

# A Trauma Informed Response to Coercive Control

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1. Why it is important that we as Psychiatrists have an understanding of domestic abuse, in particular here focusing on coercive control?
  2. Asking the questions.
  3. How can we use our understanding of trauma to inform an appropriate response?

# Violence Against Women & Girls

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- Leading cause of premature death for women globally (Femicide Census, 2020)
- Domestic Abuse is a gendered crime affecting 1 in 4 women globally.... have the highest rates of repeated victimisation and are more likely to experience serious harm or death
- 'Dual Pandemic', the impact felt most by Black & Minoritized women (IMKAAN, 2020)



# Why as Psychiatrists should we be concerned about Domestic Abuse?

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- Trauma, Mental Health & Domestic Violence and Abuse are interrelated with bi-directional relationship (Kalifeh et al., 2015)
- Women who suffer domestic abuse are 3x more likely to develop a mental illness, including Schizophrenia and Bipolar Disorder (BJPsych, 2019)
- 30-60% of psychiatric in-patients experienced domestic abuse (Howard et al., 2015)
- ‘Mental health settings offer an opportunity for intervention’ (Learning from Domestic Homicide reviews in England & Wales, 2020)
- Association with suicide & homicide (Walby 2004, Home office report Domestic Homicides and suspected victim suicides during the C-19 pandemic 2020-1)
- “The core experience of psychological trauma is disempowerment and disconnection from others” (Herman, 1997)



# Coercive control

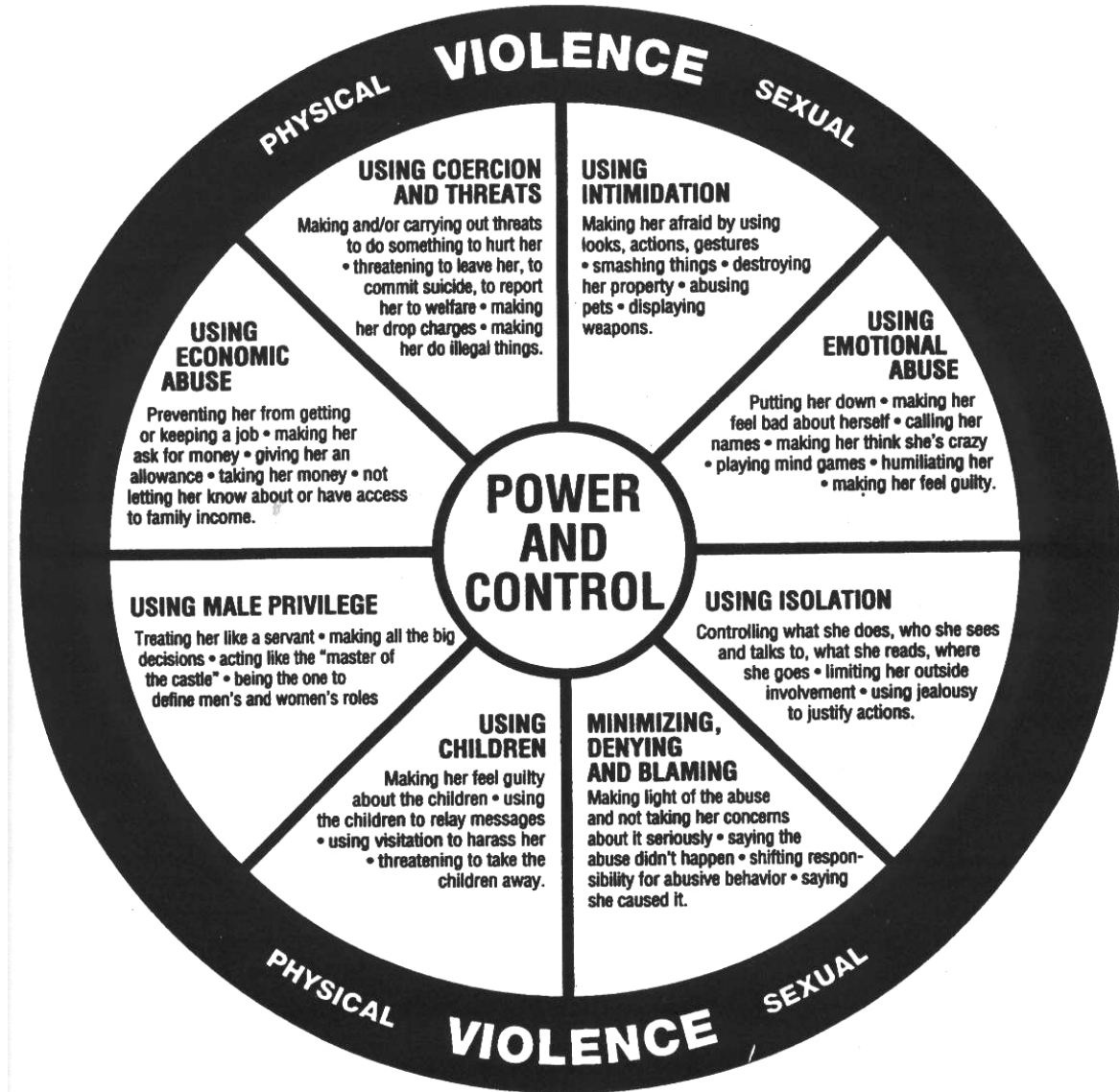
**Controlling behaviour:** “a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour:** 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.”

(Cross-government definition)

# ‘Domestic abuse is about Power & Control’

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# Mental health services and domestic abuse

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- We still do not ask the questions!
- Inadequate data collection
- Referrals of those experiencing domestic abuse often do not progress to treatment
- 'Suboptimal identification, care and information sharing...in MH services prior to homicide

# Sensitive 'Routine enquiry'

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- Asking everyone accessing our mental health services about experiences of harm from others through domestic violence and abuse (DoH 2003, NICE 2014)
- Consider **language** (*'are you feeling safe at home? Are you frightened of anyone*), **non-judgmental approach, environment, safe to speak?**
- Be open minded as to the form of harm experienced & consider the communities we serve



# *Coercive and controlling behaviours can be particularly hard to identify and communicate to others Brennan, 2018*

Are you able to contact them directly / see them alone? Is the perpetrator always present, looking at their phone and checking in on where they are and who they speak to?

Do they feel able to see friends and family – have them come over or is this made difficult?

Are you able to make contact for support– does the perpetrator threaten to harm themselves, contact social services, intimidate or make threats if the survivor told anyone or accessed support

Are they able to have a job? Study? Learn English? Have their own aspirations?

Do you have access to your own money?

Does your partner/family member constantly check up on you or follows you?

Who makes important family decisions or about children?

Has your partner ever tried to control you by telling you that you could be deported because of your immigration status?

Have you been prevented from leaving house?

# Responding to a disclosure

Consider how coercion and control can manifest in society, our own services and practices- avoid making decisions for someone!

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- Validate and believe!
- Offer **choices** (Concrete choices may help) consider Safety planning and ongoing support
- Take time, listen, build on trust, safety and choices
- Safeguarding has to be person centred & trauma informed
- Open & transparent regarding information sharing
- Consider an individual as an expert in their own safety
- Consider our own expectations

*“Leaving abusive relationships could trigger the loss of physical and emotional safety, social support, financial stability, home, control over parenting and personal freedom” (Thomas, 2015).*

# Organisational response to support clinicians

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Consider what you need?

- Skills/ training
- Data collection
- Pathways & Partnership working with 3<sup>rd</sup> sector e.g. Co-location Independent Domestic Violence and Abuse Advocates, IDVAs (Pathfinder report 2020)
- Support structures (including multiagency forums) and supervision
- Processes, policies, practices
- Organisational culture

Resources:

[VAMHN – Home](#)

[Overview | Domestic violence and abuse | Quality standards | NICE](#)

[Pathfinder Toolkit Final.pdf \(safelivesresearch.org.uk\)](#)

[Home | Safelives](#)

# A victim/ survivor perspective:

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- Holistic approaches to risk assessment
- Power and control in mental health services and safeguarding
- A space of psychological safety: validating and believing
- Fear and shame closes down the conversation
- Sharing knowledge as an act of empowerment
- Lack of choice can trigger feelings of fear, panic and loss of control

# Points for action:

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- **EDUCATE** – The impact of trauma on mental health
- **ACT** - Start asking the questions!
- **THINK** - What support do we need as individuals, within our organisation and wider system?