Safe Haven EDUCATION

RECOGNISE. RESPOND. PROTECT.

Recognising Coercive Control and Patterned Abuse

A quick reference for healthcare professionals

This is not a checklist to complete in one appointment.

Use this as a pattern recognition aid to support clinical judgement, documentation, and safeguarding over time.

KEY REMINDER FOR PROFESSIONALS

Victims are often unaware that they are experiencing a crime. Coercive control is deliberately subtle and manipulative. The professional's role is not just to record a patient's narrative, but to **notice and piece together patterns over time**, which may appear mundane or fragmented, to reveal the underlying pattern of harm.

When to Pause and Look Closer

Be alert when patients present with:

- Repeated vague or stress-related symptoms with no clear clinical cause.
- Anxiety, low mood, sleep disturbance, or chronic pain that does not respond to treatment.
- Frequent attendances or missed appointments.
- A partner who attends and answers for them, monitors access, or refuses to leave the room.
- Sudden deterioration after separation, pregnancy, menopause, or major life events.
- Injuries at different stages of healing, or inconsistent with the account given.
- Signs of non-fatal strangulation: bruising to the neck, voice changes, difficulty swallowing. This is one of the strongest predictors of future homicide risk.

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Concerning Phrases You May Hear

Patients may say:

> *It's not that bad, I'm probably overreacting.*
>
> *I don't want to cause trouble.*
>
> *They get upset if I do things without telling them.*
>
> *It's just easier to let them decide.*
>
> *They wouldn't like me talking about this.*
>
> *Everything was worse after we separated.*
>
> *I deserve it, I wind them up.*
>
> *I'm just tired all the time, I don't know why.*

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

Psychological and Emotional Abuse

This is frequently the form of abuse least recognised by patients themselves. It operates through sustained erosion of self-worth, reality, and independent thought, and may present clinically as anxiety, depression, or medically unexplained symptoms.

Clinical presentations may include:

- Anxiety or depression that does not improve despite treatment, particularly where the home environment is not discussed.
- Difficulty making decisions, including around their own healthcare.
- Excessive apologising or self-blame, including for the behaviour of others.
- A patient who defers to their partner on clinical questions when the partner is present.
- Physical symptoms of chronic stress: fatigue, headaches, gastrointestinal symptoms, pelvic pain.
- Suicidal ideation or self-harm, particularly framed as feeling trapped or hopeless.

Phrases you may hear:

> *They tell me I'm imagining things.*
>
> *They say no one would believe me.*
>
> *I used to be different, I can't remember who I was.*
>
> *They say I'm the problem.*

Safe questions:

- *Do you ever feel like you're being made to doubt your own memory or feelings?*
- *How does your partner respond when you disagree or make decisions independently?*

Psychological abuse does not require physical contact. Symptoms previously attributed to anxiety, depression, or personality disorder may be better understood as responses to sustained psychological harm. Ask about the home environment before accepting a purely clinical explanation.

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Technology-Facilitated Abuse and Stalking

Both are criminal offences that are frequently underreported and often not recognised as abuse by the person experiencing them. They may accompany other forms of abuse or exist independently.

Clinical presentations may include:

- Anxiety about using their phone or reluctance to have it visible during the appointment.
- Mentioning being watched, followed, or tracked, including through apps or shared accounts.
- Shame, distress, or fear related to intimate images being shared or threatened.
- Frequent changes of phone number, email, or home address without clear explanation.
- Disclosing unwanted contact across multiple channels despite attempts to end it.

Phrases you may hear:

> *They always seem to know where I am.*

> *They go through my phone.*

> *I'm scared to block them because it makes it worse.*

> *They said they'll share photos of me.*

Safe questions:

- *Does anyone have access to your phone, accounts, or location without your permission?*
- *Have you been receiving contact from someone you have asked to stop?*

Stalking is a criminal offence under the Protection from Harassment Act 1997. Two or more related incidents directed at the same person can constitute stalking. Do not treat repeated unwanted contact as a relationship issue. Image-based abuse (sharing or threatening to share intimate images without consent) is a criminal offence under the Online Safety Act 2023.

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Honour-Based Abuse and Forced Marriage

Honour-based abuse encompasses a range of practices used to control behaviour in order to protect perceived cultural, familial, or community honour. It is not specific to any religion, culture, or nationality. Forced marriage is a distinct criminal offence. Both may involve multiple family members and community networks rather than a single perpetrator.

Clinical presentations may include:

- Always accompanied to appointments, with family members answering questions or controlling access.
- Withdrawal from education, work, or activities without clear explanation.
- Expressed fear of family or community, rather than of a single partner.
- Reference to pressure around marriage, relationships, or behaviour, framed as duty or tradition.
- Mention of travel abroad, particularly where the patient expresses reluctance or fear.
- Self-harm, suicidal ideation, or unexplained injuries.
- Gynaecological or urological symptoms that may indicate FGM.

FGM: specific clinical indicators:

- A girl or young woman from a community where FGM is practised.
- A family member or patient referring to a procedure, a tradition, or being 'cut.'
- Physical findings: difficulty walking, urinary symptoms, menstrual problems, scarring.
- A planned family trip, particularly during school holidays, for a girl who has not undergone FGM.

Phrases you may hear:

> *My family have arranged something for me.*

> *I don't want to let my family down.*

> *They say it's our culture, it's not abuse.*

> *If I refuse, I don't know what will happen to me.*

Safe questions:

- *Is there anyone in your life, including family, who is making decisions for you that you do not agree with?*
- *Do you feel safe to make your own choices about who you see, where you go, and who you spend time with?*

FGM is a criminal offence. Mandatory reporting duties apply to regulated health and social care professionals in England where FGM is known or suspected in a girl under 18. The Forced Marriage Unit helpline is 020 7008 0151. Karma Nirvana provides specialist support for HBA and forced marriage: 0800 5999 247. Do not attempt to mediate with family members or community leaders.

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Behavioural Red Flags

Look for patterns of:

- Permission-seeking for everyday decisions.
- Fear of consequences for asserting independence.
- Monitoring of time, phone, or movements.
- Changing behaviour to avoid conflict.
- Control framed as care, concern, or protection.
- Escalation through systems after separation: complaints, safeguarding referrals, repeated contact via courts or agencies.

Trauma Presentation

Remember:

- Inconsistent accounts, missed appointments, and emotional distress are trauma responses, not indicators of unreliability.
- Flat or dissociated affect may be misread as indifference or lack of concern.
- Trauma bonding is common: patients may continue to speak positively about or protect the perpetrator.
- Recanting or minimising disclosures is particularly common where there is ongoing contact, financial dependence, or fear of consequences.
- Your role is to notice impact and pattern, not to test credibility.

Physical health presentations associated with sustained abuse:

- Chronic pain, fibromyalgia, or medically unexplained symptoms.
- Reproductive health presentations: disrupted contraception, unwanted pregnancy, recurrent STIs.
- Injuries at various stages of healing.
- Non-fatal strangulation: may present with minimal visible injury. Always ask directly if strangulation is suspected.

Mental health presentations:

- Complex PTSD or trauma responses that do not respond to standard treatment.
- Depression and suicidal ideation, particularly where the person feels there is no way out.
- Symptoms previously attributed to personality disorder that may reflect prolonged trauma.

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If You Ask a Question, One is Enough

You do not need disclosure to act.

Examples of safe, open questions:

- *Sometimes stress at home affects health. Is everything feeling okay for you at the moment?*
- *Do you ever feel worried about someone else's reaction to the choices you make?*
- *Is anyone making it difficult for you to look after your health or attend appointments?*
- *Do you ever feel like you are being watched or monitored?*
- *Is there anything happening at home that you think I should know about?*

What Not to Do

- Do not mediate or suggest couples counselling.
- Do not pressure disclosure.
- Do not promise confidentiality beyond safeguarding duties.
- Do not encourage the patient to leave: this is a high-risk moment.
- Do not minimise or normalise controlling behaviour.
- Do not contact family members or community leaders without specialist advice.

Instead: acknowledge, document, and refer to specialist support.

Documentation Matters

- Note patterns, frequency, and escalation.
- Record impact on health, work, parenting, and wellbeing.
- Capture language used by the patient where possible.
- Avoid neutralising terms such as 'relationship difficulties' or 'conflict.'
- Document specific abuse types (stalking, HBA, FGM, image-based abuse) precisely and separately.

Good documentation is a safeguarding intervention.

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Signposting

- National Domestic Abuse Helpline: 0808 2000 247 (Women's Aid / Refuge, 24 hours).
- Men's Advice Line: 0808 801 0327.
- Karma Nirvana (HBA and forced marriage): 0800 5999 247.
- Forced Marriage Unit: 020 7008 0151.
- NSPCC FGM Helpline: 0800 028 3550.
- Local domestic abuse services and IDVA.
- Practice safeguarding lead.
- MARAC, where appropriate.

You do not need to manage this alone.

Final Reminder

If you can see impact without a clear incident, ask what behaviour might be driving it.

Recognition and documentation are safeguarding actions.

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