Train the trainer:
Supporting social workers working with people with care and support needs who are experiencing controlling or coercive behaviour.
Why are we here?
Aim:

To equip trainers with the skills and knowledge to develop and deliver training to Social Workers working with people with care and support needs who are experiencing controlling or coercive behaviour.
Objectives

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

• Describe and critically analyse models of the use of power and control in intimate relationships within a broader social context

• Describe the role of coercive control within domestic abuse

• Describe the key knowledge and skills that social workers will need to use in working with coercive control of people with social care needs

• Describe the theoretical underpinnings of intersectionality of disability, race, sexuality and other protected characteristics in relation to power and control

• Use the materials on coercive control hosted on a new web resource to cascade learning and development to colleagues.
What this course can and can't do

It can:
Give you a good understanding of coercive control and what the social work response 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:
Sign attendees off as competent practitioners in delivering this training.

You will need to:
- Use the microsite for further reading
- Link with specialist DV providers
- Consider co-training with someone with more expertise (specialist trainers)
Understanding the dynamics of domestic abuse

Quiz questions
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
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’).
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.
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.
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).

Adapted from: Eileen Pittaway & Linda BartolomeiRefugees, Race, and Gender: The Multiple Discrimination against Refugee Women
Intersectionality & people with care and social needs

Greater vulnerability to DA & to different forms of abuse:

• **Disabled women** are twice as likely to experience violence as non-disabled women. (Magowan. P., 2003)

• **Half of disabled women** will be the target of domestic violence according to a 2007 Report for Women's Aid. The report criticises the “serious lack of research in this country on the experiences of disabled women survivors of domestic violence”.

• Women with disability are up to 10 times more likely to be abused either physically or sexually by a family member or caregiver that women without disabilities (Human Rights Watch, 2012 estimates that)

• Violence among women with disabilities takes individual & systemic forms. (Dutta, S, 2015)

Less service provision:

• **DA services** are far and between with many resource issues; awareness of disability is often inadequate

• **Disability services**: DA is often not seen as an issue for them to deal with; lack of resources; lack of training & info about DV among staff common. (Thiara, R.K.)
<table>
<thead>
<tr>
<th>Situational violence</th>
<th>Intimate terrorism</th>
<th>Violent resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation based</td>
<td>Most extreme form of violence in an intimate relationship.</td>
<td>Victim fights in self defence - verbally or physically</td>
</tr>
<tr>
<td>No underlying dynamic of control and domination</td>
<td>It includes Coercive Control, which produces a negative impact on a victims ability to act independently</td>
<td>Might act in revenge/retaliation</td>
</tr>
<tr>
<td>Perpetrated by both men and women</td>
<td>Generally perpetrated by men against women</td>
<td>Might fight in self-preservation (this is when victims sometimes kill)</td>
</tr>
<tr>
<td>Violence can be severe</td>
<td>Induces fear</td>
<td></td>
</tr>
<tr>
<td>Can be frequent or infrequent</td>
<td>Continues after separation</td>
<td>Victim does not seek power and control</td>
</tr>
<tr>
<td>Partners do not live in fear of each other</td>
<td>Linked with Homicides</td>
<td>Types of violence</td>
</tr>
</tbody>
</table>
'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

<table>
<thead>
<tr>
<th></th>
<th>Disabled women</th>
<th>Non-disabled women</th>
<th>Disabled men</th>
<th>Non-disabled men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced any domestic abuse in last year</td>
<td>15.7%</td>
<td>7.1%</td>
<td>8.4%</td>
<td>4%</td>
</tr>
<tr>
<td>Experienced non-sexual partner abuse in last year</td>
<td>11.3%</td>
<td>4.9%</td>
<td>4.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Experienced non-sexual family abuse in last year</td>
<td>4.6%</td>
<td>1.7%</td>
<td>4.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Experienced sexual assault in last year</td>
<td>2.6%</td>
<td>2.2%</td>
<td>0.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Experienced stalking in last year</td>
<td>7.6%</td>
<td>3.8%</td>
<td>5.3%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
Social Model of Disability

• Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living.

• The model says that disability is caused by the way society is organised, rather than by a person’s impairment or difference.

• It looks at ways of removing barriers that restrict life choices for disabled people.

• Barriers are not just physical. Attitudes found in society based on prejudice or stereotype, or disablism, also disable people from having equal opportunities to be part of society.

• When barriers are removed:
  • disabled people can be independent and equal in society, with choice and control over their own lives.
10 minute discussion:

• Thinking about this – why do disabled people experience more abuse than non-disabled people?
• What are the barriers in seeking help to end the abuse?
Inequalities and barriers faced by disabled people create social entrapment

**Attitudes**
- Not believed
- Not valued (invalid)

**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
When the slapping started, at first I was shocked. No boyfriend ever lifted a hand to me before. But . . . I’ve been through more than that from my doctors

Domestic abuse and care and support needs
Domestic abuse can create care and support needs – physical health

Physical impact includes disability, chronic pain, gastrointestinal, and gynaecological signs including sexually-transmitted diseases.


Domestic abuse can create care and support needs – physical health

He was extremely abusive and he put me into the hospital quite few times. The consequences on my health now [. . .] I have had a major bone problems, and I had to have an operation on my spine, and I am questioning whether that was to do with the beatings. I’ve got arthritis and I had a lots of broken bones when he was doing this, so whether that impacted [. . .] I’m sure that this possibly did impact up on me now [. . .] Like now I can hardly walk, and I have to go in a wheelchair to go about (Participant 1: 63 years).

I’m waiting for a hearing aid and now [. . .] I got severely bashed on my ear, and I’m told that I can’t hear at all in this ear, and I’ve been told that it is perforated eardrum (Participant 8: 76 years). McGarry J and Simpson C (2011)

Domestic abuse can create care and support needs - mental health

- Domestic abuse impacts negatively on Mental Health
- People who experience poor mental health are more likely to have experienced domestic abuse (Trevillion et al 2012)
  - 70% per cent of female psychiatric inpatients and 80% of those in secure settings have histories of physical or sexual abuse
  - abused women are at least three times more likely to experience depression or anxiety disorders than other women
  - a third of all female suicide attempts and half of those by ethnic minority women can be attributed to past or current experiences of domestic abuse
Domestic abuse can create care and support needs - mental health

Proportion of each violence and abuse group with a common mental disorder

<table>
<thead>
<tr>
<th>Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little violence/abuse</td>
<td>11</td>
</tr>
<tr>
<td>Physical from partner</td>
<td>27</td>
</tr>
<tr>
<td>Extensive physical/coercion, partner</td>
<td>37</td>
</tr>
<tr>
<td>Sexual, only as child</td>
<td>23</td>
</tr>
<tr>
<td>Sexual, as adult, sometimes child</td>
<td>32</td>
</tr>
<tr>
<td>Extensive physical, sexual as child/adult</td>
<td>53</td>
</tr>
</tbody>
</table>
Domestic abuse can create care and support needs - people who misuse substances

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

• Some people use substances in order to manage their situation

• Substance dependency can be used to create control

• Substance misuse can create care and support needs
People with care and support needs experience domestic abuse

- 78-year-old Margaret Panting
- Found at home of her former son in law
- 5 weeks after he had removed her from sheltered housing accommodation to look after his three children
- more than 100 injuries on Margaret's body
- No one confessed or told the police what happened so no charges
- Domestic Violence Crimes and Victims Act 2004 Section 5 – causing or allowing the death of a child or “vulnerable adult”

Margaret Panting died July 2001
2.6% people over 66 self-reported that they had experienced abuse in their own home in the past 12 months from friends/family or care workers.

Women were more likely to say that they had experienced mistreatment than men (3.8% of women and 1.1% of men).

Interpersonal (physical, sexual and psychological) abuse was largely carried out by partners (57%) or other family members (37%).

75% of perpetrators of interpersonal abuse were aged 65-74 and 80% of them were men.

The perpetrator lived in the same household in two-thirds of the cases, and in two-fifths of cases the older person was providing care for them.
Service responses to domestic abuse amongst older people

• Domestic violence as a ‘largely hidden phenomenon’ comprising of multiple forms of harm or abuse by people who are or have been intimate partners
• A lack of conceptual clarity between domestic violence and elder abuse
• The complexity of family dynamics and abusive relationships
• Deficit in dedicated service recognition and provision

McGarry et al (2014)
31% (39/126) of UK women killed during 2015 were over 50.

Smith, KI: Counting dead women. 
https://kareningalasmith.com/counting-dead-women/
Disabled people

• Women who have disabilities are at significant and higher risk of domestic abuse (Rich, 2014)

• More than 50% of disabled women in the UK may have experienced domestic abuse (Magowan, P. 2004)

• More disabled men experience domestic abuse than other men, with the risk to a disabled man being similar to that to women in general (PHE 2015)
Women with learning disabilities

Two small scale studies that interviewed women survivors of domestic abuse in England found that the levels of physical violence they had experienced were particularly high and of high risk (e.g. use of weapons, threats to kill).


McCarthy, M., Hunt, S. and Milne-Skillman, K., 2015. 'I Know it was Every Week, but I Can't be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities. Journal of applied research in intellectual disabilities.
Disabled people - Forced marriage

• 12% (141 cases) of cases reported to the Forced Marriage Unit in 2015 involved people who had a physical or learning disability

• 62% of were men and 48% women;

• For non-disabled people only 20% of referrals are for male victims.
Carers

A carer is someone who ‘provides or intends to provide care for another adult’ (but not as a volunteer or contacted worker). (Care Act, 2014)

“People pity him because he is taking care of you and so noble. So people are reluctant to criticise this saint or to think he could be doing these terrible things. And possibly as well as that there’s a sort of I think an idea … people don’t really ‘see’ disabled women. And people don’t easily see a disabled woman as a wife, partner, and mother. So I think for some people it’s hard to think well this might be a woman who’s being sexually or physically abused by her partner,… because disabled women don’t have sex, do they?”
Coercive control in the lives of people with care and support needs?

• Who has the power?

• What are the attitudes/is using power legitimate/acceptable?

• What social and cultural factors entrap disabled people?
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

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

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

See workbook section 6 and 7.
What the research finds

See section seven and the microsite

I Know it was Every Week, but I Can't be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities

Making the Links; disabled women and domestic violence

“My Body Came Between Us” Accounts of Partner-Abused Women With Physical Disabilities.
Coercive and Controlling Behaviour
The Process

Conditioning

Dependence

Entrapment
Liz Kelly identifies 6 stages:

1. Managing the situation
2. Distortion of perspective/reality
3. Defining abuse
4. Re-evaluation of the relationship
5. Ending the relationship
6. Ending the abuse

Not a sequence!
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.

What doesn't it cover?

The use of coercive control in other relationships that might be referred as safeguarding concerns; for example:

- Within institutions such as hospitals or care homes
- By care staff working in a person’s own home
- “New friends”/mate crime
- Bullying at work.
Where else is coercive control referred to in law?

• March 2016 statutory guidance in relation to sections 42-46 of the Care Act (2014)

• April 2016 guidance in relation to section 7 of the Social Services and Well-Being Act Wales (2014)

• This means that a local authority’s duty to make (or ask others to make) safeguarding enquires and determine what action is needed to protect “an adult at risk” are triggered by “reasonable cause to suspect” that an adult with health and social care needs is experiencing coercive control (where their needs prevent them from protecting themselves).

*Department of Health (2016) Care Act Statutory Guidance*
Safeguarding Adults and Coercive Control

• The statutory guidance in relation to the offence of controlling or coercive behaviour states that it should be dealt with as part of adult and/or child safeguarding and public protection procedures.

• Government strategy recognises that tackling domestic abuse is a cross-departmental and multi-agency responsibility.
Section 76

The offence
“repeatedly or continuously;”

had a “serious effect” on the victim;

- Meaning it caused the victim to fear that violence would be used against them on “at least two occasions”,

or

it has had a “substantial adverse effect on their day to day activities”

AND

The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she “ought to have known” it would have that effect.
Example Behaviours

Includes behaviours that are a crime in their own right and can be prosecuted separately:

- Murder
- Rape
- Manslaughter
- Assault
- Threatening behaviour
- Criminal damage
- Theft
  - And behaviours that, if they take place in a different context, are not criminal offences.

http://www.cps.gov.uk/legal/d_to_g/domestic_abuse_guidelines_for_prosecutors/#a90
Evan Stark

- **Susan Schechter** coined the term "coercive control" in the 1980's
- **Schechter** argued that the end of abuse in a relationship is not complete when the abuser stops physically assaulting a woman - he must also be able to 'relate in non-coercive ways'.

*(WOMEN AND MALE VIOLENCE: THE VISIONS AND STRUGGLES OF THE BATTERED WOMEN'S MOVEMENT 317-319, 1982)*

- 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.’
The Four major tactics of coercive control - Evan Stark

- Physical/Sexual Violence
- Degradation
- Intimidation & Stalking
- Isolation
- Control
4 major tactics of coercive control - Evan Stark

**Violence** – Physical assaults (more frequent when there is a pattern of coercive control). Harming pets.

**Intimidation** – threats to kill, threats to family, destruction of property, surveillance, degradation.

**Isolation** – prevents disclosure, instills dependency, Kept from seeing family, moves away from any social networks and friends and family

**Control** – what to wear, how to dress, who you can see or speak to, kept from medical care, kept from seeing family, social persona, rules at home.

**Further Sub tactics**

1. Communication - control her channels of communication, going through drawers, diary, phones.
2. Surveillance - monitoring time, mileage, turning up at work
3. Degradation - degrading insults, denying self respect
4. Sexual control - when, how, where, withholding or rape, threats to get elsewhere

**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)
Control and Ownership

Shaming
Forcing a partner to participate in sexual acts, rituals around personal hygiene, denying support with personal hygiene, toileting, eating, sleeping or enforcing in a way she finds degrading. Being denied toilet paper, sanitary products. Forcing someone to engage in criminal activity - Shaming inhibits reporting, as the victim fear’s their humiliation will be exposed.

Marking
Tattoos, bite marks, burns, facial scars – marks ‘ownership’ and can become a source of self loathing.
Professor Evan Stark: Coercive Control
“Engage in controlling/ coercive behaviour in an intimate/ family relationship”

Contrary to section 76(1) and (11) of the Serious Crime Act 2015.
The offence

• Doesn't relate to a single incident
• Purposeful pattern of behaviour over time
• To exert power, control or coercion over another
• Focuses responsibility on the perpetrator for the behaviour
What does serious effect mean?

Examples:

• On at least two occasions the person has feared that violence will be used against them, or they have felt serious alarm or distress and it has had a substantial effect on their usual day to day activities.

or

• The behaviour has had a substantial effect on them if it has caused them to change the way they live.

  • For example, they may have changed the way they socialise, their physical or mental health may have deteriorated, they may have changed the way they do household chores or how they care for their children.

• If they have changed the way they live in order to keep them or their children safe from harm, it is possible that the behaviour they are experiencing is coercive control.
Types of controlling and coercive behaviour

- Isolating from friends and family
- Depriving of basic rights
- Monitoring their time
- Monitoring online communication tools or using spyware
- Taking control over aspects of their daily life
  - Where they can go
  - Who they can see
  - What they can wear
  - When they can sleep - this could be associated to medication

*Home Office statutory guidance*
Types of controlling and coercive behaviour...

- Depriving of access to support services
  - Specialist support
  - Medical services
- Put downs
- Enforcing rules which are humiliating, degrading or dehumanise
- Forcing into criminal activity
  - Shoplifting
  - Neglect or abuse of children to encourage self-blame and prevent disclosure
  - Financial abuse

Home Office statutory guidance
Types of controlling and coercive behaviour...

• Threats to:
  • Kill
  • Hurt a child
  • Hurt a pet - could be a working dog
  • Reveal or publish private information
  • Assault

• Criminal damage
  • Destruction of property - could be aids/car

• Rape/sexual assault

*Home Office statutory guidance*
“Points to prove in law”

1. Date and location
2. Repeatedly/ continuously engaged in controlling/ coercive behaviour towards person to whom they were personally connected.
3. The behaviour having a serious effect on victim.
4. Knew/ ought to know the behaviour would have a serious effect.
Types of evidence required for prosecution

- copies of emails;
- phone records;
- text messages;
- evidence of abuse over the internet, digital technology and social media platforms;
- evidence of an assault;
- photographs of injuries such as: defensive injuries to forearms, latent upper arm grabs, scalp bruising, clumps of hair missing.
- 999 tapes or transcripts;
- CCTV;
- body worn video footage;
Types of evidence continued

- lifestyle and household including at scene photographic evidence;
  - photographs can be done by a professional with guidance
- records of interaction with services such as support services, medical records;
- witness testimony (family and friends of the victim may be able to give evidence about the effect and impact of isolation of the victim from them)
- statements from neighbours, regular deliveries, postal, milk delivery, window cleaner etc;
- bank records to show financial control;
- previous threats made to children or other family members;
- diary kept by the victim;
- victims account, however this is not the only evidence that can be used to prove a case;
- evidence of isolation such as lack of contact between family and friends, victim withdrawing from activities such as clubs, perpetrator accompanying victim to medical appointments.
Points of interest

• Where the perpetrator has a carer responsibility, the care plan might be useful as it details what funds should be used for

• However, note that it might be particularly difficult for some disabled people in receipt of informal or employed care support to gather evidence.
Services can assist by supporting the victim:

• to engage with the criminal justice process (if wanted)
• Provide service records, case records and records
• contact helplines which may act as evidence for the offence.
• Obtain case notes from mental health or drug and alcohol services which may provide evidence.
• Obtaining any evidence from housing services of anti social behaviour, damage to property, complaints from other tenants
Aide memoire to identify coercion

- Does he control her channels of communication, going through drawers, diary, phones,
- Evidence of surveillance and micromanagement
- Does she appear unable to think and act freely
- Anxiety when routine activities are changed
- Does he turn up at work, get people to spy on her, report back
- Control food, self care activities
- Any evidence of shame tactics (you could ask if there is anything he will use against her)
- Evidence of marking, scars etc
- Evidence extreme isolation (imprisonment)
- Damage to personal pride
- Fractured relationships with family and friends
Home Office

Controlling or Coercive Behaviour in an Intimate or Family Relationship

Statutory Guidance Framework

[link](https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship)
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
- Always write 'verbatim'
- Professional judgement is important
Defence Advocates/Barristers

Advocates/Barristers can use records in defence in court. Make sure that what you write cannot be misinterpreted.

- A was being **difficult**
- A **refused** medication
- A **refused** support with personal care
- A **refused** to engage with the service
What you can do

- Be aware of CCB
- Ask the right questions
- Record accurately
- Listen to what is being said
- Support
Professional competence

Intervention and skills

• Social workers engage with individuals, families, groups and communities, working alongside people to assess and intervene

• They enable effective relationships and are effective communicators, using appropriate skills. Using their professional judgement, they employ a range of interventions: promoting independence, providing support and protection, taking preventative action and ensuring safety whilst balancing rights and risks

• They understand and take account of differentials in power, and are able to use authority appropriately

BASW Professional Capabilities Framework
Safeguarding under the Care Act 2014

- **Reasonable cause** to suspect that an adult is an “adult at risk”
- the local authority must make (or cause to be made) **whatever enquiries it thinks necessary** to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom
- **Wellbeing principle**: “Everyone involved in an enquiry must focus on improving the adult’s well-being and work together to that shared aim”
- **Presumption of mental capacity**
- Duty to consider whether an **independent advocate** is required
Making Safeguarding Personal

Safeguarding is:

• Person-led
• Outcome-focused
• Enhances involvement, choice and control
• Improves quality of life, wellbeing and safety
• Strengths based

(Care Act Guidance)
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)).
<table>
<thead>
<tr>
<th>Safeguarding practice</th>
<th>If the situation may be one of coercive control – learning from best practice re-domestic abuse</th>
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<tbody>
<tr>
<td>Concern/referral</td>
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<tr>
<td>Decision - Section 42 enquiry?</td>
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<tr>
<td>Strategy</td>
<td>How best to make safe enquiry?</td>
</tr>
<tr>
<td>Enquiry</td>
<td>Safe enquiry</td>
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<td>Protection plan</td>
<td>Safety Plan</td>
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<td>Risk assessment</td>
<td>DASH-RIC CCUK</td>
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<tr>
<td>Involve other/specialist agencies</td>
<td>Women’s Aid, Freedom Program</td>
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<tr>
<td>Use advocates</td>
<td>IDVA’s/ISVA’s</td>
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<tr>
<td>Review/Outcomes?</td>
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</tbody>
</table>
On your tables consider the case study – each table has a different one.

How was safe enquiry made?

What are the key elements of safe enquiry?

What questions might you have asked to support the person describing their experience of coercive control?
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).
Risk assessments

Are based on combination of

<table>
<thead>
<tr>
<th>Level of harm caused</th>
<th>Likelihood of the event occurring</th>
</tr>
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<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Purpose? Understanding/Safety/evidence
Whose safety? Adult at risk/worker/organisation?
What is the source of the risk?

• Coercive Control? Situational Violence
  - Carer stress
• Unintentional behaviour from a person without mental capacity?
• Retaliatory violence?
Domestic Violence
MARAC referral – serious harm

Perpetrator Behaviour
• Escalating violence
• Jealous, controlling behaviour
• Use of weapon, attempted suffocation/strangulation
• Actual injuries/Threats to kill

Victim
• Isolated from friends and family
• Level of fear

Issues
› Recent separation from victim
› Financial, MH, Drug and alcohol difficulties
› Criminal record
› Child contact/pregnancy
Exercise

• Look at the DASH-RIC for your table’s case study

• How would you use this example DASH RIC as a learning resource with colleagues?

• Make notes in section 8 of the workbook.
Assessing risk: Using risk assessment tools and exercising professional judgement

- Risk assessment should draw on multiple forms of information and evidence about the perpetrator's background, any prior incidents of domestic abuse, and take into account the evidence of the person experiencing the abuse, their level of fear, and any coercive control and psychological abuse.

- It is important to remember that risk can be fluid and circumstance can change suddenly.

- Ensure that the safety plan includes a way for the person at risk to let professionals know if they think the risk level has increased.

- When properly used, the tools should lead to robust risk management that protects and promotes the safety and well-being of the people affected by the abuse.
Assessing risk: Involving the Person at Risk

• Involving the person at risk, and/or a trusted advocate or IMCA (if the person lacks capacity) in the risk assessment is more likely to:
  • produce an accurate, comprehensive and better-evidenced risk assessment
  • give the person themselves, or someone on their behalf, an opportunity and support to identify, describe and understand the risks for themselves, keeping their wishes central to the safeguarding
• Survivors have been found to make accurate assessments of the level of risk they face and understand the potential consequences of taking action – for example to leave a relationship (which has been evidenced to be a time of high risk to the survivor and her children)

Domestic Violence Disclosure Scheme (Clare’s law)

• Under the Domestic Violence Disclosure Scheme (‘Clare’s Law’), a person who is experiencing domestic abuse has a ‘right to ask’ - this enables them to ask the police about a partner’s previous history of domestic abuse or violent acts. Police can proactively disclose information about a previous perpetrator of domestic abuse to a current partner in prescribed circumstances.
Child protection

• 62% of Children exposed to domestic abuse are directly harmed

• Amongst other impacts, over half (52%) had behavioural problems, over a third (39%) had difficulties adjusting at school, and nearly two thirds (60%) felt responsible for negative events

CAADA -SafeLives 2014
Mental capacity and coercion

Coercive control

Mental Disorder

Unwise decisions
IMCAs


• Independent Mental Capacity Advocate **must** be used when……
  - Person **does not have capacity in relation to making relevant decision/s** about a serious medical condition or **where they will live** **AND** they are “unbefriended”

**can** be used when……
  - Person **does not have capacity in relation to making relevant decision/s** about **their safety from abuse**
  - Whether or not they are “befriended”/have relatives who say they can speak for the person
Inherent Jurisdiction of the High Court

• To cover gaps in the law
• Safeguard people who do not lack capacity, but their ability to make decisions has been compromised because of coercion, undue influence or constraints on their circumstances
• Make orders to enable a person to make a free and informed decision
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
Inherent Jurisdiction of the High Court

• Consult your manager and gain legal advice
• Work with people used to making applications to CoP (BIAs/DoLS workers?)
• 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)
Virtual team/Safeguarding meetings

- If you like we can get everyone who might be able to help together……..with you
Safety Planning

Using the case study on your table

Using the cards as prompts build a safety/protection plan for the person at risk

Which agencies would be involved, what would their role be? what information would they need about the risk of abuse?

See section 9 and 10 of the workbook for guidance on safety planning.
Outcomes?
The foundation stones of a new life

• Having opportunities to explore domestic violence and its legacies through counselling, but also with trusted family and friends;
• Being and feeling safe;
• Being settled and able to make a new home;
• Improved health/ability to manage health conditions;
• Children in new schools and less anxious, able to make and see friends, safe child contact;
• (Re)entering employment and/or education and training;
• A tight, but trusted, network of family and friends; and
• Financial security

Break
Introduction to the resources website
Planning and reflection

• What activities do you plan to deliver, and to whom?
• How can you involve people with specialist knowledge of domestic abuse in your CPD activities?
• What might the challenges of your training/ CPD sessions be?
• How will you integrate survivors’ voices?

See workbook section 11
Final questions and feedback

Evaluation

• Please complete your evaluation form on both sides.
Contact and further information

- [http://coercivecontrol.ripfa.org.uk/](http://coercivecontrol.ripfa.org.uk/)
- [www.ripfa.org.uk](http://www.ripfa.org.uk)
- [www.womensaid.org.uk](http://www.womensaid.org.uk)