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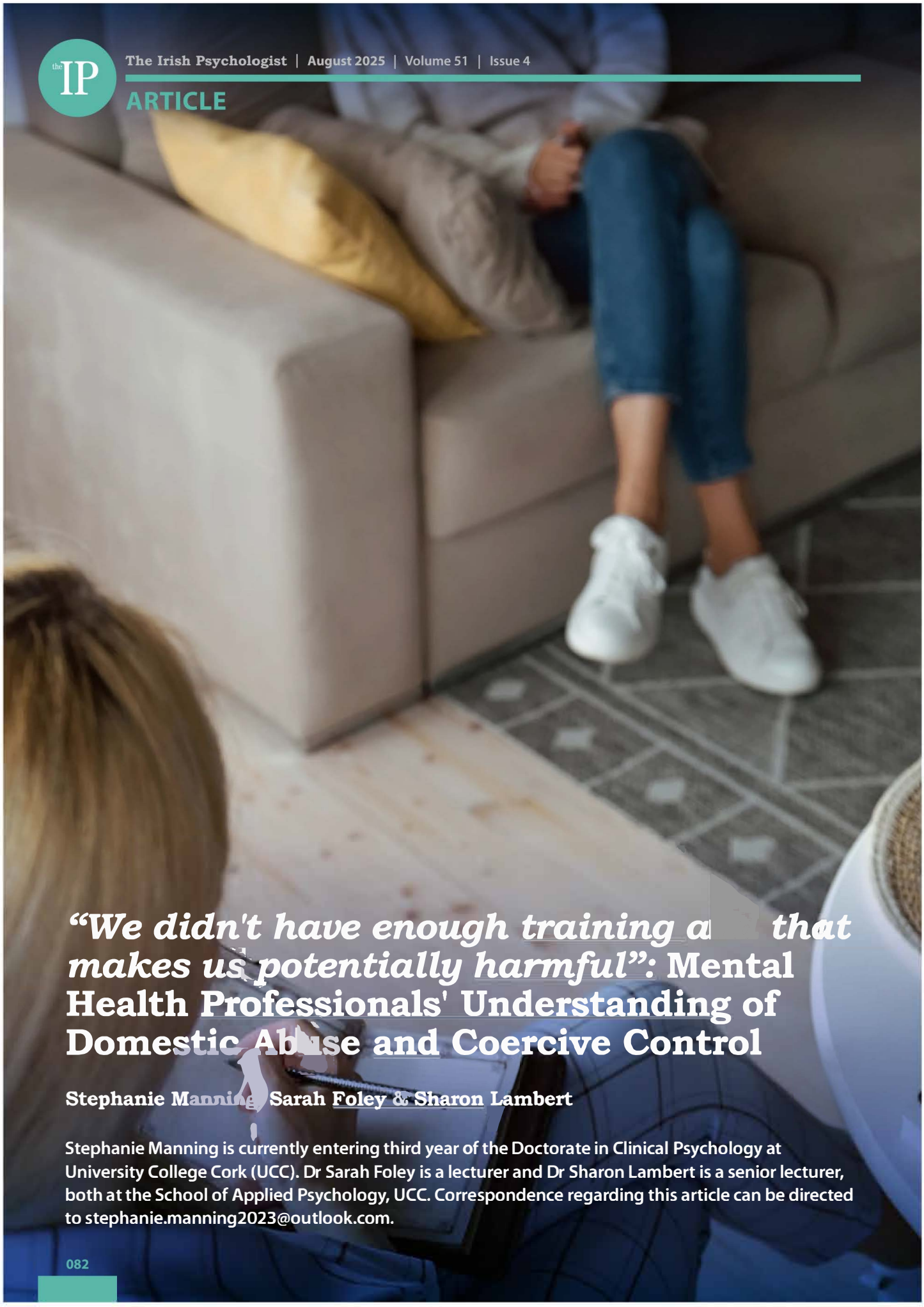

"We didn't have enough training a that makes us potentially harmful": Mental Health Professionals' Understanding of Domestic Abuse and Coercive Control

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Introduction

Reports of domestic abuse (DA) and domestic violence (DV) have increased globally in recent years (Parry & Gordon, 2021; Pfitzer et al., 2020; White et al., 2023), highlighting the demand for support services (Campbell, 2020; John et al., 2020) and recognition of the psychosocial needs of survivors (Kavanagh & Fassbender, 2024). Across academic and service sectors, there have been calls for coordinated response at policy, practice, and social levels (Donnelly and Holt, 2020; John et al., 2020).

Many forms of abuse are included under the heading domestic abuse (physical, sexual, emotional, economic or psychological), including coercive control (CC), which is defined as:

> A purposeful pattern of behaviour whereby one person seeks to exert power, control, or coercion over another. A range of tactics are used such as isolating the partner from sources of support and social interaction, exploiting their resources, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour (Dobash & Dobash, 2004 p.45).

DA and CC occurs across all socioeconomic groups, and all relationship types. CC is a relatively new offence in Ireland, the Domestic Violence Act introducing CC as an offence in 2019 (Sheehy, 2019). Consequently, little research has been conducted on this topic in Ireland.

DV or CC is often not disclosed due to many factors; feelings of shame and guilt the victim may be experiencing, financial dependence on perpetrator, a desire to protect the perpetrator, or fearing that violence may escalate if they tell someone (Donnelly and Holt, 2021; Lagdon et al., 2022). In the United Kingdom, Downes et al. (2014) found that 95 out of 100 DA survivors reported experiencing CC. In a recent study, Carr (2024) investigated the long-term effects of CC, highlighting that women who experienced CC continue to live with the trauma and it continues to significantly affect the women's lives physically, psychologically and financially, even ten years later. The importance of practitioners being adequately trained to not only spot signs of DV but also to support individuals affected by emotional abuse such as coercive control, has also been highlighted (Campbell, 2020).

DA training is vital to assist professionals to be alert to the indicators of abuse. Earlier work by Bacchus et al (2003) emphasised the potential harm that exists as a result of a lack of mandatory training in Ireland to adequately support professionals in recognising signs of DV. Similarly, Humphreys and Thiara (2003) recommended that training should be provided by those with expertise on the subject. Torres-Vitolas et al. (2010) further emphasise the need for DA training, stressing that training needs to provide content that is tailored to the clinicians working environment. These studies convey the importance of training, while also illustrating the potential benefit of experts by experience being included, to provide an in-depth account of the signs and indicators.

The psychological effects of DV can be severe (Campbell, 2020; Lewis et al., 2023), including depression, anxiety, PTSD, and other mental health problems (Lewis et al., 2023). Victims may struggle with sleep, appetite, or concentration (Campbell, 2020). DV can have a lasting impact long after the abuse ends and can affect witnesses, including children and family members (Campbell, 2020). A study in Ireland found DV issues were marginalised in mental health care, being viewed as social rather than clinical problems (Donnelly & Holt, 2021), while understanding CC requires practitioners to look beyond violent acts to understand the survivor's lived experience.

While studies have taken place in an international context, this topic requires further examination within the Irish context. The current study aims to examine mental health professionals' knowledge and experiences of encountering incidences of domestic abuse and coercive control in their professional practice. Informed by previous research, this is an exploratory study to capture issues of knowledge, training, and willingness of workers to engage in further training/education in the Irish Mental Health Sector.

Method

Research Design

A mixed-methods, qualitatively driven study was conducted to examine mental health professional's knowledge and understanding of clients who have been exposed to domestic abuse, particularly coercive control. Qualitative interviews were conducted with professionals, which informed the development of an online survey.

Participants

The interview participants (N=8) comprised of both males and females, working in the Republic of Ireland, (see Table1 for further demographics). Purposive sampling was utilised for recruitment whereby individuals working in an area of mental health or support services were the target population. The survey link was distributed on social media platforms with the target population named on the post. Inclusion criteria for the interviews required participants to be over 18 years of age, a mental health professional with a minimum of five years' experience working in this field. The demographic details of the survey participants (N = 78) are presented in Table 2.

Table 1: *Demographic details of interview participants*

Pseudonym	Profession	Service/Sector	Years' Experience
Sarah	Service Worker	Social Work	30+
Sean	Counsellor	University	10
Mary	Clinical Psychologist	CAMHS/ Children's Service	17
Anthony	Clinical Psychologist	Children's Service	25
Martin	Counselling Psychologist	Private Practice	20
Andrew	Psychotherapist	Private Practice	15
Liam	Relationship Counsellor	Private Practice	8
Shauna	Counsellor	Private Practice	6

Table 2: *Demographic details of survey participants*

	Field of Work		Years Experience	
	n	%	n	%
Psychology	29	37		
Counselling	7	9		
Service Worker	16	21		
Other	26	33		
Less than 1 year			8	10
1-5 Years			26	33
5-10 Years			13	17
More than 10 Years			31	40

Data Collection

Eight in depth interviews took place online and lasted between 30 minutes to an hour. The interview sought to explore the participants' understanding of DA and CC, and their level of training within this area. Based on the findings of the interview data, an exploratory survey was created via Qualtrics. The survey gathered levels of experience working with survivors of DA, confidence in respondents' ability to recognise CC, the extent to which the work environment supports these experiences, and willingness to undertake further training. Responses from three of the open-ended survey questions were combined with interview data to provide further context for the qualitative findings.

Data Analysis

Reflexive thematic analysis (Braun & Clarke, 2006; 2019) was used to analyse the interview data. A data-driven bottom-up approach was taken, given the lack of existing research in this context. The first author thematically analysed the interview data to explore participant's experiences and knowledge in relation to DA and CC. Once the data had been collected; the six-stage process of TA commenced (as outlined in Braun and Clarke, 2006;2019). For the survey, qualitative analysis was conducted on the open-ended survey responses and IBM SPSS software was utilised for the descriptive statistics used to analyse the survey data.

Ethics

The ethical guidelines in relation to research with human participants were adhered to and ethical approval was obtained. All data were deidentified and pseudonyms are used in reporting the interview findings.

Findings

Survey Results

The survey findings (N=78) present an overview of current training levels of mental health professionals in Ireland. Of those surveyed, 86% (n = 67) had previously supported an individual affected by DV. Half of the participants (n = 39) stated they had never received any training in relation to DV or CC.Further, , 38% (n = 30) said they would not be able to recognise CC. Additionally, 50% (n = 39) reported that their service does not explicitly support survivors, although such cases do appear. Of those who had received training, 65% sourced it themselves (n = 25). The survey also showed that 65% of participants (n = 51) believed DV is a gendered issue in Ireland. Ninety-four percent believe training should be a mandatory and core part of mental health education. Finally, 97% of participants (n = 76) said they would be willing to acquire further training in this area, if available.

Reflexive Thematic Analysis

Data analysis of the interviews and open-ended questions within the survey resulted in three themes: *Absence of Training, Importance of Language, and The Impact of Stigma.*

Absence of Training

Training was discussed throughout the interviews and survey. Training within this area was described as varied but mostly non-existent. When questioned on whether adequate levels of training exist in this area, Seán responded:

> *"Absolutely not and I think like I'd go further that it's not just that we didn't have enough training I think we didn't have enough training and that makes us potentially harmful… You know, so I think it's I think it's quite extremely risky to have to not have it as a core part of training for anyone who's going to be doing one to one therapy, regardless the setting".*

Seán highlights the lack of training and goes further to comment that this makes professionals potentially harmful. He also comments that training should be a core aspect for anyone doing individual therapy regardless of the setting.

Many participants expressed assumptions that the topic was *"someone else's domain"*, someone who has training, reflecting a possible passing of responsibility. Mary stated that:

> *"I'm not a couple therapists [sic] but I would assume and hope that they do. My main issue is that us as individual therapists might be saying you and your partner should go to couple's therapy".*

This statement conveys a possible lack of understanding of how prevalent DV is and the responsibility that exists for all professionals engaged with the public to be able to recognise and respond. Mary reports that she would refer to couples counselling, which would not be a correct response. A more developed sense of understanding was reported by this survey participant:

> *"More training is needed in every aspect. Knowing the signs that someone may be in a DV relationship. Understanding the great difficulty abused partners have in acknowledging & leaving abusive relationships. Knowing how to develop & sustain trusting relationships with abused partners, especially while they choose to maintain being part of an abusive relationship. Knowing how to support people when they feel ready to leave / alter the abusive relationship. These individuals come forward with very complex yet specific needs that we need to be aware of".*

The data were consistent, indicating a lack of DV mandatory training in across mental health professions. As stated by a survey participant, the lack of training is exacerbated by the breadth of the different types of abuse: *"Further training is needed in all aspects of domestic abuse. Coercive control and financial abuse are very often missed by us as mental health professionals because we don't have the training in it- we were never offered it or made do it".* Additionally, individuals who did have training had sourced this themselves, as evidenced by a survey participant who noted the lack of standardisation of trainings, which can often depend on who you work for:

> *"No. None of that training would have been mandatory. In counselling really unless you're specifically involved in an organisation like Safe Ireland you know or Women's Aid in the counselling profession you don't have to do anything mandatory in and around domestic abuse or violence".*

The Importance of Safety

Mary explores the "treading carefully" element that professionals must be cognisant of when supporting individuals affected by domestic abuse:

> *"So, you have to be careful in your questioning around talking about abuse, because unless you have a way to support that person, so they don't return back to that environment it's not always appropriate to go into it too much, or to get too much information too quickly. Because you don't want to leave a person vulnerable".*

When supporting victims, a professional must consider the individuals physical and emotional safety, while also being cognisant of risk of harm.

Furthermore, Sarah explores the language used by individuals affected by domestic abuse: *"But it is something that you begin to recognise. There's a language they use; they hold themselves in a certain way, they react in a certain way".* The quote implies a certain nuanced understanding amongst some professionals that is developed through experience.

This theme has conveyed the importance of safety, in being able to read between the lines of what survivors are trying to say, and also in preventing further damage being caused by introducing the topic as a professional too early in the process.

The Impact of Stigmatisation

The stigma surrounding domestic abuse is something that can hinder a professional recognising the signs that a male could be the victim within a presenting relationship. In turn, this emphasises the importance of appropriate training for professionals to address many stereotypes surrounding DA and thus increase efficacy in providing a service and recognising signs of abuse, regardless of gender, class, race or culture. Illustrating this, Martin states:

> *"There are other people then who have never you know it might as an adult it might be their first experience of abuse and sometimes people don't recognise it because they have a sense of. 'Well, it couldn't be me.' And also.. there can be a socioeconomic kind of sense around abuse, that it only happens to some people and that's all not true and it happens across any kind of any border, socioeconomic border, but sometimes people are slow to recognise it because they don't believe it happened to them".*

This quote illustrates the challenges in voicing experiences of abuse. Extending this, Anthony discusses the impact of stigma on men who experience abuse:

> *"How are we going to educate people that is being promoted as something where only men perpetrated. So, start from there, everybody has to accept that both men and women can be subjected to domestic violence or coercive control at many levels".*

A survey participant further emphasised the need for gender-inclusive guidance, saying:

> *"Extensive training is definitely needed in this area. Especially surrounding men affected by it. There are very little services here to support men, it's understandable why many of them don't come forward when as a country we don't make them feel like they can".*

The stigmatisation of domestic abuse was further explored in relation to minority groups, and same sex partnerships. Liam states:

> *"Now we see gay and lesbian couples. And the abuse is, it's not worse, but it's worse from the point of view that you know people in in same sex relationships, in my experience, well that's what they're telling me, is that they are they don't want to bring shame to that community. And so.. it's even harder for those people to reach out and get support".*

The quote highlights the dual jeopardy of exclusion and the additional pressure survivors from same sex couples may experience. As a minority group, members of the LGBTQIA+ may feel added pressure as survivor of domestic abuse to maintain positive presentations of their relationship. The findings suggest that there is still a shame and stigma experienced by victims and additional layers can create a double jeopardy of silence for socially excluded and/or minoritised communities.

Discussion

This research highlights the sensitivity and concern professionals have towards DV, and their willingness to engage further with training in this area. Participants self-reported that relevant training was varied and often non-existent. When lack of training was identified, it reported to be "potentially harmful". The study highlights the need for training in Ireland, and survey analysis shows a demand for it. These findings mirror international research demonstrating the varied opportunities for training available for professionals (e.g., Bradbury-Jones et al., 2014). Rodriguez et al. (2021) similarly found that providing counsellors with training in DA and CC increased their confidence in supporting survivors. The findings demonstrate that survivors do present to mental health services, highlighting the need for all professionals in the field to be appropriately trained. The current study echoes this call for training provision in Ireland. It also supports a recent report by Oram et al (2022) found that abuse disclosure is inadequately addressed in mental health settings. This may result from professionals not being appropriately trained or equipped to support individuals disclosing abuse.

It is imperative to note that with CC, where there is often little to no physical evidence, close attention to a survivor's language is key to supporting disclosure. The current research, along with previous literature, highlights the importance of language – both in reading between the lines of what survivors are trying to elude, and in preventing harm by avoiding premature introduction of the topic. This aligns with Trevillion et al. (2014), who emphasised the difficulty in disclosing abuse, reinforcing the need for professionals to spot the signs themselves.

The impact of stigma in supporting victims of DV and CC was also reported by participants. They expressed concern about recognising DV in men, LGBTQIA+ individuals, and other socially excluded groups. Future training should address stereotypes surrounding DA and enhance practitioners' ability to identify abuse in relationships where barriers to disclosure exist. This would improve service delivery for those affected by DA, regardless of gender, race, or culture.

Limitations

It is important to note that the present study is not without its limitations. The survey gathered a total of 78 responses, limiting the generalisability of the findings. It would be fruitful to secure a sample that can be generalised to mental health professionals in Ireland. Additionally, it is recognised that the current study is exploratory in design, thus, further work is needed to examine a variety of other factors, such as attitudes towards CC, and training design and evaluation.

Implications for Practice

Overall, these findings detail the current perspectives of a sample of mental health professionals on their access to DA training, and the impact of this on their practice. Findings highlight a sensitivity towards the complexity of DA and supports that should be available to survivors accessing services. Further training is needed for professionals in the area of DA, including coercive control, to provide support to those that have been affected by domestic abuse in Ireland. This is to not only support the survivors affected, but to also provide training and support for those supporting individuals affected by domestic abuse. Further training and teaching in these areas would allow for a shared language and transparency across professionals, which in turn would produce better outcomes for survivors.

Conclusion

The present study gained an insight into the knowledge, experiences, and level of training among a sample of individuals working in the mental health field and concludes that mandatory training should be an aspect of all professional training in the mental health related disciplines.

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