Welsh Women's Aid Briefing May 2017

Coercive Control and Mental Health

"I was totally isolated – he broke me with mental and sexual abuse, I'm left with no self-esteem, no self-worth, no confidence. I felt like I couldn't survive without him. I still feel he has total control over me now even though I've left, I know he can kill me any time he wants to." – Survivor

What is coercive control?

Coercive control is a tactic that underpins abuse. 85% of survivors of abuse experience coercive control rather than physical assaults alone.[1] This could include: isolating someone from their friends and family, controlling their finances, monitoring what they do and where they go, putting them down and making them feel worthless or threatening to harm them, their children, their pets or property.

There is not a definitive list of behaviours, as the abuser will use various means to establish controlling or coercive behaviour. The four major tactics of coercive control are: violence, intimidation, isolation and control.

"He came across as such a lovely, amazing person… the man of my dreams. He wanted to know everything about me. And then over time he used those things against me." – Survivor

Section 76 of Serious Crime Act 2015

Coercive and controlling behaviour was criminalised in the Serious Crime Act 2015 and is defined as controlling or coercive behaviour in an intimate or family relationship that causes someone to fear that violence will be used against them, on at least two occasions; or causes them serious alarm or distress which has a substantial adverse effect on their usual day-to-day activities.[2] A conviction can result in a fine and/or up to five years in prison.

Psychological abuse can be as devastating, if not more devastating, than physical violence.[3] This new criminalisation in England and Wales is welcome recognition of the devastating, assimilative effects of accumulative, non-physical abuse.

"At home he had complete control over me… I couldn't socialise or work or see family. I couldn't eat or sleep or use the bathroom when I wanted, I couldn't wear what I wanted or speak to anyone." – Survivor

[1] E Stark, *Coercive Control: How Men Entrap Women in Personal Life*, Oxford University Press, 2007.
[2] *Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework*, Home Office, 2015, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf (accessed 5 May 2017).
[3] Sunderland, C et al. 'Beyond Bruises and Broken Bones: The Joint Effects of Stress and Injuries on Battered Women's Health'. *American Journal of Community Psychology*, vol. 30, no. 3, 2002, pp. 609-636.

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How can coercive control affect survivors' mental health?

Coercive control deliberately and intentionally damages the self-respect and sense of independence of survivors, who often become isolated from their former support networks, reducing survivors' 'space for action'. Abusers may use pre-existing mental health conditions to further their control:

"I had depression, which he used against me. He used to tell me to kill myself on a repeated basis. He monitored my Facebook, he monitored my phone calls. And then he'd tell me all I needed was him, and I didn't need anybody else. And that meant I ended up with no friends and pushing my family away." – Survivor

Severe depression and post-traumatic stress disorder (PTSD) is a very common consequence of coercive control, and can impair survivors' capacity to perform routine activities, affecting work productivity and professional relationships, in addition to increasing isolation, and putting greater restraints on financial independence.[4] Furthermore, symptoms associated with PTSD may detrimentally affect a survivor's ability to achieve self-sufficiency and live independently.[5]

There is a strong relationship between symptoms of depression and chronic health problems, meaning that physical health effects of abuse go beyond the injuries of physical violence alone. Ongoing stress, which compromises the immune system's ability to fight infectious diseases and other illnesses, accounts for 80% of the indirect effects of abuse on survivors' physical health.[6] Survivors frequently develop other conditions such as anxiety, self-harm and suicide ideation at a much higher rate than women who have not had these experiences.

One comparative U.S. study shows that 77% of the women in domestic violence refuges experienced sadness or anxiety (compared to a national average of 6%), and 52% (compared to a 2.5% national average) experienced major depression within the previous 12 months. 35% of women reported having phobia and strong fears (4% – national average). Women also experienced increased likelihood of bipolar disorder and manic depression, anxiety disorder, PTSD and to a lesser degree, schizophrenia, paranoid or delusional disorder.[7]

It is essential that health professionals recognise these mental health conditions are often direct symptoms of the abuse and control performed by the perpetrator.

"It feels like the public sector lets us down and the charity sector like here is left to pick up the pieces. It's like you go to a GP or whoever and they can't deal with the trauma, you are

[4] Helfrich, C et al. 'Mental Health Disorders and Functioning of Women in Domestic Violence Shelters'. *Journal of Interpersonal Violence,* vol. 23, no. 4, 2008, pp. 437-453.
[5] Ibid.
[6] Sunderland, C et al. 'Beyond Bruises and Broken Bones: The Joint Effects of Stress and Injuries on Battered Women's Health'. *American Journal of Community Psychology*, vol. 30, no. 3, 2002, pp. 609-636.
[7] Helfrich, C et al. 'Mental Health Disorders and Functioning of Women in Domestic Violence Shelters'. *Journal of Interpersonal Violence,* vol. 23, no. 4, 2008, pp. 437-453.

psychologically traumatised but you are treated with medication, it doesn't get to the root cause of the problem." – Survivor

Specialist trauma informed support

Specialist therapeutic support for survivors is paramount to recovery, as it puts into context the experiences of survivors and the behaviour of abusers. It can break down the shame and patterns of self-blame that survivors often feel about the abuse they've endured by offering support in an informed, holistic manner, which empowers each survivor and meets her individual needs and those of her children.

Specialist support helps survivors to recognise their strengths and resources, increasing their capacity to identify the signs of coercive control, as well as provide mental health therapy they need. Welsh Women's Aid National Quality Service Standards recognises good practice in this areas as every survivor having access to individual counselling or therapeutic support if they need it. High standard group work also offers tools for identifying the exercise of coercive control and developing confidence and assertiveness in relationships. In addition, survivors should have access to specialist mental health services to address coping mechanisms and other mental health related issues, including substance misuse, self-injury etc. This is achieved through referral pathways between, and partnership work with, mental health services and specialist violence against women, domestic abuse and sexual violence organisations.

Welsh Women's Aid members have raised concerns that specific therapeutic support is often not directly funded, despite being essential for women and children accessing their services. There is a "postcode lottery" in terms of specialist therapeutic support across Wales, and this is particularly acute for Black Minority Ethnic women and survivors accessing sexual violence services. There is also increased pressure on specialist services to compete for grants, with funders often looking to support innovation, rather than evidenced and established life-changing counselling and group work.

"It's at least 6 months or more just to get counselling… Why don't the domestic abuse services have their own counsellors for every woman who needs it? Not everyone does but I had history and wanted support around my mental health" – Survivor

"I've been using counselling here for coming up to a year and I'm worried it's about to finish, I just want this to carry on… it's much better to have someone listen to you when they're sat in front of you, speaking with someone you can trust, that's what these ladies have done." – Survivor

Coercive Control Training for Mental Health Professionals as part of 'Ask and Act'

New public sector duties within the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 require trained public sector professionals including mental health professionals to make targeted enquiries, called 'Ask and Act'. This is a routine enquiry within mental health, maternal and midwifery services and child maltreatment settings and targeted enquiry across the Welsh public

service in relation to violence against women, domestic abuse and sexual violence.[8] It increases the opportunities for survivors to identify and disclose abuse and increases access to specialist support via referral pathways, by signposting to appropriate specialist support and enabling earlier interventions.

'Ask and Act' training is delivered in partnership with specialist violence against women sector trainers, whose involvement has been highly praised by mental health professional trainers, increasing the support for trainees as they begin to see how learning about coercive control and other forms of violence against women affects their day-to-day professional and personal experiences. For example, by naming recognised behaviour as coercion and control, mental health practitioners have been able to empower survivors by giving them the words to describe their experiences. Practitioners have also been able to recognise early or established coercive and controlling behaviours within patients.

'Ask and Act' has further empowered mental health practitioners to understand the complexities of coercive control, sexual violence and domestic abuse of both survivors and perpetrators. By working hard to understand each patient's individual life story, they can offer compassionate care and appropriate support to offset the risk of these experiences being repeated.

Anyone affected by coercive control or any other form of violence against women can contact the Live Fear Free Helpline - a 24 hour helpline for women, children and men experiencing domestic abuse, sexual violence or other forms of violence against women - on 0808 80 10 800, via it's webchat or via email info@livefearfreehelpline.wales.

Welsh Women's Aid will continue to work with survivors and specialist services to improve responses to coercive control and mental health support that survivors of violence against women, domestic abuse and sexual violence and their children may require. If you have any comments or questions about this briefing, please don't hesitate to get in touch with:

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[8] See Welsh Government, 'The National Training Framework on violence against women, domestic abuse and sexual violence: Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006', *Welsh Government,* 2016, http://gov.wales/docs/dsjlg/publications/commsafety/160317-national-training-framework-guidance-en.pdf, (accessed 5 January 2017).