

Coercive Control

What is coercive control?

Coercive control is a purposeful and sustained pattern of behaviour whereby one person within the relationship (most usually a man) seeks to exert power, control or coercion over another. A range of tactics are used such as isolating the partner from sources of support and social interaction, exploiting their resources (financial and emotional), depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour (Dobash & Dobash, 1993, 2004; Stark, 2006; Johnson, 2006; Hester, 2009).

The phrase coercive control was coined by Evan Stark whose book *Coercive Control: How Men Entrap Women in Everyday Life* was published in 2006. It contained a critique of what Stark described as 'the domestic violence paradigm' that focused on discrete incidents of physical violence, between couples sharing a domestic space, where separation was understood to equate to safety for the victim. Instead, based on work undertaken by the women's movement and his own work with victims/survivors, he outlined a course of conduct by perpetrators that removed their partner's liberty and autonomy.

It is a pattern of behaviour which seeks to take away the victim's liberty or freedom, to strip away their sense of self. It is not just women's bodily integrity which is violated but also their human rights.

Physical violence can be used by perpetrators of coercive control. This can be frequent or intermittent, 'low level' (in terms of injuries sustained) or severe, or may not be present at all. Physical violence is used (or not) alongside a range of other tactics – isolation, degradation, mind-games, threats (including against children) and the micro-regulation of everyday life (monitoring phone calls, dress, food consumption, social activity etc). The perpetrator creates a world in which the victim is constantly monitored and criticised; every move is checked against an unpredictable, ever-changing, unknowable 'rule-book'.

The rules are based on the perpetrator's stereotyped view of how his partner should behave towards him, rules about how she cooks, house-keeps, mothers, performs sexually and socialises. Surveillance continues even when the perpetrator is not present (constant

phones calls or texts, using children to report on movement etc). The perpetrator can come to appear omnipotent.

Fear and confusion are central to our understanding of coercive control; it is living in a world of moving goal-posts, shifting sand; it is like constantly walking on eggshells. It is a world of everyday terror (Johnson, 2006; Williamson, 2010; Pain, 2012).

Experiencing coercive control is like being taken hostage; the victim becomes captive in an unreal world created by the partner/abuser, entrapped in a world of confusion, contradiction and fear.

In this way, coercive control crosses social space: literally in that technology allows for surveillance wherever a victim is and metaphorically in that the victim becomes brainwashed, internalising the rules, adapting her behaviour to survive. Coercive control is the white noise against which she plays out her life; ever present, ever threatening. As such, fear is central: it is both something the victim/survivor experiences and a tactic used by the perpetrator.

The impact of coercive control

Coercive control impacts on a victim/survivor's physical, emotional, psychological, social, sexual & reproductive and financial health and well-being both in the immediate and longer term, continuing even after the relationship has ended.

Research has highlighted that experiencing coercive control leads to poorer physical health overall compared with women who have not experienced violence, and it increases the risk of women developing a range of health problems (Krug, 2002). However, the psychological and social consequences are of equal significance to the physical effects and all are interconnected. The direct physical effects include injuries such as bruises, cuts, broken bones, lost teeth and hair, complications in pregnancy, including miscarriage and stillbirth, sexually transmitted diseases and tiredness due to sleep deprivation. The consequences can also be long-term and may cause or worsen, chronic health problems of various kinds, including asthma, epilepsy, digestive problems, migraine, hypertension, and skin disorders. There are also serious mental health effects associated with coercive control such as anxiety, depression, loss of self esteem and sense of self. Some survivors experience complex post traumatic stress disorder (Herman, 1992; NHS Education Scotland, 2017). All

this can sometimes lead to negative coping strategies such as reliance on alcohol, medication or self-harm. The social consequences are also considerable with women becoming isolated, losing jobs and income, finding it difficult to trust or develop relationships, and questioning her abilities including her capacity for mothering. Indeed, the perpetrator often targets the mother-child relationship seeking to undermine their bond and disrupt the time and interactions they have with each other (Buckley et al, 2007; Bancroft et al, 2012; Humphries & Thiara, 2015; Katz, 2016; Heward-Belle, 2017).

There are parallels between the psychological responses of women experiencing coercive control and those taken hostage and facing imprisonment and torture

Coercive control and children

In a family where coercive control is utilised children are not simply witness to acts of physical violence directed at their mother. They experience the rules, threats, control and fear and are victimised by these (Buckley et al, 2007; Bancroft et al, 2012; Katz, 2015). Children are effected by many forms of coercive control such as control of time and movement within the home, deprivation of resources and isolation from the outside world which prevent them from engaging with wider family, peers and extra-curricular activities. They can also be encouraged or coerced into taking part in the abuse of their mothers. All these methods of abuse cause harm to children.

Research has also shown however that children and their mothers often resist the coercive regime imposed by the perpetrator (Katz, 2017). Resistance often takes the form of finding ways to maintain elements of 'normal life' and close mother-child relationships whenever possible.

While the harmful effects of coercive control on children must be taken seriously it should be noted that studies also reveal that some children living with domestic abuse are 'doing as well' as children who are not living with domestic abuse. Why some children cope better than others is often explained by the concept of 'resilience'. Resilience is the idea that children have different capacities that allow someone to overcome the negative effects of an adversity like domestic abuse (Masten, 2015). 'Protective factors' can help build children's resilience, while 'risk factors' can reduce it.

Protective factors that have been found to support children's resilience include the mother's ability to maintain parenting, support provided by their family, friend, and being in a safe and secure environment (Humphries & Houghton, 2008).

Implications for practice

The coercive control paradigm requires practitioners to look beyond discrete acts of violence to build up a picture of the oppressive world the victim/survivor is living in. As such, it is necessary to keep the perpetrator visible in our practice, to understand his actions and to hold him accountable for them. This helps us to understand the multiple constraints the victim/survivor is living with and the barriers to her engaging with services fully. In order to do this we need to listen to her and take her concerns seriously. It is also essential not to fall into a pattern of threatening her or blaming her for the abuse she is experiencing.

As experiences of coercive control are analogous with hostage taking, we need to take a trauma informed approach to our work. This does not mean being a trauma expert but realising that traumatic experiences might have a range of impacts which are relevant to the service a whole range of professional might be delivering to the victim/survivor. This means taking an approach which focuses not just of risk but on recovery. This holistic approach will consider not just the physical violence faced by a victim/survivor but the impact of control of finances, social life, self esteem and development opportunities. Furthermore, separation can no longer be seen as a panacea to all the problems the victim/survivor is experiencing but must be understood as a high risk period.

It is also vital understand children as victims of coercive control. They experience a range of physical, emotional, social and material harms related to their experiences including deprivation of liberty and the ability to socialise and develop. These need to be understood the perpetrator's parenting choice rather than the non-abusing parent's 'failure to protect'. Given that literature of children's resilience in the face of coercive control highlights mothers a protective factor for children, supporting a non-abusing parent should be seen as our default child protection approach, as outlined in the Scottish Government's child protection guidance (2014).

Key points for practice:

- It is important to build up and understand the narrative of oppression, the range of controlling tactics a victim/survivor is subjected to rather than focus on discrete acts of physical violence.
- Separation from a perpetrator of coercive control does not ensure safety. Indeed separation is a particularly risky time for victim/survivors.
- Children and young people are not just witness to violence acts, they experience a range of coercion and control in their own right.
- Victims/survivors often resist perpetrators' rules and a focus on resistance and resilience is important.
- It is vital to use a holistic risk and recovery model of work with victims/survivors.
- Given the nature of coercive control, trauma informed practice is vital. Trauma informed practice does not retraumatise those we are working with.

Coercive control and the law

There is not currently a criminal offence of domestic abuse or coercive control. While many of the behaviours that perpetrators of coercive control utilise may amount to criminal conduct, many do not and all can be difficult to prove. There is currently a Bill passing through the Scottish Parliament (written November, 2017) which, if passed, will criminalise the pattern of psychological abuse outlined in this paper.

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