COSRT SUMMER CONFERENCE 2023

SUMMARY REPORT

DOMESTIC ABUSE – COMPLEX, MULTIFACETED AND OFTEN HIDDEN.

Considerations for therapists supporting diverse Service Users.

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CONFERENCE OVERVIEW

The 2023 COSRT Summer Conference explored domestic abuse from different perspectives, aiming to draw out lessons for therapists supporting victims. The day's focus was based on numerous acknowledgements reflecting the realities of people's lives and practitioners' experiences.

- Domestic abuse is not a single thing - It can take many forms.
- Women are overwhelmingly the victims of abuse – and it can affect anyone.
- Domestic abuse can be hidden.
- Domestic abuse can be denied.
- The effects of domestic abuse can appear as unrelated presentations.

These all point to the fact that therapists face undeniable and understandable challenges in supporting victims. From identifying signs of abuse, to tailoring support to meet specific needs.

The conference therefore acted as a gateway for therapists looking to better understand abuse and its complexity. The needs and experiences of some diverse groups were explored. A key and prevalent form of abuse was examined. And safeguarding frameworks and practices explained.

CONFERENCE SPEAKERS

Dr Georgina Clifford – Founder London Trauma Specialists

Dr Georgina Clifford is a trauma specialist and experienced Clinical Psychologist who worked in specialist trauma services in the NHS for several years. Dr Clifford adopts an integrative approach to treatment, using Trauma focused Cognitive Behaviour Therapy (CBT), EMDR, Compassion-Focused Therapy and Narrative approaches. She has experience and expertise in

treating psychological presentations in the aftermath of traumatic experiences and takes instruction for expert witness work in the criminal justice system.

Mark Brooks OBE – Chair of ManKind Initiative

Mark Brooks is the Chair of the ManKind Initiative and a qualified domestic abuse services manager. He was awarded an OBE in the 2019 New Year's Honours list for his work supporting male victims of domestic abuse. He advises government/statutory departments/agencies on how to better support male victims and co-created a one-day CPD accredited training course and quality service standards. He is also a national ambassador for International Men's Day UK and a co-founder trustee of the Men and Boys Coalition, an umbrella charity representing charities, organisations and academics who support the wellbeing of men and boys in the UK.

Dr Damian McCann - Psychotherapist

Dr Damian McCann D.Sys.Psych is a psychoanalytic couple psychotherapist and consultant family and systemic psychotherapist. He is a visiting clinician and lecturer at Tavistock Relationships, London, and adjunct faculty member of the International Psychotherapy Institute (IPI) Washington DC. His particular interest is in working with same-sex couple relationships and his doctoral research was concerned with understanding the meaning and impact of violence in the couple relationships of gay men. He is editor of 'Same-Sex Couples and Other Identities: Psychoanalytic Perspectives' published by Routledge for the Library of Couple & Family Psychoanalysis in 2022.

Ewa Wnorowska - Safeguarding Practice Development Consultant, SCIE

Ewa Wnorowska develops and delivers bespoke training and resources on safeguarding, as well as providing guidance around policies and procedures. Ewa's previous experience includes working with children's services where her role as Senior Domestic Abuse

Practitioner required her to provide consultancy and guidance to qualified social workers and others working with cases featuring domestic abuse. Ewa's experience includes risk assessment, risk management and safety planning within the context of domestic abuse, as well as delivering one-to-one and group evidence-based interventions to adults who use violence in their close relationships. Ewa has dedicated much of her career to working within the third sector, particularly directly with both victims and survivors, as well as with perpetrators of abuse.

CONFERENCE SESSIONS

THE MECHANISMS AND PSYCHOLOGICAL IMPACT OF COERCIVE CONTROL

Dr Georgina Clifford

The conference began with a session exploring coercive control, an increasingly discussed aspect of domestic abuse that has gained public attention in recent years.

A key element of the session was to define what is meant by coercive control. Georgina defined coercive control as often involving several repetitive behaviours often used to intimidate, surveil, gaslight and isolate someone to erode their sense of self-worth. That is done to gain control and establish and maintain subordinate and compliance. It was presented that a distinction between coercive control and other forms of abuse is that it's recognised as a mindset upon which a number of practices rest – and some of those practices can seem ambivalent or benign when examined out of context.

A range of characteristic behaviours associated with coercive control were then examined, including "love bombing", denigration, "bread-crumbing" and gaslighting. "Love bombing" was described as the abuser showering their partner with praise, flattery and attention and

was targeted to the individual's low self-esteem. Denigration was defined in this instance as subtly criticising, demoralising and undermining an individual's character, values and resilience. For example, "you seem to struggle controlling your temper" can be said in a way that seems sympathetic, but over time and in context feels like a dismantlement of someone's self-image - resulting in the person feeling les and less resilient, strong and confident.

"Gaslighting" was discussed in detail, with attention given to its origins in a movie in which a husband was doing lots of things to make his wife think that she was losing her mind. For example, moving her possessions to make her believe she forgot she moved them. Over time in real world scenarios, lots of subtle behaviours can result in the person believing their lived experience isn't real – with significant psychological results. The term "Breadcrumbing" was used to describe glimpses of what was experienced in a relationship at its beginning – positive things that can lead a victim of abuse to believe that if they change, then maybe things can improve. With the dynamic being that a victim may be blinded to the real personality and actions of an abuser, instead seeing routes to a more positive situation. own.

The current legislative context was also detailed. Coercive control became a crime under section 76 of the Serious Crime Act in 2015 with four elements:

- "Repeated or continuous behaviour towards another that is coercive or controlling.
- At the time of the behaviour, individuals are personally connected, and the behaviour has a 'serious effect' on the other person and the individual knows or 'ought to know' that the behaviour will have a 'serious effect' on the person."

Dr Clifford then went on to explore how coercive control can result in dependence and a number of conditioned responses in the victim. Victims become vigilant to the abuser's behaviour and adjusts their own behaviours to account for that. People will observe subtle changes in their partner's behaviour or reactions and will respond accordingly to placate the

person and to avoid a potential consequence that could be violent or upsetting in some way. Often one act of abuse or violence can make the person fearful and feel like they're 'walking on eggshells. These can make disclosure and escape difficult.

The final element of the session looked at threat responses from victims and how complex presentations of Post Traumatic Stress Disorder (PTSD) are common due to the prolonged, pervasive, and repetitive nature of the abuse. The impact of chronic stress over time can lead to Chronic Post Traumatic Stress Disorder (CPTSD) with symptoms including:

- Heightened emotionally reactivity.
- Violet outbursts.
- Reckless or self-destructive behaviour.
- Emotional numbing.
- Difficulties in feeling close to others.
- Negative self-images.

This session provided therapists with a huge amount of up-to-date legal information as well as behavioural changes for the therapist to be aware of and observe in both the perpetrator and victim.

UNDERSTANDING AND RESPONDING TO DOMESTIC VIOLENCE IN SAME-SEX COUPLE RELATIONSHIPS

Dr Damian McCann

Dr McCann's session shifted the conference's focus to a sometimes-hidden aspect of domestic abuse – namely within same-sex couples and relationships. The meaning and incidence of domestic abuse within same-sex, and trans couple relationships were examined.

Dr McCann discussed the theory that believes that the confused power dynamics that seem to operate within same-sex abusive relationships, increases the danger of abuse being defined as mutual. That is to say bilateral abuse, with its severity and impact being diminished. Instances of intimate partner abuse in same-sex couple relationships were discussed as being believed to be comparable or even higher than that seen in heterosexual couple relationships, but figures of abuse are not clearly available as much is hidden.

It was commented that given the nature of domestic abuse; it is not at all surprising that there has been heightened sensitivity concerning effective ways of intervening. Working with partners together implies mutual responsibility (a form of victim blaming) and may increase the risk of violence through the intensification of emotions. Therapists then need to consider carefully how best to work effectively with this presentation and whether couple work is an appropriate intervention.

Working with partners together may be seen as implying mutual responsibility. But it may also lead the perpetrator to blame the victim and increase the risk of violence through the intensification of emotions. The significance of attachment bonds was noted as explaining why so many victims return again and again to their abusers.

An approach to working safely and effectively with couples in which domestic abuse is a feature of their presentation was shared with delegates. Generally speaking, couple therapy is only indicate in circumstance where the couples' presentation meets the criteria for situational couple violence. Where there is clear evidence of coercion or control within the couple relationship, partners are referred to individually to their local domestic abuse services. For couple therapy to proceed, violence should be low to moderate and both partners must voluntarily agree to participate in the therapy and be committed to changing.

BARRIERS FACING MALE VICTIMS OF DOMESTIC ABUSE

Mark Brooks OBE

The session led by Mark Brookes OBE explored domestic abuse affecting male victims. A range of key statistics laid the foundation for the content and highlighted how this type of domestic abuse is often hidden. Delegates were shown how men are nearly three times as likely than women to hide the fact they are a victim of abuse. Similarly, only half as many men as women will tell a health professional about their experience.

Important barriers impeding male victims of abuse getting support were explored. These can often be perceptions of masculinity and stereotypes. Regardless of where they come from, men are often represented as being aggressive, resilient, strong, stoic, unemotional, dominant and provider/protective. Men don't often see that they are victims and part of the therapist's role is to help men recognise that and seek support.

Victimisation was discussed in detail and highlighted as often being seen as a weakness. With male victims fearful that they will be stigmatised for seeking help - senses of shame and embarrassment leading to efforts to minimise the issue to try and cope on their own.

Importantly, and to complete the session, approaches for therapists to support victims were examined. If men disclose a problem, show signs of belief. Show professional curiosity. Think about injuries, depression/anxiety and general mental health in a wider context that includes abuse as a factor. It is important that therapists are aware of and educate themselves in this type of presentation and reflect on the cognitive biases they may hold.

DOMESTIC ABUSE AND DISABILITY

Ruth Bashall

The fourth session of the day began by exploring Medical and Social Models of disability. These frameworks provide prisms through which professionals and wider society think and work. And in turn, affect how individuals are supported.

Under the medical model, impairments or differences should be 'fixed' or changed by medical and other treatments, even when the impairment or difference does not cause pain or illness. Whereas the Social Model describes disability as the social consequence of having an impairment with society putting legal, economic and social barriers in the way of disabled people.

Ruth highlighted that women with learning disabilities are least likely to get a mental health diagnosis and have no access to confidential support – many are seen as "too 'high functioning' for the learning disability team, too 'low functioning' to access mainstream mental health services; they are also taught not to disclose their emotions and to be compliant.

Some wider barriers facing disabled people attempting to access therapy were discussed. Critically, therapists were prompted to think of practical impediments, such as physical access to a therapy room. Whilst therapists refusing to work with a third person present was highlighted as an often-ignored barrier for people in need of translation and other communication issues.

Discussion turned to some specific issues that disabled victims of abuse may face. Disabled women are up to three times more likely to experience domestic abuse than non-disabled women. Disabled children are also three times more likely to be sexually abused than non-disabled. Institutional abuse. Abuse can also come from carers or someone who has deliberately targeted the disabled person and become their partner in order to control or abuse, for example, cuckooing.

Differences in physical abuse can include being handled roughly when being assisted, oxygen masks being removed, incorrect mediation being given and causing “accidental” falls.
The victim is often scared to leave the relationship as the abuser is also the carer and better than having to deal with strangers.

SAFEGUARDING ADULTS AND CHILDREN WITHIN THE CONTEXT OF DOMESTIC ABUSE

Ewa Wnorowska

Ewa discussed the legal framework and the reality of domestic abuse, stalking and harassment, and so-called ‘honour’ based abuse.

In England under the Care Act 2014, the safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Carers are also covered by adult safeguarding.

Signs and indicators of domestic abuse were shared. Therapists were pointed to look for signs of domestic abuse included being isolated from friends and family, low self-esteem, fear of consequences of control and physical evidence of violence.

Risk assessment and safety planning were discussed with a view to inform therapists. Professionals were pushed to consider immediate risk of harm – question whether emergency services are needed? Question whether the adult is able to call somebody and are they able to enter a place of safety? Is a referral to the local authority required?

The importance of having safe conversations was a specific point for professionals.

The differences between forced marriage and so called 'honour' based abuse were also discussed. Forced marriage involves coercion and lack of control and can happen to children and adults of all ages and within various communities. 'Honour' based abuse is perpetrated to defence perceived 'honour' of a family, community or group and control can be built on expectations of what behaviours are acceptable or not.

And finally, Ewa emphasised collaborative working, information sharing, professional curiosity and cultural competency, advising therapists to never work solo when working with risk. Information sharing practice and working together with partners is what is critical to safeguarding."

PLENARY SESSION

The conference main content concluded with a plenary session involving all five speakers, with the floor open to questions.

A key issue raised was around factors characterising the dynamics behind abuse of power and control from perpetrators of abuse.

In response, the panel explored Narcissistic Personality Disorder. With Dr Clifford explaining that often there will be a person with a deficit in their sense of self-worth, and an overcompensation mechanism accounts for a need to take control or feel better in relation to somebody else. It was highlighted by Dr McCann that from a relational perspective, even where there is a mutuality there is usually a power imbalance and a perpetrator in the relationship. It was suggested that an important part of therapy was understanding what draws people to each other. Whilst Ruth Bashall offered a different and vital survivor's perspective, highlighting that disabled Service Users will often be abused by people who

deliberately target ‘victims. Shedding a light on how a need for power and a desire to be recognised in the social context can be deeply harmful drivers.

A second core concern raised was whether it is always possible to find the fact of the matter of who is abusing the other, and whether there such a thing as mutual abuse?

Ewa Wnorowska explained that previously the terminology used was “mutual couple’s violence” and “violent resistance”. It was pointed out that from her professional experience, mutual couple’s violence was rare, and it would be more common for there to be violence from one partner to the other. The panel went on to discuss wider research, with Mark Brooks highlighting that there is a significant body of robust academic research suggesting that the most common form of abuse is mutual abuse where partners are “as bad as each other”. The result is a sense of mismatch between research and what practitioners on the ground are told or witness. Social narratives were also examined, with there being scope to question them without undermining the very real abuse suffered. For example, a societal narrative may be that where females have committed murder or violence, it is often assumed that the male victim must have done something to deserve it – but this is not true and should be challenged.

Delegates were told of difficulties in knowing where to refer couples to when there may be concerns over abuse. An example was given of a couple who were both severely disabled, but one was abusing the other. Due to the care package and structure of support, no additional support was offered and within six months the couple were referred back to the therapist having been pushed out of the system. The key issue here being that the referral system and extra support doesn’t always work leading to frustration for therapists feeling stuck as where to go next.

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