

# Care or Control?

## A Guide to Coercive & Controlling Behaviour

**Solihull  
Safeguarding  
Adults Board**  
*Protecting Adults Together*



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# 1. Introduction

Domestic abuse isn't always physical, controlling or coercive behaviour is at the heart of domestic abuse. It is a deliberate and calculated pattern of behaviour and psychological abuse designed to isolate, manipulate, and terrorise a victim into complete, fearful obedience. Controlling or coercive behaviour can be tricky for victims, survivors, and those around them to recognise because the tactics used can be subtle and escalate slowly. Coercive control in a relationship is a recognised form of abuse.

It is important that practitioners who engage with people with health and social care needs understand and can identify and respond to this type of abuse. This guide has been developed with the aim of raising awareness of coercive and controlling behaviour.



# 2. What is Domestic Abuse?

Domestic abuse is defined in the Domestic Abuse Act 2021 as “*abusive behaviour between two people aged 16 years or above that are personally connected to each other, regardless of whether the behaviour consists of a single incident or a pattern of behaviour*”.

Under the Domestic Abuse Act 2021, behaviour is abusive if it consists of any of the following:

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

The following specific types of abuse are all recognised as types of domestic abuse:

- 'Honour' based violence;
- Forced marriage;
- Female Genital Mutilation.

The term 'personally connected' means any of the following:

- They are, or have been, married to each other;
- They are, or have been, civil partners of each other;
- They have agreed to marry one another;
- They are, or have been in an intimate personal relationship with each other;

- They each have, or there has been a time when they each have had, a parental relationship with the same child;
- They are relatives.



### 3. What is Controlling or Coercive Behaviour?

Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

It can also include technological abuse where technology and social media is used to control and coerce victims. For example, disclosing or threatening to disclose private sexual photographs and films with the intent of causing distress (known as revenge porn).

Coercive control creates a sense of fear that pervades all elements of a victim's life. It works to limit their human rights by depriving them of their liberty and reducing their ability for action. Experts like Evan Stark liken coercive control to being taken hostage. As he says: *"the victim becomes captive in an unreal world created by the abuser, entrapped in a world of confusion, contradiction and fear."*

Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of incidents that occur over time in order for one individual to exert power, control or coercion over another. In an intimate or family relationship it is a criminal offence under the Serious Crime Act 2015, with a maximum penalty of five years imprisonment.



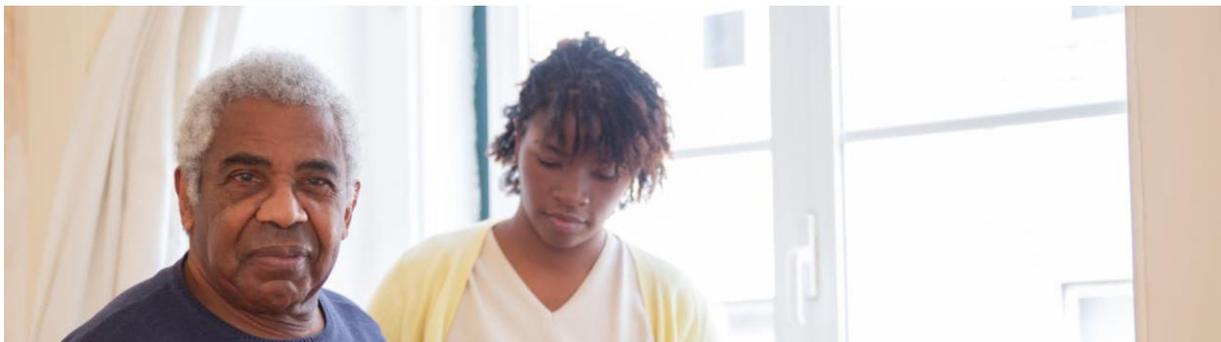
## 4. Who Are the Victims of Domestic Abuse?

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, religion, socio-economic status, sexuality, or background. However there are some factors that increase the risk of someone experiencing domestic abuse, for example disabled women are twice as likely to experience domestic abuse than non-disabled women ([SafeLives \(2017\) Disabled Survivors Too: Disabled People and Domestic Abuse](#)).

When a child hears, sees, or experiences the effects of the abuse between their parents or another relative they are also considered victims of domestic abuse. This includes unborn children. Whenever this applies or may apply, a referral should be made to [Childrens Services MASH Team](#). Where Children's Services are involved with the family, it is essential that there is effective joint work to maximise the effectiveness of any intervention for the whole family.

Victims of abuse do not always fit the stereotypical idea of a victim. There may be incidences where they are reported as being the abuser or as having acted in a violent or aggressive manner, this may be in self-defence or as a reaction to the abuse they have experienced. [A recent Domestic Homicide Review in Solihull concerning a man killed by his male partner](#), found that there were reported domestic abuse incidents between them, with both listed as the victim and perpetrator. Practitioners should always be exploring the context, motivations, and impact of behaviour to identify the primary perpetrator of abuse and respond effectively.

Note: The Domestic Abuse Act 2021 uses the term 'victim' but not everyone who has experienced, or is experiencing, domestic abuse chooses to describe themselves as a 'victim' and they may prefer another term, for example, 'survivor'.



## 5. When Care Becomes Controlling or Coercive 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, but it can also 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 to increase safety. Carers have considerable power and control over the individuals they 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 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 aid 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 may be 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"*



## 6. Domestic Abuse When the Adult Receiving Care Is the Abuser

A victim of domestic abuse can find themselves in the position of primary carer for a partner or family member who is abusive towards them. Providing care can bring the person into close physical contact with a person who is abusive towards them and past coping strategies to minimise the risk of harm may no longer be effective. Caring responsibilities can lead to increased isolation, with the carer feeling they can no longer leave the home to pursue activities they enjoy that provide respite from the abuse. In situations where the perpetrator is an intimate partner, increasing care needs and dependency on the victim can mark a shift in the relationship and a fear of a loss of control for the perpetrator, which may mark an increase in coercively controlling behaviour.

For many reasons, the carer might find it difficult to ask for help, for example, they might feel a sense of obligation to continue this care, despite the abuse, they may be scared that talking to someone about the abuse will make the abuse worse, or they may be worried about what will happen to them or the person they care for if they raise their concerns.



## 7. Why Might Someone Experiencing Domestic Abuse Find It Difficult to Seek Help?

Speaking up about domestic abuse can be difficult. Many victims face substantial barriers to seeking help, or even acknowledging to themselves that they are in an abusive relationship. The impact of domestic abuse often includes lowered self-esteem and feelings of shame, meaning that survivors do not feel able to seek out support. Expecting them to do so is therefore often unrealistic. Victims also often fear that they will not be believed or taken seriously if they talk about abuse. There are also practical, financial, and physical

barriers to extracting themselves from an abusive relationship, for example a victim may not have access to money, to their ID or other important documentation which would impact on their ability to seek alternative accommodation and support themselves financially.

Older people experiencing domestic abuse may face additional barriers to seeking and receiving support. Workers may lack awareness about the relationship between domestic abuse and older people, which means that opportunities may be missed to identify those who are at risk and ask the necessary questions. In many cases an older person may be too scared to access support or may be unaware that support is available. They may wish to protect family members or fear a change in long-term family dynamics that could occur. This animated video is a useful resource for professionals to use with older people who may be victims of domestic abuse, it explains the signs of domestic abuse, why it might be difficult to spot, and how to seek support: [Hidden Harms: Domestic Abuse and Older Women](#)

There are also additional barriers to accessing appropriate support for people who are disabled, from an LGBTQ community, or those from Black and minoritised communities. For example, the way services are designed and delivered can result in them being less accessible and inclusive, and a lack of visibility and representation in publicity materials, websites, and information leaflets, or within physical organisational space may lead people to believe their needs will not be understood or met. People from Black and minoritised communities may be reluctant to approach services for support because of previous negative experiences, a lack of diverse or culturally appropriate support options, or a fear of an unhelpful response.



## 8. What Can Professionals Do?

For an individual who is experiencing abuse from a partner or family member who is also their carer, time spent alone with a practitioner may be the only opportunity they have to disclose what is happening to them. Therefore, it is extremely important for practitioners to create a safe space away from partners and family members and to let the person know they are a safe person to talk to about anything that is troubling them.

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?
- Do you feel comfortable and safe with the person you are caring for?

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

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 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.
- Keep offering support, even if it is refused at first.
- Consider if you need to share your concerns with anybody else.

**If there is an immediate risk of harm to the person or others, you should contact the police.**

Where there are concerns that a person with care and support needs, or a carer is experiencing domestic abuse, a safeguarding referral should be made to adult social care. 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 can use this link to make a safeguarding referral: [Make a safeguarding referral](#)

A carer has a right to their own support requirements being assessed and responded to under the Care Act 2014 via a carer's assessment. The effectiveness of a carer's assessment relies upon an assessment of the carer's needs and not merely in relation to the care outcomes for the person cared for.

You can request a carer's assessment either by contacting [Carers' Trust Solihull](#) or:

- email [ccadults@solihull.gov.uk](mailto:ccadults@solihull.gov.uk)
- call 0121 704 8007

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.

Make use of supervision discussions with your manager to discuss your concerns and actions you have taken as well as those you might still need to take.

People may return to an abusive situation even after they have chosen to leave. The barriers that prevent people leaving abusive situations may also factor in deciding to return, and staying or returning to abusive situations should be understood in that context. In such a situation, safety planning with them will be important to minimise risks and ensure they have clear options for leaving again if they decide to. A new risk assessment should be carried out and a referral made to MARAC if the risk is high.



## 9. Making Safeguarding Personal

The Care Act (2014) sets out that approaches to safeguarding adults must ensure they are “making safeguarding personal”, but what does this mean?

Making safeguarding personal is about focusing on achieving meaningful improvement to people's circumstances. It is about better engagement with people right from the beginning of the process to understand what they want and to review whether this is achieved. It is an approach that moves safeguarding away from ‘doing to’ people, to one that is ‘done with’ them. This approach will have different names in different organisations e.g., patient voice, victim led support, person centred care, strengths-based practice.

Individuals experiencing domestic abuse may be isolated from other friends or family and it is important to look beyond the abuser for important social networks. Where an individual is seen to be making unwise decisions, practitioners need to persevere to establish a relationship of trust and, in partnership with the individual, seek to minimise the impact of decisions that may be risky. Practitioners need to be thinking laterally and asking, ‘Could things be done in a different way, which might reduce the risks?’



## 10. Mental Capacity - An Unwise Decision or a Decision Taken Under Duress?

Assessing capacity can be particularly challenging in domestic abuse situations, where the person is cared for by, or lives with, a family member or intimate partner and is seen to be making decisions which put or keep themselves in danger. Practitioners need to consider how abuse and coercive control may be impacting upon a person's ability to make decisions and judgements freely, unfettered by fear, coercion, manipulation, and undue influence. A judgement that a victim is free to make 'unwise decisions' should not be made until coercive control has been considered.

Skilled assessment and intervention is required to judge whether such decisions should be described as 'unwise decisions' which the person has capacity to make, or decisions that are not made freely, due to coercion and control. For example, a decision to continue to live with an abusive partner might be a free and informed decision based on a full appreciation of the risks and the alternative courses of action, including support available. A decision not to leave may also be based on a realistic fear of the behaviour the perpetrator has threatened if the victim were to disclose abuse or try to leave the relationship. Research shows that women are at most risk of serious harm from the perpetrator when they are leaving the abusive relationship.

A person must have access to all the relevant information about the decision they are making – in this case the decision/s about what, if anything, to do about the risk of abuse they are facing. All victims should be given information about their options and must be given time to understand accessible information about the options open to them. This should include specialist domestic abuse services and places of safety, as well as legal options such as restraining orders, and information about actions that the police can take such as Domestic Violence Protection Orders.

There is scope for local authorities (using the principle of inherent jurisdiction) to commence proceedings in the High Court to safeguard people who do not lack capacity, but whose ability to make decisions has been compromised because of constraints in their circumstances, coercion or undue influence. The following guidance note sets out when it is appropriate to seek to obtain orders from the High Court; and key procedural matters relating to such applications: [Guidance note: using the inherent jurisdiction in relation to adults](#). In any case of doubt as to the principles or procedures to apply, it is always necessary to consult your legal department. This is important as the law in this area is evolving rapidly.

Where there are questions about an adult's ability to understand and make decisions related to safeguarding, the principles of the Mental Capacity Act (2005) must be followed. These are set out in [The Mental Capacity Act 2005 Code of Practice](#) and are intended to be enabling and supportive of people who lack capacity, not restricting or controlling of their lives. The Act aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.



## 11. Support

### 11.1 Birmingham & Solihull Women's Aid

Birmingham Solihull Women's Aid support women and children affected by domestic violence and abuse.

Website: [bswaid.org](https://bswaid.org)

### 11.2 Carers Trust Solihull

Carers Trust Solihull are a charity supporting unpaid carers of all ages in Solihull, offering advice, information, training, emotional and practical support and time out or respite. All services are free of charge.

Website: [solihullcarers.org](https://solihullcarers.org)

### 11.3 Galop – The LGBT+ Anti-Abuse Charity

Galop - the LGBT+ anti-abuse charity are a national organisation that supports LGBT+ people who have experienced abuse and violence.

Website: [galop.org.uk](https://galop.org.uk)

## 11.4 Panahghar

Panahghar is for Black and minoritised women. They provides free dedicated multilingual support, advice and advocacy and access to safe refuge for victims and their families of domestic abuse, sexual abuse or gendered abuse in Coventry and Leicester.

Website: [safehouse.org.uk](https://safehouse.org.uk)



## 12. Learning Resources

### 12.1 Domestic Abuse & Older Women Webinar

As part of World Elder Abuse Awareness Day, on Tuesday 15th June, SSAB presented a webinar led by Birmingham & Solihull Women's Aid on Domestic Abuse & Older Women

This was an interactive and informative session covering:

- Myth busting around domestic abuse and older women
- Some of the barriers to accessing support
- How to ask direct questions
- What is important to older survivors of domestic abuse
- Anonymised examples from Women's Aid's work with older survivors

**Watch:** [Domestic Abuse & Older Women Webinar - Birmingham & Solihull Women's Aid 15th June 2021](#)

### 12.2 Joint Learning from Domestic Homicide Reviews, Safeguarding Adult Reviews & Child Safeguarding Practice Reviews

These quick guides identify themes which appear in multiple reviews across all ages. They identify learning for practice, key messages, and best practice advice. Professionals and practitioners are encouraged to take time and read these to reflect and learn, which will support in achieving the purpose of statutory reviews; to prevent harm and/or death and to

improve practice so that individuals in similar circumstances have a chance of experiencing a better outcome.

[Joint Learning from Domestic Homicide Reviews, Safeguarding Adult Reviews and Child Safeguarding Practice Reviews](#)

## 12.3 NICE Guidance Managing Domestic Abuse

This online resource contains information on:

- supporting a person to make a disclosure of domestic abuse
- asking direct questions about domestic abuse
- responding to a disclosure of abuse
- sharing information with partner agencies

[NICE Guidance: Managing Domestic Abuse](#)

## 12.4 Solihull Council Information for Professionals

Contains information including:

- How to support someone reporting Domestic Abuse
- Risk Assessments
- Multi Agency Risk Assessment Conferences

[Solihull Council: Information for Professionals](#)

## 12.5 West Midlands Violence Reduction Partnership Free Online Webinars – Trauma Informed Practice

West Midlands Violence Reduction Partnership have made 3 free online recorded webinars available to watch. They will ask you to fill out a short form and then provide access to the course material.:

- An introduction to Adverse Childhood Experiences (ACEs) and Trauma-Informed Practice
- Trauma-Informed Practice
- Trauma-Informed Organisations

[West Midlands Violence Reduction Partnership Free Online Webinars - Trauma Informed Practice](#)



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