

Consequences and possible warning signs

Relational level

- **Ambivalence**; shame/exhibitionism; mutism or verbosity; hostile or unpredictable environments
- **Repeated** missed appointments
- **Addictive behaviours**
- **Over-adaptation**, parentification
- **Incestuous or boundary-violating** relational dynamics

Central nervous system

- **Post-traumatic stress disorder** (freezing response, dissociation, traumatic amnesia, hypervigilance, emotional dysregulation, intrusive thoughts, avoidance, interpersonal difficulties, negative self-concept)
- **Anxiety disorders, depression**, suicide attempts, self-harm, borderline personality disorder, eating disorders, obsessive-compulsive disorder (OCD), tics
- **Memory impairment** associated with hippocampal and prefrontal cortex atrophy
- **Vagal dysregulation**: vasovagal episodes, chronic fatigue (asthenia)

Digestive and genitourinary systems

- **Gastro-oesophageal reflux**, gastritis, irritable bowel syndrome, abdominal pain
- **Urinary disorders**, gynaecological disorders including pelvic pain, fungal infections, genital bleeding, dysmenorrhoea, dyspareunia, sphincter disorders, sexually transmitted infections (STIs), repeated abortions
- **Pregnancy-related complications**: ectopic pregnancies, first-trimester miscarriages, unexpected labour, denial of pregnancy, intrauterine fetal death, intrauterine growth restriction, preterm birth

Pain and musculoskeletal system

- **Low back pain**, chronic abdominal pain, chronic headaches, chronic pelvic pain, altered pain threshold (hypo or hyperalgesia), rheumatological conditions such as fibromyalgia
- **Fascial stiffness**
- **Alterations in proprioception**, posture, balance, and body awareness

Skin, immune system, and endocrinology

- **Dermatological conditions**: eczema, psoriasis
- **Recurrent infections**: fungal infections, ENT (ear, nose, and throat) infections
- **Autoimmune and endocrine disorders**: thyroid disease, diabetes

Cardiovascular and respiratory systems

- **Myocardial infarction**, COPD, shortness of breath, chest pain, palpitations

And many others, often characterised by their recurrent nature, such as functional somatic syndromes, for example

**A warning sign is only a warning sign!
It is the multiplicity of signs that should raise concern.**

The role of the general practitioner in situations involving violence^{1,2}

Identify

- **Systematic screening** using domestic violence assessment tools (e.g. Haute Autorité de Santé screening tools, WAST, CTQ, the Violentomètre, etc.) through questions addressing all forms of violence, particularly when identifying possible physical consequences (Felitti study).
- **Assessment of danger and coercive control** using the handbook "Medical Confidentiality and Violence Within the Couple".³
- **Assessment of suicidal risk** and the risk of forced suicide.

Listen

- **Practise active listening** and believe the victim.
- **Support the person** with both their physical and psychological difficulties.

Explain

- **Remind the person about medical confidentiality** and the legal framework and acknowledge and name the violence experienced.
- **Explain the cycle of violence** and identify and counter the perpetrator's strategies.
- **Describe the health consequences** (psychological trauma, psychological and physical hypervigilance, vagal dysregulation, etc.) and the impact on exposed individuals, including children who are co-victims.
- **Emphasise safety** by supporting the development of a protection plan: preparing an emergency bag, identifying a safe place, finding a trusted support person (friends, family, neighbours, etc.), and keeping copies of essential documents, driving licences, diplomas, and other important papers.

Respect

- **Respect the victim's account**, decisions, and personal journey.
- **Respect medical confidentiality** and its legal framework.
- **Respect the individual's pace** and timing.

Write

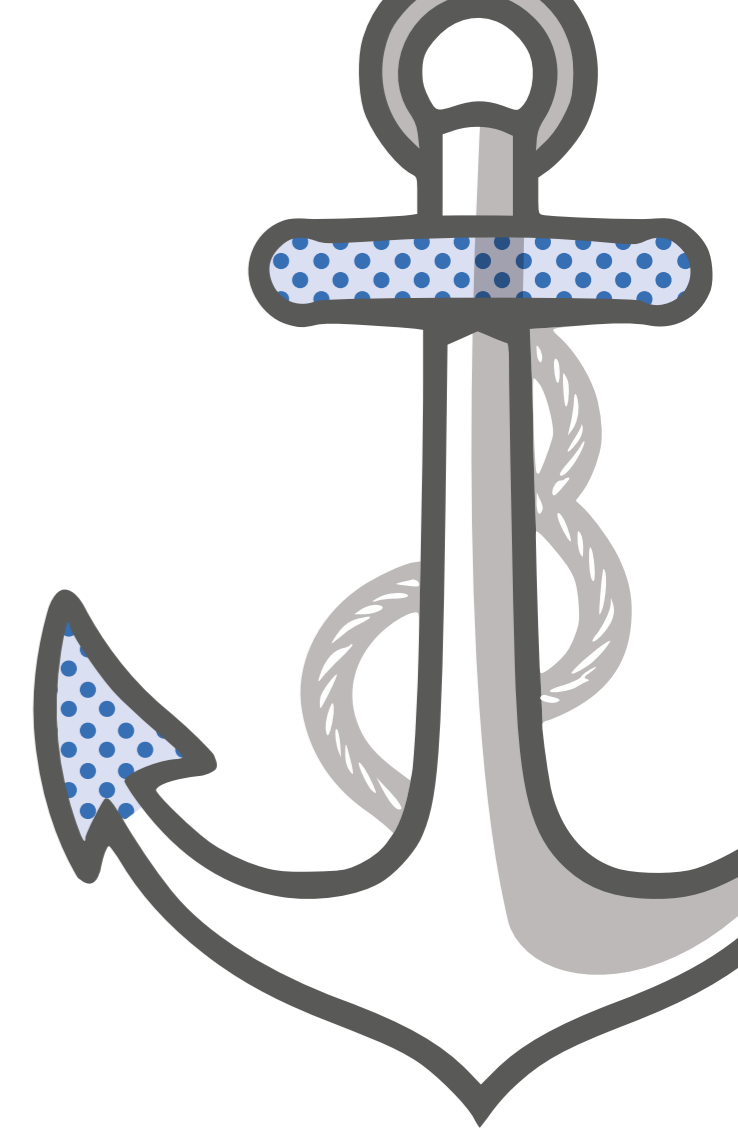
- **Prepare a medical certificate** and keep it in the patient's medical record⁴.
- **Submit a report or safeguarding** concern notification if the circumstances justify it⁵.
- **Arrange long-term condition coverage (ALD)** in cases of chronic PTSD lasting more than one year, or for "Care for minors who are victims of sexual abuse," granted unconditionally, including after the age of 18, when justified by the situation and with the victim's consent. This constitutes recognition by the medical profession.

Refer

- NEVER PROVIDE SUPPORT ALONE.**
- Refer the person to a coordinated local multidisciplinary network:
- identify the network in advance (e.g. CPTS, multidisciplinary health centres, etc.)
- build connections and establish collaborative working methods (protocols).

Take care of yourself

- **Protect yourself and avoid direct involvement** when either the perpetrator or the victim is personally known to you.
- Whenever possible, **distribute care for family members among different professionals** within the practice or healthcare structure.
- **Prevent compassion fatigue and vicarious trauma** through supervision, peer support, self-care, healthy lifestyle habits, maintaining mental availability, and ensuring adequate rest.



Preventing and managing situations of violence in general practice

A clinical topic

Violence: **why should we care?**

Violence is a pattern of harmful behavior rooted in power imbalances and coercive control. It may be verbal, psychological, physical, sexual, material, economic, administrative, online, and can also include harm to domestic animals¹.

Its impact on health is significant, although it may be reversible.

Violence experienced in childhood is one of the leading contributors to morbidity and mortality².

It affects emotional and relational functioning, nervous system regulation, and the development of psychiatric disorders, as well as digestive, gynaecological, cardiovascular, pulmonary, musculoskeletal, autoimmune, infectious, functional somatic, and cancer-related conditions.

Violence is a major public health issue and falls within the scope of general practice.

- **1 in 5 children** is a victim of sexual violence³
- **1 in 4 children** is a victim of physical violence⁴
- **1 in 5 women and 1 in 6 men** report having exposed to domestic violence at least once during childhood, regardless of its form⁵
- **1 in 6 women and 1 in 18 men** report having experienced physical or sexual violence by an intimate partner

The role of general practitioners

People affected by violence identify their general practitioner as the professional best to supports them throughout their medical, social, and legal pathways.

This support draws on the full range of our professional expertise. Domestic violence is already the subject of best-practice guidelines⁷.

¹ - Henrion 2001
² - Felitti study and ACE score (see following pages)
³ - Council of Europe, 2025
⁴ - WHO, 2016
^{5 et 6} - Genèse 2021
⁷ - Haute Autorité de Santé (HAS) - Identification of women victims of intimate partner violence, June 2019

Screening should be conducted only when appropriate, after you have received training, when you are not alone, when the environment is safe, and you are physically and mentally prepared.

Why screen?

- **Silence** is never an option.
- **To reduce patients' tolerance** towards violence.
- **There is no typical profile** of victims of violence.
- **Pregnancy** is often a period when domestic violence emerges.
- **To help patients** understand that violence is a medical issue.
- **Violence screening** is an essential part of the medical history.
- **To protect children**, whether as direct victims or co-victims: bit.ly/452wTIW
- **We only get answers** to the questions we ask...

How (for all patients)?

- **Have you ever been subjected to verbal abuse**, sexist comments, humiliating or demeaning remarks, insults or threats?
- Have you ever experienced **physical violence**?
- Have you ever experienced **sexual violence**?
- Have you ever experienced **violence**?
- Are you, or have you ever been, **a victim of physical, psychological, or sexual violence**?
- **How are things** at home?
- How does **your partner treat you**?
- **How are your intimate relationships**? Do you always feel free to make your own choices?
- **Have you ever been verbally, physically, or sexually assaulted by your partner**? If so, how often?
- In the past year, **have you been pushed, hit, slapped, kicked, or physically harmed by someone**?
- During pregnancy, **have you been hit, slapped, kicked, or physically harmed by your partner**?
- In the past year, **has anyone forced you to have sexual intercourse**?
- **Are you afraid** of your partner?
- **Have you ever felt very afraid** or been seriously hurt by someone close to you?

Ask one question at a time. Allow time for the answer and document it.

Further information

- **Conference on the role of healthcare professionals** in the management of violence, by Dr Lucie Bosméan: bit.ly/conferencebosmean
- **What happens to victims** during and after violence: the impact of acute and chronic stress: dai.ly/x6a0ela
- **Psychotraumatic consequences of violence**: freezing response, dissociation, traumatic memory: dai.ly/x6xi2pf
- **Women victims of violence**: Anna, a short film by Johanna Bedeau and Laurent Benaïm: bit.ly/4aulrPL
- **For domestic violence among young women**: the "Violence Meter" (Le Violentomètre): centre-hubertine-auclert.fr/egalitheque/publication/le-violentometre

Strategies of the perpetrator and the healthcare professional

Based on the "Anna" booklet – MIPROF, 2017

The perpetrator

They isolate their victims, cut them off from their friends, colleagues, and family, and monitor them.

They belittle them, humiliate them, and insult them.

They silence the victim and convince them that no one will believe them. They treat them as his property and make all decisions for them.

They systematically shift responsibility for their actions onto the victim. They justify their behaviour, minimise it, or deny the violence.

The healthcare professional

- **Provides support and guidance** within their area of expertise.
- **Reassures the patient** by explaining that a wider network of professionals and organisations is there to help. The healthcare professional shares contact details for local support services, as well as relevant social and medical partners.
- **Helps identify potential sources of support** within the patient's social, professional, and family environment.
- Provides **safety and protection advice**¹ Schedules a follow-up appointment.
- **Validates the victim** and the steps they are taking.
- **Emphasizes the courage it takes to speak out about the abuse they have experienced.** They do not make decisions on their behalf, particularly regarding separation (except in cases of imminent danger).
- **Listens carefully** and respectfully.
- **Believes what the patient discloses** and communicates this clearly.
- Allows the patient **to speak freely.**
- **Helps the patient articulate their needs** and requests for support.
- **Respects the patient's choices** and support them in implementing them.
- **Reminds the victim that the law prohibits domestic violence**, that no circumstance can justify such violence, and that the sole responsibility lies with the perpetrator. The healthcare professional avoids making moral or value judgments about the perpetrator.
- **Suggests** the possibility of filing a complaint.
- **Assesses and addresses immediate danger** by considering the victim's fears and risk of suicide, as well as the perpetrator's substance use, psychiatric history, or criminal background.

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Access to the **digital version** of the document.



Additional and useful resources **for your practice.**