Halliwell, G., Daw, J., Hay, S., Dheensa, S., & Jacobs, S. (2021). 'A life barely half lived': domestic abuse and sexual violence practitioners' experiences and perceptions of providing care to survivors of non-physical abuse within intimate partner relationships. *Journal of Gender-Based Violence*, 5(2), 249-269.
<https://doi.org/10.1332/239868020X16068765721643>

Peer reviewed version

Link to published version (if available):
[10.1332/239868020X16068765721643](https://doi.org/10.1332/239868020X16068765721643)

[Link to publication record in Explore Bristol Research](#)
PDF-document

This is the final published version of the article (version of record). It first appeared online via Policy Press at <https://doi.org/10.1332/239868020X16068765721643> . Please refer to any applicable terms of use of the publisher.

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:
<http://www.bristol.ac.uk/red/research-policy/pure/user-guides/ebr-terms/>

“A life barely half lived”: domestic abuse and sexual violence practitioners’ experiences and perceptions of providing care to survivors of non-physical abuse within intimate partner relationships

Dr Gemma Halliwell¹

Jennifer Daw²

Susie Hay²

Dr Sandi Dheensa¹

Suzanne Jacob²

¹University of Bristol, Centre for Academic Primary Care, Population Health Sciences, Bristol Medical School, Canynge Hall, 39 Whatley Road, Bristol, BS8 2PS

²SafeLives, Suite 2a Whitefriars, Lewins Mead, Bristol BS1 2NT

Abstract:

Non-physically abusive acts (underpinned by coercive control) are more prevalent than physical or sexual violence within intimate partner relationships. Yet, little is known about survivors’ help-seeking journeys or the efficacy of existing services in addressing this need. We present findings from a survey of UK-based domestic violence and abuse (DVA) and sexual violence (SV) practitioners (n = 279) exploring experiences of providing care to women with histories of non-physical abuse. Our findings suggest that survivors often seek help for non-physical abuse from specialist DVA and SV services, but wider professional agencies often overlook the severity of this experience of abuse in the absence of physical or sexual violence. The impacts of non-physical abuse on survivors’ health and wellbeing are severe and there are multiple barriers to support, particularly within the criminal justice system. Our

findings highlight the urgent need to increase public and professional awareness of non-physical abuse and its consequences for training of wider agencies (e.g., police, child protection, legal services) and for sustainable funding that increases long-term support options for survivors and their children.

Key words:

Domestic violence and abuse (DVA); non-physical abuse; coercive control; health impacts; barriers to support.

Word count:

7,131

Key messages

- Survivors of domestic violence and abuse often seek help for non-physical abuse, but professionals can misidentify the severity of this experience.
- The impacts of non-physical abuse on survivors' health and wellbeing are severe, creating barriers to accessing support.
- There is a need to increase public and professional awareness of non-physical abuse and its consequences.

Background

Domestic violence and abuse (DVA) is a violation of human rights. One in three (27%) women report lifetime experience of DVA in England and Wales (ONS, 2019a). It can include physical and sexual violence, coercive, controlling and psychologically abusive behaviours, financial and economic abuse, as well as harassment and stalking. Women are most at risk of severe and repeated assaults from male partners within the context of intimate partner violence (IPV) (Brieding et al., 2014). However, research suggests that non-physical abuse is similarly, or indeed more prevalent than physical violence and is likely to continue after separation (Sanz-Barbero et al, 2018). Whilst non-physical abuse is associated with increased risk of severe physical and sexual assault, it can occur in relationships where there is no violence. Non-physical abuse has a lasting effect on survivor health and wellbeing, particularly mental health problems including PTSD, suicide, depression and anxiety (Começanha, Basto-Pererira & Maia, 2017). Diminished self-esteem, confidence and loss of identity are some of the most frequent consequences (Williamson, 2010). These consequences can influence broader lifestyle factors, such as ability to make decisions, manage independently, maintain employment and housing and parenting capacity (McCosker-Howard & Woods, 2006).

Research shows that survivors may be less likely to recognise non-physical abuse as “domestic violence and abuse”; increasing the risk of repeat victimisation and diminishing opportunities to access intervention (O’Doherty et al., 2016). Services supporting survivors also have difficulty identifying and responding to non-physical abuse (Myhill & Johnson, 2016; Robinson, Myhill & Wire, 2018). In 2020, the UK reached a 15-year high on the number of domestic homicide cases recorded (ONS, 2019b). Coercive and controlling behaviours are a determining factor in domestic homicides, yet the severity of cases where abuse is “only” non-physical is often underestimated (Home Office, 2016). Studies examining the police’s use of risk assessment tools to improve identification and assessment of DVA, consistently show a focus on cases involving physical violence (Robinson et al, 2016). Other studies suggest that lack of professional understanding about the risks and impacts of non-physical abuse - particularly within child protection services, child courts and the criminal justice system - can place accountability on victims and result in outcomes that diminish the safety of survivors and their children (Keeling, 2012; Katz, 2015; Hester, 2011). Within the context of domestic homicide reviews (DHRs), challenges around identification resulted in some cases being inappropriately assessed as “lower risk”; subsequently falling below the threshold for intervention (e.g., from police, child protection services) (Home Office, 2016).

Defining non-physical abuse

Part of the problem in identifying non-physical abuse is that it is notoriously difficult to define and measure. Research has focussed on clarifying the nature of independent or overlapping constructs such as psychological abuse, emotional abuse, cognitive abuse, sexual coercion, economic abuse, financial abuse, stalking / harassment and physical intimidation [Figure 1; SafeLives, 2019]. These

- Insert figure 1 here -

constructs have been inconsistently represented within established IPV measures, resulting in a lack of reliable prevalence estimates for non-physical abuse (Myhill, 2015). For example, 5.6% of adults aged 16 to 59 experienced non-sexual DVA in the last year (inc. physical, emotional and financial abuse and threats) across England and Wales; wherein non-physical abuse (4.1%) was more common than threats or force (3.0%) and 1.2% experienced stalking. However, these estimates – based on financial, emotional abuse, stalking – do not capture all aspects of non-physical abuse (e.g., psychological, economic, sexual coercion) or a broader pattern of coercive control; they also do not match the cross-government definition of DVA (ONS, 2019c).

Addressing this fragmentation, Stark (2007) proposed the concept of coercive control as an ongoing process whereby abusers use various means, including often but not always, escalating physical violence to hurt, humiliate, intimidate, exploit, isolate and dominate their victims. Stark highlights that some victims or survivors may never experience physical violence, termed non-violent coercive control, whereby the threat of violence makes control tactics more effective by generating a “generalised fear” which diminishes a survivor’s space for action. Stark’s definition of coercive control informed the government/policymakers decision to introduce the England and Wales Serious Crime Act (Section 76) which criminalises acts of controlling or coercive behaviour within intimate or family relationships (Home Office, 2015; Weiner, 2020). However, debates continue around competing understandings of the term “coercive control” and the necessity of separate legislation (Walby & Towers, 2017; Donovan & Barnes, 2019). More broadly, conceptual confusion in the research literature is reflected in public (mis)understanding and awareness, as noted

by Walby and Towers (2017), who highlighted that the term “coercive control” has largely been interpreted by the public as relating only to non-physical or psychological abuse, which contrasts Stark’s definition in which coercive control can encompass physical abuse. Given this, we use the term “non-physical abuse” as the broadest available descriptor to encompass all non-physically abusive acts (including non-contact forms of sexual abuse) -- excluding physical and contact forms of sexual abuse -- within intimate partner relationships.

Supporting survivors of non-physical abuse

Without prevalence data that can capture the full extent of non-physical abuse, policymakers and practitioners cannot allocate resources to support survivors (Myhill, 2015). Alternative approaches to treatment and support may be required for survivors who have *not* experienced physical or sexual violence (Myhill, 2017; Donovan & Barnes, 2019). In the UK, support for DVA sits within voluntary (refuge, advocacy [Independent Domestic Violence Advocates, Outreach], rape crisis) and statutory services (e.g., police, criminal justice, social services, health). Refuge and advocacy services may decrease physical abuse short-term, but non-physical abuse often persists post-support (Rivas et al., 2016; Riger et al., 2002). Women may also face challenges accessing services for non-physical abuse if they have not experienced physical or sexual assault (Women’s Aid, 2018). Yet relatively little is known about survivors’ help-seeking behaviours around non-physical abuse or the effectiveness of existing responses. One approach to raising this issue’s visibility is to examine how frontline DVA and sexual violence (SV) practitioners experience providing support to women with histories of non-physical abuse, which is the aim of this study. This knowledge is integral to the provision of high-quality, gender-sensitive care and for ensuring the safety of survivors.

Method

Data for the study were collected as part of a wider research programme about 'Psychological Violence' within intimate partner relationships across Europe. In European Parliament, the term psychological violence represents experiences of non-physical abuse and is recognised by the Istanbul Convention (2014; Article 33) as a form of gender-based violence (European Parliament, 2017). The term psychological violence was employed in the original research to aid translation of findings. For our UK analysis we use "non-physical abuse". The original research was designed to address how psychological violence is defined, what this experience consists in, its impacts and how best survivors can be supported. This was explored through three workstreams: 1) systematic reviews 2) interviews and focus groups with survivors 3) online surveys with survivors and practitioners. This paper reports findings from the survey with practitioners. Results of other research activities are reported elsewhere (see "Psychological Violence"; SafeLives, 2019).

The research activities, including the practitioner survey, were co-produced following a participatory and empowerment approach, which enabled meaningful engagement with survivors and practitioners (Downes, Kelly & Westmarland, 2014; Sullivan et al., 2005). This approach builds feminist principles into research with the aim of developing practice and alleviating social injustice by i) recognising survivors as active agents and stakeholders and experts of their own lived experiences ii) prioritising the development of skilled survivor-researchers iii) addressing the dynamics of power and control within research processes e.g., informed consent / confidentiality and iv) developing best practice within the DVA sector through effective dissemination of findings across practice, policy and academic research contexts. To develop the practitioner survey, an expert panel comprising survivors,

practitioners, academics and policymakers/commissioners with expertise in non-physical abuse were recruited. They met quarterly with the research team to oversee the development of research questions and protocols, methodology and provided critical feedback. The research team was led by professional researchers with lived experience of IPV (survivor-researchers). Independent survivors who participated in the expert panel were offered the opportunity to receive training in research skills from the survivor-researcher team – and subsequently worked with survivor-researchers to develop the systematic reviews, design the practitioner (and survivor) survey as well as activities across other workstreams (e.g., interviews, focus groups). Survivor-researchers and survivors worked together on data analysis and interpretation and write-up of findings, which were reviewed by the expert panel. The dissemination strategy for the project ensures that survivors and survivor-researchers co-author policy and academic texts.

Survey development

Given the complexities of defining non-physical abuse, survivor-researchers used findings from the systematic review “defining non-physical abuse” (workstream 1) to develop a conceptual map of how different forms of non-physical abuse fit within broader definitions of DVA, coercive control and non-violent coercive control. The expert panel reviewed this map throughout the project and refined it as findings from the interviews with survivors and practitioners were analysed (workstream 2). Survivor-researchers and survivors used the conceptual map (see Figure 1) alongside findings from the systematic review “measuring non-physical abuse” and “dynamics of non-physical abuse” to develop draft items for the practitioner survey. A draft survey was piloted with a small number (n=23) of DVA practitioners within the project sponsor’s organisation. Draft items were revised according to feedback which

reflected: structure/flow within the online platform (surveymonkey), removing items considered repetitive about the dynamics of abuse, reducing the number of open-ended questions. The final survey included 27 closed questions and 2 open-ended questions which asked practitioners to reflect on their experiences of providing support to survivors of non-physical abuse (excluding physical and sexual assault) within intimate partner relationships.

Closed-ended responses. Questions included indicators of demographics, types of non-physical abuse survivors reported to practitioners, practitioners' attitudes about non-physical abuse and experiences of providing care. Data were analysed descriptively in SPSS. Positive response categories (e.g., agree strongly, agree) and negative response categories (e.g., disagree strongly, disagree) were collapsed for ease of interpretation. Figures are reported excluding missing cases.

Open-ended responses. Two open-ended questions were "What **impact** do you see on victims who have experienced high levels of non-physical abuse?" and "What are the current **gaps in support** for victims of non-physical abuse?". Two survivor-researchers conducted content analysis on the open-ended items, generating a coding scheme that had 18 codes (9 codes for each question). Codes were developed iteratively between survivor-researchers, survivors and the expert panel – and then collapsed into sub-themes.

Sample

Data were collected in April 2018 to June 2018 from practitioners across a range of agencies working with survivors of non-physical abuse in Europe. Data were collected by an online survey using snowball sampling via the project sponsor's network of frontline services, strategic stakeholders, and social media accounts. In total 659 practitioners responded to the survey. Demographic details were completed

by 522 practitioners. Respondents were from DVA and SV services (51.9%, $n = 271$), health services (10.9%, $n = 57$), children's social care (10.3%, $n = 54$), criminal justice (7.2%, $n = 38$), housing (4.5%, $n = 24$), education (2.1%, $n = 11$), adult social care (0.7%, $n = 4$) and other services (12.0%, $n = 63$). Nearly all practitioners were from the UK (97%, 3% EU). We had originally intended to conduct a comparative analysis across agencies, however sample sizes for agencies that were not DVA and SV services were too small to draw meaningful conclusions. Exploratory analyses of different sub-groups (e.g., DVA and SV services vs other agencies combined) revealed heterogeneity in terms of experiences/attitudes between groups (e.g., health, children's social care, criminal justice etc). This diversity of experience was particularly evident within the comments intended for content analysis. As such, we created a sub-sample of UK practitioners from DVA and SV services ($n = 271$) for the analysis as they represented the largest group and the narrative which emerged from the qualitative data was more coherent. Most DVA and SV practitioners were based in England (85.1%), 9.3% in Wales and 5.1% in Scotland. Excluding missing data, three quarters were DVA practitioners (76.7%) and the remaining were SV practitioners (23.2%). Open-ended responses were available for 73.4% of the total sample for items about the impact of non-physical abuse ($n = 199$) and 72.6% for current gaps in support ($n = 197$).

Results

Practitioners' experiences and perceptions of supporting non-physical abuse survivors: responses to closed questions

Identifying and describing non-physical abuse

Table 1 presents findings about the types of non-physical abuse for which practitioners supported survivors. Most practitioners (78.1%) had experience of

- Insert table 1 here -

supporting survivors who had experienced *only* non-physical abuse. However, survivors and practitioners used different terms to describe non-physical abuse. When asked which term *they* used to most commonly describe non-physical abuse, practitioners were most likely to use a combination of different terms (e.g., emotional, economic) (43.4%), although 28.4% preferred to use emotional abuse, 13.7% psychological abuse and 8.2% coercive controlling abuse. However, 34.1% and 31.8% of practitioners reported that *survivors* most commonly used the terms mental abuse and emotional abuse, respectively, to describe what they had experienced. Furthermore 22.7% agreed that among survivors there was no common term, i.e., that different people use different definitions. When practitioners were asked about how often they provided support for the different types of non-physical abuse, in the majority of cases (77.9%), this abuse involved verbal aggression (e.g. verbal threats to harm victim/family/pets, frequent swearing/shouting), controlling behaviours (e.g. determines rules of personal appearance, clothes, home, child-rearing, communication/socialisation with others, monopolises time) (76.6%), emotional abuse (e.g., verbal insults, humiliates, criticises, belittles) (74.9%), harassment (e.g. frequent communication when out socially, or in work) (73.7%), psychological abuse (e.g. tells person they are imagining something, discounts feelings, blatant lying, accuses of infidelity, suggests mental instability, gives mixed messages) (71.2%) and stalking (e.g. asks about/checks use of emails/social media/phone calls, watches, follows, spies) (68.2%). Around half (53.9%), of practitioners had supported survivors with economic abuse (e.g. restricts access to finances, jeopardises means of being financially independent) and slightly lower proportions with sexual coercion (e.g. pressures to perform unwanted sexual behaviours, or have unwanted sex)

(46.9%), financial abuse (e.g. stealing or defrauding someone of goods and/or property, running up debt in their name) (43.4%) and personal intimidation (e.g. threats to 'out' sexuality, immigration status) (41.7%). The smallest proportion, 15.6%, had provided support for image-based abuse commonly referred to as revenge porn (e.g. threats to or actual sharing of personal images/videos online without consent).

Practitioner perceptions about non-physical abuse

In terms of the dynamics of non-physical abuse, practitioners' attitudes varied about whether non-physical abuse is an indicator of physical violence (49.5% agreed; 26.9% disagreed). There were also differences in attitudes around whether non-physical abuse and physical violence occur concurrently (52.0% agreed; 31.8% disagreed) (Table 2). Related to the challenges of identifying non-physical abuse, 90.9% of practitioners agreed that the survivors they worked with had misidentified certain aspects of non-physical abuse as part of romantic love in the early stages of their relationships.

- Insert table 2 here -

The majority (87.8%) agreed that emotional confusion could be heightened for survivors because coercive and controlling behaviours were usually interspersed with warmth and kindness by perpetrators. Regarding the impact of wider social attitudes, two thirds (66.3%) of practitioners agreed that mass media (e.g., TV shows, movies, social media) normalises non-physical abuse as passionate and romantic; and many (88.4%) agreed that non-physical abuse can be hidden due to cultural perceptions of appropriate gender roles (e.g., women as mothers, care givers, required to have a certain appearance). Having provided support for non-

physical abuse, around nine out of ten practitioners (88.0%) agreed that it is as or more harmful to survivors than physical abuse.

Impact of non-physical abuse: open-ended responses

Table 3 shows the distribution of responses across the nine coding categories reflecting practitioners' views about the observed impacts of non-physical abuse.

- Insert table 3 here -

For the impact of non-physical abuse question, the subthemes were *loss of self, health impact and wider impact*. We illustrate these findings with quotations from individual practitioners, represented by unique participant numbers (e.g., P01). We show the codes within each sub-theme in italics and report the percentage of comments that fell under each code.

Loss of self

For practitioners, the most commonly observed impact of non-physical abuse was *loss of confidence and self-esteem* among survivors (24.9% of comments).

Relatedly, 6.3% comments reflected *decision making and dependency*, whereby practitioners felt that diminished self-worth and loss of identity affected survivors' ability to make decisions independently of the perpetrator.

"[Survivors have] an inability to function without guidance or instruction of another person. Defer decision making to others, including children. No pleasure in anything. No autonomy. A life barely half-lived." (P006)

"They have very low self-esteem, they do not value themselves as human beings, they minimise the effect of the psychological violence and make excuses for the perpetrator's behaviour, they are afraid to break the ties and do not believe they can succeed on their own." (P074)

Survivors' loss of confidence and self-doubt, coupled with ongoing non-physical abuse, was often associated with *isolation* (10.2% of comments) from friends, family and professionals.

“Presenting with a major lack of trust in everyone including professionals as they believe nobody can help them. Isolating themselves from everyone.”

(P020)

Health impact

One in four comments from practitioners related to the long-term health impact of non-physical abuse particularly *mental health problems* (24.1% of comments).

Practitioners quoted survivors saying that they would rather “get a smack in the mouth” (P089) than suffer non-physical abuse as it is the “worst kind” of abuse because of the mental health impacts (P238 / P173).

“I will often see victims with these experiences where they have developed mental health issues: PTSD, suicide attempts, panic attacks, borderline personality disorder, emotionally unstable, agoraphobia, personality disorder.”

(P033)

Some practitioners felt non-physical abuse could manifest as *physical health problems* (2.7% of comments) and that survivors often used *substances* as a coping mechanism (9.4% of comments).

“Pain of the psychological abuse manifesting in physical ailments (unexplained headaches, stomach aches, extreme tiredness).” (P120)

“Substance misuse is also another common ‘side effect’ of this experience. Often it will have started either as a coping mechanism or due to the perpetrator coercing them into using drugs.” (P033)

Wider impact

Some practitioners felt that a consequence of non-physical abuse, coupled with low self-esteem and self-doubt, meant that many survivors were unable to identify their experience as abuse. Ten percent of comments (10.2%) reflected practitioners' view that this could make them *vulnerable to harm*, either through being unable to leave the perpetrator or in forming unhealthy future relationships.

"The trouble is most survivors of psychological abuse don't recognise their experience as abuse. Entrenched experiences become highly normalised and there can be a great reluctance/ fear to make changes. It makes them vulnerable to other forms of abuse." (P058)

Wider effects (6.9% of comments) also included loss of employment, housing, social networks, and ability to engage in everyday activities. *Capacity to parent* formed 5.3% of comments.

"Breakdown in relationships with children due the victim's inability to parent because of the abuse. Doubt their ability as a parent. Abuse can impact on children's behaviour." (P173)

"Difficulty in completing day to day tasks/working/studying, difficulty in leaving the house, lack of trust in others, impossible to hold down a job." (P018)

Gaps in support for non-physical abuse

Table 3 shows the distribution of responses across the nine coding categories reflecting practitioners' views about the gaps in support for survivors of non-physical abuse. The subthemes were *professional awareness in non-DVA agencies and societal normalisation*, *complex/inaccessible legal processes*, *DVA services under-resourced to meet need*.

Professional awareness in non-DVA agencies and societal normalisation

One in five comments (19.1%) related to the *lack of awareness and training* across agencies -- particularly the police and social services -- as a challenge to identifying and responding to non-physical abuse.

“Lack of identification from other agencies, particularly police, which then causes victims to minimise and lose confidence in support systems.” (P100)

“Lack of proper training and education, especially in social services leads to victims being blamed by professionals for being "too weak".” (P138)

Practitioners talked about the need for health practitioners to be aware of the effects of non-physical abuse given the extensive range of health impacts -- particularly mental health professionals (18.8% of comments).

“There is limited access to affordable, accessible and suitable counselling for DV survivors. Some counsellors have a limited understanding of DV and the dynamics of abuse.” (P051)

“Training for health services. Mental health diagnoses that are potentially pathologizing female victims; prescribed medication for anxiety and depression, often diagnosed with BPD (Borderline Personality Disorder) but GP or counsellor hasn't explored why they may be feeling this way.” (P154)

Lack of professional awareness reflected *societal normalisation* of non-physical abuse (11.6% of comments). For practitioners this was visible within the mass media where portrayals of domestic abuse are synonymous with physical violence. They reiterated that this hinders opportunities to identify non-physical abuse for both professionals and survivors.

“I feel [especially] a lot of the younger victims confuse psychological abuse with love, 'the norm' [it's] just what happens in relationships due to lack of

awareness...on social media harassment and stalking behaviours are almost expected.” (P008)

“The gaps lie in public understanding of [non-physical abuse] and its impact.... We need more publicity that isn't just the image of a woman with a bruise on her face. Victim's don't recognise themselves in this.” (P098)

Complex/inaccessible legal processes

Despite UK legislation about coercive and controlling behaviours, 18.5% of comments reflected the view that there was limited understanding of the dynamics of non-physical abuse within the *criminal justice system*.

“I find a lot, especially with the police and judges, that unless there is clear evidence of violence, "normally" physical evidence i.e. bruising, scratches, broken bones then the victim is not believed or it is "not as bad as it seems" or "there is no evidence so there is no prosecution".” (P054)

Practitioners said that this could result in survivors not accessing the legal protections (e.g., restraining order, non-molestation order) they required. Other issues related to survivors not reporting to the police for fear of not being believed, limited access to legal aid, and difficulties with evidence collection for successful prosecution.

“It is more difficult to be granted legal aid if you are a victim of psychological abuse. You have to have evidence in order to get legal aid. If your body is covered in bruises, that's your evidence.” (P118)

“Very poor court outcomes. A non-molestation order [preventing contact/harassment within IPV relationships] will only be granted when there is an act of [physical] violence or a threat of it, meaning there are no protective measures.” (P029)

Relatedly, practitioners talked about how perpetrators could use *child contact arrangements* (2.3% of comments) as a mechanism for continuing non-physical forms of abuse.

“Child contact etc can become increasingly more difficult as a perpetrator’s abuse can often go undetected and the victim is still psychologically controlled and unable to find a way out.” (P119)

“So many of the people I work with have to go through the ordeal of family court and hand over their children to an abuser, because a judge has ruled that without a criminal conviction the perpetrator doesn’t pose a risk - demonstrating a clear lack of education around what [non-physical] abuse actually is.” (P188)

DVA services under-resourced to meet need

Practitioners highlighted the lack of *specialist support in DVA services* (16.8% of comments) for survivors of non-physical abuse and their children. Barriers to accessing services included voluntary and statutory services having to focus on crisis care for physical violence in the face of funding cuts that created fewer resources e.g., refuge spaces for a greater number of more complex cases and a lack of suitable assessment tools that could identify the severity of non-physical abuse.

“[We lack] appropriate assessment tools to identify that psychological abuse has taken place, [and] practitioners lack the skills and training to be able to help victims identify this form of abuse.” (P128)

“Services prioritise support for 'high' risk clients due to cuts and this can often miss those who have 'only' experienced psychological as [they] may answer

lower scores on DASH (risk assessment for domestic violence and abuse)."

(P050)

Many practitioners reported that the prioritisation of physical violence cases was visible to survivors themselves, often exacerbating feelings that their experience is not "severe" enough to warrant support.

"[Survivors of non-physical abuse] often feeling like they are taking the service from other people who are 'more in need'. Feeling that what they experienced wasn't as bad as other people." (P051)

Practitioners also noted that survivors could be reluctant to accept help and were perceived by professionals as "non-engaging".

"[Survivors of non-physical abuse] often express a sense of surprise and deep unhappiness that their partner could be so unloving. They are very wary of professionals - deep mistrust." (P057)

This was challenging to practitioners who often wanted to help but felt powerless to do so, owing to time constraints, thresholds for referral to their service or lack of adequate and appropriate resources.

"[Survivors of non-physical abuse] doubt the abuse happened and therefore this can be difficult for an IDVA (Independent Domestic Violence Advocate) to be able to work with if they then disengage. As services are being cut, and staff in my local office are not being replaced (two members of staff) to cover a large [Local Authority], one who isn't part time, this also can impact on how well we can meet the survivors' needs long-term realistically." (P168)

Other gaps in support related to a lack of availability in *long-term or ongoing DVA/SV support* options for survivors of non-physical abuse (5.6% of comments) (e.g., step-

down care, peer support groups) and the need for specialist *DVA/SV and mental health services for children* (e.g., one-to-one, counselling) (7.3%).

Discussion

This is the first survey of practitioners about supporting survivors of non-physical abuse. It provides a unique opportunity to draw on the expertise and experiences of practitioner's, who collectively will have worked with thousands of survivors of non-physical abuse, to understand experiences of help-seeking. Our findings demonstrate that practitioners see non-physical abuse (excluding physical and sexual violence) within intimate partner relationships as a common and complex experience that often remains hidden to society, professional agencies and survivors. According to practitioners, experience of non-physical abuse can uniquely shape survivors' help-seeking journeys, creating barriers that diminish opportunities to accessing support.

Non-physical abuse is defined by different people in different ways and this may impede awareness and understanding non-physical abuse and its effects (Myhill, 2015; Robinson, Myhill & Wire, 2018). This is reflected in our findings which highlight disparity between the terminology that practitioners say survivors use to describe their experience (e.g., mental abuse, emotional abuse) and the interchangeable terms employed by practitioners in DVA and SV services providing care (e.g., psychological abuse, coercive controlling abuse). Some practitioners felt that existing assessment tools inadequately identify the subtleties and nuances of different types of non-physical abuse (e.g., psychological, emotional) and the impact this has on survivors. Others had varying attitudes about the relationship of non-physical abuse to physical violence which may inform use of such tools or assessment of risk. This is echoed in the research literature by the multitude of

measures designed to assess non-physical abuse as an independent or set of related constructs (e.g., emotional abuse, harassment and stalking) (Myhill, 2017). In some ways this disparity demonstrates the complexity of non-physical abuse, which, as practitioners report, can be multiple, overlapping and intersecting. In other ways, this reflects a lack of definitional clarity across research, policy and practice settings as well as public debate more broadly. Definitional consistency and effective assessment tools that recognise the pattern and dynamics of control, are central to increased awareness of the severity of non-physical abuse and its effects.

This is particularly vital given the long-term effects of non-physical abuse which themselves create barriers to effective identification and access to support. In line with previous research (Começanha, Basto-Pererira & Maia, 2017), practitioners had observed health effects among survivors of non-physical abuse (particularly mental health e.g., anxiety, depression, PTSD) alongside diminished self-identity and social isolation (Williamson, 2010). Our findings mirror survivor narratives which highlight that the long-term impacts of non-physical abuse can be more damaging than physical abuse (Kirkwood, 1993; Fontes, 2015). Importantly, these findings suggest that the impacts of non-physical abuse may mean that some survivors struggle to recognise their experiences as “domestic violence and abuse”. As research shows, this reduces opportunities to access intervention and increases vulnerability to harm (e.g., ongoing abuse, repeat victimisation) (O’Doherty et al., 2016). Wider societal attitudes and mainstream media, which conveys messages about what experiences of domestic abuse consists in (e.g., severe physical violence) can have a normalising effect (Birdsall & Keay, 2018). As such, there is a need for public awareness raising campaigns that enhance understanding of the

severity of non-physical abuse within intimate partner relationships and its long-term effects.

As our findings demonstrate, survivors of non-physical abuse may present at DVA and SV services with a unique and complex range of long-term needs; they could be more inclined to distrust professionals or 'disengage' from services – potentially believing that the abuse they have experienced is not severe enough to warrant support. This supports Stark (2007) and others' views that where non-physically abusive acts underpin coercive control, the effects of IPV may be qualitatively different from other forms of violence (Myhill, 2017; Donovan & Barnes, 2019). Given this, survivors of non-physical abuse may have different treatment and support needs to survivors who have experienced physical and sexual assault. Further in-depth research is required to understand what this model of intervention and support consists in, or how existing responses may be shaped to increase access and intervention efficacy.

According to practitioners, survivors may experience substantial difficulties accessing support for non-physical abuse within existing UK responses to DVA. Overwhelmingly, our findings suggest the need for increased knowledge and understanding of non-physical abuse across wider agencies working with survivors. Practitioners observed that lack of understanding of the dynamics of non-physical abuse and perpetrator tactics, particularly across police, children's services and legal systems, resulted in severely harmful outcomes for survivors and their children (e.g., abuse continuing, perpetrators granted access to children, lack of protective measures). In our findings this was most evident in practitioners' responses about legal processes that they felt were both complex and inaccessible. Even with the England and Wales Serious Crime Act (2015, Section 76) about coercive and

controlling behaviours, practitioners described continued difficulties for survivors in evidencing non-physical abuse, access to legal aid and protections. In line with previous research (Home Office, 2016; Robinson et al., 2016; Robinson et al., 2018), our findings suggest that a prioritisation of “high risk” cases within legal and criminal justice processes, coupled with lack of funding to manage so-called “medium and standard risk” cases, resulted in survivors of non-physical abuse not being able to access the essential support mechanisms they required to stay safe. Similarly, Barlow et al (2018) found low use of the coercive control law by police and fewer arrests compared to physical assaults (46% compared with 72% for actual bodily harm). This was linked to missed opportunities to identify coercive control (e.g., within other incidents such as assault or criminal damage) and challenges evidencing the pattern of non-physically abusive acts (e.g., within victim statements, officers investigating individual incidents rather than series of events). In terms of the police response, some evidence suggests that critical mass training programmes about coercive and controlling behaviour (e.g., Domestic Abuse Matters) designed to support implementation of the “coercive control” law in the UK can improve identification of non-physical forms of abuse through increased understanding and awareness (Brennan & Myhill, 2017; Wire & Myhill, 2016). This works on the principle of critical mass theory, which requires training minimum 75% of all first responders to DVA within a police force (across all levels of seniority) area over a short period (e.g., 3 – 5 days). The training is supported by a “champions network” so that learning can be systematically and sustainably embedded within a force. This approach to training has been shown to be effective in increasing the arrest rate for coercive control (Brennan, et al., 2020). Such an approach may be required and beneficial to other services involved with supporting survivors of non-physical abuse

(e.g., child protection services, legal services). This links more broadly to the need for health practitioners to be aware of the effects of non-physical abuse, given the extensive range of health issues evidenced here and within previous research (WHO, 2013).

Our findings also suggest the need for increased funding to ensure access to specialist DVA/SV agencies and mental health services that are tailored to experiences of non-physical abuse. Practitioners talked often about the impact of sustained cuts which they felt had necessarily led to rising thresholds for care as fewer resources were stretched across a greater number of complex cases. This echoes research which shows a year-on-year increase in complex referrals for DVA and SV services, rising caseloads for advocacy services and shortage of refuge spaces (ONS, 2018). Consequently, practitioners felt that there was a risk that survivors of non-physical abuse could experience significant barriers to accessing support or worse, fall short of the thresholds for intervention, the severity of which is clearly evidenced in the findings of DHRs (Home Office, 2016). At a time when the UK has reached the highest level of recorded domestic homicides in 15 years, it is critical that services designed to respond to DVA are equipped and able to provide care for survivors whatever form the abuse they are experiencing may take. It is essential that practitioners working with survivors across all agencies are able to identify non-physical abuse and assess severity of risk with or without the presence of physical and sexual violence. A risk-led response should not mean help for some but not for others; rather it should mean help tailored to specific needs and circumstances, with enough resource in place to ensure that is possible.

Limitations

There were several limitations relating to the methodology and data quality. First, the sample size of practitioners is small and not representative of the spread of practitioners across local authorities in the UK. The survey included limited indicators of demographics which would have added clarity to the findings in terms of gender, age, local authority area, length of service, role within DVA or SV service (e.g., manager, keyworker) or type of service (e.g., refuge, advocacy). It is likely that these individual differences have played a key role in shaping attitudes and experiences of providing care for non-physical abuse. For these reasons, we chose not to conduct statistical analyses on the quantitative or qualitative (content analysis) categories. Second, given the comments relating to child protection, legal systems and police services responses from these agencies could have provided helpful triangulation of the themes we report. This presents an area on which further research should expand. Third, we chose to use the term non-physical abuse to encompass all acts that make up the different types or typologies of abuse (e.g., single acts versus a sustained pattern of control). Our findings suggest that practitioners were referring to a pattern of coercive control when they responded to items about non-physical abuse; yet within our list of indicators we have no way of determining if this is the case. We also know that the UK Crime Act (Section 76) about coercive and controlling behaviour has been interpreted differently within other framework laws about DVA (e.g., Scotland). This is likely to have shaped both understanding of non-physically abusive acts as well as experiences of providing care within DVA & SV services that we could not account for within the data. Further research is required which can explore in greater depth across a larger sample of both DVA & SV practitioners and survivors help-seeking journeys and access to appropriate interventions for non-physical abuse.

Conclusion

Our study of UK-based DVA and SV practitioners has shown that practitioners see non-physical abuse within intimate partner relationships as common, frequently existing in the absence of physical and sexual violence but is often mis-identified or overlooked. Practitioners reported that the effects of non-physical abuse are severe, long-lasting, and uniquely shape help-seeking journeys. Survivors of non-physical abuse experience significant barriers to accessing support, particularly within the criminal justice system. Our findings highlight the need to increase both public and professional awareness of non-physical abuse, for training of wider agencies (e.g., police, child protection, legal), and for sustainable funding that increases long-term support options (e.g., DVA & SV services, mental health services) for survivors and their children. Further research is required which can explore in greater depth the experiences of survivors of non-physical abuse and their help-seeking journeys. This will enable the development of best practice and interventions led by the needs of survivors.

Funding details

The Oak Foundation funded the original policy research through SafeLives via their 'Issues Affecting Women' Programme. Secondary analysis and manuscript writing were not funded. The funding body provided financial support for the conduct of the policy research, not being involved in the design of the study, data collection, analysis, interpretation of data or in writing the policy research or article.

Acknowledgements

Thanks are due to the domestic abuse and sexual violence practitioners who gave their time to make a vital contribution to this research. We are grateful to the expert panel for overseeing the quality and safety of this work; to the survivor researchers who worked with us to co-produce the findings and to SafeLives for access to datasets and commitment in enabling the publication of the original policy research within peer review.

Conflict of interest

The authors declare that there is no conflict of interest.

References

- Barlow, C., Johnson, K., Walklate, S., Humphreys L. (2020). Putting Coercive Control into Practice: Problems and Possibilities, *The British Journal of Criminology*, Volume 60, 160–179.
- Birdsall, N., & Keay, S. (2018). Love island and other reality TV shows are helping to

normalise domestic abuse, *The Conversation*. Retrieved from:

<http://theconversation.com/love-island-and-other-reality-tv-shows-are-helping-to-normalise-domestic-abuse-100268>

Breiding, M.J., Smith S.G., Basile K.C., Walters M.L., Chen J., & Merrick M.T. (2014) Prevalence and characteristics of sexual violence, stalking, and intimate partner violence survivorization: national intimate partner and sexual violence survey, *American Journal of Public Health*, 63:1–18.

Brennan, I., & Myhill, A. (2017) *Domestic abuse matters 2.0: Evaluation of first responder training*. College of Policing. Retrieved from:
[https://whatworks.college.police.uk/Research/Documents/Domestic Abuse Matters 2.0.pdf](https://whatworks.college.police.uk/Research/Documents/Domestic%20Abuse%20Matters%202.0.pdf)

Brennan, I., Myhill, A., Tagliaferri, G., & Tapley, J. (2020, July 14). Policing a new domestic abuse crime: Effects of force-wide training on arrests for coercive control. <https://doi.org/10.31235/osf.io/d428k>

Começanha, R., Basto-Pereira, M., & Maia, A. (2017) Clinically speaking, psychological abuse matters, *Comprehensive psychiatry*, 73:120-126.

Donovan, C., & Barnes, R. (2019) Re-tangling the concept of coercive control: A view from the margins and a response to Walby and Towers (2018). *Criminology & Criminal Justice*, 1:1-16.

Downes, J., Kelly, L., & Westmarland, N. (2014) Ethics in Violence and Abuse Research - a Positive Empowerment Approach, *Sociological Research Online*, 19:29–41.

European Parliament. (2017) *Violence against women and the EU accession to the*

- Istanbul Convention*. Retrieved from
[http://www.europarl.europa.eu/RegData/etudes/STUD/2017/596815/IPOL_STU\(2017\)596815_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2017/596815/IPOL_STU(2017)596815_EN.pdf)
- Fontes, L. A. (2015). Invisible chains: Overcoming coercive control in your intimate relationship. Guildford Publications, Inc.
- Hester, M. (2011) The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence, *The British Journal of Social Work*, 41:837–853.
- Home Office. (2015) *Controlling or coercive behaviour in an intimate or family relationship: Statutory Guidance Framework*. Retrieved from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf
- Home Office. (2016) *Domestic Homicide Reviews: Key findings from domestic homicide reviews*. Retrieved
 from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file,575232,HO-Domestic-Homicide-Review-Analysis-161206.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf) o
- Katz, E. (2015) 'Recovery-Promoters: Ways that Mothers and Children Support One Another's Recoveries from Domestic Violence', *British Journal of Social Work*, 45 (supplement 1), pp. i153-i169.
- Keeling, J., & Wormer, K (2012) Social worker interventions in situations of domestic violence: what we can learn from survivors' personal narratives, *British Journal of Social Work*, 42:1354–1370.
- Kirwood, C. (1993) Leaving abusive partners: From the scars of survival to the

wisdom for change. Sage Publications.

- McCosker-Howard, H., Woods A. B. (2006) How is intimate partner violence experienced by childbearing women. In: Roberts G, Hegarty K, Feder B editor(s). *Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence*. London, UK: Churchill Livingstone (pp.111-26).
- Myhill, A. (2015). Measuring Coercive Control: What Can We Learn From National Population Surveys? *Violence Against Women*, 21: 355–375.
- Myhill, A. (2017) Measuring domestic violence: Context is everything. *Journal of Gender-based Violence*, 1:33–44.
- Myhill, A., & Johnson, K. (2016) Police use of discretion in response to domestic violence, *Criminology & Criminal Justice*, 16: 3–20.
- O'Doherty, L. J., Taft, A., McNair, R., Hegarty, K. (2016) Fractured identity in the context of intimate partner violence: barriers to and opportunities for seeking help in health settings, *Violence Against Women*, 22:225-48.
- Office of National Statistics (ONS). (2019) *Crime in England and Wales: year ending March 2019*.
<https://www.ons.gov.uk/releases/crimeinenglandandwalesyearendingmarch2019>
- Office of National Statistics (ONS). (2019b). Homicide in England and Wales: year ending 2019.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2019>
- Office of National Statistics (ONS). (2019c) *Domestic abuse in England and Wales: year ending 2018*.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

- Riger, S., Bennett, L., Wasco, S., Schewe, P. A., Frohman, L., Camacho, J. M., & Campbell, R. (2002). *Evaluation of services for survivors of domestic violence and sexual assault*. Thousand Oaks, CA: Sage.
- Rivas, C., Ramsay, J., Sadowski, L., Davidson, L.L., Dunne, D., Eldridge, S., Hegarty, K., Taft, A., Feder, G. (2016) Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse: a systematic review. *Campbell Systematic Reviews*, 12:1-202.`
- Robinson, A. L., Myhill, A., Wire, J., Roberts, J., & Tilley. (2016) Risk-led policing of domestic abuse and the DASH risk model. What works crime reduction (Cardiff University, College of Policing, UCL Security and Crime Science). Retrieved from https://whatworks.college.police.uk/Research/Documents/Risk-led_policing_and_DASH_risk_model.pdf
- Robinson, A. L., Myhill, A., & Wire, J. (2018). Practitioner (mis)understandings of coercive control in England and Wales, *Criminology & Criminal Justice*, 18: 29–49.
- Robinson, A., Pinchevsky, G., Guthrie, J. (2018). A small constellation: Risk factors informing police perceptions of domestic abuse. *Policing and Society*, 28, 189-204. doi:[10.1080/10439463.2016.1151881](https://doi.org/10.1080/10439463.2016.1151881)
- Sanz-Barbero, B., Pereira, P.L., Barrio, G. and Vives-Cases, C. (2018). Intimate partner violence against young women: prevalence and associated factors in Europe, *Journal of Epidemiological Community Health*, 72: 611-616.
- SafeLives (2019). Psychological Violence. Retrieved from: <https://www.safelivesresearch.org.uk/Comms/Psychological%20Violence%20-%20Full%20Report.pdf>

- Sharp-Jeffs, N., & Kelly, L. (2016). Domestic Homicide Review (DHR) Case Analysis: Report for Standing Together. London: London Metropolitan University. Retrieved from http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf
- Sullivan, M., Bhuyan, R., Senturia, K., Shiu-Thornton, S., & Ciske, S. (2005) Participatory Action Research in Practice: A Case Study in Addressing Domestic Violence in Nine Cultural Community, *Journal of Interpersonal Violence*, 20: 977–995.
- Stark, E. (2007). *Coercive Control: The Entrapment of Women in Personal Life*, New York: Oxford University Press.
- Walby, S., & Towers, J. (2018) Untangling the concept of coercive control: Theorizing domestic violent crime, *Criminology & Criminal Justice*, 18: 7–28.
- Wiener, C. (2020). From social construct to legal innovation: the offence of controlling or coercive behaviour in England and Wales. In: McMahon, Marilyn and McGorrery, Paul (eds.) *Criminalising coercive control: family violence and the criminal law*. Springer, pp. 159-175.
- Williamson, E. (2010) Living in the World of the Domestic Violence Perpetrator: Negotiating the Unreality of Coercive Control, *Violence Against Women*, 16: 1412–1423.
- Wire, J, Myhill, A (2016) Domestic Abuse Matters: Evaluation of First Responder Training. London: College of Policing. Available at: www.college.police.uk/News/College-news/Documents/Domestic_Abuse_Matters.pdf.
- Women's Aid. (2018). Nowhere to turn, 2018: Findings from the second year of the

no woman turned away project. Retrieved from

<https://www.womensaid.org.uk/research-and-publications/nowhere-to-turn-2018/>

World Health Organisation (WHO). (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO.

Table 1. Types of non-physical abuse reported by survivors to DVA & SV practitioners

	Always/Often %	Sometimes/Rarely %	Never %
<i>N</i> = 271			
Prevalence of need			
<i>How often do you support clients who have ONLY experienced non-physical abuse?</i>			
Supported survivors with <i>only</i> non-physical abuse	78.1	7.2	14.7
Defining non-physical abuse			
<i>Which term do <u>you</u> most commonly use to describe non-physical abuse?</i>	% Agree		
Emotional	28.4%	-	-
I use separate terms to distinguish between different types of non-physical abuse (e.g., emotional, economic)	43.4%	-	-
Mental abuse		-	-
Psychological abuse	13.7%	-	-
Coercive controlling abuse	8.2%	-	-
Psychological violence	1.1%	-	-
Other	0.8%	-	-
<i>Which term do <u>survivors</u> most commonly use to describe non-physical abuse?</i>			
Mental abuse	34.1%	-	-
Emotional abuse	31.8%	-	-
Psychological abuse	4.2%	-	-
Non-physical abuse	1.3%	-	-
There isn't a common term different terms are used by different people	22.7%	-	-
Coercive controlling abuse	1.5%	-	-
Psychological violence	0.2%	-	-
Other	3.6%		
Types of non-physical abuse	Always/Often %	Sometimes/Rarely %	Never %
<i>Do victims routinely report the following kinds of abuses when they speak to you about domestic violence and abuse?</i>			
Emotional (e.g. verbal insults, humiliates, criticises, belittles)	74.9	21.5	3.6
Psychological (e.g. tells person they are imagining something, discounts feelings, blatant lying, accuses of infidelity, suggests mental instability, gives mixed messages)	71.2	23.8	3.6
Personal intimidation (e.g. threats to 'out' sexuality, immigration status)	41.7	50.1	8.2
Controlling (e.g. determines rules of personal appearance, clothes, home, child-rearing, communication/socialisation with others, monopolises time)	76.6	18.9	4.4
Stalking (e.g. asks about/checks use of emails/social media/phone calls, watches/follows/spies)	68.2	27.2	4.6
Harassment (e.g. frequent communication when out socially, or in work)	73.7	22.1	4.2
Economic (e.g. restricts access to finances, jeopardises means of being financially independent)	53.9	40.8	5.3
Financial (e.g. stealing or defrauding someone of goods and/or property, running up debt in their name)	43.4	50.5	6.1
Sexual coercion (e.g. pressures to perform unwanted sexual behaviours, or have unwanted sex)	46.9	46.9	6.1
Revenge porn (e.g. threats to or actual sharing of personal images/videos online without consent)	15.6	75.8	8.6
Verbal aggression (e.g. verbal threats to harm victim/family/pets, frequent swearing/shouting)	77.9	17.3	4.8

Table 2. Practitioner attitudes and experiences supporting survivors of non-physical abuse

<i>N</i> = 271	Agree	Undecided / DK / Missing	Disagree
Practitioner attitudes about non-physical abuse	%	%	%
<i>To what extent do you agree or disagree with the following statements:</i>			
Non-physical abuse can be as, or more harmful to the victim than physical violence	88.0	1.7	10.3
Non-physical abuse is an indicator of eventual physical violence	49.5	23.6	26.9
Non-physical abuse occurs concurrently or intermittently with physical violence	52.0	16.2	31.8
Non-physical abuse is usually interspersed with warmth and kindness to create emotional confusion	87.8	4.2	8.0
Initially, certain aspects of non-physical abuse can be misidentified as part of romantic love	90.9	4.8	4.2
Non-physical abuse can be masked due to perceptions of appropriate gender roles	88.4	8.2	3.4
The mass media normalises non-physical abuse as passionate and romantic	66.3	17.7	16.0

Table 3. Frequency of codes across coding scheme ‘Impact of non-physical abuse’ and ‘Gaps in support’

Total no. of coded responses (N = 396)	%
<i>What impact do you see in victims who have experienced high levels of non-physical abuse?</i>	
Impact of non-physical abuse	
No. of coded responses n = 199	
<i>Loss of self</i>	
Loss of confidence and self-esteem	24.9%
Decision-making and dependency	6.3%
Isolation	10.2%
<i>Health impact</i>	
Mental health problems	24.1%
Substance use as coping mechanism	9.4%
Physical health problems	2.7%
<i>Wider impact</i>	
Vulnerable to further harm	10.2%
Wider (e.g., employment, housing)	6.9%
Capacity to parent	5.3%
<i>What are the current gaps in support for victims who have experienced psychological violence?</i>	
Gaps in support	
No. of coded responses n = 197	
<i>Professional awareness in non-DVA agencies & social normalisation</i>	
Professional awareness and training	19.1%
Mental health and healthcare services	18.8%
Societal normalisation	11.6%
<i>Legal processes</i>	
Criminal justice system	18.5%
Child contact and courts	2.3%
<i>DVA services under-resourced to address need</i>	
Specialist DVA & SV support	16.8%
Long-term / ongoing support	5.6%
Support for children (e.g., 1-1 services, healthy relationships education)	7.3%