DEFINITION: Coercive control is a deliberate and systematic pattern of behavior by one partner designed to limit the other partner’s freedom and sense of self by creating a threat of harm.

Many patients do not use the terms “partner abuse” or “domestic violence” and many victims will not have marks from physical assault. Look for clues for further screening such as:

- Extreme stress, anxiety or depression; sleep deprivation, physical and mental exhaustion
- The patient’s partner is answering questions or speaking for her/him, being hostile or demanding, never leaving the patient’s side, or monitoring the patient responses to questions
- Examine the history of previous medical visits for possible injuries/issues related to abuse such as depression, anxiety, substance use, suicide attempts, sleep problems and frequent/repeat visits
- The patient seems hesitant to speak or talk about certain aspects of her/his home life or relationship with her/his partner

LISTEN FOR:

- **Isolation**: Limited access to outside relationships because of partner control or jealousy or by undermining relationships with others.
- **Exploitation**: Intrusive control and oversight of victims’ money, work and/or household related activities.
- **Deprivation of freedoms**: By controlling the conduct of everyday life. Coercive control is not just about violence; it is also about depriving someone of personal privacy and self-expression, such as telling someone how to dress, where to work, when and where to go outside of the home, and what activities to participate in, and regulating that person’s sleep, diet and access to resources (e.g., money, transportation, medical care, and medication).
- **Intimidation**: Threats of or actual harm to the victim, others close to the victim or to self (e.g. threats of suicide), property destruction, and forced confrontations.
- **Regulation**: Strategies and tactics employed to ensure compliance with abusers’ demands like monitoring, interrogating, and stalking.
- **Degradation**: Undermining of the victim’s self-concept and others’ perception of the victim through constant criticism, personal attacks (private and public), “outing” (public disclosure of something perceived as embarrassing or humiliating) and administration of punishments and “privileges.”
- **Physical and sexual violence**: Any level of actual or threatened violence, from pushing and shoving to severe beating, burning, strangulation and rape. Sexual abuse/coercion is rarely acknowledged but is a common tactic of coercive control.
- **CAREGIVER ABUSE/NEGLECT**: If the patient is dependent on the abuser for care due to mental or physical limitations or disabilities, the abuser may neglect the victim’s needs and use the caregiving relationship to control and dominate the victim.

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WHEN SCREENING:

- Ask routinely and frame questions in a non-threatening way
  - Example: “We have started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health.”

- Ask directly, kindly, non-judgmentally and privately
  - You could ask:
    - How are things at home?
    - How do you and your partner handle conflicts?
    - What happens when your partner gets angry?
    - Have you ever felt afraid of your partner (or ex-partner)?
    - Has your partner ever physically threatened to hurt you?
    - Have you felt humiliated or emotionally hurt by your partner?
    - In the past year, has your partner forced you to engage in any kind of sexual activity?

KEY QUESTION
Is it safe for you to go home today? Are the children safe? Do you have a place to go if the abuse escalates?

I’VE ASKED, NOW WHAT?

- Document patient injuries and responses to the screening (even if she/he said no)
- Assess patient’s safety
- Review options and provide referrals to the patient

ENCourage the VICTim to:

- See it/acknowledge it as abusive behavior
- Think about the specific threats and vulnerabilities she/he has and safety plan around those concerns
- Preserve evidence and document the abusive behaviors in a safe way
- Protect her/himself by safety planning
- Seek support through trusted friends and family, or victim advocates through local shelters and hotlines