



Domestic Abuse and Coercive Control – understanding the wider context

Sharing learning is a key priority of the Safeguarding Adults Executive Board (SAEB) and ensures that lessons in relation to safeguarding adults support direct practice and encourages a culture of continuous improvement.

All staff and managers are encouraged to read and discuss this briefing in team meetings or supervision and reflect on its findings.

1: Background

This briefing has been produced to supplement the information contained within the SAEB 7-minute learning briefing for 'Christopher' who was a victim of intimate partner violence within a same sex relationship and also experienced multiple disadvantage. The briefing draws upon learning about how agencies must engage in a collaborative response to domestic abuse and provides practical support to practitioners when working with those experiencing domestic abuse and coercive control.

2: What is domestic abuse?



Domestic abuse can manifest itself in many ways and is not just classified as physical violence. The [Domestic Abuse Act 2021](#) defines domestic abuse as occurring between two people (aged 16 and over) who are '**personally connected**' to each other and the behaviour is deemed to be '**abusive**'.

Behaviour is abusive when any of the following is identified:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

3: What is coercive control?

Controlling behaviour is 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 their means for independence, resistance and escape, and regulating their everyday behaviour.

Coercive behaviour includes assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim.

There is a criminal offence under [Section 76 of the Serious Crime Act 2015](#) in relation to coercive controlling behaviour within the context of domestic abuse. This sets out the importance of recognising the cumulative impact on the victim from these patterns of behaviour.

4: The devastating impact of domestic abuse

Physical and emotional harm: may result in life-changing injuries, chronic health needs and mental health distress, including anxiety, depression and self-harm. Ongoing trauma may not always be recognised in victims who can present as chaotic and have difficulty engaging with support.

Substance misuse: some victims may use drugs or alcohol as a coping mechanism, and this can lead to addiction. Perpetrators may exploit or sustain addictions to keep their partner controlled.

Homelessness: some victims may remain living in an abusive situation to avoid risk of homelessness, or those experiencing intimate partner violence who are homeless may have difficulty finding accommodation should the perpetrator demonstrate violent or anti-social behaviour within temporary accommodation.

LGBTQ+ communities: face significant levels of domestic abuse which is largely underreported. Furthermore, adults from LGBTQ+ communities are disproportionately underrepresented in domestic abuse services. Perpetrators may use the threat of 'outing' as a method of control.

Adults with multiple complex needs: can face additional barriers in seeking help or accessing support. It is crucial therefore, that professionals understand daily lived experience.

5: Key points for practice

- **Be alert** to the signs of domestic abuse and take appropriate and timely action to respond. Discuss any concerns with your line manager or safeguarding lead and take prompt action to ensure the person's and other's safety, including reporting to the police in an emergency.
- Ensure the principles of a **safe enquiry** and try to see the person alone and in a private space. If this is not possible work in partnership with other agencies to share the management of risk and use creative ways to be able to meet with the person, for example at a GP surgery.
- Ensure accurate and timely assessment of risk. Wherever possible complete the **DASH RIC (Domestic Abuse Stalking and Harassment Risk Identification Checklist)**. If you are asked to attend a **Multi-Agency Risk Assessment Conference (MARAC)** meeting this should be prioritised.
- Use **professional curiosity** and a **trauma-informed practice** to understand what has happened in the context in which the person is experiencing domestic abuse. Ask questions that provide an opportunity for people to disclose abuse.
- Ensure a **Making Safeguarding Personal** approach by listening to a person's views and ask what they want to happen, provide information about options and empower them to make decisions.
- **'Think Family'** which promotes a holistic approach based on coordination across adult and children's services and taking into account family circumstances and promotes resilience and empowerment to negotiate solutions to problems.
- **Share information**, with **informed consent** from the adult where possible, but remember there is also a lawful basis to share information without consent, if there is good reason to do so, such as where safety may be at risk.
- Consider the person's **mental capacity** and the impact of **coercion and control** upon issues of consent and informed decision making.
- Consider any **advocacy** needs, not just in relation to mental capacity, but also in relation to specialist domestic abuse services and referring to **Independent Domestic Violence Advocates (IDVAs)**.
- When recording **third party information** about concerns or disclosures of domestic abuse, it is good practice to capture not just what the person says, but also to describe the person's appearance and presentation, including emotional, psychological and physical signs of injury or distress. This information could be used to support the police with **evidence led prosecutions**, particularly in situations where the victim is unable to give evidence themselves.

With acknowledgment and thanks to East Sussex Safeguarding Adults Board for the content in this section.

6: Specialist services

[Angelou Partnership](#) is a partnership of 10 specialist organisations that support women and girls experiencing domestic or sexual violence in Westminster, Kensington and Chelsea and Hammersmith and Fulham.

[Men's Advice Line](#) is a confidential helpline for all male victims of domestic abuse and those supporting them. They offer advice and emotional support, and signpost to other vital services.

[National Domestic Abuse Helpline](#) is available 24 hours a day for anyone experiencing domestic abuse.

[Women's Aid](#) have an online service to support where telephone support may not be safe.

[Victim Support](#) offer tailored support to help people recover from the effects of crime and traumatic events.

7: Further reading and resources

[Adult Safeguarding and Domestic Abuse: A Guide to Support Practitioners and Managers \(LGA and ADASS\)](#)

[Bi-Borough Violence against Women and Girls \(VAWG\) Strategy 2021 - 2026](#)

[Coercive Control \(Research in Practice for Adults\)](#)

[Controlling or Coercive Behaviour Statutory Guidance](#)

[Domestic Abuse Act Statutory Guidance](#)

[London Multi-Agency Adult Safeguarding Policy and Procedures](#)

[NICE Guidance: Recognising and Responding to Domestic Violence and Abuse](#)

[Safe Lives](#)

For more information on this briefing contact the
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