

Please make a start on the quiz on your tables as you arrive!

Safeguarding adults and coercive control: an introduction

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<http://coercivecontrol.ripfa.org.uk>

women's aid
until women & children are safe

research
in practice
for adults

Helpline numbers

- 24-hour National Domestic Violence Freephone Helpline: 0808 2000 247
- Men's Advice Line: 0808 801 0327

<http://coercivecontrol.ripfa.org.uk/>

Coercive Control

research
in practice
for adults

Welcome

Additional resources

Case studies

Professional development

Tools

Video

Feedback



This website is for social workers and other health and social care practitioners to develop their knowledge and skills in working with situations of coercive control.



Welcome

This website is for social workers and other health and social care practitioners to develop

research
in practice
for adults

Coercive Control: Lyn Romeo introduces the materials

from ripfa

Objectives

Following attendance on this training, attendees will be able to:

- Describe the relationship between coercive control, domestic abuse and risk
- Begin to understand the psychological impacts associated with coercive and controlling behaviour
- Outline key challenges of practice in this area, including the interplay between coercive and controlling behaviour, mental capacity and safeguarding adults
- Outline and fulfil the roles and responsibilities of health, social care and housing staff working with coercive control of people with social care needs in safeguarding situations, including using the principles of safe enquiry in their work.
- Support the person to develop a safety plan
- Be able to refer to legal frameworks

What this course can and can't do

It can:

Give you a good understanding of coercive control and what professional responses to it should look like

Signpost you to further CPD materials which will support you and colleagues to practice in this area

It can't:

Cover all areas of practice

You will need to:

- Use the microsite for further reading
- Link with specialist DV providers
- Consider further CPD opportunities.

Understanding the dynamics of domestic abuse

Quiz questions

Q 1 - Is there an offence of domestic violence/abuse?



(Q 2) What is the Duluth Power and Control Wheel? (B)

Duluth Power & Control Wheel



Theoretical model of domestic abuse

Outlines the abusive and violent behaviours used by perpetrators to establish and maintain control over their partner.

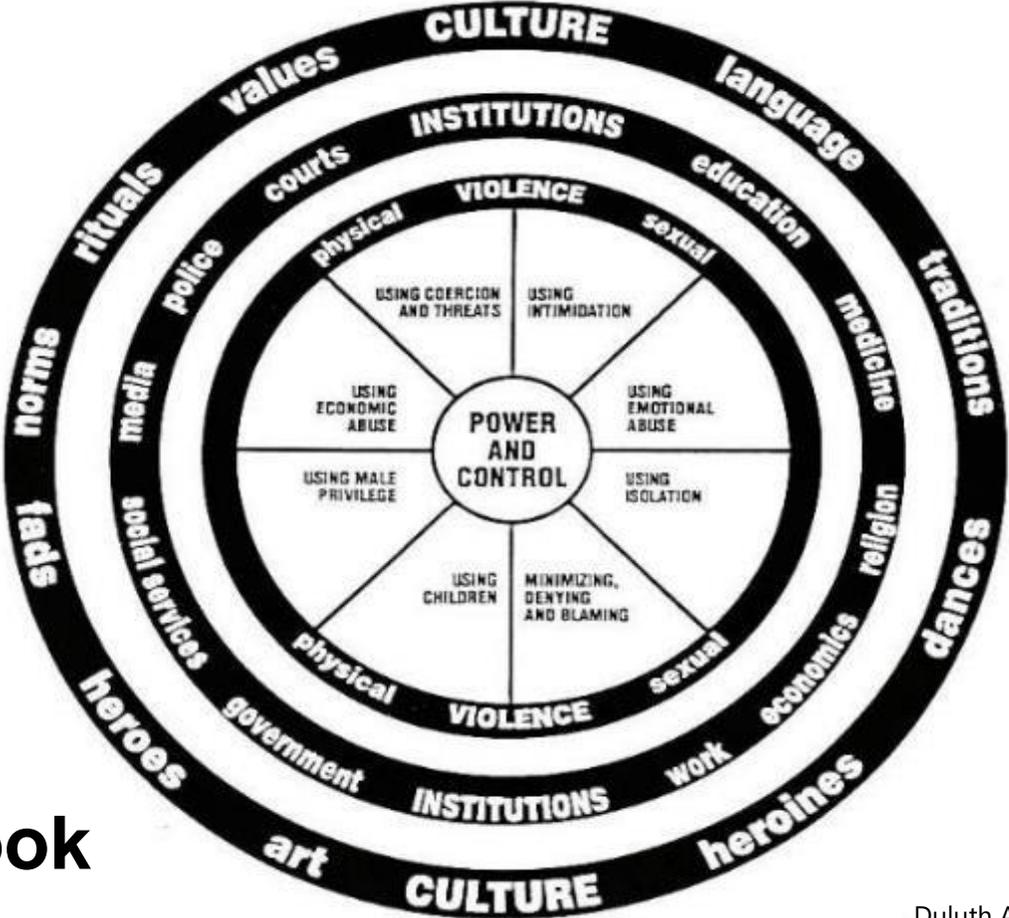
Very often, one or more of these violent incidents are accompanied by an array of these other types of abuse, which are less easily identifiable.

See workbook section 4.

Criticisms:

- Doesn't show how domestic abuse is situated in a broader social & cultural context
- Doesn't show how agencies, organisations and culture tend **not to** hold perpetrators of abuse accountable
- Doesn't show how we as members of society and as practitioners can be involved in re-victimising survivors of domestic abuse, (i.e. be involved in 'secondary abuse').

Extended Power and Control Wheel Cultural wheel



See workbook section 5.

The Cultural Wheel is an extended version of the Power and Control Wheel.

It illustrates that domestic violence happens within personal or family type relationships, which themselves exist within larger social and cultural structures. The middle circle gives a number of social institutions and the outer lists many different aspects of culture, all of these might in some way maintain and reproduce experiences of abuse for victims. This is known as '**secondary abuse**'.

Importantly, changes in the different elements of the additional two circles, might also lead to **challenging and eradicating** domestic violence/abuse.

Criticism:

The power and control wheels, including the extended cultural wheel, do **not show sufficiently** how gender can be combined with other social sources of power, such as:

- 'Race'
- Disability
- Age
- Sexuality
- Immigration status etc.

Another useful model: Psychologist Lenore Walker's 'Cycle of abuse' (1979)

Found that many violent relationships follow a common pattern or cycle. The entire cycle may happen in **one day** or it may take **weeks or months**. It is different for every relationship and not all relationships follow the cycle—many report a constant stage of siege with little relief.

- **Tension building phase**
 - Walking on eggshells/appeasing and pleasing
- **Acute battering episode**
 - unpredictable and out of abusers control
- **The honeymoon phase**
 - Apologies, acts of kindness, promises to change
- **Cycle continues over and over**
 - May help to explain why victims stay in abusive relationships

(Q 3) What is intersectionality? (B)



Intersectionality is about the interaction **between two or more forms** of discrimination, (for e.g. being a lesbian woman and a being disabled person.)

It is about how, racism, sexism, class, ableism etc. **create layers of inequalities**, vulnerabilities and dis/advantages, (for e.g. because of being **black** you are not listened to; and because you are being **disabled** you are not believed).

It also about how **services** can create inequalities, (for e.g. a victim of DA might be helped by one service because you s/he is a disabled person, but refused a place in a DV refuge because they have a disability).

Intersectionality

It means that if you are say:

A woman
&
An older person
&
Black

You are much more vulnerable to domestic (& other forms) to abuse & less likely to have access to the services and the protection that you need.

Situational violence	Intimate terrorism	Violent resistance
Situation based	Most extreme form of violence in an intimate relationship.	Victim fights in self defence - verbally or physically
No underlying dynamic of control and domination	It includes Coercive Control, which produces a negative impact on a victims ability to act independently	Might act in revenge/retaliation
Perpetrated by both men and women	Generally perpetrated by men against women	Might fight in self-preservation (this is when victims sometimes kill)
Violence can be severe	Induces fear	
Can be frequent or infrequent	Continues after separation	Victim does not seek power and control
Partners do not live in fear of each other	Linked with Homicides	

(Q 4)
What is domestic violence?
(B)

(Q 5)
What is situational violence?
(A)

(Q 6)
What is intimate terrorism?
(B)

(Q 7)
What is violent resistance?
(C)

Types of violence

Evidence suggests people with care and support needs experience more domestic abuse

10 minute discussion

- why do you think people with care and support needs experience more abuse than people without care needs?
- What are the barriers in seeking help to end the abuse?



Lydia Zijdel

**'Losing out on both counts',
Disabled women and domestic violence (2016)**

Dr. Ravi K. Thiara

Centre for the study of safety and well-being, University of Warwick

Inequalities and barriers faced by people with care needs create social entrapment

Attitudes

- Not believed
- Not valued (in-valid)

Barriers

- > Lack of access to information
- > Lack of interpreters
- > Lack of accessible DA services

Situational/historical risk

- > High levels of dependency
 - > Isolated
- > Experience abuse as normal

The experience of domestic abuse for people with care and support needs

Domestic abuse can create care and support needs

25% (34/ 138) of UK women killed during 2015 were over 55.

‘a ‘largely hidden phenomenon’ *McGarry et al (2014)*

Onset of dementia likely to increase severity of abuse

People who experience poor mental health are more likely to have experienced domestic abuse (*Trevillion et al 2012*)

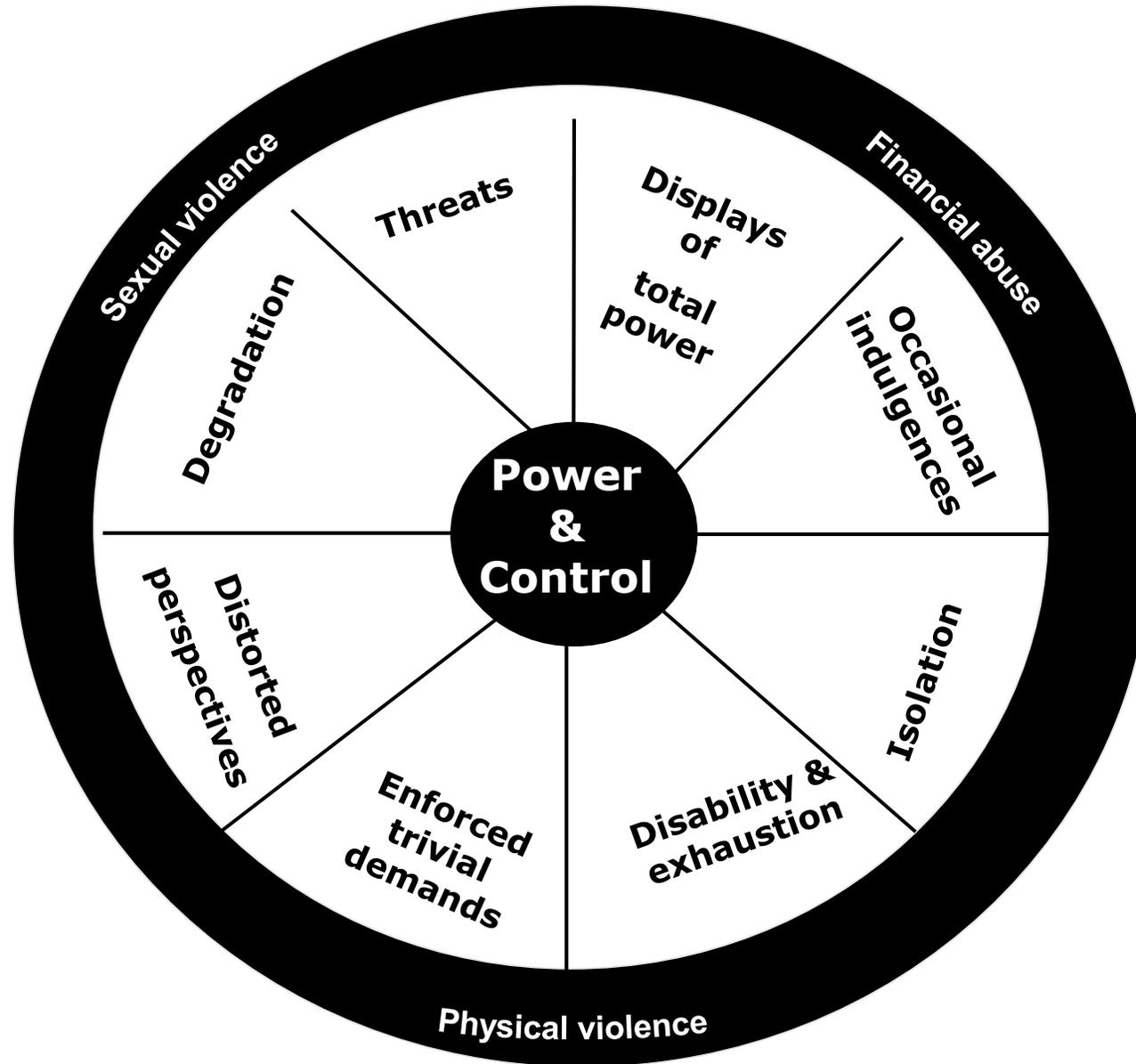
There is a relationship between the use of drugs and alcohol and domestic abuse (*Stella Project, 2004*)

Being disabled strongly affects the nature, extent and impact of abuse

Learning disability is no protection from the highest levels of violence.



Systematic misuse of power



Adapted from Biderman et al (1957) by Hammersmith and Fulham DA partnership and Leeds Inter-Agency (1992) Project as inspired by Duluth Abuse Intervention Project

Group work

Identify strategies of abuse from the part of the wheel allocated to your group

How might coercive control be experienced by people with care and support needs?

See workbook section 6 and 7.



Break





Controlling and coercive behaviour: what is it?

Safeguarding Adults under the Care Act

Principles:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

'New' categories of abuse:

- Domestic violence
- Self-neglect
- Modern slavery

Home office guidance:

- Controlling or coercive behaviour does not relate to a single incident, it is a **purposeful pattern of behaviour** which takes place over time in order for one individual to exert power, control or coercion over another.

Cross governmental definition:

- **Controlling behaviour** is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- **Coercive behaviour** is: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Coercive Control

- **Susan Schechter** coined the term "coercive control" in the 1980's
- **Schechter** argued that the end of abuse in a relationship is not when the abuser stops physically assaulting a woman - he must also be able to 'relate in non-coercive ways'.
- Coercion was conceptualised in psychological fields – Albert Bideman
- More recently, **Evan Stark** expanded upon Schechter's "coercive control" model of domestic violence
- Coercive control is a condition of **entrapment** that can be hostage-like in the harms it inflicts on dignity, **liberty, autonomy and personhood** as well as to physical and psychological integrity.

‘A **strategic course** of conduct in which violence, sexual coercion, intimidation, isolation and control are used to dominate and exploit a partner and deprive her **of basic rights and resources.**’

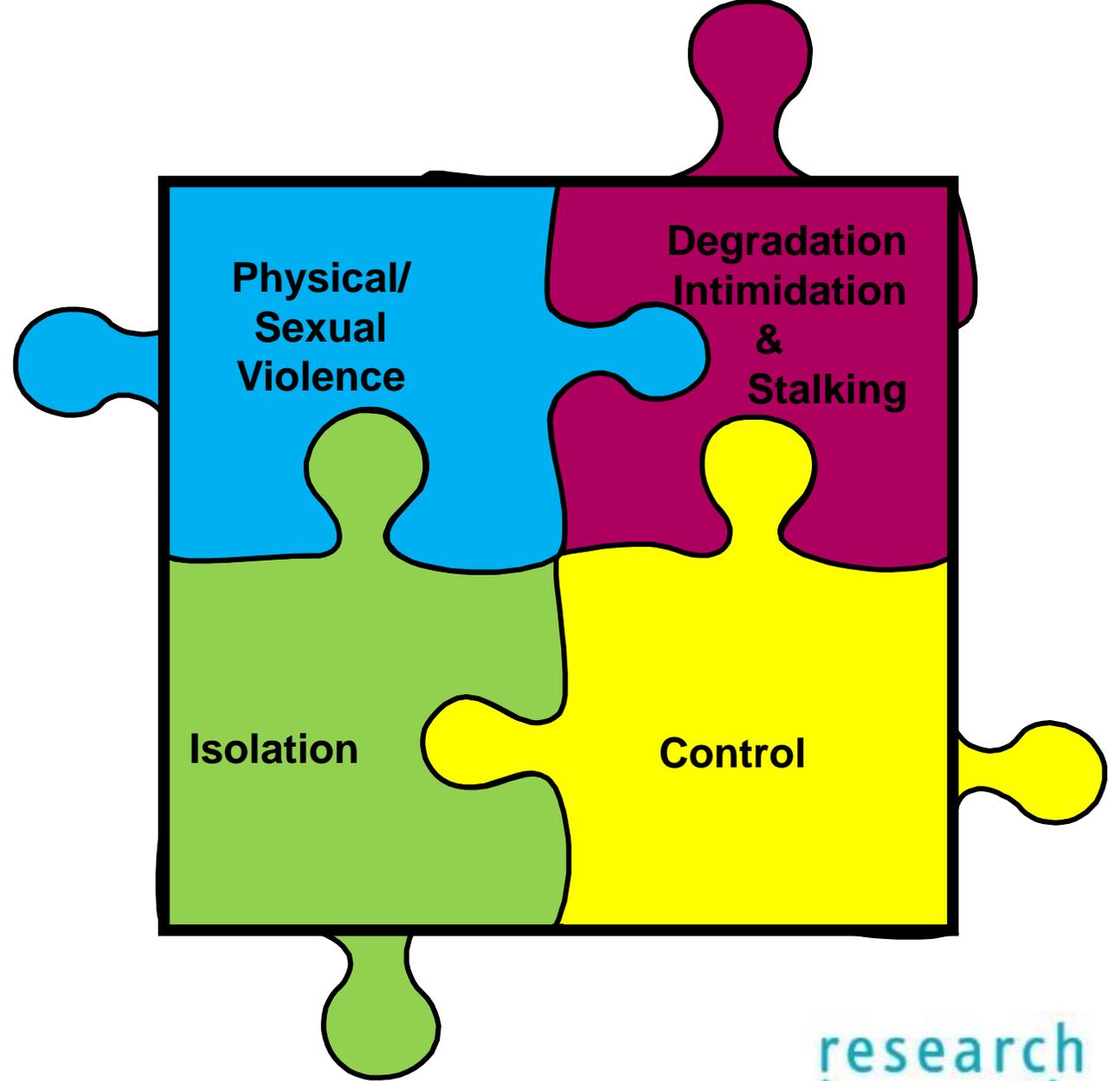


Controlling or Coercive Behaviour

Serious Crime Act 2015 Section 76

- New legislation addressed a specific gap in the law in relation to Domestic Abuse.
- Previously related criminal charges have been (and can still be) prosecuted using laws relating to individual incidents of crimes.
- New crime enables a pattern of behaviour and the cumulative impact of both criminal and non-criminal behaviour to be prosecuted.
- Awareness of the new crime also aims to promote understanding of the role of coercive control as the set of behaviours that entrap women (and some men) in abusive relationships. *CPS (2015) Domestic Abuse Guidelines for Prosecutors Annex C*

The Four major tactics of coercive control - *Evan Stark*



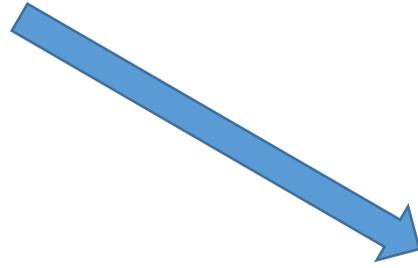
Further Sub tactics

1. Communication - total control of all channels of communication.
2. Surveillance - monitoring time, mileage, turning up at work, attending all appointments
3. Degradation - degrading insults, denying self respect
4. Sexual control - when, how, where, withholding or rape, threats to get elsewhere
5. Marking -Tattoos, bite marks, burns, facial scars – ‘ownership’ and can become a source of self loathing.

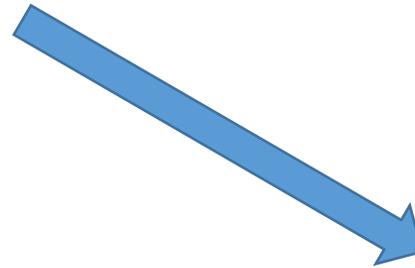
Micromanaging ‘crushes the spirit even more fundamentally than the deprivation of basic necessities because it leaves little space for a person to breathe’. (Stark. E, 2007. P.272)

Coercive and Controlling Behaviour The Process

Conditioning



Dependence

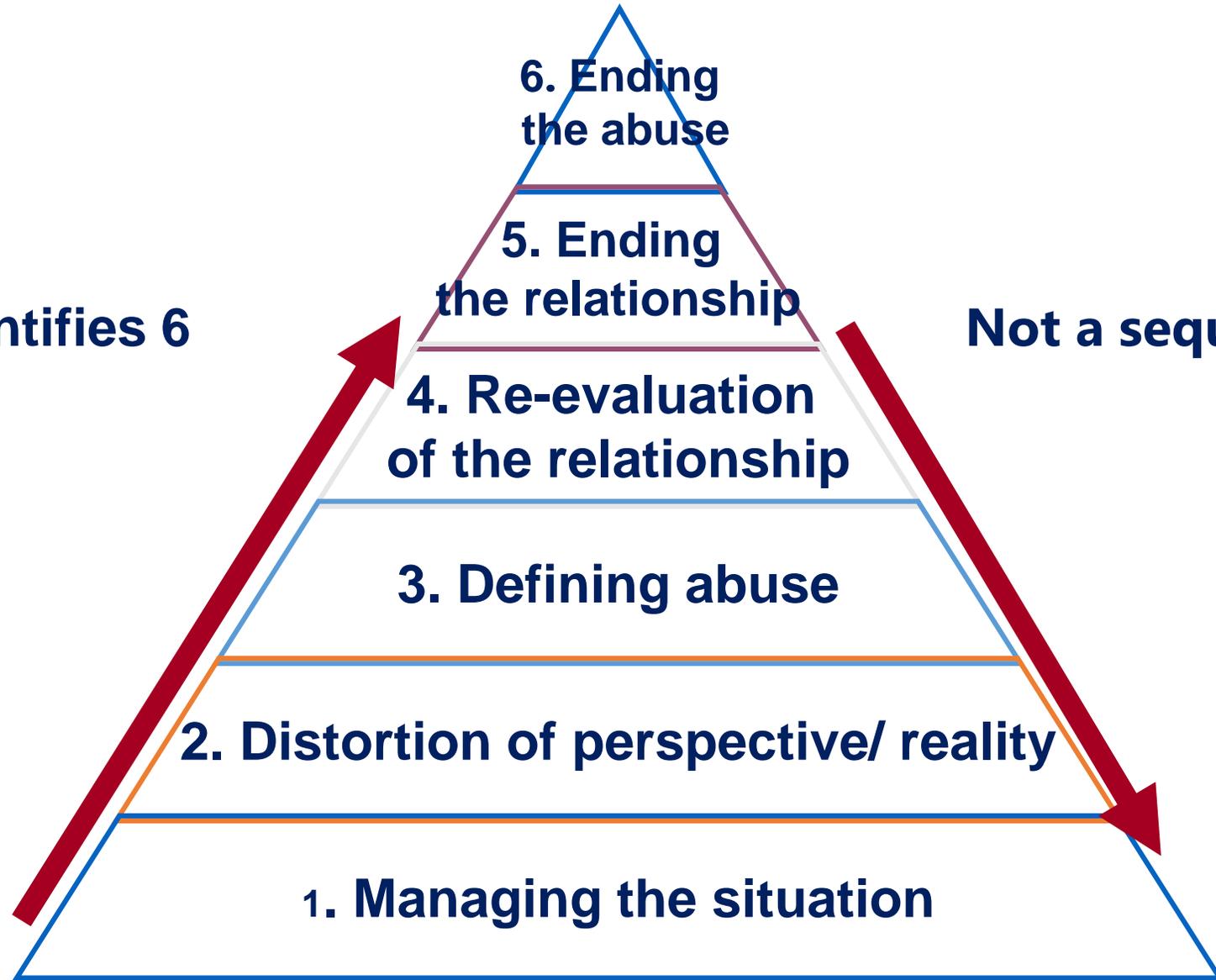


Options, choices and ability to decide for themselves diminish further and further (Stark, 2007)



Entrapment

Liz Kelly identifies 6 stages....

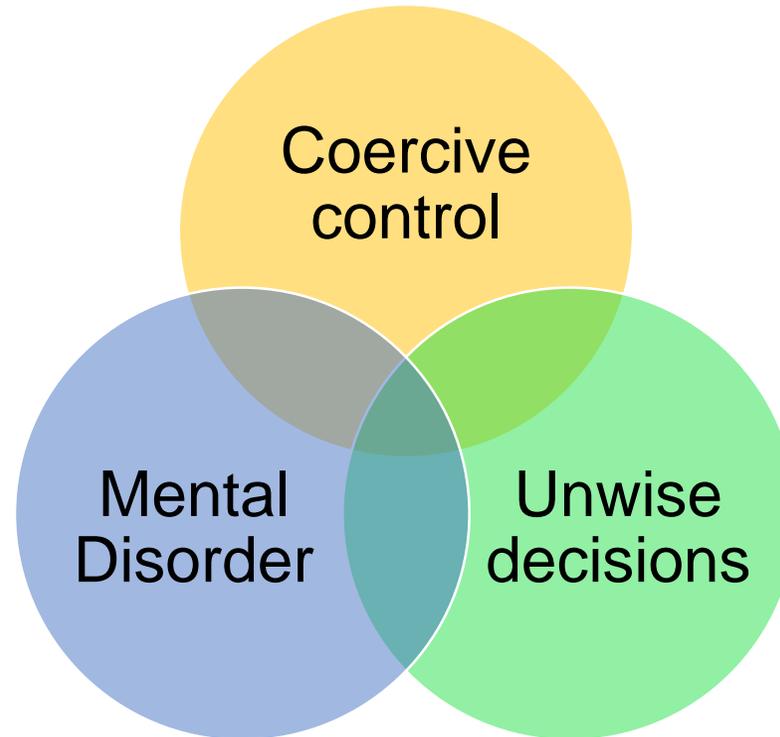


Not a sequence!

Recording Controlling or Coercive behaviour

- Record the abusive behaviour and then the impact that it has had/or is having on the person
 - Have they changed their routine, diet, medication, given up work?
 - Are they experiencing insomnia, depression, anxiety?
- Record demeanour
- Never use blaming language ('refused to engage' 'colluding' 'being difficult')
- Always write 'verbatim'
- Professional judgement is important

Coercion and mental capacity



Mental capacity and coercion

“in my judgment... the **inherent jurisdiction can be exercised in relation to a vulnerable adult who**, even if not incapacitated by mental disorder or mental illness, is, or **is reasonably believed to be**, either (i) under constraint or (ii) **subject to coercion** or undue influence or (iii) for some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent.”

Per Munby J in *A Local Authority v (1) MA (2) NA and (3) SA* [2005] EWHC 2942, at paragraph 77

The local authority sought to invoke the court’s inherent jurisdiction to protect the parents whom it claimed lacked capacity as a result of duress and undue influence brought to bear by DL. The family court judge granted an interim injunction, restraining his behaviour towards his parents, care staff and other professionals, under the **court’s inherent jurisdiction in respect of his mother** and under **section 48 of the Mental Capacity Act 2005** in respect of his father.

DL v A Local Authority & Others [2012] EWCA Civ 253

High Court Judgement upheld the decision

Inherent jurisdiction of the High Court

- Consult your manager and gain legal advice
- Work with colleagues used to making applications to CoP (BIAs/AMHPs)
- Careful documentation as to why you believe
 - i) the person has mental capacity
 - ii) isn't able to make a capacitated decision due to their circumstances (the abuse)

Further info around using the inherent jurisdiction, see Guidance sheet, capacity and coercion.

http://coercivecontrol.ripfa.org.uk/wp-content/uploads/Guidance_sheet_two_Mental_capacity_and_coercion.pdf

Activity - consider the case study in your workbook

How would you make a safe enquiry with Maria?

How will you meet with her?

Where would you consider meeting?

How will you contact her to arrange a meeting?



Safe enquiry

- Safe enquiry means ensuring the potential perpetrator is not and will not easily become aware of the enquiry
- Ensure the best person to ask asks – use the multi-agency “team” (with support if needed)

Explaining the limits of confidentiality

- The only time I would tell anyone anything you told me would be if a child was in danger, if another adult was in serious danger or if a crime may have been committed. Even then, I would discuss it with you first if I could and I would do everything I could to support you

or

- From what you have told me I believe that you are at risk of serious harm (MARAC)

Ensure safety and confidentiality

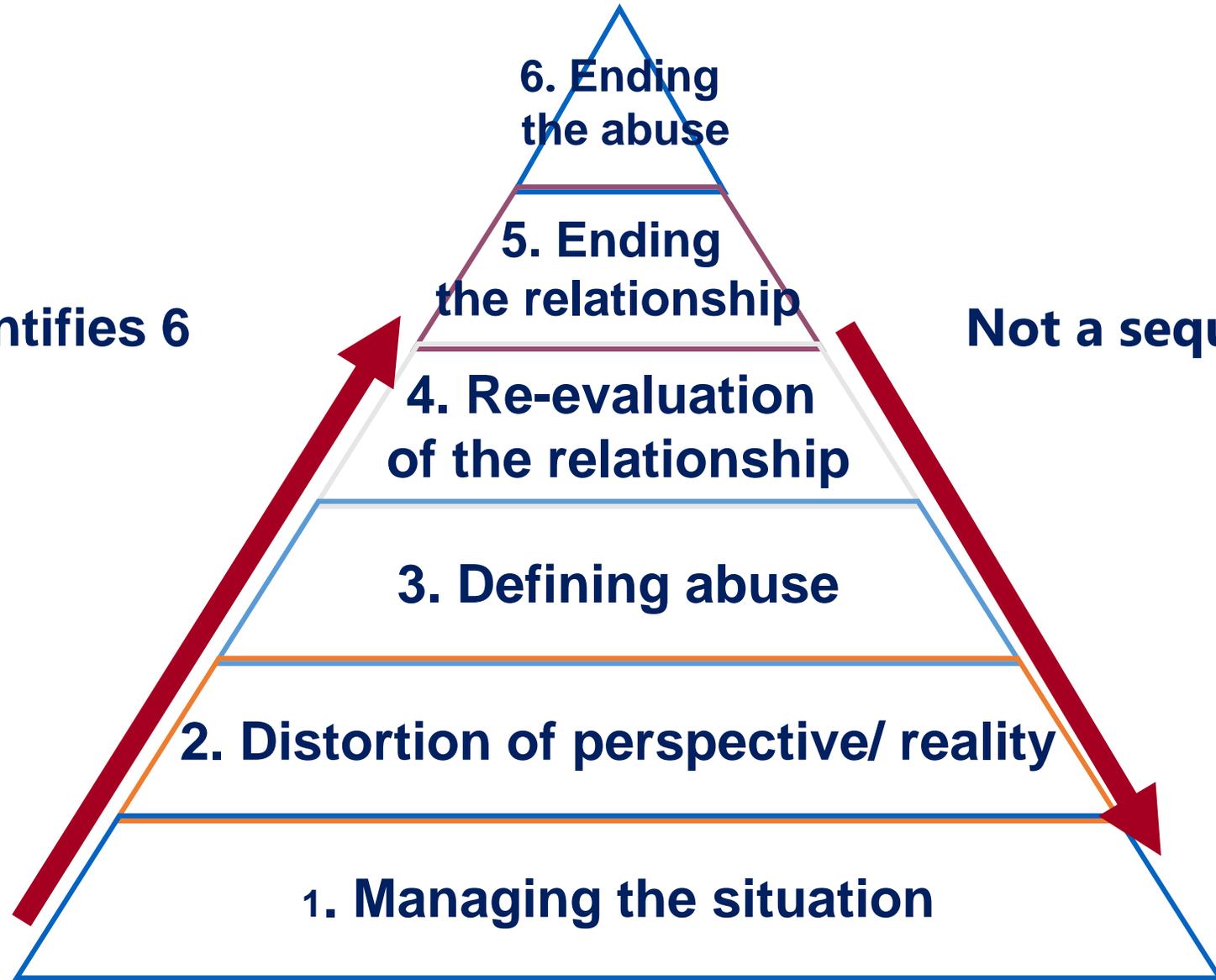
- Always ensure you are alone with the person before enquiring into possible abuse - never ask in front of a partner, friend or child
- Make sure that you can't be interrupted, and that you – and the person – have sufficient time
- Only use professional interpreters and advocates (IMCA/IDVA/DAPA)
- Do not pursue an enquiry if the person lacks capacity to consent to the interview unless you have already arranged an advocate
- Record! (but not in client/patient held records or organisational systems to which the perpetrator may have access)

Case study: next steps

During the meeting Maria told me a lot of things that she wants to be better. Maria said

- I want to make sure Sophia is ok
- I want a battery for my wheelchair, my computer fixed and a new phone charger
- I want my car some days – (I could drop Graham and work and he can get a lift home)
- I want to talk to my mum (on Skype) in private
- I want Graham to let me cook so I can start to wean Sophia
- I want to have help to learn tricks to look after Sophia just like they taught me to look after myself after the accident
- I want to have a cleaner again
- I want to be able to have a bath or shower by myself
- I want to feel better
- I want to have a rest so I can get strong and then talk to Graham about getting all this sorted

Liz Kelly identifies 6 stages....



Planet A
Violent (male)
partner

Domestic Violence
(criminal and civil law)
considered a crime,
gendered: 'male'

Planet B
Mother failing
to protect

Child Protection
(public law), welfare
approach rather than
criminalised, state
intervention in abusive
families, not gendered:
'abusive families'

Planet C
Good enough
father

Visitation and Contact
(private law) negotiated
or mediated outcome,
neutral and ungendered:
'parental responsibility'

**Adult social
care** prioritising
wellbeing of the
adult, person-
centred, outcome
focused



What skills and knowledge do social care practitioners need?

What do people at risk from domestic abuse want?

- Contact with others, Friendship and mutual support
- Proactive asking about abuse
- Quality time and the opportunity to talk
- Acceptance and understanding/no blame
- Encouragement
- Recognition of risks/prioritising safety
- Practical support and assistance

(Humphreys and Thiara (2003), Abrahams (2007)).

What you can do

- Be aware of controlling and coercive behaviour
- Make safe enquiries
- Ask the right questions
- Record accurately
- Listen to what is being said
- Assess risk and use professional judgement
- Know the law (including MCA)
- Support and safety plan



Find out more

<https://coercivecontrol.ripfa.org.uk/overarching-resources/>

- Guidance sheet one: law and policy summary
- Guidance sheet two: mental capacity and coercion
- Guidance sheet three: what works?
- Guidance sheet four: the experience of people with care and support needs
- Evidence scope: coercive control

Contact and further information

- <http://coercivecontrol.ripfa.org.uk/>
- www.ripfa.org.uk
- www.womensaid.org.uk