Intimate Partner Violence and the Complexity Turn. The Multiple Conceptions of Gender in IPV Policy in Switzerland

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Intimate Partner Violence and the Complexity Turn. The Multiple Conceptions of Gender in IPV Policy in Switzerland

Pauline Delage* and Marta Roca i Escoda**

Abstract: Based on socio-historical research of domestic violence treatment in the cantons of Vaud and Geneva, this article analyses how the co-presence of many actors and approaches has affected the definition of intimate partner violence (IPV) in Switzerland. IPV policies centred on gender and then reframed to define violence as a complex issue. We show what the consequences of framing complexity for policy are.

Keywords: Domestic violence, social problems, policy, gender

Le tournant complexe des violences dans le couple. Les conceptions multiples du genre dans le traitement des violences conjugales en Suisse

Résumé : Cet article montre comment la prise en charge des violences dans le couple en Suisse est marquée par la coprésence d'une multitude d'acteurs et d'approches qui influe sur la définition du problème. À partir d'une recherche socio-historique et en nous centrant sur les cantons de Vaud et Genève, nous analysons l'évolution des approches : des violences en termes de genre au registre cognitif de la complexité. Nous montrons quelles sont les conséquences de ce cadrage de la complexité pour l'action publique.

Mots-clés : Violence conjugale, problème public, action publique, genre

Der komplexe Wendepunkt der Gewalt in Paarbeziehungen. Vielfältige Geschlechtsvorstellungen im Umgang mit häuslicher Gewalt in der Schweiz

Zusammenfassung: Dieser Artikel zeigt, wie der Prozess im Umgang mit häuslicher Gewalt in der Schweiz durch die Kopräsenz einer Vielzahl von Akteuren und Ansätzen geprägt ist, welche die Problemstellung beeinflussen. Anhand der Kantone Waadt und Genf zeigen wir, wie sich die Konstituierung des öffentlichen Handelns um die Jahrhundertwende auf einen geschlechtsspezifischen Umgang mit Gewalt und in der Folge auf das Wahrnehmungsregister der Komplexität konzentrierte. Wir zeigen, welche Auswirkungen dies für die Ausrichtung der Komplexität für das öffentliche Handeln hat.

Schlüsselwörter: Häusliche Gewalt, öffentliches Problem, öffentliches Handeln, Geschlecht

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1 Introduction[1]

"Interdisciplinarity in support of complexity", the theme of the 11th Geneva Forum on Domestic Violence in 2014 underlines one transformation in intimate partner violence (IPV) policy in Switzerland in the 2000s: from a feminist issue, it came to be seen as a complex problem calling for the involvement of multiple actors with differing, if not diverging, knowledge and practice.

Originally put forward by feminist non-profit organizations and institutions working towards gender equality in the 1970s and 1980s, the problem of IPV in Switzerland was seen as a question arising from inequalities between men and women and male domination (Htun and Weldon 2012; Delage et al. 2020). This framing is anchored in a context where feminist movements in different countries defined violence against women as the "tool for maintaining and reproducing the domination of men over women, two antagonistic social groups" (Fargier 1976), and feminist researchers conceptualized this particular form of violence. For instance, Jalna Hanmer (1977) showed that male violence is one of the key mechanisms of social control exercized over women. Liz Kelly (1987) developed the concept of "continuum of sexual violence" to underline the various forms of violence and contexts where they occur, as well as their systemic aspect. This conceptualization of male violence has questioned the sociological approaches of violence, and helped to develop a new paradigm of violence as a central dimension of social relationships, particularly relationships of domination (Walby 2012). To do so, researchers also insisted on the need to take women's point of view on violence (Russel and Radford 1992; Corrin 1997). In that same vein, feminist scholars studied specific forms of violence, such as IPV (Romito 1997; Smyth 2002), and highlighted the idea of a quantitative and qualitative gender asymmetry in IPV (Kimmel 2002) – that there are differences in both the proportions and the forms of violence suffered from by men and women (Johnson 2008; Hardesty et al. 2015). This conception also implied the development of a feminist practice to avoid victim-blaming and respond to the survivors' needs.

From the early 2000s, federal framework laws and cantonal policies have institutionalized the problem of IPV in Switzerland (Delage et al. 2020). The approach towards IPV in Switzerland has evolved rapidly, integrating new actors and producing not only a diversity of approaches to and definitions of the problem, but also imposing a framing in terms of complexity. "Complexity" is to be understood as both a common-sense category – mobilized by some actors to define their approach, as in the example above –, but also scientific – referring to the development of a plurality of knowledge on IPV, directed towards elaborating practices deemed to be better adapted to address the problem. This plurality of approaches co-exists

1 We are very thankful to Gail Ann Fagen, who translated the article, and Michael Stambolis Ruhstofer for his advice and feedback.

and competes as definitional struggles shape the understanding of the problem. How have these changes occurred? What knowledge has been mobilized, and by what types of actors?

To better understand the mutations of the problem of IPV, we looked into the processes through which policy is undertaken, assessed, defined, redefined and circumscribed (Cantelli et al. 2009) in two French-speaking cantons, Geneva and Vaud. Our empirical material includes federal and cantonal archives (institutional reports of feminist organizations, medical units, shelters, local and national political commissions, laws, academic and media articles) and 45 comprehensive interviews with critical actors conducted between 2015 and 2018.

Our research underlines the activity of the actors involved in the emergence, shaping, and definitional changes of public problems (Spector and Kitsuse 1977; Wood and Doan 2003). It does so by considering the co-existence of different formulations and power relationships that they crystallize (Gusfield 1981; Haines 2016). In so doing, we highlighted how types of scientific and professional knowledge, established at a certain time and deployed in the different social worlds (academia, state agencies, and non-profit organizations), highlight changes in the understanding and categorization of violence, and shape its treatment. Differences in professional and scientific knowledge affect how causal responsibilities are seen (Bacchi 2009) – IPV can be linked to gender inequality, to other social problems, or to individual deviancies (Delage and Roca i Escoda 2018) – and have practical effects on which groups are the focus of policy intervention, and what methods are used to deal with violence.

First of all, to put the processes under study in context, we will describe how policy was created and institutionalized at the federal level, as well as in the Geneva and Vaud cantons. By studying surveys developed in criminology and public health, we will then show how gender came to be considered as a variable or a factor, rather than as a social relationship that shapes violence and asymmetry in IPV, both in the scientific and policy fields. Finally, within assistance organizations, the imposition of two types of professional knowledge, medicine and systemic psychology, in the IPV field has shaped the representation of IPV as a complex problem, marginalizing the feminist approach.

2 Methodology

This article is based on research that traced the formation and transformations of IPV in three Swiss cantons, from the 1970s until 2021, by showing how the problem was configured as well as the controversies surrounding so-called "domestic" violence. More specifically, we studied the social history of violence against women policies

in the cantons of Geneva, Vaud, and Zurich (Delage et al. 2020).[2] For this article, our analysis focuses on the turn of the 2000s and on two French-speaking cantons that are characterized by very different developments, which highlight the transformations in the definitional, cognitive, and practical aspects of the problem (Delage et al. 2020). Moreover, the linguistic unity in Geneva and Vaud helps to capture the changes in categorizations and discourses on violence, as well as their meanings. For instance, the cognitive transformation under study is supported by an evolution in the categories used by public actors to refer to IPV: in the late 1990s, in both cantons, the issue which was first coined "violence conjugale" became "violence domestique". While "violence conjugale" refers to the term traditionally used by feminist organizations to describe gender-based violence within a couple, "violence domestique" is a broader category which refers to violence committed between spouses or partners and encompasses any type of violence perpetrated in a family. To highlight this change, we will use these categories in French, while IPV is used as a generic category. Our empirical material is organized into three sections:

1. An analysis of content found in the archives of federal and cantonal bodies involved in the struggle against IPV (annual reports, institutional publications of feminist associations, medical units, refuges, local and national political commissions, legislative publications, academic studies and media articles);
2. Forty-five interviews conducted between 2015 and 2018 with key actors in various cantonal and federal bodies: police, legislators, desk officers for the equality offices (federal and cantonal), social workers, medical doctors, criminologists, psychologists, legal experts;
3. Approximately ten ethnographic observations at meetings of various cantonal, regional and federal bodies, between 2015 and 2017.

Anchored in a sociology of public problems, our approach consisted in showing how a problem emerges in the different arenas (institutional, activist, non-profit organizations, legal) that participate in formulating a policy category (Zimmermann 2003). By focusing on the cognitive aspect (Widmer 2010), we identified and analyzed the various approaches to deal with the problem and the "definitional struggles" around IPV (Gusfield 1981; Rochefort and Cobb 1994; Kingdon 2003, 3). The analysis of public problems that we use may be qualified as controlled constructivist, which is based on a form of constructivist "gerrymandering" (Woolgar and Pawluch 1985; Miller and Holstein 1993), as we understood IPV as male violence against women, and we sought to highlight how certain representations and practices are being imposed (Delage et al. 2020; Delage and Perrier 2020). We were inspired by Carol Lee Bacchi (1999) who looked at experts and the way they problematized the issue of violence against women, and saw policy as producing multiple, even contradic-

2 Marylène Lieber and Marta Roca i Escoda « Emergence et reconfigurations d'un problème public. Les violences faites aux femmes en Suisse (1970–2012) » (N° FNS 100017_149480).

tory meanings. By examining the variety of problem definitions, she showed that some of them came to be dominant while others were marginalized. Moreover, these representations and the underlying symbolic conflicts have an impact on practices and the way a problem is viewed and addressed.

3 Federal and Cantonal Perspectives on IPV

In Switzerland, like in other countries (Loseke 1992; Delage 2017), feminist movements were primarily at the fore in creating shelters and facilities for women survivors of violence and their children (Weldon 2002). Coming together under the banner of Solidarité Femmes, a national feminist movement founded in 1989, women's groups called for criminalization of marital rape as well as legal improvements to protect women survivors. Since the 1990s and 2000s, state policies against IPV have multiplied at the federal level in Switzerland. The first steps came about in the context of a step-up in the way violence against women was being addressed internationally, especially in Europe. With the 1993 Federal LAVI (Loi sur l'Aide aux Victimes – Law on Assistance to Victims of Offences), cantons had to establish mechanisms to assist and compensate victims, and measures more specifically targeting IPV were taken (Hamby et al. 2012). A study in 1997 on *violence conjugale* revealed the scope of the phenomenon in Switzerland and served to underpin demands by non-profit organizations and femocrats (Eisenstein 1996), occasionally referred to as State feminists (Orloff 1993; Sainsbury 1996). A service devoted to domestic violence at the Federal Bureau for Equality was created in 2003. On 1 April 2004, legislation changed and defined repeated acts of violence committed within a couple as a crime. Also at the federal level, since 1 July 2007, civil courts can order a person exhibiting violent behaviour to vacate the common household and prohibit them from approaching or contacting the survivor.

While legal regulations are in place at the federal level, in the absence of a general law, policies are organized primarily at the level of the canton, which is also the case for most Swiss social policies (Lucas and Giraud 2009; Mueller 2012). Policies against *violence conjugale* developed in highly contrasted manners in the cantons of Geneva and Vaud. While policies were first driven by groups anchored in the women's movement in Geneva, the situation was different in Vaud.

In Geneva, IPV policies took shape quite early. The feminist movement set up the first shelter facilities for women, especially Solidarité Femmes in 1977. Thanks to intervention by the Office for Equality between Men and Women, the State took up their actions. In 1995, this service directed a first interdepartmental working group on marital violence to coordinate the members of canton institutions, health services, and non-profit organizations. In addition to the feminist structures, LAVI centers established by Federal law, and the Office, new actors appeared in the mid-1990s,

especially with the creation of VIRES, a structure to counsel perpetrators of violence, in 1994 and the CIMPV (Consultation interdisciplinaire de médecine et de prévention de la violence – Interdisciplinary Consultation for Medicine and Prevention of Violence) founded in 1997 at the HUG (Hopitaux Universitaires de Genève – Geneva University Hospital) to work with survivors, abusers, and witnesses.

The situation is completely different in the canton of Vaud, where a shelter was first set up to assist lone mothers before becoming specialized in supporting survivors of IPV – women and their children. This center is not historically associated with the women's movement (Bereni and Revillard 2018), but some of the workers aligning themselves with feminism joined efforts in the 1980s and 1990s. It was not until the 1990s that the Office for Equality between Men and Women, created in 1991, began to address the problem. The Equality Office then developed policies and delegated its lines of action to external agencies, in particular the UPIMS (Unité de Prévention de l'Institut de médecine sociale et préventive – Prevention Unit at the Institute for Social and Preventive Medicine) at the CHUV (Centre Hospitalier Universitaire Vaudois – Lausanne University Hospital Centre). In 1999, this Unit conducted a study on *violence conjugale* which, in 2000, led to a coordination and prevention programme entitled « C'est assez » ("Enough") (Hofner and Siggen 2001). It also led to the creation of the CCLVD (Commission cantonale de lutte contre la violence domestique – Cantonal Commission against Domestic Violence) and the Medical Unit on Violence (UMV) at the CHUV in 2005. Measures to deal with violence, awareness campaigns and information brochures multiplied, notably revolving around criminalization of the abusers; and in 2016 a specific law against *violence domestique*, the groundwork for the LOVD (Loi vaudoise d'organisation de la prévention et de la lutte contre la violence domestique – Law regarding the prevention and action against domestic violence) of 2018, was drafted.

The relationships between non-profit organizations and institutions, the temporality of laws' enactment, and the problematization of IPV differ in Vaud and the Geneva canton. Despite differences in configuration, in both cantons under study, the services for equality between women and men propelled and guided policy orientation and surveys on IPV until the 2000s. For these reasons, they were the "owners" of the problem (Gusfield 1981) who referred primarily to *violence conjugale* and considered the cause of the violence to be found in gender inequality.

4 From Violence As an Effect of Gender to Gender As a Variable

In the 1990s, both in Geneva and at the federal level, the struggle against *violence conjugale* was based on a feminist perspective which has developed since the 1970s (Delage 2017). As we explained in the introduction of this article, *violence conjugale* has been seen as part of the full set of unequal relations between men and women:

"(…) feminists shift the prevailing perspective and representations on *violence conjugale* to highlight the structural relationships that forge the relationship in a couple"[3] (Delage 2014). Along these lines, the causal responsibility of the problem is the structural relationship of domination in a gender system, while the political responsibility lies as much on male abusers as on society as a sexist system (Roca i Escoda and Lieber 2016).

This perspective was adopted by the Gillioz survey, commissioned by the Geneva Equality Office under the impetus of the feminist organization Solidarité Femmes, and later attaining a national scope (Gillioz et al. 1997). Concretely, the study attempted to "quantify the extent of *violence conjugale*" and "draw attention to a problem largely underestimated" (De Puy et al. 2002, 58). The authors of the study stated explicitly: "we adhere to the feminist theoretical current that sees *violence conjugale* in the context of gender-based social relationships and consider it to be a male strategy aimed at controlling women in order to maintain their privileges" (De Puy et al. 2002, 59).

This Swiss national representative study (Gillioz et al. 1997), conducted in 1993, among 15,000 women aged 20-60, revealed that one of five women (20.7 %) stated that a partner had submitted her to physical and/or sexual abuse during her life. When psychological abuse is considered, the rate of violence rises to 40.3 %. This survey is the only example in Switzerland that lays out the phenomenon of *violence conjugale* from a feminist perspective.[4] As shown from the title of the book based on the survey, *Domination et violences envers la femme dans le couple* (Domination and violence against women in the couple), male dominance and gender inequalities are factors that structure violence, and gender asymmetry was affirmed and inspired service practice from the very start. The feminist approach historically led to the development of a women-oriented practice and the creation of services specifically dedicated to women survivors. However, it also infused the creation of some structures for perpetrators, such as ViFa in the canton of Vaud, where practice was not only centred on men but also adapted by considering the effects of gender and socialization on violence.

With the development of policy undertaken in the 2000s, other types of knowledge legitimized representations and practices of other actors involved in the IPV field. Criminology and public health were two scientific fields where knowledge about violence was produced with an explanatory as well as prescriptive purposes. In these conceptions of IPV, gender is understood as one variable or factor among others, rather than as a social relationship.

In Switzerland, criminology has taken up most of the statistical studies on *violence domestique*. In these studies, *violence domestique* is defined and handled as

3 Quotes were translated by the authors and translator of this article.

4 It is hard therefore to compare its results with other more recent studies (especially in criminology) because of the way these forms of violence are counted and categorized (Chevillard, et al. 2016).

something that encompasses all the members of the extended family. It no longer makes a distinction between *violence conjugale* and violence between parents and children. The Swiss portion of the international victimization survey, which looked into the prevalence of violence experienced by women throughout their lives, used this extended definition (Killias et al. 2005).

For their study, the criminologists used victimization surveys as their main method.[5] This consisted in gathering data on violence both exercized and experienced (Cavalin 2013), focusing primarily on the frequency of violent acts without taking into account either the context, or the psycho-social consequence of these acts (Walby and Myhill 2001, 507). When the focus is shifted from gender to the acts of violence, a difference in the number of women affected by IPV is still recognisable, but gender is reduced to one of several variables of analysis. In these data, it is impossible to distinguish the types of violence as theorized by the feminist perspective (Roca i Escoda and Lieber 2015). Other criminology surveys used a different definition of *violence domestique* (Chevillard et al. 2016) to encompass the violence exercized within the extended family and include parent-children violence (Killias et al. 2012).

The public health approach also integrated gender as one of the variables to explain violence. Public health entities beyond Switzerland also gradually began to address violence. WHO stated that violence was a major public health problem in 1996, and published the *World Report on Violence and Health* in 2002. The *Report* defined violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO 2002, 5). The WHO stressed the consequences on health rather than its social, psychological, or other causes. The phenomenon is thus presented as a set of interlacing factors working at various levels: individuals, relationships, communities, or society. Starting from the general framing on violence, the WHO work gradually focused on women (Heise and Garcia-Moreno 2002).

In Switzerland, this approach served as a discursive basis to legitimatize the development of policy (Delage and Roca i Escoda 2018). This was the case in Geneva, for example, where the CIMPV was created thanks to a context of growing treatment and visibility to violence in the field of health. In the canton of Vaud, the WHO perspective directly shaped policies against IPV. In 1999, the Office for

5 It was a telephone survey conducted from April to August 2003 with a sample of 1975 women from both French-speaking and German-speaking regions (Jaquier et al. 2006). A supplementary study was undertaken by the University of Zurich Criminology Institute. As part of a victimization survey, extended to domestic violence, and including contacts with victim assistance services and violence-reporting behaviour (Killias et al. 2012; Bourgoz et al. 2013). Statements made by survivors enhanced the data on this crime and provided information on victimizations that are not recorded by police statistics (Khazaei 2019).

Equality between Men and Women mandated the Prevention Unit at the Institute for Social and Preventive Medicine (UPIMS) at the Lausanne University Hospital Center (CHUV) to conduct a study on IPV. To create the programme called « C'est assez » ("Enough!"), a doctor and nurse specialized in public health deployed the WHO model locally to train and coordinate policy actors (WHO, 2005). This community-based public health approach was centered more on prevention and treatment by and in the community. It was based on a holistic view of a person's state of health (Stillwaggon 2006), which is influenced by the environment in the broad sense of the term, including the physical and psychological world, but also culture and society, where the causes are complex and interlocked (Delage and Roca i Escoda 2018).

In an interview, one of the two agents who initiated the « C'est assez » programme, explained the way they approached the question of gender and inequality:

> *We really did keep to a public health perspective. In a public health approach, you document the risk factors and the protective factors … In the list of risk or protective factors, you have the position that women hold in society. If you have a society where rights are, at least theoretically, respected, where men and women enjoy equal rights, it is a protective factor. If, for example, things like pornography that are humiliating for women are frowned upon, not tolerated or at least not valued, we know that this is a protective factor. If women have a good access to education, professions, etc., we know that it is a protective factor. So, we always spoke of the aspect of specific oppression, but seen through the fact that it is a protective factor in the epidemiology sense of the term.* (november 2014)

While affirming it, understanding the quantitative difference in the prevalence of men or women is not the issue at stake. Gender inequalities influence the private domain and are therefore understood as one of the risk factors, and in an almost symmetric manner, promoting women's rights protects them from violence. "Alcohol abuse, economic precarity, cultural affiliation associated with social isolating, the post-partum period, periods of separation and divorce, for example, were correlated with the appearance or increase of violence conjugale" (Hofner and Siggen 2001, 10) are other risk factors and periods of vulnerability associated with *violence conjugale*. As such, the notion of risk factor can be seen as a floating concept, fairly changeable with an instable definition. This type of knowledge shapes the discourse of actors who deal with survivors and abusers. Using public health language to understand gender differences, a social worker at the shelter service in Lausanne stressed the way violence was handled in practical terms:

> *So, for me, violence is the problem, it's not men or women, it's the violence itself. Of course, there are survivors and abusers, but these people are more than just abusers and survivors. There are all these risk factors, and gender*

> *inequality certainly predominates. But that is no reason not to study psychological mechanisms, relationships of dependence and all that. I thought [other factors] deserved [to be considered] as well.* (october 2014)

While in the feminist perspective, gender inequality is the main problem as it produces violence; here, violence, in general, becomes the heart of the problem. In criminology and public health surveys, a narrow focus on violence removes substance from the problem in terms of gender, reinforcing a process of "evaporation" of gender, to borrow Nina Eliasoph's (1998) words.

5 Complexity vs. Feminism?

In the late 1990s and early 2000s, the different conceptions of the role of gender in IPV came along with the diversification of the professional tools to tackle the problem. Nonetheless, this process is anchored in symbolic struggles that create hierarchies not only among types of knowledge but also among perspectives on violence and gender. Therefore, some types of knowledge have come to prevail, in particular systemic psychology and medicine, both dedicated to healing individuals involved in violence, and contributed to contesting the relevance of gender in understanding and dealing with IPV.

Since the late 1990s, the victim assistance organizations in both cantons have adopted systemic psychology to better understand and support women, to the extent that training "in systemic psychology" is now required in most women's shelter structures. Systemic psychology offers a framework for understanding violence and the tools to transform family relationships. It is primarily based on a typology of violence: complementary violence – based on a relation of domination – ; bilateral or symmetrical violence, where both parties resort to violence, which also applies to violent transaction couples; and punitive violence with latent symmetry, that is unilateral violence that nevertheless entails resistance by the survivor. Although the approach offers multiple uses and is occasionally seen as compatible with affirming gender effects in the couple, the systemic language has opened the path towards interpreting the problem in terms of co-responsibility. In so far as it is hard to intervene in a couple's intimacy and determine the type of violence occurring, the idea that both parties are active in producing violence prevails in the policy field.

VIRES speaks of "violent transaction couples" *(couples à transaction violente)* in order to include situations where the perpetrator is a woman, or where both partners are perpetrators. The phenomenon of violence is thus never interpreted in terms of asymmetric relationships, domination, or power. The argument VIRES gave for changing *violence conjugale* into "violent transaction couple" is a good illustration:

> *(…) the difference that we were led to make between violence conjugale and violent transaction couples. In violence conjugale, the partners are in a complementary relationship where the man is the only one to commit physical aggression; violent transaction couples, however, are in a symmetrical relation where, quite often, both partners commit violence. This poses the problem of violence by women and the way it is addressed, and it justifies introducing the notion of person.* (Châtelain 2014)

Thus, it is no longer question of men and women, but of people, which it "paves" the way for the symmetrization of violence. Using this systemic language, medical discourse occasionally participates in this same movement. Although each has a different function, a medical structure linked to a hospital was created in the mid-1990s and early 2000 to tackle violence in both cantons: the CIMPV in Geneva and the UMV in Lausanne. The CIMPV aims to treat people who experienced, witnessed, or committed violence, while the UMV intends to establish medical affidavits. In both cases, however, anyone (survivor, abuser, or witness) can visit the institutions. An article written in 2002 by the CIMPV founder highlights the principle behind the creation of a medicine for violence: "Violence injures, it breaks, it weakens, it sickens. In short, it is not good for health" (Halpérin 2002, 207). With the establishment of the CIMPV in 1997 in Geneva, violence, in general, and *violence domestique* in particular, were framed as a question for general medicine.

Emblematic of the professional rhetoric of the medical sector, the insistence on suffering and care for all structures practical orientation of consultation. Explaining the type of activity undertaken by the CIMPV professionals, its founder explains:

> *(…) from the very start, we placed ourselves in a medical perspective: we weren't there to stigmatize or to work on victim protection or victimology. We were there to tackle a problem with violence, in all its facets: survivor, perpetrator, witness, indirect victim and so on.* (october 2014)

Gender identity and the shaping of individuals through gender order are thus not considered as relevant data to understand the problem and provide support. Disputing the importance of gender contributes to make IPV a symmetrical issue and completes the blurring of the border between survivor and abuser, and thus the treatment hitherto given to women and to men.

This process was especially clear in Geneva where new actors involved in the IPV field in the mid-1990s, explicitly questioned the feminist perspective of IPV. From the start, VIRES adopted an approach that criticized the feminist view of *violence conjugale* – qualifying it as a "victimist approach" or "victimary power" (Châtelain 2004, 105). Action was no longer focused solely on the female survivors, but also on the abusers, whether men or women. To this was added a disagreement with the moral and symbolic partition between the categories of abusers and survivors (Dobash et al. 1992; Romito 1997; Tolan et al. 2006). As such, the idea of women

being the main survivors of violence, and thus the main policy targets, was destabilized and called into question. This symbolic power relationship between actors appeared in reformulations of the question at the legislative level (Roca i Escoda and Lieber 2015). The divide became effective through a specific law on domestic violence (LVD, Loi sur les Violences Domestiques), adopted in 2005, which created an Office of the Delegate for Domestic Violence (BVD, Bureau aux Violences Domestiques), completely separate from the Equality Office. Feminist activists contested the person nominated to be the BVD delegate because he was an employee at VIRES, as well as the son of one of the structure's founders. Furthermore, the LVD used the category of *violence domestique* instead of *violence conjugale*, to include the violence that affected children, the elderly, and even violence by children towards their parents (Bacchi 1999; Lieber and Roca i Escoda 2015). As a result, the specificity of *violence conjugale*, and the fact that it was mainly violence against women perpetrated by men, tended to become invisible in policies.

Two recent events are signs of this process. Firstly, a shelter which was dedicated to female survivors of violence opened places for abusers; one reason cited by the structure's manager was that the "survivors were already abusers". Secondly, the non-profit organization Solidarité Femmes changed its name and became AVVEC (Aide aux Victimes de Violences en Couple – Assistance to Survivors of IPV). Along with this name change, their mission had indeed changed, as the director of the organization underlined in an interview:

> *(…) we are moving from the Solidarité Femmes association, providing help and support to women who are survivors of IPV and their children, to AVVEC which helps and supports people who are survivors of intimate partner violence and their children.* (Roselli 2017)

She added:

> *Forty years ago, women were the only people seeking assistance. The sole interest was physical violence committed between a husband and wife. The situations have become more diversified and complex. It might surprise some people, but men are also survivors of violence, in a smaller proportion.*

The discourse of complexity breaks from the feminist approach and justifies practices that the latter had banned, such as those generating a co-presence of survivors and abusers, in particular joint counselling. In its 2009 annual report, VIRES described this practice as follows:

> *Couple therapy is not to be understood as a new service offered by VIRES, a sort of method "in addition" to the others. For the therapists, it is a question of evaluating, case by case, the clinical opportunity for an intervention with the couple, in other words regarding the relationship between the two subjects. This change of perspective, as important as it is, reflects a perspective*

> *that differs in the perception of issues at stake in the "language of actions" inherent to the psychological processes reputed to be violent.* (Châtelain 2014)

The goal expressed by this idea was to break with the conceptualization of violence as the result of social relationships, which was considered as activism. On the occasion of its 20th anniversary, the director of VIRES explained:

> *I am in the field of assistance in the case of marital or domestic violence… Ten years ago it would have been unfathomable to do couples therapy… this required a discourse that legitimized it, making it possible to lift a burden weighing on the couple, the violence, the survivor… we are working on the question of responsibility and co-responsibility. The arrival of this discourse made it possible to do couples therapy.* (Châtelain 2014)

Viewing IPV as a complex problem is embodied in the professional tools developed to understand violence, and in the will to break with policies centered on women survivors: IPV becomes gender-neutral and the positions and roles of survivors and abusers are blurred and unstable. Or rather, it should be, because the emphasis on the phenomenon's complexity is also based on a normative framework that seeks to break from the perceived biases of a thinking that emerged from feminism and is deemed to be caricatural.

6 Conclusion

The complexity register in the problem of IPV has become the norm in both cantons and, more or less forcibly, tends towards destabilising the perspective in terms of gender. On the one hand, gender is seen as one explanatory factor among others, and on the other the way gender is addressed must be suitable for encompassing all types of situations, in particular those where men or women are survivors or abusers. These views are based on the fact that the policy goal is to curb violence, especially in the couple, rather than change the inequalities that produce it. The instruments implemented have adopted a perspective whereby the political specificity of violence against women is dissolved in multiple and multi-factor approaches.

In this article, we have attempted to show that the discourse on complexity ushers in contrasted approaches that no longer consider gender asymmetry in the couple relationship. Considering IPV as a risk, or mainly through its psychological mechanisms ("dysfunctions" in the couple or even as a problem of "co-dependency") such as suffering, its cycles and periods, tend to understate gender power relations. The inflation of discourses and instruments against IPV observed in Switzerland do not imply that policy considers gender inequality. On the contrary, this inflation converges towards dynamics of individualization and psychologization of the phenomenon, diminishing or even erasing gender inequality as a frame of analysis.

This comes about by making the discourse on violence symmetric and diluting, or even calling into question, the struggle against domination by men. In most of the recent policy instruments, the idea that there may be a gender dimension and a stable distribution in the category of "survivor" and "abuser" is dismissed as activist ideology or an outdated historical legacy. The successful institutionalization of the problem of domestic violence thus consecrates the failure of feminist thought on violence by men.

Emphasizing the complexity of the issue goes along with a growing and widespread focus on men, both perpetrators and survivors, in all the cantons we studied. This discursive tendency is particularly prominent in Geneva, but also in the canton of Vaud, where the policy plans against domestic violence emphasize the treatment of perpetrators, both in criminal and socio-educational terms. Thus, in 2015, the Office of Equality launched the « Qui frappe part » campaign ("The one who hits is the one who leave" campaign) to endorse policies of exclusion of violent spouses; in the same vein, a law on violence was drafted in the canton of Vaud in 2016, and explicitly aims to improve the repression of perpetrators. The movement to impose the register of complexity not only consecrates the difficulty of thinking about gender asymmetry; it radicalises it. This discourse constitutes the argumentative basis, sufficiently flexible to be appropriated by a diversity of actors, to reinforce the under-politicization of public policies and go along with a process of depoliticization. Research is still needed to show how the failure to question the phenomenon of IPV in terms of gender undermines a proper understanding of the problem and its treatment.

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