

MHPN WEBINAR

Tuesday 15, February 2022

Coercive control and its impact on mental health



Tonight's panel



David Tully
Practice Manager for
Family Violence



Dr Karen Williams
Psychiatrist



Dr Bronwyn Hudson
General Practitioner &
Addiction Physician



Facilitator:
Dr Andrew Amos
Psychiatrist

The webinar platform

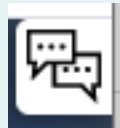
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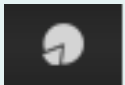
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Learning outcomes

Through an exploration of coercive control the webinar will provide participants with the opportunity to:

- Outline strategies used by perpetrators that impact their partner's sense of agency, including elimination of alternative sources of social, emotional and financial support.
- Discuss the role of mental health professionals in raising awareness and supporting people affected by coercive control.
- Elaborate on the importance of collaboration and appropriate referrals when providing care to people affected by coercive control.

A Family violence practice manager perspective

What does coercive control look like?

- **Cluster** of behaviours with the strategic intent to **control the nature, dynamics and course** of interpersonal and/or family relationships. Patterns.
- **Behaviours are linked and organised** to ensure it advantages one member in the relationship.
- **Violations of liberty** that entail the deprivation of rights, dignity and resources essential to personhood and citizenship. Violation of Human Rights.



David Tully



A Family violence practice manager perspective

“It was not just the actual violence; I felt I couldn’t do anything because it could happen again. I spent the whole time trying to figure out what he was thinking to stop it happening again and from him getting angry, but it never stopped. With help, I eventually realised it was about him, not me.”



Domestic Violence Survivor - Indaba HIV Website

[Indaba HIV | Information and resources for women living with HIV in South Australia](#)



David Tully

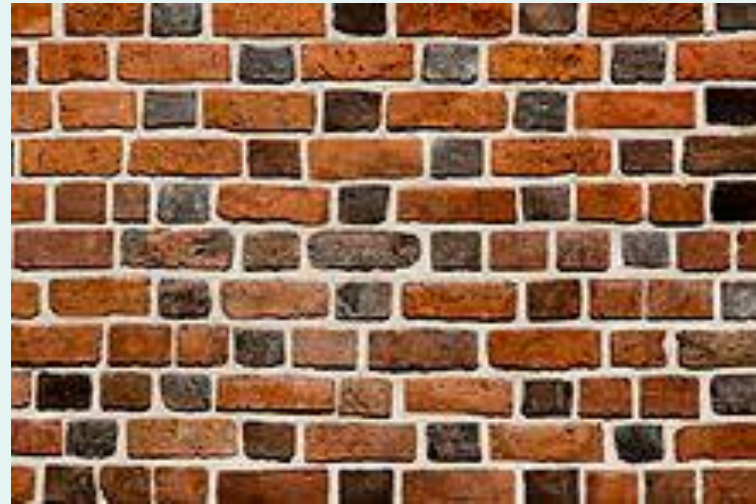


A Family violence practice manager perspective

Tactics

There are various tactics that a man using violence will use to maintain power and control in a relationship. Some of the more common tactics include:

- using coercion,
- threats,
- intimidation,
- emotional abuse,
- isolation,
- using children,
- male or other privilege.



David Tully

A Family violence practice manager perspective

Impacts of coercive control

- The NSW Parliament Joint Select Committee on Coercive Control inquiry heard that “victims/survivors often describe it as more harmful and long-lasting than physical abuse.
- Respondents spoke of the 'isolation, subordination, humiliation and loss of liberty occasioned by coercive control' and noted that it has been linked to psychiatric outcomes including suicidality, depression and post-traumatic stress disorder”.



David Tully

A Family violence practice manager perspective

Impact on the victim/survivor

- Chronic health and/or mental health problems, anxiety, depression, PTSD.
- Substance and/or alcohol abuse.
- Unemployment, under-employment and financial difficulties.

Similarities can be seen in someone taken hostage, facing imprisonment and torture and psychological responses of those experiencing coercive control.

- Life revolves around managing fear and consequences if unable to comply.
- Maternal Alienation. Parenting choices focused on keeping children safe. Attachment between the victim/survivor and children compromised as life is dependent on responding to controlling tactics.



David Tully



A Family violence practice manager perspective

Pivoting to children

- “Children are human beings who live with, experience, witness and make sense” of this.
- Children may be forced and/or tricked to monitor their mother.
- They experience disruption in parenting when the mother is constrained in their ability & resources to parent appropriately by the tactics of control.



David Tully

A Family violence practice manager perspective

Central to practice

- Recognising a pattern of coercive control requires an appreciation of the wider gendered context of power relations in intimate partnerships, the availability of historical information and a readiness to link a diverse range of abusive behaviours. Seeing pattern not just incidents.
- Seeing the pattern in these abusive behaviours opens an appreciation of the cumulative weight that persistent and pervasive controlling behaviours can have on a victim/survivor.



David Tully

A Practice Manager for Family Violence perspective

Wider social context

- “Assessment for a pattern of coercive control is critical for best practice in domestic abuse especially as the tactics are often resonant of the normative constraints for women in society and can reflect wider gendered inequalities which can reinforce invisibility and be particularly hard to identify”.

(Brennan, Iain & Burton, Victoria & Gormally, Sinéad & O'Leary, Nicola. (2018). Service Provider Difficulties in Operationalizing Coercive Control. Violence Against Women. 25.)

- It is no accident that the verbal and emotional abuse to which women are subjected by their abusers frequently involves comparing the women **unfavourably against dominant views of how women should be** – from the quality of their cooking and housekeeping to their appearance and sexual performance.



David Tully



A Psychiatrist's perspective

At its core, coercive control is about thought reform

It involves phases of **Recruitment, Indoctrination** and **Control** of:

1. Behaviour
2. Information
3. Emotion
4. Thought



Dr Karen Williams



A Psychiatrist's perspective

Coercive Control in Clinical Practice

1. What kind of patients might be experiencing coercive control?
2. What does someone under coercive control look like?
3. How do you ask about coercive control?



Dr Karen Williams



A Psychiatrist's perspective

Coercive Control

- Look for signs of coercive control in **ALL** of your clients/patients.
- Coercive control may be lurking behind a diagnosis like 'anxiety disorder' 'personality disorder' 'depression' 'bipolar' 'psychosis' 'substance abuse'.



Dr Karen Williams



A Psychiatrist's perspective

What to look for?

- Be careful about limiting who you ask.
- Exploration of intimate relationships should be part of all clinical assessments.
- Normalise talking about abuse with all your clients.
- Ask about - finances, social life, support network, how the relationship is going (and compare to the early stages), intimacy, fear, children, anger etc.



Dr Karen Williams



A Psychiatrist's perspective

First, Do No Harm

- Do not ask about abuse in front of the suspected perpetrator.
- Be aware of your own vulnerability to be manipulated by the perpetrator.
- **NEVER** offer 'counseling' to couples.
- Be honest about your obligations and commitment as mandatory reporters.
- Do not stigmatise a victim-survivor for choosing not to leave a perpetrator, nor use her decision to diagnose 'poor judgement'.
- Do not refuse care or treatment.



Dr Karen Williams



A Psychiatrist's perspective

First, Do No Harm

*****Be **VERY** careful about what you diagnose and how you document any diagnoses*****



Dr Karen Williams



A Psychiatrist's perspective

First, Do No Harm

Recognise that coercive control **IS** gendered.



Dr Karen Williams



A General Practitioner & Addiction Physician's perspective

- Trauma increases the risk of developing substance use-related problems.
- People who use substances are significantly more likely to experience abuse by an intimate partner.
- Substance use increases the risk of being a perpetrator of DV.
- Another layer of complexity and target for controlling behaviours.



Dr Bronwyn Hudson



A General Practitioner & Addiction Physician's perspective

Substance use coercion

- Coercion refers to the use of force or manipulation to control a partner's thoughts, actions, and behaviours through violence, intimidation, threats, degradation, isolation, and/or surveillance.
- The term substance use coercion refers to coercive tactics targeted toward a partner's use of substances as part of a broader pattern of abuse and control (Warshaw, C. & Tinnon, E., 2018).



Dr Bronwyn Hudson



A General Practitioner & Addiction Physician's perspective

Common tactics – Substance use coercion

- Forcing or coercing a partner to use.
- Controlling access to substances.
- Preventing access to treatment.
- Sabotaging recovery.
- Threats to report (authorities, workplace, family).
- Threats to discredit.
- Preventing access to support.



Dr Bronwyn Hudson



A General Practitioner & Addiction Physician's perspective

Phillips, H., Warshaw, C., Kaewken, O. (2020). Literature review: Intimate partner violence, substance use coercion, and the need for integrated service models. National Center on Domestic Violence, Trauma, and Mental Health.

- 26 % used substances to reduce the pain of abuse.
- 27 % pressured or forced to use substances or use more than they wanted.
- 15.2% had recently tried to get help for their substance use. And 60.1 % of this group were discouraged or prevented by their abusive partner.
- 37.5% had experienced threats to report.
- 24.4% reported that they had been afraid to call the police.



Dr Bronwyn Hudson



A General Practitioner & Addiction Physician's perspective

How can we help?

- Awareness – always have DV and coercive control on your radar.
- The importance of the therapeutic relationship.
- Stigma.
- Educate others.
- Be brave but understand the subtlety of safety.
- Familiarise yourself with referral pathways and support services.



Dr Bronwyn Hudson



Q&A Session



David Tully
Practice Manager for
Family Violence



Dr Karen Williams
Psychiatrist



Dr Bronwyn Hudson
General Practitioner &
Addiction Physician



Facilitator:
Dr Andrew Amos
Psychiatrist

Thank you for your participation

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- A Statement of Attendance for this webinar will be issued within four weeks.
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MHPN Online programs

Podcasts:

- NOW LIVE: *In Conversation with... Dr. Ruth Vine* – Available on the MHPN website, Spotify & Apple Podcasts.
- Listen to the latest episodes of MHPN's other podcast shows and series including *Eating Disorders: Beyond the Unknown*.

Upcoming webinars:

- Supporting the wellbeing of infants and children through a trauma informed lens - 2nd March
- Suicide prevention for LGBTIQ+ Communities - 22nd March

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MHPN networks

MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

Visit www.mhpn.org.au to join your local network.

Interested in starting a new network? Email: networks@mhpn.org.au and we will step you through the process, including explaining how we can provide advice, administration and other support.



Thank you for your contribution and participation.

Good evening.