, you say this is what's going on, and you don't want to go any further for your own reasons, but there are children. What about the impact on them of what's going on around them? It's true that this can sometimes be a factor that brings them face to face with this reality, and also with their responsibilities, their duty to protect.

**Do you currently handle many cases?**

There are cases, and they are frequent. They affect all types of people, all types of social class.

**There is no typology in fact.**

Absolutely not.

**Or nationality?**

No.

### Or of origin?

No.

### Does it affect everyone?

Exactly.

### Is it compulsory for a woman to lodge a complaint to get out of this situation?

A formal complaint as such is not obligatory. There may be cases where people come to the police station, talk to us, and want to bring the facts to our attention, without however lodging a complaint against the person they are accusing. On the other hand, bringing the matter to our attention means, at some point, reporting the facts that have occurred. Once we have received a report, once we have come into contact with a person who has explained a certain number of things to us, that's enough for us to be able to do our job. Because we have this pattern where the survivor has to lodge a complaint, otherwise nothing happens. Yes, absolutely. I can think of one case where the survivor initially had absolutely no desire to speak to our services even though an intervention had been carried out at her home and she had been taken into care and taken to hospital. The facts were important and she refused to contact us. Despite this, a few days later we finally got in touch with her, and that's important for us.

### Did you call her back?

Yes. It was out of the question for her to consider filing a complaint. She reported the facts to us and explained what had happened. Following that, we investigated, under the authority of the Public Prosecutor's Office. It's important to say that you can't conduct an investigation if the courts won't let you. The procedures that are set up are done with the approval of the Public Prosecutor's Office. But we were simply making a denunciation. Despite this, we were able to proceed to the end and ensure that the assailant was prosecuted and that the survivor benefited from a protection order. In the end, she filed a complaint. So she



**We know that a survivor of abuse, will go back and forth.**



went through several phases. We had this phase of "no, I don't want to do anything", then "OK, I'll come and see you and I'll explain what happened anyway" and finally, "yes, I'm filing a complaint because what happened was too violent". It was exactly over the limit, and it can happen again, and it must not happen again.

### So, to sum up, how do you get from the shadows to the light? What trump card do you have up your sleeve, is it listening, perseverance?

Unfortunately, there's no miracle recipe, no methodology, because it is different for everyone. Every survivor is different, and every survivor goes at his or her own pace. It's possible to go backwards, because we've often seen complaints filed and then withdrawn, but that's part of this type of offence, we know that. We know that a survivor of abuse, particularly domestic abuse, will go back and forth. We're all aware of this mechanism, so we take it into account.

### Does this create frustration?

It can be frustrating, especially when there are serious, proven facts, but we remain methodical and professional. We tell ourselves that this is unfortunately part of the cycle. To move from the shadows into the light, I think the important thing

is to reconnect with the outside world. Because most of the time, they are isolated.

**Are you the first door they finally push open?**

You may be the first, or you may not be the first either. But that's why going to see a doctor, going to see a social worker, approaching the Association d'Aide aux Victimes d'Infractions Pénales (Association for Helping Victims of Criminal Offences), these are the little things that

can lead the person to our services and to a decision about their future.

**Do you see it as a way out of isolation?**

I think that's one of the important things. You need to reconnect with your family, colleagues and friends. Having a third party involved usually helps you to understand what's going on, or at least to shed some light on what can be a dark situation.



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## **Measures to combat domestic abuse**







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Let's continue to work together for a society where every woman can live free abuse.





