

Coercive Control

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Introduction: from domestic violence to coercive control

This chapter describes “coercive control,” a model of partner abuse introduced to broaden the purview of social workers and other service providers in those cases beyond physical violence. In the 1970s, feminist psychologists adapted the term “coercive persuasion” from the literature on “brain washing” to highlight parallels between POWs and what their victimized clients were experiencing (Okun 1986; Schein, Schneier, and Barker 1961). As the model evolved, the emphasis shifted from psychological manipulation to “control,” a concept that subsumed the structural constraints perpetrators used to subjugate partners and make them dependent, including isolation, sexual and economic exploitation and the regulation of how they performed everyday activities (Johnson 2008; Jones and Schechter 1992; Okun 1986; Stark 2007). Evidence from both sides of the Atlantic shows that 60–80 percent of the abuse victims who seek outside assistance are experiencing coercive control rather than physical violence alone (Rees, Agnew-Davies, and Barkham 2006; Stark 2007; Tolman 1989).

I first became involved with domestic violence in the early 1970s, when I helped start a shelter for battered women. In both this work (and the subsequent research Dr Anne Flitcraft and I conducted in a medical setting on the significance of abuse for women’s health) the focus was on physical violence and injury (Stark and Flitcraft 1996).

But one unexpected finding in our health research was that violence alone could not explain why abused women developed alarming rates of medical, behavioral and psychosocial problems found among no other population of assault victims.

I got a more nuanced picture of abusive relationships after I finished my social work training and was asked to provide expert testimony on behalf of women who had killed their partners or committed other crimes in the context of being abused. Many of these women had suffered serious violence. But their typical experience involved frequent, but largely low-level, assaults combined with non-violent tactics. These ranged from being deprived of basic necessities and being cut off from the outside world to rules about how they should dress, cook, or clean. I heard similar stories when my forensic social work practice expanded to custody disputes and child welfare. Moreover, my clients insisted that being isolated and controlled could be even more devastating than being beaten, in part because these tactics undermined their capacity for independent decision-making and inhibited effective resistance or escape. Some of my most fearful and subjugated clients had never been assaulted. I adapted the coercive control model of abuse because it captured the multi-faceted forms of oppression these women had experienced as well as the harms they described to their personhood, autonomy, dignity, and equality as well as to their physical integrity (Stark 2007).

There is now compelling evidence that the combination of coercion and control is the most devastating form of abuse as well as the most common. In a large, well-designed study, Glass, Manganello, and Campbell (2004) found that, along with a recent separation and the presence of a weapon, the level of control in an abusive relationship predicted a partner homicide far better than the severity or frequency of violence. This association also holds among couples involved in divorce or custodial disputes. Beck and Raghavan (2010) studied 2030 persons who had been separated for an average of six months and court ordered to attend mediation in Arizona. A majority of the women in their sample reported experiencing violence and/or coercive control in the past 12 months, with 25 percent reporting coercive control 'a lot or all of the time' and 10 percent reporting moderate or high physical abuse. Most importantly, more than 80 percent of the women who reported physically forced sex, escalating violence or threats to their life after separation were in the group reporting moderate/high coercive control during their marriage but little or no physical violence. A national survey

of Finnish women found the highest levels of fear, anxiety, and other symptoms associated with abuse among a population of older women who had not been physically assaulted for an average of ten years (Piispa 2002). In the USA, meanwhile, Lischick (2009) reported that no assaults had occurred in 25 percent of the relationships where women scored in the highest risk categories for entrapment and other classic signs of abuse.

Despite evidence that social workers should identify, assess, and intervene to prevent the control tactics used by abusers as well as their violence, laws, policies, research, and practice in the field continue to emphasize physical violence almost exclusively. Among the dozens of instruments used to assess “dangerousness” in abuse cases, only a handful consider factors other than assaults and threats (Stark 2009). As a practical matter, services are often rationed based on the level of physical harm observed or inferred.

The problem with the violence definition of abuse

Violence is commonly defined as any “act carried out with the intention or perceived intention of causing physical pain or injury to another person” (Gelles 1997, p.14). When this definition is incorporated into law, policy, or social work, partner abuse is equated with discrete episodes of assault whose seriousness is measured by applying a calculus of physical or psychological harm. Perpetrators who repeat assaults are referred to as “recidivists,” a term borrowed from criminal justice. Most interventions are predicated on the belief that there is sufficient time “between” assaultive episodes for victims and perpetrators to contemplate their options and make self-interested decisions to end their abuse or exit the abusive relationship.

In sharp contrast to what I will call the “violence model,” research has consistently shown that the hallmarks of domestic violence are frequent, low-level assaults extended over a significant time-period (5.5–7.2 years on average) (Stark 2007; Stark and Flitcraft 1996). Indeed, even 95–97 percent of assaults reported to the emergency medical service or to police are non-injurious (*ibid.*). Meanwhile, over a third of abused women surveyed report “serial” abuse (once a week or more) (Klaus and Rand 1984; Mooney 1993; Stark and Flitcraft 1996; Teske and Parker 1983). These data suggest that abuse is typically a chronic rather than an acute problem, that the *pattern* is the appropriate target for assessment and intervention, not a discrete episode; and that the related harms

are cumulative rather than incident-specific. A screen that assesses the seriousness of abuse by the level of injury will miss 95–97 percent of all cases.

Applying the violence model to the typical pattern has fragmented women's experience of abuse, made the multi-faceted nature of their oppression invisible, and elicited victim-blaming responses. Because abuse is ongoing, most victims seek help repeatedly. But if their help-seeking is linked to discrete episodes, these women seem to be "repeaters." The fear that accumulates over time can appear "exaggerated" when set against a relatively minor incident. Ironically, as abuse continues and a victim's entrapment becomes more comprehensive, the service response often becomes more perfunctory, a process I term "normalization" because even sympathetic providers conclude it is inevitable that this "type" of woman will continue to be abused.

The police response in England and Wales illustrates the tragic consequences of applying the narrow violence model. Research teams from the University of Bristol and the Home Office followed 692 offenders arrested between 2004–2005 in Northumbria (Hester 2006; Hester and Westmarland 2006). The ratio of arrests to calls was quite high (91%). But because the incidents were taken out of their historical context, arrests were primarily for breach of the peace and perpetrators were charged and convicted in only 120 (5%) of 2402 incidents of domestic violence reported, indicating an attrition rate from report to conviction of 95 percent. Even in the few cases of conviction, the most common penalty was a fine. Abuse in these relationships was chronic, an indication of its severity. Exactly half of the offenders were re-arrested for domestic abuse crimes within the three-year period covered by the study (2002–2004) and many were arrested multiple times.

Unsurprisingly, given the episode-specific response, there was no correlation between the likelihood that a perpetrator would be arrested and either the number of his domestic violence offenses or even whether he was judged "high risk." To assess the risk, police classified the target incident rather than the assailant. As a result, the same offender might be classified as "high risk" when he punched his wife and "low risk" a week later, when he slapped her. Neither the likelihood that offenders would be punished nor the punishment itself was related to previous offenses. Interviews confirmed that the absence of sanctions sent a clear message to the arrested men that their domestic assaults would not be taken seriously.

The technology of coercive control

I define coercive control as a strategic course of self-interested behavior designed to secure and expand gender-based privilege by establishing a regime of domination in personal life. This definition incorporates three facets of women's experience that are obscured by the violence model: that the oppression involved is 'ongoing' rather than episodic (a "course of conduct") and resulting harms cumulative, that it is multi-faceted, and that it involves rational, instrumental behavior. Since "domination" is a political relationship, the definition points us towards the means used to establish and maintain "power" over a partner (such as isolation or control) and their consequence, an objective condition of subordination/subjugation that is termed *entrapment* in the coercive control model. Entrapment has more in common with the predicament faced by hostages than a psychological state of *dependence*, for instance. The definition also highlights the gendered benefits of domination, to preserve privileges that accrue to men because of sexual inequalities simply because they are male. The model expands on this point by emphasizing that the most common targets of control are women's default roles as mothers, home-makers and sexual partners. By routinely deploying the *technology* of coercive control, a significant subset of men "do" masculinity (Connell 2005) in that they represent both their individual manhood and the normative status of "men."

Coercive control has identifiable temporal and spatial dimensions, typical dynamics and predictable consequences. To assess coercive control, I find it useful to subdivide its tactical dynamics into those used to hurt and intimidate victims and those designed to isolate and control them. Perpetrators adapt these tactics through trial and error based on their relative benefits and costs. The *generality* of coercive control refers to the features it shares with other forms of subjugation and constraint. Isolation and intimidation are features of hostage taking as well as coercive control, for instance. The *particularity* of coercive control refers to the unique tactical combination an individual abuser deploys in a given relationship. Rooted in the privileged access intimacy affords to personal information about a partner, the configuration of the four tactics depends on the personalities involved, their culture, the relative share of resources available to the parties, and situational factors such as their visibility to a larger community. For example, a husband who depends on income from his wife's high profile job may be less likely to inflict visible injuries than to use means of control. Obviously, this

information can only be gleaned from interviews that include a complete history of abuse.

The following sections catalogue the four major tactics that comprise coercive control—violence, intimidation, isolation and control. My major focus in these sections is on what abusive men do to the women they victimize. But social workers should recognize that the major effects of coercive control arise because of what abusive men prevent women from doing for themselves. David Adams, a founder of one of the first perpetrator programs in the USA, defined abuse as “controlling behavior” and included any act “that causes the victim to do something she does not want to do, prevents her from doing something she wants to do, or causes her to be afraid...regardless of whether assault is involved” (1988, p.191). This definition highlights that “controlling behavior” harms individual autonomy and liberty as well as a person’s sense of security and suggests, by implication, that restoring a person’s capacity for independent decision-making is as important a goal of social work intervention as is safety.

Coercion

Coercion entails the use of force or threats to compel or dispel a particular response. In addition to causing immediate pain, injury, fear, or death, coercion can have long-term physical, behavioral, or psychological consequences.

Violence

Partner assaults frequently involve extreme violence, “beatings,” choking, burning, rape, torture, and the use of weapons or other objects that cause severe injury, permanent disfigurement, even death. In a British survey of 500 women who sought help from Refuge UK (referred to below as “the UK Refuge study”), 70 percent had been choked or strangled at least once, 60 percent had been beaten in their sleep, 24 percent had been cut or stabbed at least once, almost 60 percent had been forced to have sex against their will, 26.5 percent had been “beaten unconscious,” and 10 percent had been “tied up.” As a result of these assaults, 38 percent of the women reported suffering “permanent damage” (Rees *et al.* 2006).

The frequency of severe violence does not mitigate the fact that well over 95 percent of all physical violence in relationships is low-level. Assault appears to be more frequent when it is part of the pattern of coercive control than when it is not. Johnson (2008) reported that

men using coercive control assaulted women six times more often on average than men who used physical violence alone. In the Refuge UK sample, 58 percent of the women reported they were “shook or roughly handled” often or all the time; 65.5 percent were pushed, grabbed, shoved, or held “too hard”; 55.2 percent were slapped, smacked, or had their arm twisted; and 46.6 percent were kicked, bit, or punched with this frequency (Rees *et al.* 2006). Contrary to a common stereotype, violence in coercive control is typically used to keep any challenges from surfacing rather than to resolve conflicts, with 10 percent of victims reporting they were beaten in their sleep. Many abusers use violence so frequently that it becomes a routine, more like using the toilet or eating than the angry outbursts we may imagine.

Intimidation

As part of coercive control, intimidation is used to complement or in lieu of assault to keep abuse secret and to instill fear, dependence, compliance, loyalty, and shame. Offenders induce these effects in three ways primarily—through threats, surveillance, and degradation. Intimidation succeeds because his threats are made credible by what he has done in the past or his partner believes he can or will do if she upsets or disobeys him (what is termed the “or else” proviso). If violence raises the physical costs of resistance, intimidation deflates the victim’s will to resist.

In the UK Refuge study, 79.5 percent of the women reported that their partner threatened to kill them at least once, and 43.8 percent did so “often” or “all the time.” In addition, 60 percent of the men threatened to have the children taken away at least once, 36 percent threatened to hurt the children, 32 percent threatened to have the victim committed to a mental institution, 63 percent threatened their friends or family, and 82 percent threatened to destroy things they cared about (Rees *et al.* 2006). Although credible threats are criminal offenses, few are reported to police and almost none result in arrest.

Intimidation extends to subtle warnings that are transparent to the victim but whose meaning eludes outsiders. One husband had a rule that my client would not make him jealous. A star athlete, when the woman made an outstanding play, her husband would come onto the field with her sweatshirt. He would instruct her softly to “Put this on. You’re cold.” While the teammates saw the husband’s offer as affection, the woman recognized the implied warning that she would have to “cover up” the

bruises he would inflict when they got home, and broke into a cold sweat. Her doing well had made him jealous and broken their “rule.”

Offenders often use violence against others or destroy property to demonstrate what they can do to a partner. One of my clients reported: ‘Once, when he was angry about my buying a dress, he just turned and put his fist through the car windshield. All I could think was ‘I’m glad that isn’t me.’” Partners may also destroy objects that have special meaning to the victim and connect her to her family, her past, or the outside world. At the other extreme, when they are displeased or threatened with disclosure, abusers may give a certain look or gesture that sends a warning that is invisible to outsiders, making a client seem “over-wrought.”

A variant on the commonplace threats abusers make to hurt the children or have them removed involves the “battered mother’s dilemma.” In this dynamic, an abusive man forces the mother to choose between protecting her child from his abuse, thus risking harm to herself, or doing nothing, allowing her child to be hurt. I have had several cases where women were killed after returning to the house to protect children whom their husband held as hostages. In another common scenario, women are compelled to discipline children in inappropriate ways to protect the children from their partner doing something worse. Unfortunately, social workers can aggravate this dilemma when we convey that parental custody may be jeopardized if women disclose their own abuse.

Many of the same tactics used to extract information or compliance from hostages are deployed in coercive control. These include withholding or rationing food, money, clothes, medicine, or other things on which a woman depends. Thirty-eight percent of the men in the UK Refuge sample stopped their partner from getting medicine or treatment they needed, and 29 percent of the US men did so (Rees *et al.* 2006; Tolman 1989, 1992). Passive-aggressive threats such as emotional withdrawal or the “silent treatment” can be equally devastating. Eighty-seven percent of the battered women in a US sample reported that their partners used the silent treatment to frighten them, and half of the men in the UK Refuge sample did so (Rees *et al.* 2006; Tolman 1989). Abusive men in my social work practice “disappeared” without notice for days or even weeks, “lost” the dog, stopped taking their antidepressants, stopped talking to their wives (in one case for two years), quit alcohol or drug treatment, “forgot” to pick up or feed the children, and threatened or attempted suicide if their partner failed to comply with their wishes. In the UK Refuge sample, more than half of the men threatened to

hurt or kill themselves if the woman left, and 35 percent used the same threat to get her to obey (Rees *et al.* 2006). Withdrawal, threatening to leave, or withholding affection or sex (60% in the UK Refuge sample) is particularly devastating when a partner is already isolated from other sources of adult social interaction, is financially dependent, relies on her partner for child care or other vital services, draws her sense of safety/danger from his verbal cues, or relies on making him “happy” to be safe. Anxiety may actually increase when a victim is separated from her abusive partner, particularly if no effective means are in place to sanction any contact.

Another class of threats, illustrated by the meticulously organized cabinets in the American film *Sleeping with the Enemy* (1991), involves anonymous acts whose authorship is never in doubt. Men in my caseload have left anonymous threats on answering machines, removed pieces of clothing or other memorabilia from the house, cut telephone wires, stolen their partner’s money or their mail, removed vital parts from their cars, or left subtle signs that they have entered a home from which they are excluded by court order. At the other extreme, abusers exploit secret fears to which they alone are privy. A variant on these acts are “gaslight” games, named after the 1944 film *Gaslight* in which Charles Boyer created various visual and auditory illusions to convince his wife she was insane. Examples include stealing things from a woman’s handbag that mysteriously reappear after a desperate search or re-parking her car during the night. In the UK Refuge sample, 75 percent of the women reported that their partners had tried to make them feel crazy “often” or “all the time” (Rees *et al.* 2004[**AQ**]).

Perpetrators will also threaten their partners by telling transparent or outrageous lies, having affairs they deny but make sure their partners know about (30% of the men in the UK Refuge sample), or saying or doing things in a public setting that insult or embarrass them. The intent is to remind victims that confrontation is dangerous and that their wellbeing depends on accepting the abuser’s view of reality, however irrational.

Stalking is the most dramatic form of surveillance used in coercive control and far and away the most common. Partner stalking is distinguished by its duration—lasting 2.2 years on average, twice the typical length of stalking by strangers—its link to physical violence, and its combination with complementary forms of intimidation and control. Of the 4.8 million women who reported being stalked by present or former partners to a US study, 81 percent were physically or

sexually assaulted (31%), 61 percent received unsolicited phone calls, 45 percent were also threatened verbally or in writing, and roughly 30 percent had their property vandalized or received unwanted letters or other items (Tjaden and Thoennes 2000). Stalking falls on a continuum with a range of surveillance tactics, whose aim is to convey the abuser's omnipotence and omnipresence, letting his partner know she is being watched or overheard. Abusive men time their partners on the phone; closely monitor their coming and going as well as their time away from the house; insist on "check-ins"—making intimidation portable; listen to their messages; go through their mail, hand-bags, bank records, and email or Facebook pages; and set up global positioning devices (cyberstalking) or video cameras that track a partner's movements. Eight-five percent of the women in the US study and over 90 percent of the UK Refuge women reported that their abusive partner monitored their time (Rees *et al.* 2006; Tolman 1989, 1992). Fear of even a minor infraction being discovered and leading to punishment causes many victims to severely curtail their social activity and is a major source of depression among abused women.

Degradation establishes the abuser's moral superiority by denying self-respect to their partners, a violation of what Cornell (1995) calls "the degradation prohibition." Virtually all of the women in the UK Refuge survey reported that their partners called them names (96%), swore at them (94%), brought up things from their past to hurt them (95%), "said something to spite me" (97%), and "ordered me around" (93%) and in more than 70 percent of these cases, this happened "often" or "all the time" (Rees *et al.* 2006). The insults used in coercive control target areas of gender identity from which the woman draws esteem (looks, cooking, etc.) and/or which she may no longer control because of abuse. Insults can be devastating in the context of coercive control because the woman cannot respond or walk away without putting herself at risk. One of my clients was sent to Weight Watchers by her husband, which she liked because it got her out of the house. But she also ate in response to the chronic stress created by the abuse. He would put her on the scale after a meeting and beat her if he discovered any weight gain.

Common shaming tactics involve using a tattoo, burns, or bites to "mark ownership"; forcing a partner to submit to sexual inspections or participate in sexual acts she finds offensive; or demanding she engage in other rituals around personal hygiene, toileting, eating or sleeping she finds degrading. In the UK Refuge sample, 24 percent of the women reported being forced to engage in anal intercourse at least once (Rees

et al. 2006). Clients in my practice have been denied toilet paper or the right to cut their hair (in one case, for two years); forced to use the bathroom with a timer or with the door open; made to sleep standing up; or to steal money from their boss or their children. Other abusers force partners to obey rules that would be used to discipline a child, such as staying at the table until they've eaten all their food. One husband tied my client, naked, to a tree in the back yard for 24 hours to show her "what it felt like to be cold" because she had not heated the shower to the temperature he demanded. Shaming inhibits reporting because victims fear their humiliation will be exposed.

Control

In contrast to coercion, which is administered directly, perpetrators use control tactics to compel obedience indirectly by depriving victims of vital resources and support systems, exploiting them, dictating preferred choices and micro-managing their behavior by establishing explicit rules for everyday living. These rules remain in play even when the perpetrator is not present and so can be extended to work, school, or the shopping centre, for instance. Because of their portability, control tactics make victims feel their abuse is all-encompassing and their partner is omnipresent. Like the wife's "agreement" not to make her husband jealous, when control is embedded in rules, its underlying power dynamic is masked. This allows abusers to assume the role of a benevolent dictator and to punish a partner "for her own good." It is easy to blame victims for the observed results of control tactics whose authorship is invisible. Without knowing that these were her husband's demands, one of my clients was diagnosed as "obsessive" when she reported that she measured the size of each dish against the space in the fridge before she made it.

Isolation

Controllers isolate their partners to prevent disclosure, instill dependence, express exclusive possession, monopolize their skills and resources, and keep them from getting help or support. In a study of women in shelter, 36 percent had not had a single supportive or recreational experience during the previous month (Forte *et al.* 1996). By inserting themselves between victims and the world outside, controllers become their primary source of information, interpretation, and validation. Eighty-one percent of the UK Refuge sample reported they had been kept from leaving the

house with almost half (47%) reporting this happened “often” or “all the time” (Rees *et al.* 2006).

As potential sources of support, family members and friends are major targets of isolation. Abusive men in my caseload have assaulted and threatened family members and friends; forbidden, timed, or listened in to their calls or visits; forced victims to choose between “them” and “me”; denied partners funds to travel for visits; stolen; moved their family to another town or state; stolen money or demanded their partner steal from family members or friends; showed up drunk or otherwise embarrassed their partner at family gatherings; and engineered situations guaranteed to alienate women from their families or friends. Over 60 percent of the women in the UK Refuge sample said their partners threatened their family or friends and 60 percent of the women in the US sample and 48 percent in the UK Refuge sample reported that partners kept them from seeing their families (Rees *et al.* 2006; Tolman 1989). When women cling to mementoes of family or friends such as photos, hand-me-downs, letters, or gifts, perpetrators search these out and destroy them.

Victims may isolate themselves to prove loyalty, protect friends or family, or in response to a partner’s jealous accusations or disparaging comments. Isolation tactics also include denying women access to phones or cars—as in more than half of abusive relationships in the United States and UK Refuge samples. Abusers insist on “coming along,” employ spies, lock their partners up, dictate behavior or conversation with friends (punishing them for “sharing our business”), and interrogate them after encounters. In one case, the husband listened to the messages on the answering machine when he returned home and then called anyone whose voice he didn’t recognize. Among teens, a common isolating tactic, in my experience, is to sabotage birth-control and then use an unwanted pregnancy to force a girlfriend to drop out of school. Another involves demanding she leave the phone off the hook when she goes to sleep at night so he knows “you are always there” (see also Barter and McCarry, this volume).

Isolation tactics are often designed to keep women from working or to isolate them at work, significantly impacting their employability as well as their performance or chances for promotion. More than a third of women in the US and UK Refuge samples were prohibited from working and over half were required to “stay home with the kids” (Rees *et al.* 2006; Tolman 1989). To keep women from going to work, men in my practice have blocked in their partner’s cars, taken their keys or items of clothing, demanded sex just as they were going to work, blackened

their eyes, forced them to call in sick, and suddenly said they could not babysit or transport a child to school or nursery. In cases where men depend on their wife's income, they try to keep partners from socializing with co-workers by driving them to work, picking them up, waiting outside at lunch or showing up unexpectedly, calling them repeatedly at work, and calling management or co-workers to verify their partner's whereabouts.

Isolation tactics extend to school, church, and to helping sites such as the hospital. Men in my practice have gone to class with their partners, left notes on or taken their car during church services, and sent family members, children, or friends to spy on their wives at the mall. To keep women from accessing professional help, my clients have ripped phones out of the wall, showed up at their psychiatrist's office, canceled their partner's appointments, refused to transport them to the hospital in an emergency, called police first, answered all questions on their behalf, and kept children at home as a warning of what could happen if they talk about the abuse.

Deprivation, exploitation, and regulation

In addition to isolation, control tactics foster dependence by depriving partners of the resources needed for independent living, exploiting their resources and capacities for personal gain and gratification, and regulating their behavior to conform to stereotypical gender roles.

What might be termed the "materiality of abuse" is rooted in a partner's control over the basic necessities of daily living, including money, food, sex, sleep, housing, transportation, routine bodily functions, communication with the outside world, and access to needed care. Seventy-nine percent of the UK Refuge sample and 58 percent of a US sample were denied access to money or had it taken from them through threats, violence, or theft (Rees *et al.* 2006; Tolman 1989). Among a population of men charged with assaulting their partners, 54 percent acknowledged they had also taken their partner's money (Buzawa and Hotaling 2003). Victims of coercive control are kept from carrying bank cards or opening their own accounts, forced to deposit their pay in accounts to which their husband alone has access, and forbidden to use their credit cards or forced to turn them over for safe-keeping. To complement this tactic, abusers insist partners provide detailed records or oral accounts of all expenditures or that all expenses be pre-approved, including the purchase of clothes. As Pahl (1989) showed some years

ago, social workers cannot assume abused women can access “family” income or share its benefits.

Similar controls extend to other basic necessities. My clients have been strictly limited in their food purchases, made to sit at the table until intolerably hot food was consumed, forced to submit menus for pre-approval, made to eat off the floor or wait until their partner had “seconds” before eating, or to regularly prepare food on order for a partner’s family or girlfriend. In one case, the physician husband would demand his dinner be ready by 8pm, return at 10pm and then throw the food in the garbage. Sex may be controlled directly through rules of how it must be provided. In an Iowa case that was widely publicized, Travis Frey forced his wife to sign a “Contract of Wifely Expectations” that exchanged “good behaviour days” (GBDs) for his wife’s compliance with his sexual demands. Anal sex was worth 7 GBDs, for instance, and fellatio 3 (Frey 2006, cited in Stark 2007). Conversely, men withhold sex as punishment. In the UK Refuge sample, 30.6 percent of the women reported that their abusive partners “deliberately withheld affection or sex” often or all the time (Rees *et al.* 2006).

Perhaps the most significant facet of control is the extension of regulation to how women enact the already devalued domestic roles they inherit by default as well as to the micro-dynamics of everyday living. With varying degrees of explicitness, controllers micro-manage how women emote, dress, drive, wear their hair, clean, cook, eat, feed their children, the when, where and how of sleep, how they walk, talk, sit, or what they watch on TV. In the Frey contract, his wife was “not to argue (about anything with me or to me)”, complain, cry, sob, whine, pout, show displeasure, raise her voice, be “condescending,” ask for anything, or “be distracted from me by other things.” A list given to a woman charged with embezzlement in my practice included rules for how she was to hang her clothes (colour coordinated), organize her CDs (alphabetize), how high the bedspread was to be from the rug, and which pictures she was allowed to put on the wall. The effort expended on micro-management can make abusive men seem crazy. But this misses its function, which is to exact obedience to the male’s authority without regard to its substance and so to root out even the illusion of free will (and so of resistance/disobedience). As Mrsevic and Hughes (1997, p.123) put it in another context, “As men’s control over women increases, the infractions against men’s wishes get smaller, until women feel as if they are being beaten for nothing.” So comprehensive can oppression become in coercive control that some women internalize

the rules so that compliance becomes a means of self-esteem as well as safety. However, since the abuser's goal is domination, not achieving a particular end (such as a clean house), rules are continually being revised or reinterpreted, making it impossible for victims to satisfy their partner, leaving them in a state of chronic anxiety.

Conclusions: invisible in plain sight

Since the late 1970s, the absence of physical violence has become a litmus test for the integrity of relationships, a major achievement of the domestic violence revolution. There is no such consensus about the range of tactics deployed in coercive control. Although some of the tactics that comprise coercive control are already illegal, such as stalking, others, such as taking a woman's money, confining her in the house, or continually demeaning and harassing her, rarely prompt outside intervention when they occur in relationships, although they would be illegal if committed against a stranger. Regulating how a woman should dress, cook, clean, or care for their child may seem merely idiosyncratic, a sign of a "bad" marriage, but not particularly harmful. Indeed, because most women already perform these activities by default, their regulation in personal life is largely invisible. As we've seen, however, the micro-management of how women perform *as women* lies at the heart of coercive control and is emblematic of how coercive control violates their equal rights to autonomy, personhood, dignity, and liberty. Compliance with "rules" that extend to the trivia of daily life makes abusive men appear omnipotent and women like nothing.

Reframing partner abuse as coercive control begins when social workers and other providers place abuse in the historical context of a particular relationship, identify the major tactics used to establish and maintain women's subordination and dependence, and assess the relative significance and effect of each tactic. Once the elements of coercive control are identified and assessed, social work intervention shifts to redressing the particular harms it has caused as well as restoring a victim's capacity for free and independent decision-making, social connection, and self-direction, a process of helping her move from her "victim" to her "survivor" self. This work builds from a strengths perspective that starts when the social worker recognizes the courage it takes simply to survive coercive control, let alone to challenge or resist abuse, what I term "control in the context of no control." The next step is to harness this strength of character to the hopes and dreams that have been

foreclosed by coercive control. Intervention concludes by reconnecting the woman's survivor self to the resources, supports, and opportunities needed to overcome the particular forms of coercion and control she has suffered. Provisions for safety are key if violence remains a serious risk; reconstructing support networks is the priority if isolation has been a key dynamic in her abuse. Recognizing the historical dimensions of abuse as well as the scope and depth of the oppression involved helps us to anticipate and even seek out repeat encounters with an abused client rather than fear them, respond proactively, and introduce protective, supportive, and empowerment strategies incrementally rather than in the context of a crisis or emergency response. Ultimately, of course, ending or preventing coercive control requires more than social work with individual victims or perpetrators. To treat the harms caused by coercive control as seriously as they merit, we must also advocate that women be given full status as persons. Ending coercive control and establishing sexual equality are inseparable.

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