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Violence Against Women 2010 16: 1412

DOI: 10.1177/1077801210389162

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16(12) 1412–1423

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DOI: 10.1177/1077801210389162

<http://vaw.sagepub.com>



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Abstract

This article considers how survivors of domestic violence negotiate the unreality of the world of the perpetrator to survive and the impact this has on their psychological well-being. Utilizing recent debates about coercive control and a reframing of domestic violence as a liberty crime, this article examines women's accounts of negotiating coercion and control. It presents data collected from oral history narrative interviews with women who have experienced domestic violence, as well as incidents of abuse recounted to the author while working with abused women, and reanalyzes those accounts in light of the theory of coercive control.

Keywords

coercive control, domestic violence, perpetrator

Introduction

Since the early development of the domestic violence movement in both the United States and the United Kingdom, women have talked about their experiences of domestic violence in relation to a range of abuses. These include physical, emotional, psychological, sexual, and financial abuse. Indeed, the majority of these abuses can be found in most definitions of what domestic violence is, across a range of different organizations. During this time, women have consistently talked about how it is those abuses that cannot be seen which are most problematic to deal with, the abuses that erode a woman's self-esteem, self-confidence, and self-respect. Despite a large body of knowledge that includes these testimonies, we currently

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find ourselves faced with criminal and medical models of what domestic violence is, which fail to incorporate the real impacts and consequences of living with domestic violence.

Domestic violence is a pattern of controlling behavior against an intimate partner or ex-partner, which includes but is not limited to physical assaults, sexual assaults, emotional abuse, isolation, economic abuse, threats, stalking, and intimidation. Although only some forms of domestic violence are illegal and attract criminal sanctions (physical and sexual assault, stalking, threats to kill), other forms of violence can also have very serious and lasting effects on a person's sense of self, well-being and autonomy. (Respect, 2008)

As this definition from Respect (a domestic violence perpetrator organization in the United Kingdom) illustrates, there is a need to explicitly acknowledge those abuses that would not be defined as criminal and which, on account of their difficulty for diagnosis, may also fail to elicit a medical response (Williamson, 2000). Recognizing that there are some types of abuse that do not fit neatly within existing institutional frameworks is important as it enables us to examine how such limitations affect our ability to theorize the gendered impact and consequences of both individual abuse and wider institutional responses to it. It is only through our understanding of the experiences of abused women that we can adequately identify a model or definition of abuse that encompasses the range of tactics that men use and the range of harms women experience as a consequence.

This article will reevaluate the testimonies of abused women in light of Evan Stark's (2007) theory of coercive control. This theory builds on the work of others (Hart, 1986; Ristock, 2002) by examining how abuse operates at an individual level and the consequences of this for women individually and collectively.

Coercive Control

Coercive control is a useful theoretical framework that reexamines the process of abuse and its impact on victims and survivors. The notion of coercive control outlined by Evan Stark (2007) includes, but also goes beyond, an examination of nonphysical injuries and impacts of what we might call domestic violence. As such, it creates a space within which we can understand how everyday control and coercion makes a compliant victim of domestic violence. Stark uses women's testimonies to examine the micro-regulation that occurs within everyday life to control women; the ways in which gendered roles underpin coercive techniques and act to make coercion appear normal; and the impact of coercive control on women's sense of self and personhood. Ultimately, Stark suggests that coercive control acts to undermine the autonomy of women and is a liberty crime. Early researchers who looked at the experiences of lesbian women who had experienced domestic violence are useful here, as they often looked at abuse using a much wider notion of impact than other research. Both Hart (1986) and Ristock (2002) looked not just at the prevalence of incidents and injuries but also tried to understand how gender and power operated within both abusive and nonabusive relationships. This is particularly important when we consider the complex dynamics that exist in relation to all intimate relationships, whether abusive or not. Renzetti (1992) states that

“balancing the need for attachment or intimacy with one’s partner with the need for independence or autonomy from her or him is a difficulty virtually all couples confront” (p. 29). Stark (2007) suggests that

Researchers have yet to provide satisfactory answers to such basic questions as whether abuse by male and female partners is similar, how many victims require assistance, why abusive relationships last as long as they do, or why so many battered women—but not men assaulted by female partners—develop medical, psychosocial, and behavioral problems that compromise their physical and mental health. (p. 8)

Returning to definitional issues in the domestic violence field can sometimes seem like a backward step. As Stark argues, however, it is necessary to address definitions because of the way behaviors have been defined, legally, morally, culturally, and individually.

Stark’s thesis (2007) on coercion and control is useful in this regard because it summarizes the impact of coercion and control on the fundamental liberty of domestic abuse victims, thereby moving beyond an incident-limited definition and focus. This has obvious advantages when considering our legal and criminal understanding not only of the phenomenon of domestic violence, but also in terms of the impact abuse has on the psychological well-being of those experiencing it, as victims, perpetrators, and witnesses. By reframing domestic violence as a liberty crime that utilizes coercion and control, Stark raises challenging questions about how all service providers, including specialists in the domestic violence movement, respond to victims/survivors.

The impact for service providers of reframing domestic violence in relation to coercive control will be addressed later in this article. What is particularly relevant when reframing domestic violence in relation to a theory of coercive control is that the impact of abuse may not be causally linked to the prevalence of abusive incidents (Stark, 2007). Stark suggests that “one of the implications of this finding was that women’s sense of being entrapped in these situations was being elicited by something other than violence” (p. 100). Stark also refers to research conducted in Finland (Heiskanen & Piispa, 1998), which found that “women exhibited higher levels of fear, depression, and other problems than any other group even though they had not been assaulted by their partners for an average of 10 years” (Stark, 2007, p. 101).

In theorizing coercive control, Stark asks us to focus not on the incidents of abuse that we currently document in our research, but to understand the nature of domination, to focus on the “cage.” The cage is made up of bars that imprison (either physically or psychologically) and only by starting with these bars and the behaviors they represent can we truly understand how and why women respond to domestic abuse in the ways they do. In other words, when we examine any aspect of domestic violence, we need to focus on the impact of abuse, which is influenced by the context in which abuse takes place.

Constructing and Maintaining Unreality

In the introduction, I discussed the way in which both emotional and psychological abuse are difficult to address because their consequences do not often fall within an “evidence-based” remit. One of the most difficult aspects of domestic violence for those experiencing

it is reconciling the impact of small and often insignificant abuses which, when taken in isolation, make them, and not the abuser, appear (to the outsider) petty and controlling. The impact of capitulating to an abuser's notion of reality rather than trusting one's own senses can have a severe impact on psychological well-being and notions of self. Evan Stark (2007) gives a range of examples of this process in practice. He also outlines in detail how these seemingly insignificant acts, which together make for the micro-regulation of victims, use existing gendered stereotypes to reinforce them.

The following stories come from my own experiences of working with those experiencing domestic violence.

Sophie's washing machine has broken down and she is in a state of anxiety and panic. She thinks about calling out a repairman but remembers that last time she did that her boyfriend accused her of sleeping with him and hit her. She thinks about waiting for her boyfriend to come home and doing nothing about the washing machine but remembers that when she did that on a previous occasion her boyfriend had accused her of being lazy. They had argued and he had hit her.

Sophie was anxious and fearful in this situation because she knew that whatever she did in this, and likely other situations, she would be blamed for her partner's abusive reaction to it. If she called a repairman, triggering her partner's jealousy, she would be blamed for it. If she did nothing, she would be accused of being lazy. Essentially, Sophie was in a no-win situation that created the fear and anxiety she experienced. The impact of living within an unreality of someone else's making is that you become paralyzed. This woman cannot do anything because whatever she does is wrong.

Amy is out shopping for food at the supermarket. When she gets there she cannot find a piece of ham that is the right shape. Amy gets increasingly anxious and worried and suffers a panic attack in the supermarket.

On the face of it, Amy's behavior in this description is peculiar. Having a panic attack in the supermarket because they don't have the right shaped piece of meat does not make sense to most people. However, Amy knew that if she returned home with the wrong shaped piece of meat, or cooked it wrong, or put the tins in the cupboard the wrong way, or failed to wipe the worktop surface immaculately clean, or left anything on the draining board, or any number of other small insignificant things, she would be abused by her husband. In this way, Amy had learned that getting things wrong would result in her being physically abused and, not surprisingly, she suffered a panic attack in the supermarket because she was scared. In addition to the fear of being abused and the stress and anxiety caused by that, the sheer volume of insignificant things that Amy had to remember to do right (as defined as right by her husband) was itself paralyzing and fear inducing.

This is a typical example of how many women learn to respond to control by effectively internalizing the controls placed on them and learning to anticipate and avoid failure. What

is particularly interesting about this incident, however, is that the abuser who created this unreality, where failure to get the right shaped meat results in punishment, died several years before I conducted the interview. Despite knowing rationally that he had died, Amy still couldn't escape the unreality she had learned to live with over so many years. In terms of domestic violence, this incident would not provide evidence on which to base a prosecution. Yet the psychological impact of the perpetrator's control continued to impact on her daily life. It is not a surprise therefore when research suggests that women can experience fear and anxiety some 10 years since a previous assault or incident.

It is important to recognize that living and negotiating coercion and control may trigger emotional and psychological responses that mimic symptoms of post-traumatic stress disorder (PTSD). None of the women whose experiences are outlined above had experience of mental health problems prior to their living in an abusive relationship. While there may be some similarities in PTSD symptoms and coercive control, we know far too little to assume that negotiating this unreality inevitably results in a diagnosable psychiatric condition, as opposed to creating confusion, which is reinforced by control utilized by perpetrators.

Even though the cumulative impact of these minor incidents can be significant, observers still find it difficult to understand how major incidents of abuse can become minimized both by the abuser and the domestic violence victim.

Rhianna was on holiday with her boyfriend, Steve, when they had an argument. Steve grabbed her arm and in a struggle broke Rhianna's arm. Steve was very apologetic about the incident and Rhianna felt confused, embarrassed, and upset. Rhianna went to the hospital where they put her arm in plaster. When she was at the hospital Rhianna told the staff that she had broken her arm by falling over. On returning to the UK after her holiday, Rhianna and Steve's friends and family wanted to know what had happened, and both Rhianna and Steve told them that she had fallen over. Rhianna noticed however that as Steve told the story it became more and more elaborate. The story now included her having had a drink and wearing high heels while walking over cobbles, which made their family and friends laugh. Rhianna was worried because she knew that this wasn't a funny story about getting drunk and falling over on holiday but that Steve had broken her arm during an argument. Rhianna knew that domestic violence was wrong and that she should leave Steve. But Rhianna felt confused. She was angry at herself for not saying straightaway that Steve had assaulted her. Because she had lied to prevent him going to prison abroad she felt she was responsible for the lie. As a result, she felt responsible for what had happened and was struggling to remember that she wasn't. Rhianna felt that Steve had begun to believe the lie and she was finding it difficult to raise the subject with him.

This is a useful example of how women, for whatever reason, become accomplices in the redefining of the unreality of the domestic violence abuser. From the moment that this young woman was implicated in the initial lie, her ability to challenge that unreality became compromised. In the process of redefining reality Rhianna was in danger of losing control

of what had happened to her and of that being used against her. The following quotation explains the psychological process that takes place during the course of learning to survive within an abuse situation.

Terror, intermittent reward, isolation, and enforced dependency may succeed in creating a submissive and compliant prisoner. But the final step in the psychological control of the victim is not completed until she has been forced to violate her own moral principals and to betray her basic human attachments. Psychologically, this is the most destructive of all coercive techniques, for the victim who has succumbed loathes herself. (Herman, 1992, p. 83)

This quotation is useful on two levels. First, if truth is a part of one's moral principles, then violating truth can have serious psychological repercussions. In addition, this affects on the victim's basic human attachments which, as shall be addressed shortly in relation to family and friends, makes it even more difficult for women to maintain healthy relationships outside of the abuser's control. In the example above, if Rhianna's family and friends found out that she had lied, they would question why she did that to protect Steve, thereby removing blame from the perpetrator to the victim. Returning again to my previous interviews with women, we can see how negotiating the unreality of the abuser can result in self-blame.

I'm the one that's left with . . . mental . . . degradation . . . the fear . . . for a long time I disliked myself . . . for the fact that I used to think to myself how could I let someone treat me like that . . . like live through that and let another being treat me that way . . . I used to really hate myself . . . I used to really think . . . to the point that I was actually suicidal on many occasions. (Carol, 16)

But it was at those points that I thought, "you bastard," and I started to think, "y'know, what the bloody hell are you doing to yourself?" . . . I felt guilty to myself, I felt I was letting myself down. (Frances, 6)

Both of these women are describing how difficult it is to reconcile the experience of domestic violence. Even when they are able to recognize the abuse, both internalize that anger and ask the question, "How could I let someone treat me like that," as opposed to asking, "How could someone treat me like that"? It is not surprising therefore that many women stay in abusive relationships, where they hide the abuse, as it is easier to negotiate the effects of one individual "other" on one's subjectivity than to negotiate the reflection of multiple "others." Women who experience domestic violence expect to be hated because they have learned to hate themselves. They know what others think because in relation to their self-hatred they think it themselves (Williamson, 1999).

An Alien World

The section above outlined how abusers create and maintain a world in which it is their reality that determines the boundaries, rules, and expectations of their partners' (and children's)

reality. The fundamental question in the case of domestic violence and coercive control is how the abusive nature of this alien world is experienced by women and what the consequences of that control are. For the women above, it is less anxiety provoking to attempt to live in the abuser's reality than to not. Such control comes from the fact that abusive men are manipulative in many complex ways. Most of the abuser's rules taken in isolation are insignificant. It is only seen in the wider context that they become problematic. Similarly, many of the insignificant expectations are grounded in wider expectations about making your husband happy (buying food he likes) or protecting your boyfriend (not having him arrested in a foreign country). Ultimately, women succumb to the abuser's alien world through fear. This need not be fear of physical assault, although in many cases abusers are physically abusive, but fear of failure. The successful abuser achieves the implementation of his own reality on his partner because he is able to shift the measure of her self-worth from her own behavior and actions to the response he offers to them. So Amy doesn't think that by shopping, cooking, and cleaning she is contributing to the household, but is shopping, cooking, and cleaning in a very specific way to please her husband. Her self-worth comes not from completing those tasks, but from his response to them. Similarly, Sophie isn't an autonomous individual who can make a decision to get the washing machine fixed but has to consider her every move in terms of her boyfriend's response.

So what is the impact of negotiating the abuser's reality? In many situations in life we negotiate the reality of other individuals and/or organizations. What makes the abuser's unreality different is that it is often chaotic, lacks coherence, is contradictory, and ultimately serves to reinforce his control over his partner. What also makes this situation different is that it takes place in the home and within intimate relationships. While psychologically we negotiate our selves in the wider world everyday, most of us expect to return to a place of safety and calm where we can be ourselves. For women living with domestic violence, this is not possible. Living in such a chaotic unreality for many women is safer and less anxiety producing than challenging and resisting that reality. The irony of course is that this unreality is everchanging and destabilizing as the abuser controls not only the boundaries of that world but also the rules that determine those boundaries. As such, the women in trying to negotiate this unreality become more controlled.

Resistance

The previous section considered the ways in which women experience the construction and maintenance of the perpetrator's unreality. This section is concerned with resistance, but it is difficult to separate the two issues. As the quotes from women illustrate, the impact of negotiating unreality is intricately linked to resistance. It might be recognition of abuse, albeit in the form of internalizing blame for allowing someone to abuse you, which is the trigger for resistance. There are a number of different forms that resistance can take. This section will look at just two of these: the recognition of multiple selves and para-suicide. The following extract is a quotation from an interview I conducted with Frances (Williamson, 1999):

You know it was starting at [work] that people recognized that I had a contribution to make that started to give me that alter ego back and I started to realize that the me

that went out in public, that enjoyed myself and was a social animal, and that had something to contribute to the world was the real me, and the me that was feeling uncomfortable because I felt like I was under his thumb didn't feel real. (Frances, 24)

In terms of nonphysical injuries, women often talk about the way domestically violent situations (unreality) becomes normalized. This is not to say that women accept that abuse is normal, but that within a domestically violent situation, the abuser uses coercive and controlling behavior to maintain a shifting notion of reality over which the victim has no control. The victim in this situation can never "win" because she has no control over what winning means. In terms of what form this takes, women talk about having to conduct everyday activities such as purchasing food or cleaning in specifically controlled ways. The subjective effects of this process are evident within the interview extract from Frances above. Frances recognized that outside of the abuser's unreality she had a contribution to make and was valued. As a consequence, this enabled her to recognize that there was another "her" that not only felt controlled but also was being controlled and restricted. In Amy's case, this type of abuse resulted in what may appear to be "irrational" panic attacks in public spaces, but which in her unreality (that of the abuser) is a perfectly rational reaction to everyday events and incidents, which she has learned will result in her being physically and emotionally abused. This results in women having to negotiate reality and "normal" life events within a twisted reality of the abuser's making. And this often creates an identity crisis where the participating women develop "alter egos" or separate identities with which to negotiate their personal and professional lives. This was evident within the interview with Frances where she discussed experiencing a "carry-on" (a genre of comedy) type of schizophrenia where she was confused and living in reality and unreality at the same time. This issue was also raised by Dee Dee Glass (1995) in her book, *All My Fault*, where women talked about being a "part-time battered wife," or that they couldn't reconcile their experiences of abuse with such labels because it wasn't the only part of their lives/selves.

The second area of resistance that I want to address is the abdication of self. In the case of anxiety attacks, these occur involuntarily as a physical manifestation. For other women experiencing a breakdown, it was a trigger to recognizing that they could not survive in a psychologically abusive relationship anymore.

There were just like personal issues around like resentment and bitterness and it was just too intense . . . for me to cope with, and I ended up having a really bad breakdown. (Debbie, 2)

Stark (2007) outlines how traditional definitions have failed women in relation to the construction of their self-identity within their experiences of coercion and abuse:

The violence definition of abuse has failed us. Women in my practice often conclude a lengthy history of coercion and control with the apology, "I'm not really battered." What they mean is that the reality they are experiencing has no public audience and so that they have no way to give it voice. Until they do, the stories of battering they

do tell must be interpreted dialectically, as a fragile synthesis of the dominant victimization narrative and the antithesis they are living. (p. 111)

The women I interviewed for my research had experienced a wide range of psychosomatic symptoms, including self-harm, para-suicide, eating disorders, sleep disturbance, anxiety, and depression. In terms of serious self-harming they were clear in their assertions that their para-suicidal activity was due to the domestically violent situations in which they were living. Attempting suicide was, for some of these women, a release valve with which to expel the very negative feelings they had about themselves as a result of the abuse. Para-suicide was also an important, albeit dangerous tool, with which women could negotiate their own recovery and begin to negotiate the major contradictions they had previously internalized in the form of negative self-worth. This concept of “the will to live” is useful because it demonstrates the very excessive lengths to which women must go to rescue a sense of themselves. As Herman (1992) states,

This state of psychological degradation is reversible. During the course of their captivity, victims frequently describe alternating between periods of submission and more active resistance. The second, irreversible stage in the breaking of a person is reached when the victim loses the will to live. This is not the same thing as becoming suicidal: people in captivity live constantly with the fantasy of suicide, and occasional suicide attempts are not inconsistent with a general determination to survive. (p. 85)

By referring to suicide as a form of resistance, I am making the same distinction as Herman does, which is to say that becoming suicidal is not the same as losing the will to live. What is particularly important here is how this might act in relation to liberty and freedom to express oneself as an individual independent self within a potentially dependant relationship. These women don't want to die, but they want the person they have become who is controlled and manipulated to die and to start anew.

Stark (2007) identifies the inherent contradictions in this resistance when he questions how in making claim to an authentic “female” victim of abuse identity one must ultimately present oneself as passive and weak as opposed to the more active resisting. This relates to similar debates about essentialism and the consequences of perpetuating ideas of “woman,” which ultimately perpetuates the gendered dichotomy on which the oppression of women is predicated. While addressing this fundamental contradiction is difficult, if we acknowledge that coercion and control function in a gender specific way to control the freedom of women by reinforcing gender inequalities, then challenging those gendered differences by resisting and claiming human rights and liberty is a positive step forward.

Implications for Practice

Definitions of domestic violence, from government definitions (Home Office, 2005) to those used by practitioners (Department of Health, 2005), have predominantly included a range of types of abuse which, until recently, it was felt encompassed the experience of domestic

violence. Alongside physical and sexual violence, one would expect to find both emotional and psychological abuse within a definition of domestic violence. These definitions were never intended for use by single agencies or organizations and a broad definition enabled a range of agencies to engage within the domestic violence field. Such definitions also however create a number of contradictions. During interagency work in the domestic violence field, many practitioners talked about the ideological differences that exist between agencies, which makes the production of a consensus on definition difficult (Hague, Malos, & Dear, 1996). While many interagency forums resolved those differences by trying to incorporate all forms of abuse, this, it could be argued, masked the reality that different forms of abuse would inevitably be treated differently. For example, there are laws to protect victims of physical violence where specific crimes are committed and where evidence exists to prosecute. In these cases, victims could expect to be provided with some sort of assistance from a range of agencies. More difficult to address however are examples of emotional and psychological abuse where actions have specific meaning to both the victim and perpetrator but do not necessarily constitute a crime. Significantly fewer services are available for people experiencing these types of abuse. Similar examples can be found in the responses of the medical profession where practitioners are competent at dealing with nonaccidental physical injuries but are much more reluctant to address the mental health consequences of abuse (Williamson, 1999, 2000). This is important because victims/survivors have told us repeatedly that it is the nonphysical impact of abuse that is most difficult to identify and deal with precisely because there is no external evidence. In other words, as Stark (2007) states, "start with the cage and everything changes" (p. 198). It is important to recognize that while we might have consensus on paper about what domestic violence is, the responses women receive suggest that such a consensus may be relatively meaningless in practice.

I have already outlined the limitations of the criminal justice system in responding to nonphysical incidents/injuries, but this process goes beyond the criminal justice system. Many domestic violence refuge services, particularly those owned and managed by more generic housing associations, have strict admissions criteria that can limit the number of clients with complex needs. This will include women who have mental health problems, alcohol or drug issues, and those who have behavioral issues such as violence and anger. Without being too critical of these refuges, which obviously have responsibilities to all of their residents, this development seems to ignore the impact of coercive control and undermine the strategies women might use in an attempt to resist abuse within their lives. Stark's theory of coercive control might therefore be a good opportunity for the movement as a whole to reflect on its progress and to look again at what we mean when we talk about domestic violence as a symptom of wider gender inequality.

To effectively address the impact of living in the unreality of the domestic violence, abuser practitioners need to consider at the outset what that unreality is and how individual women have learned to live in it. What are their strategies and how do they deal with the paralysis and fear of failing to live up to the abusers' often contradictory expectations? Only by addressing these issues will services be able to provide a service that enables an abused woman to regain her self-esteem, self-confidence, and self-respect.

Conclusions

The main means used to establish control is the micro-regulation of everyday behaviors associated with stereotypic female roles, such as how women dress, cook, clean, socialize, care for their children, or perform sexually. . . . These dynamics give coercive control a role in sexual politics that distinguishes it from all other crimes. (Stark, 2007, p. 5)

This article has reexamined primary data with women who have experienced domestic violence to examine the way in which coercive control operates. I have included a number of examples because it is nonphysical incidents such as these that led many of the women in my own research to experience a wide range of mental health issues. All of the women included in this article had had some contact with mental health services. The nonphysical injuries and/or symptoms these women experienced included self-harm, eating disorders, sleep disturbance, para-suicidal activity, anxiety, depression, post-traumatic stress disorder, low self-esteem, low self-confidence, erosion of social skills, and a lack of confidence in their own perceptions and thought processes (Williamson, 1999, 2000).

By talking about the unreality of the abuser, I have tried to illustrate the everyday experience of anxiety within which many women find themselves where every normal everyday activity has the potential to further erode her sense of self, identity, and freedom because of the coercive control exerted by her partner. Stark (2007) locates this exertion of power very firmly within wider gender inequalities:

It is the social endowment men inherit from sexual inequality, not the motives or frequency of these acts, that allows them (but rarely women) to shape discrete acts into patterns of dominance that entrap partners and make them subordinate. (p. 199)

Despite what women have been telling researchers and practitioners for decades about how it is the nonphysical abuse that is most difficult to deal with, we have failed to adequately challenge these abuses within the criminal, health, or legal contexts. To recognize the psychological harm to self that is caused by the unreality of domestic violence, we need to think in terms of coercive control. A perpetrator cannot be convicted of this type of "crime." A perpetrator wouldn't be convicted for insisting that his wife buy a certain type of food. But these small, and sometimes insignificant incidents, represent the way in which, by creating an unreality that undermines the self-identity of the victim, the perpetrator is guilty of a crime against identity and liberty, one which, as Stark (2007) rightly theorizes, is based on gender roles.

As we reexamine the impact of domestic violence, thus moving away from the current preoccupation with prevalence, researchers should revisit their data, particularly interviews with victims and survivors so that we can demonstrate how living in the unreality of an abuser affects women's sense of self and identity and how these women ultimately escape. Only by looking at those areas of coercion and control that are difficult, if not impossible, to evidence within the legal and medical frameworks, can we truly address the concerns of victims as they fight to survive in an unreality intended to rob them of their liberty.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author received no financial support for the research and/or authorship of this article.

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Bio

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