



## Polly Neate: an Introduction to coercive control

### Part one: Introduction

I'm Polly Neate, I'm the Chief Executive of Women's Aid. We are a federation of about 220 local domestic abuse specialist services. We also campaign and lobby on behalf of victims of domestic abuse. And one of our most recent campaigns was for the introduction of the offense of coercive and controlling behaviour, which came into force in December 2015.

### Part two: What is controlling and coercive behaviour, and how does it relate to domestic abuse?

The term coercive control was first coined by Evan Stark who's a really well known academic from the US. And I think initially the most important thing to remember is that coercive control isn't one type of domestic abuse, so you don't have physical abuse, sexual abuse, financial abuse, coercive control in rigid categories. Coercive control is the behaviour which underpins the vast majority of domestic abuse and certainly the most serious domestic abuse. And it's a deliberate pattern of repeated behaviour of many kinds which gradually robs the victim of their sense of self-worth and self-esteem and also of their control over their own life. It's one of the most disempowering forms of abuse that one can possibly experience. It often starts in quite low key ways; very commonly the first step of a coercive, controlling perpetrator would be to isolate the victim from all sources of support. And that's really something to look out for. And what that does is – as well as obviously increasing the ability for the perpetrator to abuse the victim – what it also does is it removes that ability that we all rely on to ask people who we trust, "You know, this is what I'm experiencing. Is this normal? Is this okay?" It actually removes that ability from the victim and that in itself is very important because one of the other things about coercive control is it's incredibly disorienting, it makes victims feel very confused, it can cause mental health difficulties or exacerbate mental health difficulties. And it's a very serious form of abuse, it's very persistent and can go on without physical violence for a very long period of time. However, it is linked to physical violence because you can't control somebody if they're not afraid of you and often what the victim is afraid of is that physical or sexual abuse, which they have experienced, or they may have experienced the threat of it, which is so significant that they really believe that if they break the pattern of control they will be very severely harmed.

### Part three: What does coercive control look like in practice? (3.33mins)

Some examples of coercive control that I've heard survivors talk about as well as the real fundamental, which is isolation from family and friends and contacts, are things like, an obvious one is never allowing the victim to do anything on their own, so accompanying the victim to medical appointments, to everywhere really, to work, so taking her to work, picking her up, taking her straight home. So absolutely controlling the victim's movements in every sense. Also things like



giving an incredibly detailed shopping list, right down to the exact brand and then creating a real fuss and kind of really unpleasant scene if that shopping list hasn't been exactly adhered to. That then often goes along with really restricting the victim's access to money, which is a very common form of controlling behaviour. I've also met a woman who was only allowed to sleep facing away from her partner at night. If she turned round or moved in her sleep in any way she would be woken up and forced to leave the room and sit outside the door for the rest of the night, so that's something that, it's an example of a very common form of coercive control which is disrupting sleep patterns. And a lot of coercive control actually has a lot in common with torture, you know, disrupting a victim of sleep is a very common way of torturing somebody. There's also, I think it's important in the context of people with social care needs, the withdrawal of medication or overmedicating is also something that I've heard victims talk about and also the withdrawal of mobility aids, or using mobility aids as a reward for good behaviour or their removal as a 'so called' punishment for bad behaviour or for something that the perpetrator doesn't want. So, it's really the accumulation of these. There's also a really common form of coercive control which is kind of mind games, so moving things in the house, changing things in the house, turning lights on and off and all that kind of thing and then pretending that it hasn't happened. So over a period of time the victim starts to completely lose confidence, in their own ability to interpret what's going on around them, and that can be extremely damaging as well.

#### Part four: What do we know about the impact of coercive control?

Coercive control is really psychologically damaging for victims, so, it can lead to victims having mental health issues, being traumatised and the trauma there there's a kind of double trauma, of first of all the abuse itself, but secondly the denial of the abuse by the perpetrator and very often by other professionals. Because it's really important to remember that coercive control is a highly manipulative behaviour on the part of the perpetrator and that skill in manipulation can be practiced upon all kinds of other people, including professionals, as well as on the victim. So there's not only the trauma of experiencing this behaviour, but then there's also the trauma of a massive struggle to have that understood and believed and acknowledged that the perpetrator can very plausibly deny that anything has happened. Another really obvious result of it, often, is that victims end up financially extremely vulnerable. So, after a long period of financial control, the victim can have almost no resources of their own, to fall back on at all. So, the impact is very severe and very long lasting. It's also important to remember that the impact on children, of living in a household where one parent is being controlled by the other is also very damaging, not only because being a victim of control can lead to poor parenting, but also because just witnessing that level of control presents children with a very frightening and distorted picture of the relationship between their parents and of relationships in general.



### Part five: What additional impacts of coercive control might people with social care needs experience?

Thinking then about victims who have social care support needs, there's obviously there layer upon layer of really serious impacts that they can experience. Interestingly, I met a deaf woman who was a survivor of domestic abuse and of very severe coercive control and one of the really interesting things she said to me was, "Of course I'd been controlled my whole life." And I think that had made her more reluctant to challenge the control, or less able to identify it. It had definitely impacted on the professionals around her, so they had a base level of acceptance of her entire life being controlled by other people, but for even starting on the domestic abuse that was actually going on top of that. And it also made the coercive control much more traumatic for her, and that in that instance, she basically had no voice at all other than through – in this case it was her partner – who was controlling her, but of course previously she'd often had members of her family speaking for her anyway. So that's one example. I think there's also the fear of loss of independence, so where very many women who are victims of domestic abuse have a very deep seated fear of losing their children to the care system, which is often used as a control tactic by the perpetrator. Women or men with social care support needs have a real fear of losing their own independence, and again that can be played on and manipulated by the perpetrator. There's also the issue of shaming, so very commonly with, in a situation where you have a man controlling a woman he will partly control her through the ways in which women are commonly shamed in society, so her appearance, her weight, what she wears, is she looking tarty, is she looking frumpy, all of that. If you then layer onto that the ways in which society shames disabled people, older people, there's a whole new level of kind of shaming tactics that perpetrators can use in order to control their victims and stop them from speaking out. And there's the really straightforward thing of 'nobody will believe you'. Well, women who have no pre-existing disability or mental health issue can very plainly see that nobody is going to believe their word against the word of the perpetrator. If you look then at somebody who doesn't fit with the typical perception of a victim of domestic abuse, the threat 'nobody will believe you' is even more persuasive and you know they really genuinely do fear, not only that no one will believe them, but then if they say what's going on they may be institutionalised or lose their independence in some other way. And of course they may be absolutely and utterly dependent on the perpetrator. Again, in general that creation of dependency is an important part of coercive control. In the situation of somebody who has a disability or is very elderly that dependency may be there anyway, so the scope for coercive and controlling behaviour and for concealing it under a cloak of the dependency that already exists is really frightening.

### Part six: Why is it important not to make assumptions about the causes of behaviour?

Coercive control causes severe loss of self-esteem, it causes anxiety, it causes depression. Victims can often misuse substances: drugs, alcohol, medication, in order to cope with what they're experiencing and it's really important to be open minded to the causes of that kind of behaviour because we can often put that



down to aspects of a person's situation. So if a disabled person, for example, is very isolated, doesn't go out much, it can be easy to put the anxiety or depression they experience down to something like that rather than looking beneath and really understanding the behaviour of the potential perpetrator towards that person and why that might be causing the symptoms that they're showing of anxiety, depression. They may even express themselves as being unwilling to go out, for example, and they may even have a whole script about why they're not willing to go out that could be to do with a range of things: fear, fear of reaction from other people, all kinds of anxieties that it's easy to see as being quite natural to that person, but actually may have been kind of scripted for that person by the perpetrator. And actually, their fear of going out may really be because the perpetrator doesn't want them to go out and they are very fearful of the consequences if they go against the perpetrator's wishes.

#### Part seven: What is the new offence (controlling or coercive behaviour) under the Serious Crime Act 2015 intending to achieve?

The reason we thought it was so important for there to be an offence of coercive and controlling behaviour is because this is the behaviour that underlies the vast majority of domestic abuse and actually it wasn't properly tackled by the criminal justice system. So we were being told by survivors of domestic abuse that they were being told, "come back when he's hit you", literally and weren't able to get a response from the police until that had happened. And we were also being told by police officers that they just didn't have the right set of tools in the box to deal adequately with domestic abuse. So that's why the offence was created and it's really to close that gap. And what is now a crime under this offence is a deliberate, repeated pattern of coercive and controlling behaviour. The behaviour has to be shown to have a real impact on the victim's day-to-day life and that has to be demonstrated or it has to be demonstrable that it has caused them to fear violence on at least two occasions. It has to be shown that the perpetrator knew or should have known, or you know a reasonable, it's a reasonableness test, so a reasonable person would have known that this behaviour was going to cause that level of impact on the victim. It's also not applicable retrospectively, so it can't apply to offences that were committed before December 2015, although supporting evidence can include kind of a history of behaviour, but those can't be prosecuted.

#### Part eight: What do social care practitioners need to know about the offence?

I think the first really fundamental thing for social workers or social care practitioners is just to really understand coercive control, to be able to recognize it and to be open to the possibility that you might be misinterpreting behaviour on the part of a carer or on the part of a cared for person. You might be misinterpreting that and it might really be a symptom of coercive control. And you may yourself be being manipulated by the perpetrator, that's extremely common. I think then following on from that it's really important to have a relationship with other agencies and particularly specialist domestic abuse agencies locally because they can provide advice and they can also provide somewhere to signpost the victim for support. They will be really expert as well in helping you if you haven't



been trained in making a safe enquiry about domestic abuse – it's quite important not to do so unless you're really confident about how to do that, a local specialist service would be able to support you to do that. And there are some really obvious things like not attempting to discuss coercive control with the victim when the perpetrator is present. That's much more complicated, obviously, when the perpetrator is a carer, but the carer's unwillingness to let the potential victim talk to anyone without them being present in itself should be a warning sign potentially that you might be witnessing coercive control in that situation. I think it's really important to recognise as well that people with support needs, so disabled people and particularly women, women are the majority of victims of domestic abuse, people with support needs, disabled people are more likely to experience domestic abuse than the rest of the population. And also, older people are very much underrepresented in terms of reporting of domestic abuse, so if you look at domestic homicide statistics there's a disproportionate number actually of older women, but if you look at who reports domestic abuse and who comes forward for support, older women are very much underrepresented. So it is really important to be aware of that and be aware that actually the population that you're working with is particularly vulnerable to this type of abuse.

#### Part nine: What kinds of evidence would be useful to collect?

It's really important to remember that in terms of the offence of coercive control, you're looking for evidence of a repeated pattern of behaviour, so one thing that can be really useful is a diary kept by the victim. That can be quite dangerous though, so it's really important to recognise the risks of suggesting that somebody do that. But also, a diary kept by somebody, a professional who has a lot of contact with the victim and perpetrator is really important, so recording for example the fact that the perpetrator insisted on being present all the time when it really wasn't necessary or when the perpetrator had been told that it wasn't necessary, so a kind of insistence on being there, a kind of over-controlling behaviour. And it's important to then distinguish between facts and impressions. So, for example, 'he stood behind her throughout', that's a fact. 'I thought this was intimidating' is an impression. And it's fine to record both of those, but it's important to draw that distinction. I think the other thing then is very common in coercive control cases, the evidence is digital, so a lot of perpetrators use text messages, emails, social media to control their victim either through explicit threats or threats to family or threats to pets, children, etc., or through shaming on social media or shaming via text message or email, or threatening to publish compromising images of the victim. So any kind of digital evidence of that kind it's important to keep, or it's important that the victim can keep it if possible. Also the police can obtain that sort of evidence as well. So I think the most important thing is to remember that you have to have evidence of a deliberate pattern and that's only going to be shown over a period of time. So, it's important to be patient, but it's also important to really understand the risks involved for the victim of recording or keeping evidence and be prepared to really support that either by not expecting them to do it, by trying to do it yourself.



## Part ten: How should practitioners deal with situations where a perpetrator is blocking access to someone with social care needs?

Finding ways of supporting a victim of coercive control where the perpetrator won't allow access to them is really difficult, particularly in a situation where the perpetrator is also the carer. I think one thing that's really important is patience and persistence, so, both patience and persistence with the victim but also persistent, low-level challenging of the perpetrator, by which I mean, for example, saying, "you know you really don't need to be in the room, it's absolutely fine", you know, if that's said repeatedly and repeatedly challenged I think that in itself is a cause for concern and a cause to suspect that there may be controlling behaviour going on. I think the other thing to do is potentially work with other agencies, so understand what other agencies are engaged with either the victim or the perpetrator or both and whether that provides any opportunities then to be, you know, to be able to communicate with the victim. And at Women's Aid we would really support the principles of making safeguarding personal and in fact, they're very much echoed in our own approach which is called Change That Lasts, which is that it's vital to be victim led in every situation, led by the survivor in every situation. That's partly because of the need not to further disempower somebody, but it's also because of the risks involved. So that individual knows the risks they're experiencing much better than anyone else. Their fear of that perpetrator is probably very well founded, so it's important to go slowly and very patiently both with making safe enquiries of the victim, but also with challenging the perpetrator. Both of those need to be done in a patient and painstaking way in order to manage the risks that might be involved.

## Part eleven: How can we take a person centred approach to working with survivors of domestic abuse and coercive control?

Don't make assumptions about what's the best outcome for somebody who's experiencing coercive control and domestic abuse. It's really important to understand what a good outcome looks like for that person, what they want to happen, so what freedom from abuse and recovery from abuse would look like to that person and then to think about what steps they are going to take to get there and what steps agencies supporting them need to take to get there. Safety planning is absolutely critical, so the time of leaving a relationship or the time just after leaving is the most dangerous time for any victim of domestic abuse, it's where women who leave abusive relationships are most likely to be killed or very seriously injured. So it's really important to take the victim's fears about leaving the situation seriously, not to minimise them. And those fears are going to be really exacerbated for somebody who has support needs, so will they be, if they're going to leave somebody who's actually their carer, will they be left completely without any support? Actually will even the compromised independence that they have with somebody who's abusing them may seem safer than a complete loss of independence without that person. So, you know I'm always asked constantly about victims of domestic abuse and why doesn't she just leave? Leaving has got to be a realistic proposition in order for somebody to make a genuine choice about that and it's really important to try as much as possible to jointly with the person look at what that realistic proposition might look like and be guided by what they



want. Having said be guided by what they want, it's important to understand that what they want is in itself going to be manipulated and controlled by the perpetrator, so it's important to be really patient with that and make sure that you're building up a realistic picture of the choices that that person really can have outside of the coercive control. I think the other thing to say is that post-relationship abuse, so abuse continuing after the relationship between the survivor and the perpetrator has ended is not the exception in domestic abuse, it's absolutely routine. The victim probably already knows that and probably can already tell how the perpetrator would be likely to behave if that came about, if a separation came about. So it's really important to listen to that and to take it very seriously. And you can get advice with safety planning, you can get advice from the National Domestic Violence Helpline, you can get advice from local specialists, domestic abuse agencies as well, but, you know, planning a kind of safe resolution to the situation is vital. And patience is vital, taking time is vital, so trying not to kind of impose a solution on the situation, but listen really carefully to what that individual sees the solution as being.

#### Part twelve: What guidance would you give to social care practitioners who are working with coercive control?

If there are three really main messages I think the first is it's vital to really understand the impact of domestic abuse on the victim and how that might show itself in terms of low self-esteem, anxiety and also how it shows itself in the perpetrator – could be in terms of over-attentiveness, manipulation, always having to be there. It's really being open to the fact that those things may be caused by domestic abuse; there may not be kind of an inevitable consequence of the situation of those two people. The second thing is understand about safety and really listen to the victim about what they feel is a risk to their safety and what they feel would make them more safe because they really know, they know their situation better than you do, they know their situation better than anyone else. And the third thing is to realise that perpetrators of domestic abuse, perpetrators of coercive control are really manipulative. You must be open to the fact that you may be being manipulated. And the perpetrator may present as highly credible and the victim – partly due to the way prejudices that we hold about, you know, people who have support needs – the victim may appear far less credible than the perpetrator and it's important to allow for that and as I say to recognise that you may yourself be being controlled.