

# Care or Control?

## A Guide to Coercive and Controlling Behaviour

pushing  
bullying  
pinching  
withholding food & drink  
coercion  
intimidation  
hitting  
isolating  
emotional abuse  
restraint  
shaking  
misusing medication  
scalding  
teasing  
sexual abuse  
leaving on own  
blaming  
stealing money or benefits  
neglect  
leaving on own  
ignoring needs

## **Coercive and Controlling Behaviour**

Most of us have an understanding of what we think domestic abuse is. This is usually centred on the concept of a husband hitting his wife, leaving her with a black eye. However, while physical violence is a part of domestic abuse, it is much more complex. In most cases, domestic abuse is characterised by repeated acts of bullying, intimidation and manipulation. This sort of behaviour is known as coercive and controlling behaviour and described as a deliberate pattern of repeated behaviour that works to control, frighten, and isolate victims, leaving them feeling worthless and trapped.

In December 2015, a new offence of controlling and coercive behaviour in an intimate or family relationship was brought into law under the Serious Crime Act 2015. The law recognises that a pattern of coercive control lies at the root of domestic abuse.

Understanding what is coercive and controlling behaviour and how it differs to care, is important to safeguarding practice. It is therefore important that practitioners who engage with people with health and social care needs understand and can identify and respond to it.

### **What is Coercive Controlling Behaviour?**

Coercive and controlling abuse usually starts by the perpetrator isolating their victim from sources of support. This allows them space to abuse without interference, whilst increasing the victims' dependency on them. Often the tactics, can be low level and can on their own appear harmless, for example, rigid rule times around meals, bedtimes etc. The point is that choice is removed, and the rules themselves then can become barriers to other choices, such as meeting friends or family. Victims will have no influence to vary the rules, and there will be real or threats of punishment for breaking rules. The perpetrator may often justify the rules as needed and normalise them. This makes it difficult for them to be challenged, without being accused of being difficult or selfish.

### **When Care Becomes Coercive and Controlling Abuse**

Statistically individuals with care and support needs are at higher risk of experiencing coercive control and domestic abuse than the general population. They are also the people who feature the lowest in reports of domestic abuse. Often a person's additional needs mean that they have a high level of dependency on others. In coercive and controlling abusive situations, this dependency is not only used against them, it can hide the abuse and leave victims feeling they have few options to stop the abuse. Victims often judge the consequences of reporting the abuse, to be worse than allowing it to continue. In instances where the abuser is their carer, significant changes may need to be made in order to increase safety.

Carers have considerable power and control over the individuals they provide care for, with most acting in the best interests of the person. They do this by seeking the person's views, offering choice, negotiation and a commitment to be

led by the person's views and wishes. In contrast, those who choose to perpetrate domestic abuse use any dependency or weakness, as a way to assert unnecessary control over their partner or family member.

This control can be on a daily basis and centre on everyday tasks such as preparing food, giving medication, and help with personal care.

*"He would purposefully give me the strongest painkiller when my friends were coming, and they couldn't come then obviously because I was asleep. He would cancel care shifts, and then say I'd cancelled them."*

*"I'm disabled. He takes my mobility equipment so I can't go out to my friend's house for a cup of tea."*

Sometimes the abuse will exploit or contribute to a person's needs. For example; not recharging hearing or wheelchair batteries.

Abuse within the context of 'caring' is usually subtle and difficult to identify.

*"He had this idea that he needed to check my blood pressure every 30 minutes, so I couldn't go far. No exceptions, even when my daughter visited, and we wanted to go out. I thought he really cares ...."*

*"People take pity on him and are reluctant to criticise this saint or to think he may be doing terrible things ...."*

The combination of caring and dependency can mask abuse.

Individuals with health and social care needs maybe targeted by some abusers, who then proceed to have control over their money and assets.

*"I have only recently escaped; I was terrified I wouldn't have enough money to buy food, to live. He had full control of my disability benefits and car. He wouldn't even allow me to have my own mobile phone"*

## What Can Practitioners and Professionals Do?

Safe enquiry is a way to identify coercive and controlling behaviour. This is reliant on practitioners communicating with individuals, to get an understanding of their day to day life. Look at how much autonomy they have, how they contribute to decisions, external social interaction, if they ever feel unhappy or scared. Consider if the behaviour of their partner or family member is reasonable, are they supportive of a private discussion with their partner/relative? Are they allowing them space to speak? If the 'carer' is reluctant to give you this confidential space, this should act as an early warning.

The questions below can help to explore the nature of a relationship, helping to identify and distinguish between carer stress and domestic abuse.

- How safe do you feel at home and in your relationship with your carer?
- What aspects of your relationship trouble you?
- How understanding is your carer?
- What would you change if you had the opportunity?
- How confident do you feel about making decisions?
- How comfortable do you feel about expressing your own views and opinions?
- How much choice do you have about your own life and family life?
- Where is the joy in your life?
- What would your family or friends say about life at home?

**Solihull Safeguarding Adults Board have developed Easy to Read information about Domestic Abuse that may support you in your conversations – [click here to access](#).**

Document not only what you are being told by the individual, but also other signs, including your personal impressions. If you identify that the relationship has elements of coercion and control, you will need to talk to the individual about what other support might be available to them and what you can do to help:

If it is possible and safe, encourage them to keep a diary.

Ask if they would like to talk to a domestic abuse specialist.

Help them to consider things they can do to help with their own safety.

Decide how you or somebody else can monitor the situation moving forward.

Do you need to share your concerns with anybody else?

**Where there are concerns that the person with care and support needs is in an abusive relationship with their carer, a safeguarding referral should be made. You should discuss this with the person first and obtain their consent, but if this is not possible and you have concerns about their safety you should still make a referral. You must also consider whether there is anyone else living at the property who may be at risk of harm, for example children or other vulnerable adults, and make the appropriate referrals.**