Safe Haven EDUCATION

RECOGNISE. RESPOND. PROTECT.

Recognising Coercive Control and Patterned Abuse

A pattern recognition aid for healthcare professionals | Not a disclosure checklist

Translating coercive control research and lived experience into practical safeguarding awareness for professionals

Key principle: Victims are often unaware they are experiencing a crime. Your role is not to record a narrative. It is to notice and piece together **patterns over time**, which may appear mundane or fragmented, to reveal the underlying picture.

WHEN TO PAUSE AND LOOK CLOSER

- Repeated vague or stress-related symptoms with no clear clinical cause
- Anxiety, low mood, sleep disturbance or chronic pain not responding to treatment
- Frequent attendances or repeated missed appointments
- A partner who attends, answers for them, or controls access
- Sudden deterioration after separation, pregnancy, menopause or major life event

PHRASES THAT WARRANT ATTENTION

"It is not that bad, I am probably overreacting"

"I don't want to cause trouble"

"They get upset if I do things without telling them"

"It is just easier to let them decide"

"They wouldn't like me talking about this"

These phrases often indicate fear, minimisation or control, not reassurance.

BEHAVIOURAL RED FLAGS

- Permission-seeking for everyday decisions
- Fear of consequences for asserting independence
- Monitoring of time, phone or movements
- Behaviour adjusted to avoid conflict
- Control framed as care, concern or protection
- Escalation through systems after separation

Trauma note: Inconsistent accounts, missed appointments and distress are trauma responses, not indicators of unreliability. Notice impact and pattern, not credibility.

SAFE QUESTIONS: ONE IS ENOUGH

"Sometimes stress at home affects health. Is everything feeling okay for you?"

"Do you ever feel worried about someone else's reaction to your choices?"

"Is anyone making it difficult for you to look after your health?"

WHAT NOT TO DO

- ✕ Mediate or suggest couples counselling
- ✕ Pressure disclosure or push for detail
- ✕ Promise confidentiality beyond safeguarding duties
- ✕ Encourage the patient to leave
- ✕ Minimise or normalise controlling behaviour

Instead: acknowledge, document and refer to specialist support.

DOCUMENTATION IS SAFEGUARDING

- Patterns, frequency and escalation over time
- Impact on health, work, parenting and wellbeing
- Language used where possible, verbatim
- Avoid: "relationship difficulties" or "conflict"

SIGNPOSTING

National DA Helpline (Refuge): 0808 2000 247, 24hrs
Men's Advice Line: 0808 801 0327
Galop (LGBTQ+): 0800 999 5428
Practice safeguarding lead | MARAC (high-risk)

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