

**Women's Experiences of Intimate Gender-Based Violence:
Victim-Survivors' Perspectives on Understanding and Responding
to Traumatic Coercive Control in Australia**

Kristy Danielle Kassing

Bachelor of Criminology

Thesis submitted in total fulfilment of the requirements for the degree of:

Master of Arts

School of Humanities and Social Sciences

La Trobe University, Victoria, Australia

July 2022

Statement of Authorship

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

Kristy Danielle Kassing

11 July 2022

Acknowledgements

I would like to acknowledge the Wurundjeri people of the Kulin Nation as the traditional owners of the land upon which I live, study, and work. I acknowledge that sovereignty has never been ceded and pay my respects to Aboriginal Elders, past and present.

Thank you to my supervisors, Dr Anthony Collins and Dr Erica Millar, and my committee chair, Dr Tarryn Phillips. Your mentorship has helped to make this journey so very rewarding and I am grateful for your ongoing support.

To Sarah, Julia, my parents, and Kelly – thank you, as always, for being there through it all. Thank you to Jo Vukovic for the many coffees and laughs along the way, as well as my wonderful office buddies and reading group colleagues. I look forward to continuing this journey with you.

Finally, I extend my sincere gratitude to the 15 women who participated in this study. This thesis is dedicated to you, as well as to the many other victim-survivors whose stories may never be heard. Thank you for trusting me to hold and share your experiences and perspectives. Your courage and resilience is incomparable.

This research was supported by an Australian Government Research Training Program Scholarship.

Content Notification

This thesis discusses intimate partner violence against women. It includes descriptions of abuse that may be distressing. Reader discretion is advised.

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Abstract

Intimate partner violence has long been regarded as gender-based abuse characterised by distinct acts of physical violence. However, most abusive relationships involve insidious patterns of *non-physical* harm, which have been conceptualised in literature as coercive control. Current national debates have sought to determine appropriate responses to the issue of coercive control in Australia, including potential criminalisation. The narratives and opinions of women with lived experience of coercive control, however, have not regularly featured in these discussions. The assumption of this thesis is that to effectively respond to coercive control as a form of traumatic gender-based violence, the lived experiences and perspectives of women as victim-survivors must remain central to these conversations.

This thesis adopts a feminist, trauma-informed, and victim-centred theoretical framework to document, draw further attention to, and analyse women's experiences of coercive control. It also seeks to discuss how the issue could be responded to in Australia to effectively support women as victim-survivors, from the perspectives of participants with lived experience. The findings reveal that coercive control can include: psychological abuse, economic abuse, technology-facilitated coercive control, and physical and/or sexual violence. Further, the thesis determines that responding to coercive control requires consideration of the following: increased and simplified access to practical support, increased and nuanced support from law, awareness and education, and societal and systemic change. The thesis argues it is necessary to interpret and re-frame women's lived experiences of coercive control through a critical feminist, trauma-informed, and victim-centred conceptual lens. Doing so can allow for further recognition as to why women as victim-survivors require access to a multi-faceted range of individual, collective, and socio-cultural supports.

In most homes, even the most oppressive, there are no bars on the windows, no barbed wire fences. Women and children are not ordinarily chained, though even this occurs more often than one might think. The barriers to escape are generally invisible. They are nonetheless extremely powerful.

– *Trauma and Recovery* (Herman 2015, p. 74)

Introduction

I have often thought, and heard people that have experienced coercive control say, ‘I wish they had just hit me’. I feel for those who are still living in these situations. It is a very lonely existence. At least if there were bruises, or bones broken, you could turn to the hospital, or police, and ask for help without having to explain the long and horrendous life you have existed in without a soul knowing what’s going on behind closed doors.

– Jennifer (Participant)

In Australia, on average, one woman per week is killed by their former or current intimate partner (Australian Institute of Criminology 2017). It has long been understood that distinct acts of *physical* violence characterise abusive intimate relationships (Kelly & Johnson 2008; Stark 2007). For decades the ‘battered woman’ was associated with domestic violence at the hands of a male perpetrator – an intimate partner whose primary strategy was the infliction of physical violence, including hits, shoves, burns, or attempted strangulation (Fletcher & Star 2018; Schechter 1982). As physical violence in such relationships is often more readily detectable, it is perhaps unsettling to comprehend that there exists an alternate form of violence so insidious, unremarkable, and ‘ordinary’ that it can appear almost non-existent. This form of abuse – conceptualised by Stark (2007) as ‘coercive control’ – can be just as damaging as physical violence (Postmus et al. 2020). In and of itself, and in cases in which intimate partner homicide is not a consequence, coercive control is traumatising through its ability to slowly and methodically damage the sense of identity and autonomy of its victim. In certain cases, even despite the absence of explicit physical abuse *during* one’s

relationship, coercive control has been identified as a precursor to homicide through a perpetrator's subsequent enactment of physical violence (see, for example, Johnson et al. 2019).

On the 19th of February 2020, Australian woman Hannah Clarke experienced such fate at the hands of her estranged husband, Rowan Baxter (Boxall & Morgan 2021, p. 2). On what appeared to be an ordinary morning in Camp Hill, Brisbane, Hannah was preparing to take her three young children to school and kindergarten. Suddenly, Rowan hijacked the family vehicle by dousing it in petrol and setting it alight. Hannah and her children, Aaliyah, Laianah, and Trey, were inside of the car at the time. Aaliyah was six years old, Laianah was four, and Trey was just three (Gearing 2020). As heavy smoke filled the air, Rowan watched his three children burn to death. They died almost instantly. Immediately after attacking his family, Rowan died by suicide. Hannah managed to escape from the car when a bystander pulled her from the driver's seat (Wuth 2020), though was left with burns to 97 per cent of her body. She passed away at the Royal Brisbane Hospital the same evening, surrounded by her loved ones (Gearing 2020).

There are perhaps no words that can adequately depict the nature of Rowan's actions – nor can one begin to imagine the devastation experienced by Hannah and Rowan's family, friends, and community. Following this event, members of Hannah's local and broader community began to raise the question: could the murders of Hannah, Aaliyah, Laianah, and Trey have been prevented? Prior to the attack, Hannah had, in fact, questioned whether her relationship with Rowan had been abusive (Wuth 2020). Yet because Rowan had not inflicted *physical* violence upon her or the children, he was not considered a perpetrator of intimate partner abuse (Smee 2020). Further, a recent coroner's report noted that systemic failings of the police and criminal justice system contributed to the fatal outcome and lack of protection provided to Hannah (Australian Associated Press 2022). It was later

found that Rowan had subjected Hannah to years of repetitive *non-physical* violence, including emotional, financial, and sexual abuse – now referred to as coercive control (Stark 2007; Wuth 2020). Hannah’s case, therefore, has encouraged many to consider critical questions – two of which this thesis seeks to explore.

The first aim of this thesis is to document, draw further attention to, and analyse women’s lived experiences of coercive control as intimate partner violence by adopting a feminist, trauma-informed, and victim-centred theoretical framework. The necessity of this conceptual lens is discussed in further detail in Chapter Two. The second aim is to highlight and include participants’ perspectives towards coercive control and how they believe the issue should be responded to in Australia to more effectively support women as victim-survivors. In the remainder of this chapter, I elaborate upon these aims as the rationale for the thesis and outline the content of each chapter. Please note that the term ‘victim-survivors’ hereafter refers to women with lived experience of coercive control. This compound term captures the trauma often associated with victimisation whilst acknowledging the sense of empowerment related to identifying as a survivor (Herman 2015). It also recognises that the impact of trauma as a common consequence of coercive control can persist despite one identifying as a survivor, as those who experience such abuse often remain deeply affected post-separation (Krause et al. 2008).

Thesis rationale

Intersections between gender and trauma: interpreting and highlighting women’s lived experiences of coercive control

It is essential for the narratives of women as victim-survivors to be included in literature to ensure that the traumatic and gendered nature of coercive control is

demonstrated, with the nuance that women with lived experience can provide. Doing so can assist in providing an in-depth understanding of the traumatic “unreality” (Williamson 2010, p. 1422) of coercive control as gender-based violence and its consequences. As Williamson (2010) discusses, this relates to the distorted abusive environment created and sustained by a perpetrator in which women experience coercive control – an (un)reality characterised by terror, isolation, and disempowerment. Women as victim-survivors are an integral part of their abuser’s unreality in ways that are initially unnoticeable, yet as time progresses, their sense of identity and liberty is damaged due to the trauma caused by repetitive abuse (Stark 2007; Williamson 2010, p. 1416). Centring the experiences of women enables us to recognise how coercive control can cause psychological and social entrapment (Weiss 2004), demonstrating its ability to traumatise women whilst perpetuating their position of inequality in the gender hierarchy (Pitman 2017, p. 159; Stark 2007). Thus, including women’s testimonies provides further opportunities to comprehend the traumatic impact of coercive control whilst offering a critical understanding of the power structures relating to gender that contribute to women’s disempowerment (Williamson 2010, p. 1416).

Including the perspectives of women with lived experience: responding to coercive control in Australia to effectively support victim-survivors

Including the perspectives of women with lived experience assists in demonstrating that coercive control is a form of traumatic gender-based harm that should be responded to with a particular sensitivity that prioritises the specific needs of women as victim-survivors. Whilst coercive control also affects men, non-binary identifying individuals, and those in LGBTQIA+ relationships (see Calton, Cattaneo & Gebhard 2016; Messinger 2017), the majority of victim-survivors identify as women (Australian Institute of Health and Welfare 2019). This encourages us to consider what women as victim-survivors require when, and

after, experiencing coercive control. The potential criminalisation of coercive control in Australia as a carceral response, for example, has been a topic of debate among scholars and advocates for several years (see McMahon & McGorrery 2016). In this regard, it is essential to consider women's personal narratives prior to addressing coercive control, as criminalising such conduct will likely do "little to overcome the difficulties women have long encountered in accessing justice" (Walklate, Fitz-Gibbon & McCulloch 2018, p. 127). The question of which *forms* of support are beneficial for women experiencing this abuse, then, may be more accurately addressed by centralising the opinions of those with lived experience (Herman 2015; Pitman 2017). It is essential to consider such perspectives prior to responding to coercive control because the experiences of women as victim-survivors sheds light upon what 'justice' can be defined as in the context of coercive control, and demonstrates the difficulties associated with receiving this.

Chapter outline

This thesis is divided into five chapters. Chapter One, a literature review, provides context for the thesis and its aims by considering gaps in existing literature relating to coercive control and potential responses to this abuse in Australia. I begin by examining research that has discussed coercive control, its gendered and traumatic nature, as well as its diverse negative consequences for women, in order to establish what constitutes coercive control and its effects. I then trace the development of coercive control in the context of domestic violence against women, drawing upon literature that has explored conceptualisations of intimate abuse since the women's liberation movement and theories of perpetration that impact women's experiences. Next, to critically explore existing responses to coercive control in Australia thus far and whether the perspectives of women as victim-survivors have been included in these debates, I examine research that has discussed approaches to the issue, ranging from legal interventions (such as

criminalisation) to the implementation of de-carceral and community-based solutions.

In Chapter Two, I outline the study methodology by introducing the research questions and aims. I then discuss the theoretical framework for the thesis – a critical feminist, trauma-informed, and victim-centred conceptual perspective – as well as its significance in light of existing literature. A description of the data collection process is provided, which involved distributing semi-structured online questionnaires to 15 women who had experienced coercive control in former intimate relationships. The process of data analysis is also explained, which involved using a theoretical thematic analysis. Lastly, Chapter Two outlines the limitations of the methodological process and explores how various ethical concerns were addressed.

Chapter Three seeks to address the first research aim, which is to document, draw attention to, and analyse women's lived experiences of coercive control, whilst exploring the impact of these experiences on women in relation to trauma and gender. This chapter is divided into four sections – each of which represents one of the main themes identified in the data. Each section commences with a theme overview that includes representative data extracts, and is followed by further analysis of participants' narratives. Summaries of the findings and three visual thematic maps that demonstrate the themes and research outcomes are provided. The chapter, overall, concludes that women's experiences of coercive control as traumatic gender-based intimate partner violence in Australia can include: psychological abuse, economic abuse, technology-facilitated coercive control, and/or physical and sexual violence.

Chapter Four follows with an introduction to the way in which it responds to the second research aim – to identify how coercive control could be responded to in

Australia to more effectively support women as victim-survivors, from the perspectives of those with former lived experience. The structure of this chapter replicates Chapter Three and is divided into four sections that represent each identified theme. These include: increased and simplified access to practical support, increased and nuanced support from law, awareness and education, and societal and systemic change. Each theme is analysed, and the chapter concludes with a summary of the findings and their significance. The chapter determines that, based on participants' opinions, a diverse and multi-faceted approach towards coercive control that is gender-sensitive and trauma-informed may be required to adequately support women as victim-survivors.

I conclude the thesis in Chapter Five by reflecting critically upon the findings and identifying potential future research pathways. The chapter begins with an overview of the thesis, and moves to a discussion of its methodological limitations and how these could be explored by additional research. In particular, I discuss the importance of including the perspectives of vulnerable minority groups in future debates relating to coercive control and support-based interventions. Further, this chapter explores the tension between participants' responses and my own academically informed perspective in regards to carceral-based interventions. I raise questions about the ethics of conducting sensitive qualitative research when including the narratives of victim-survivors, specifically in relation to coercive control perpetrated against women. Whilst recognising its limitations, this chapter also emphasises the significance of the research outcomes and the importance of adopting a feminist, trauma-informed, and victim-centred conceptual lens to understand women's experiences of coercive control. In doing so, the necessity of including narratives of women as victim-survivors is revealed.

Chapter One

Literature Review

Introduction

Coercive control is a form of gender-based intimate partner violence characterised primarily by patterns of non-physical abuse (Stark 2007), and can be defined as a course of conduct involving subtle abusive strategies that lead to “the systematic and targeted entrapment” of the victim-survivor (Crossman, Hardesty & Raffaelli 2016, p. 203). Perpetrators ultimately seek to entrap victim-survivors via the repetitive use of coercive and controlling tactics, resulting in the victim-survivor’s gradual deprivation of liberty and loss of sense of self (Davis, Swan & Gambone 2012; Herman 2015; Stark 2007). Following its conceptualisation by Stark (2007), research has identified the behaviours that constitute coercive control, the complex nature and dynamics of coercive and controlling relationships, explanations for such abuse, and its negative effects on women (Hamberger, Larsen & Lehrner 2017; Pitman 2017; Williamson 2010).

The issue of coercive control began to receive increased attention in Australia following the murders of Hannah Clarke and her three young children by her coercive and controlling husband (Boxall & Morgan 2021). National debates have since developed in an attempt to determine the most effective responses to the issue of coercive control in and of itself. Discussions have also highlighted the need to respond to coercive control in order to prevent future *physical* violence and/or intimate partner homicide upon the understanding that, in most instances, such violence is preceded by coercive control (Johnson et al. 2019; Thomas, Joshi & Sorenson 2014).

In Australia, a major intervention to be introduced in response to the issue is the criminalisation of coercive control (McMahon & McGorrery 2016). Literature has explored the advantages and disadvantages of criminalising this form of abuse, as well as the importance of implementing further de-carceral and community-based responses (see Bettinson 2016; Tolmie 2018; Walklate & Fitz-Gibbon 2019). However, opinions as to the most appropriate form/s of response remain divided, and few Australian studies to date have captured and directly included the narratives and opinions of women with lived experience of coercive control. In this chapter, I examine feminist criminological and trauma-theory literature pertaining to the nature and effects of coercive control experienced by women, theories of perpetration that impact women's experiences, and literature discussing approaches towards coercive control in Australia. The gaps identified in existing literature have shaped the research topic, research questions, and aims (see Chapter Two). This thesis contributes to current academic discussions in Australia relating to conceptualisations of coercive control as intimate partner violence and seeks to include the perspectives of 15 women as victim-survivors in debates exploring effective responses towards the issue.

Understanding coercive control

Perpetrators of coercive control ultimately seek to gain control over all areas of their partners' lives via the infliction of various and ongoing abusive strategies (Boxall & Morgan 2021; Pitman 2017). When perpetrated over time, the cumulative effect of these behaviours creates a "condition of unfreedom", leading to the victim-survivor's entrapment in the relationship (Stark 2007, p. 205). As will be discussed below, multiple and repetitive abusive tactics are used to coerce and control the victim-survivor – whilst these predominantly include forms of *non-physical* harm, tactics of physical and/or sexual violence may also be embedded within the course of coercive and controlling conduct (Thomas, Joshi & Sorenson 2014; Stark 2007).

Coercive control can encompass psychological abuse, isolation, and stalking (Kelly & Johnson 2008; Lammers et al. 2005). Psychological abuse (often directed towards victim-survivors' personal vulnerabilities or insecurities) may involve intimidation, shaming, verbal abuse, manipulation, humiliation, and micro-management (Hamberger, Larsen & Lehrner 2017, p. 2; Schneider 2000). As noted by Crossman, Hardesty, and Raffaelli (2016), threats of violence or death (against the victim-survivor, children, and/or pets) are also used to maintain control and increase the victim-survivor's sense of terror. In certain cases, threats are fulfilled and result in sexual violence, physical abuse, or death (Arnold 2009; Mitchell & Raghavan 2021; Pitman 2017). Isolation is a further tactic used and can include restricting the victim-survivor's access to social support, preventing them from leaving the home, coercing one into moving to an isolated location, and/or indirect actions contributing to isolation (such as hiding car-keys when the victim-survivor requires their vehicle to attend work) (Abramson et al. 2007; Stark 2013). Perpetrators may also engage in stalking behaviours physically and via technology, such as through GPS and/or smartphone tracking (Katz, Nikupeteri & Laitinen 2020; Mechanic, Weaver & Resick 2000).

Economic abuse and technology-facilitated abuse are additional forms of coercive control that many victim-survivors experience (Adams et al. 2008; Harris & Woodlock 2018; Postmus et al. 2020). Economic abuse refers to the range of actions used to control one's financial resources, which can threaten one's position of financial security and contribute to a loss of independence (Fawole 2008). Research has identified three major forms of economic abuse, including "economic control, employment sabotage, and economic exploitation" (Postmus, Plummer & Stylianou 2015; Stylianou 2018, p. 4). Further, perpetrators often use technology to coerce and control their partners. Dragiewicz et al. (2018) proposed the concept of technology-facilitated coercive control (TFCC), which refers to the

abuse and harassment that occurs via technology in the context of abusive relationships. Various forms of technology (including computers, smartphones, tablets, tracking devices, and social media platforms) can be used to stalk or threaten victim-survivors, as well as to humiliate, isolate, and manipulate (Woodlock 2017). Ultimately, TFCC extends the “reach of control and abuse” regardless of whether the perpetrator is physically present (Dragiewicz et al. 2018, p. 618; Harris & Woodlock 2018). Both economic abuse and TFCC contribute significantly to victim-survivors’ sense of entrapment in coercive and controlling relationships (Stark 2007; Woodlock 2017).

Nature and impact of coercive control

The coercive and controlling relationship

In contrast to physical intimate abuse, which is more likely to cause immediate bodily harm, coercive control has the potential to insidiously damage one’s autonomy, liberty, and sense of self (Arnold 2009; Candela 2016, p. 115; Stark 2007). Herman (2015) notes that during the initial stages of a coercive and controlling relationship, perpetrators often begin to enforce petty guidelines and restrictions that their partner feels obligated to comply with. The unpredictable use of tactics, at this stage, involves alternating between inconsistent punishment and affection or ‘reward’ (Dutton & Painter 1993). Over time, this can indirectly intensify one’s emotional attachment to their abuser – a dynamic conceptualised as traumatic bonding (Park 2016, p. 493). As Herman (2015, p. 74) explains, coercive control can be described as a form of “domestic captivity”, involving the perpetrator’s gradual psychological domination and the victim-survivor’s eventual, yet unintentional, ‘surrender’ to their abuser through traumatic bonding. This can occur through the victim-survivor consistently being denied agency due to the ongoing infliction of coercion and control at the hands of the perpetrator, whilst

living in an environment characterised by terror and unpredictability (Herman 2015; Williamson 2010).

Continuous contact with the perpetrator can cause the victim-survivor to become isolated from their external social networks (Herman 2015; Stark 2007). This results in the perpetrator becoming the central figure in the victim-survivor's life – their sole “source of information, interpretation, and validation” (Stark 2013, p. 27), and can contribute to one's difficulty in exercising objective judgment (Stark 2007, p. 229; Westmarland & Kelly 2013). This process can exacerbate feelings of helplessness and disempowerment and may lead the victim-survivor to rationalise or justify patterns of abuse (Kelly 2010). As time progresses, victim-survivors may subconsciously ‘identify’ with their abuser by ‘becoming’ what is expected of them. Ferenczi's (1932) concept of ‘identification with the aggressor’ provides a conceptual framework through which victims' justification of abuse may be understood. Whilst Ferenczi's theory was initially used in the context of child abuse (Frankel 2002), it has since provided explanations for traumatic attachments formed between victim-survivors and perpetrators of domestic violence (Brandt & Rudden 2020; Lahav et al. 2021). When overwhelmed traumatically, it is not uncommon for victim-survivors to involuntarily enter a state of dissociation in which they are “indirectly transfixed by, and attuned to”, their abusers' demands (Frankel 2004; Howell 2014, p. 48). ‘Identifying’ with one's perpetrator is a survival strategy used in an attempt to protect oneself from the terror associated with the ongoing risk of violence – a defence mechanism through which the trauma caused by abuse is managed psychologically (Herman 2015; Logan 2018).

Experiencing coercive control can also result in a gradual yet extreme disruption to the victim-survivor's positive sense of worth and identity (Williamson 2010). Indeed, as Herman (2015, p. 85) discusses, many victim-survivors of coercive control may alternate between “periods of submission and more active resistance”

in which they attempt to leave their abusive relationship and/or actively prepare to escape from the environment. Yet, as previously illustrated, the intimate, unpredictable, and emotionally complex nature of the coercive and controlling relationship can cause one to unintentionally minimise or excuse their partner's abusive behaviour (Williamson 2010). The “paradoxical attachment” that develops between the perpetrator and victim-survivor over time (see Dutton & Painter 1993; Reidy et al. 2014, p. 42) therefore illustrates the immense difficulty involved in the victim-survivor detaching from, or leaving, a coercive and controlling relationship whilst being held captive by a person with whom they share a romantic bond and/or children, financial and emotional security, and other resources (Herman 2015; Stark 2007).

The effects of coercive control as IPV on women

Intimate partner violence, including coercive control, has been described as traumatic due to the nature of repetitive covert violence being perpetrated against the victim-survivor by a partner from whom one also receives love and security (Levendosky, Lannert & Yalch 2012, p. 398). Research has, for instance, determined that victim-survivors of IPV (Dekel et al. 2019; Krause et al. 2008), including coercive control (Levine & Fritz 2016), are more likely to develop post-traumatic stress disorder (PTSD). Herman (2015) discusses the symptoms of post-traumatic hyperarousal, intrusion, and constriction experienced by victim-survivors. Hyperarousal can involve increased or elevated anxiety and hypervigilance. Symptoms of intrusion generally include flashbacks, a fixation on prior traumatic events, and attempts to ‘re-live’ the traumatic situation to retrieve a sense of power and control. Constriction involves experiences of emotional detachment, dissociation, and a sense of “profound passivity” that interferes with one's ability to visualise the future (Herman 2015, p. 43). Those who experience IPV characterised by coercive control for prolonged time periods may develop

Complex-PTSD (Herman 2015; Jones, Hughes & Unterstaller 2001) which, as Brown (1995) demonstrates, is caused by repetitive traumatic experiences lasting a number of years as opposed to a *singular* distressing event. Complex-PTSD as a consequence of ongoing abuse can result in more permanent disturbances to one's sense of self and may interfere with the ability to regulate symptoms of anxiety, depression, and/or dissociation (Cloitre et al. (2009). As stated by Herman (2015, p. 86), victim-survivors who suffer from Complex-PTSD generally feel they have “changed irrevocably”.

Experiencing coercive control can also contribute to the development of other mental health related difficulties. In comparison to those who have *not* experienced intimate abuse such as coercive control, victim-survivors are more likely to develop low self-esteem, symptoms of depression and/or anxiety, and may overuse illicit substances (Dutton et al. 2006; Karakurt, Smith & Whiting 2014; Taft et al. 2011). Victim-survivors may also experience suicidal ideation and engage in other self-destructive or self-harming behaviours in an attempt to manage or numb distressing and overwhelming emotions caused by abuse (Devries et al. 2013; Kelly 2010). Hyde, Mezulis and Abramson (2008) note that suicidal ideation, in some cases, may be followed by attempts of suicide. This is primarily due to the pervading sense of isolation and powerlessness one can experience as a result of the trauma caused by abuse (Goodman et al. 2016). For example, Lazenbatt, Devaney and Gildea (2013) found that women who had experienced domestic violence were more likely to overuse anti-depressants, sedatives, and other prescription medications to manage anxiety and/or depression. Indeed, the extent of the psychological impact on victim-survivors can depend “upon the severity and chronicity” of the abuse, as well as intersecting individual, social, and cultural factors (Dillon et al. 2012 p. 4).

Coercive control has been associated with economic instability, employment instability, and housing instability and/or homelessness (Candela 2016, p. 115; Heiskanen & Piispa 1998; Karakurt, Smith & Whiting 2014). Miller (1995) identified that economic abuse was a prominent form of domestic violence due to causing economic dependency on one's abuser. Women who experience such abuse are more likely to also struggle with economic instability *post-separation* due to the perpetrator's control over financial resources (Kim & Gray 2008; Schrag 2015). Victim-survivors may also face employment instability and higher rates of unemployment (Borchers et al. 2016; Lindhorst et al. 2007; Showalter, Yoon & Logan 2021). Housing instability or homelessness are additional issues victim-survivors can experience (Gilroy et al. 2016; Pavao et al. 2007). This is a potential consequence of coercive control primarily due to economic abuse, which can involve perpetrators forcing their partners (directly or indirectly) to reduce hours of employment or leave their workplace, leading to a loss of financial independence (Adams et al. 2008). As noted by Lacey et al. (2013), if one is able to leave their relationship, loss of financial stability combined with potential mental health related challenges may contribute to housing instability.

Coercive control can also affect other family members or individuals residing in the home of the victim-survivor and/or perpetrator, such as children (Dragiewicz et al. 2022). Literature previously identified children as 'passive' witnesses to domestic abuse and associated the effects of IPV on children with instances of physical violence alone (Mullender et al. 2002; Holt, Buckley & Whelan 2008). However, it has since been established that *non-physical* forms of coercive control (for example, technology-facilitated abuse) can significantly affect children residing in the home at which abuse is occurring (Callaghan et al. 2018; Katz 2016). Children can be *direct* victims (Callaghan et al. 2018), or may witness caretaker/s being subjected to coercive control for prolonged time periods. This has been found to be equally distressing to children and can contribute to various

adjustment difficulties (Jouriles & McDonald 2015). Regardless of whether they are direct witnesses, children exposed to IPV (Evans, Davies & DiLillo 2008) and/or coercive control (Katz 2016) generally experience higher rates of behavioural and/or emotional challenges. Overall, exposure to coercive control and IPV more broadly can negatively impact children's physical, social, and psychological wellbeing (Katz, Nikupeteri & Laitinen 2020; Meltzer et al. 2009; Sousa et al. 2011; van der Kolk 2014).

Recognition of coercive control as IPV

Conceptualisations of domestic violence

Previously, coercive control was unrecognised as a specific form of intimate abuse. The rise of second-wave feminism and women's activist groups in the 1960s and 1970s led to the gradual recognition of domestic violence (DV) as a sub-category of *family* violence predominantly experienced by women (Fletcher & Star 2018; Phillips 2006). Family violence, including DV, can involve physical abuse, sexual violence, technology-facilitated abuse, psychological harm, and coercive control (Council of Australian Governments 2011). Unlike DV, which occurs between adult intimate partners, family violence may affect any individual living in the residence at which the violence is occurring, such as children, elderly family members, carers, and/or pets (Hageman et al. 2018; Holt 2021, p. 128). As Holt (2021, p. 132) states, DV was historically viewed as a 'private' and 'family' matter as opposed to a gendered social phenomenon. Such understandings often failed to recognise the complex differences between men's and women's social conditioning, thereby overlooking the gendered nature of the issue. It was not until the second-wave feminist movement that family violence was considered a social and gender-based problem (Gelles 1985, p. 348). During this time, scholars began to challenge dominant medical and psychiatric models of research that largely

ignored intersecting factors contributing to interpersonal violence perpetrated against women and children in the home (Bograd 1999).

The term ‘domestic violence’ (DV), therefore, developed to conceptualise women’s experiences of interpersonal violence in heteronormative domestic settings. Campaigning by feminist circles and the gradual emergence of women’s consciousness-raising groups assisted in increasing societal awareness of DV primarily as *physical* abuse (Schechter 1982). As Donnelly, Cook and Wilson (1999, p. 712) state, support agencies that assisted women experiencing DV at this time (referred to as “shelters for battered women”) were initially established due to the broader women’s liberation movement of the 1960s and 1970s. However, support services and organisations generally directed their attention towards white, middle-class, married women experiencing DV whose husbands were considered perpetrators, and tended to disregard other social minorities experiencing such abuse (Schechter 1982).

Despite the efforts of feminist activists in increasing awareness of DV, widespread perceptions of DV during this time tended to individualise and blame women as victim-survivors for their abuse (Holt 2021, p. 133). For instance, the problematic concept of ‘learned helplessness’, coined in the 1960s by Martin Seligman, argued that repetitive experiences of abuse result in a sense of powerlessness and the inability to escape a harmful environment due to the victim-survivor’s belief that the traumatic situation is ultimately unchangeable (Seligman & Maier 1967). In the context of DV at this time, the term ‘battered women syndrome’ associated women as victim-survivors with ‘learned helplessness’. This term, however, has since been linked to victim-blaming due to its tendency to situate the problem of DV in the individual victim-survivor and its disregard for social and structural explanations of gender-based violence (Ali, McGarry & Bradbury-Jones 2019, p. 19; Walker 1979).

‘Battered women syndrome’ (Walkler 1979) and Seligman’s (1967) theory of learned helplessness are two concepts initially adopted by scholars who attempted to understand women’s experiences of, DV. Despite offering potential psychological explanations (Mikulincer & Shaver 2015), these concepts failed to recognise that intersecting interpersonal, social, economic, and/or cultural, factors contribute to victim-survivors’ responses to abuse (Naved et al. 2006). Similarly, the ‘power and control wheel’, developed by Pence and Paymar (1993) sought to draw attention to tactics used by men to abuse women. Yet this framework focused solely on explanations based on men’s socialisations in patriarchal societies, ignored DV experienced by other populations, and failed to provide perpetrators with adequate rehabilitation and support resources (Chavis & Hill 2008). Early feminist theories of DV have therefore been criticised due to assuming that all DV occurs within a cisgender-heterosexual binary, which focuses solely on individual men as perpetrators and women as victims who should be considered ‘responsible’ for their reactions to abuse (Ali & Naylor 2013, p. 614; Mills 2003, p. 6-7). Nonetheless, the importance of early feminist research in raising awareness of DV and emphasising the correlation between DV and the patriarchy cannot be overstated (Dobash & Dobash 2004; Hunnicutt 2009), as such abuse remains a gendered issue (Australian Bureau of Statistics 2020).

Intimate partner violence and coercive control

DV was therefore initially considered to be perpetrated “by men against their female partners” and was associated with traditional gender stereotypes (Kelly & Johnson 2008, p. 468). Laskey, Bates and Taylor (2019) emphasise, however, that intimate abuse also occurs outside of heterosexual relationships, which the development and current use of the term ‘IPV’ reflects. The terms of ‘DV’ and ‘IPV’ are often used interchangeably, though IPV reflects a broader social shift

representative of inclusivity and acknowledges that abuse can be perpetrated in any form of intimate relationship, including those outside of heteronormative domestic settings (Rolle et al. 2018, p. 1; World Health Organisation 2012). Further, Johnson and Ferraro (2000) found that IPV not only involves physical violence, but also forms of psychological, emotional, and sexual abuse (Basile & Black 2011; Crossman, Hardesty & Raffaelli 2016, p. 454). Men can be victims of IPV (Drijber, Reijnders & Ceelen 2013), and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and all non-heterosexual and non-cisgender identifying) individuals can experience IPV (Walters 2011). In essence, IPV recognises that the roles of ‘victim’ and ‘perpetrator’ are not necessarily gender-specific (Archer 2000; Straus 1990). Whilst any individual can experience DV or IPV, the majority of victim-survivors are women and most perpetrators are cisgender identifying men (Australian Institute of Health and Welfare 2019; Kelly & Johnson 2008; Kilmartin & Allison 2012).

DV and IPV were formerly understood through a lens that positioned *physical* violence as the central dynamic of abusive relationships (Laing, Cavanagh & Humphreys 2013). As traditional understandings of such violence regarded “crimes to be discrete acts”, *patterns* of covert psychological, emotional, economic, and/or technological harm were not perceived as distinct forms of abuse (Stark 2007, p. 86). The theory of coercive control, therefore, recognises that intimate relationships are often abusive without involving explicit physical violation. Evan Stark (2007), whose research on coercive control and its gendered dynamics has been highly influential, argues that perceptions of IPV must be reoriented to acknowledge that non-physical abuse is central to violent relationships (Arnold 2009). Whilst it has long been acknowledged that abusive relationships are shaped by power and control (Johnson 1995), Stark (2007) maintains that the theoretical framework of coercive control, as patterned gender-based violence, must be incorporated into broader societal understandings of IPV.

This is because coercive control was previously understood as merely providing “a context for physical violence” rather than as a notable form of IPV itself (Crossman, Hardesty & Raffaelli 2016, p. 196). As such, one aim of this thesis is to draw increased attention to women’s lived experiences of coercive control as a distinct form of traumatic and insidious violence in order to expand upon current understandings and documentations.

Coercive control as gender-based IPV

Feminist literature illustrates that structural gender inequality contributes to the perpetration of coercive control (Arnold 2009; Garcia & McManimon 2011; Phillips 2006; Pitman 2017). Essentially, the tolerance and reinforcement of heteropatriarchal stereotypes and beliefs relating to “men’s power over women” can facilitate coercive control and IPV more broadly (Johnson 1995; Phillips 2006, p. 202). For instance, women’s ability to engage in what were previously understood to be ‘men’s spaces’ sought to challenge stereotypical gender roles and patriarchal social structures (Connell 2013; Stark 2007). As Risman (1998) notes, women’s independence, education, employment stability, education, and access to public life in Western contexts has generally improved since the 1970s. Thus, in their seminal research discussing the gendered nature of IPV (referred to at this time as ‘wife abuse’), Dobash and Dobash (1979) found that IPV perpetration is associated with the socio-cultural history of women’s subordination and men’s power over women (Lawson 2012, p. 579).

Literature has since discussed how gender ought to be a leading component of analysis in IPV theory and has focused on intersectionality and arrangements of gender and power, rather than stereotypical gender roles and the patriarchy (see McCarthy, Mehta & Haberland 2018; Stark 2007). IPV such as coercive control, therefore, cannot be adequately understood through frameworks that fail to consider the influence of “gender and power” relations (Yllo 1993, p. 47), as such

hierarchies facilitate abuse against women and allow for heteropatriarchal attitudes and behaviours to be reproduced in coercive and controlling relationships (Carlson 1984; Anderson 2009; Yodanis 2004).

In response to the issue of IPV, feminist literature has identified that perpetrators often direct abuse towards areas of women's lives representing their traditionally "subordinate domestic and sexual status" (for example, one's ability to fulfil household duties or maintain a traditionally 'feminine' physical appearance) to "reinstate patriarchy" (Ali, McGarry & Bradbury-Jones 2019, p. 18; Arnold 2009, p. 1435-1437). It has been argued that male perpetrators of coercive control – many of whom have been socialised to adhere to traditional gender stereotypes – are more likely to believe that women as intimate partners should adhere to "performances of rigidly and traditionally defined femininity" (Arnold 2009, p. 1435; Stark 2007; West & Zimmerman 1987). A woman with full-time employment, for instance, may experience economic abuse or be forced to become financially reliant on an abuser who believes he is the 'sole provider', and that a woman should perform socially constructed 'feminine' duties (Hunnicut 2009, p. 560). The widespread acceptance of socio-cultural gendered beliefs indirectly provide means for which perpetrators can retrieve a threatened sense of 'masculinity' by controlling and degrading their partners, further perpetuating women's sense of subordination (Beck et al. 2009; Williamson 2010). The feminist theoretical perspective, therefore, recognises that structural positioning in relation to gender influences the perpetration of abuse whilst increasing the risk of women becoming victimised (Anderson 2009; Stark 2007).

An additional factor that facilitates coercive control involves the range of gendered social expectations pertaining to the notion of 'toxic masculinity' (Pleck 1995). Toxic masculinity relates to "the need to aggressively compete and dominate others and encompasses the most problematic proclivities in men" (Kupers 2005,

pp. 713-714). Characteristics generally associated with toxic masculinity include a sense of entitlement to and power over women, the demonstration of physical strength, use of aggression and/or violence as a form of conflict resolution, rationality and self-determination, and the repression of vulnerability and emotion (Schippers 2007; Hong 2000, p. 270). Toxic masculinity stems from the notion of hegemonic masculinity, of which dominance and power over women in relationships is a characteristic (Durfee 2011). As Schippers (2007, p. 94) notes, hegemonic masculinity refers to the category of traits deemed as 'masculine', which socially and culturally legitimise "a hierarchical and complementary relationship to femininity that, by doing so, guarantee the position of men and the subordination of women". This ideology has been widely idealised and is often associated with dominance and control (Durfee 2011, p. 318). As Reidy et al. (2014, p. 160) note, young boys are commonly socialised to believe that 'failing' to adhere to the stereotypes and expectations associated with this construction of masculinity "will result in negative social consequences".

The concept of toxic masculinity therefore reinforces the belief that in order to meet society's definition of a 'true' man, one must adhere to traditionally 'masculine' stereotypes and characteristics (Connell & Messerschmidt 2005). Heilman and Barker (2018) and van der Kolk (2014) demonstrate that the conditioning to follow such traits can discourage men from understanding their own complex emotional insecurities, which are often caused and/or exacerbated by socio-cultural circumstances, attachment disruption, and/or developmental trauma. In response, men may attempt to manage unresolved feelings of emasculation or inadequacy in adulthood through initiating coercion and control in intimate relationships (Hong 2000). As Parrot and Zeichner (2003) emphasise, men who identify with rigid masculine ideals are more likely to be abusive towards adult intimate partners. Significantly, Pleck (1995) discusses the notion of 'discrepancy stress', which occurs when one believes they are failing to meet society's

construction of manhood (Reidy et al. 2014, p. 160). Men who experience discrepancy stress, therefore, may adopt coercive or violent behavioural tactics in an attempt to assert or reassert their masculinity (Vandello & Bosson 2013).

Whilst critics argue that the notion of ‘toxic masculinity’ upholds, rather than dismantles, rigid gender hierarchies due to correlating the negative consequences of structural gender inequality with individual men (Waling 2019), studies have demonstrated the influence of hegemonic and toxic masculinity IPV perpetration (Kinney, Smith & Donzella 2001; Presser 2005; Reidy et al. 2014).

Recognition of intersecting factors

Socio-cultural expectations relating to hypermasculinity (particularly those which discourage the expression of vulnerability) have been found to increase the risk of insecure attachment in boys (DeFranc & Mahalik 2002). This is due to the ways in which boys are often encouraged to be self-sufficient, resilient, and lack emotional reliance on caretakers (DeFranc & Mahalik 2002; Mahalik et al. 2005). Trauma-theory literature has also determined that attachment insecurity and developmental trauma can contribute to the perpetration of intimate partner abuse in adulthood, such as coercive control (Dutton 1998; Park 2016; Lee, Reese-Weber & Kahn 2014). Boys who experience attachment trauma whilst being exposed to gendered socio-cultural expectations that embrace to a heteropatriarchal form of masculinity, including a sense of entitlement to women, may therefore be more likely to use coercion and control in adult relationships (Follingstad et al. 2002; McDermott & Lopez 2013; Levy 2005).

Perry (2007) demonstrates that boys raised in accordance with such norms are rarely provided with opportunities to develop the skills required to communicate their personal vulnerabilities with caretakers and intimate partners, and may lack understanding into their own problematic emotional responses (Gallagher &

Parrott 2011). Such men may therefore more inclined to adopt coercive and/or controlling behaviours to manage complex insecurities during intimate relationships (such as micro-management or shaming) to “draw upon their personal constructions of masculinity as a way to respond to gender-relevant contexts” (Mahalik et al. 2005, p. 619). These factors, in turn, can directly influence women’s experiences of coercive control by reinforcing certain rigid gender norms that stem from hypermasculinity, and which further perpetuate women’s position of inequality (Connell 2013; Anderson 2009).

Responses to coercive control in Australia

Introduction

Thus far I have examined literature discussing the nature and dynamics of coercive control, its impact on women, and the ways in which coercive control has been identified as traumatic and gender-based intimate violence. In response to the second research question and aim, the following sections examine literature that has explored various responses to coercive control in Australia. In addition to legislation and peer-reviewed journal articles, I also refer to grey literature to highlight the opinions of marginalised and/or non-academic activists and victim-survivors whose contributions must be prioritised. Grey literature refers to publicly available informal works that are not peer-reviewed (such as newspaper articles) (Mering 2018; Walter 2019). As authors of grey literature (who may or may not hold academic qualifications) “may be experienced and knowledgeable in their fields” (Mering 2018, p. 238), the inclusion of such works can assist in providing a more diverse representation of views regarding social issues (Paez 2017, p. 234). In the context of responses to coercive control in Australia, it is crucial to discuss grey literature authored by Aboriginal and Torres Strait Islander women – a population at far greater risk of experiencing IPV (Australian Institute of Health

and Welfare 2019; Stubbs & Wangmann 2017), and whose perspectives are under-represented within white-centric criminological academia (Fredericks et al. 2018).

Legal and carceral responses to coercive control

In Australia, at the Commonwealth level, the *Family Law Act 1975* (Cth) does not explicitly prohibit coercive control in the context of IPV against women. Rather, this legislation broadly defines “family violence” under Section 4AB as “violent, threatening or other behaviour by a person that coerces or controls a member of the person’s family, or causes the family member to be fearful”. Whilst coercive and controlling behaviour is included within its wider definition of *family* violence, the current provision frames this abuse as stemming from the family unit rather than an intimate relationship (Lawson 2012, p. 573). Similarly, Australian states and territories have adopted broad legislative approaches towards coercive control as family violence as opposed to a gendered social issue (McMahon & McGorriery 2016). For example, Section 5A of the *Restraining Orders Act 1997* (WA) *indirectly* criminalises coercive control by prohibiting coercion as a behaviour that is included in its definition of family violence. Significantly, however, Tasmania was the first Australian state to incorporate offences into Section 8 and Section 9 of the *Family Violence Act 2004* (Tas) to criminalise two components of coercive control – emotional abuse or intimidation and economic abuse. With the exception of Tasmania, state and territory legislation narrowly frames coercive and controlling behaviour as *family* violence rather than gender-based IPV (see, for example, the *Family Violence Protection Act 2008* (Vic) s. 5).

Discussions regarding the need for further legislative-based responses to coercive control in Australia were prompted by major reforms to family violence legislation in the United Kingdom (McMahon & McGorriery 2020, p. 3). In 2015, England and Wales introduced the offence of coercive control into Section 76 of the

Serious Crimes Act 2015 (UK). Northern Ireland and Scotland followed closely in 2018, criminalising coercive control in the *Domestic Violence Act 2018* (Ireland) and the *Domestic Abuse Act 2018* (Scotland). The introduction of these provisions sparked international debate, prompting academics, legal experts, advocates, and victim-survivors to consider the potential benefits and/or disadvantages of criminalising coercive control (see Hamilton 2019; Kilroy 2021; Walklate & Fitz-Gibbon 2019; Wangmann 2020). At present, states and territories in Australia are undertaking political and legal processes that will allow for coercive control to be criminalised in the near future (McMahon & McGorrery 2020; Fuller 2021). For example, a discussion paper released by the Women's Safety and Justice Taskforce in Queensland gathered opinions regarding how to implement a coercive control offence (Porter et al. 2021; Women's Safety and Justice Taskforce 2021). In New South Wales, a Parliamentary Joint Select Committee was formed in October 2020 to "inquire into and report on coercive control" (Parliament of New South Wales 2020). These efforts have assisted in increasing awareness of coercive control and, to an extent, have allowed for the issue to be moved "from the private to public domain" (Douglas 2015; Hester 2011, p. 841).

Literature has discussed further the potential advantages of introducing legislation that explicitly criminalises coercive control (McGorrery 2020; Stark & Hester 2019; Tolmie 2018). It has been argued that doing so will provide victim-survivors with an additional avenue through which to seek legal support in response to predominantly non-physical IPV, as opposed to relying on existing legislative provisions that "do not provide adequate protection for victims" (McMillan 2021, p. 1). Additionally, Bettinson (2016, p. 166) notes that a specific coercive control offence may enable police to apprehend perpetrators at critical stages of non-physical abuse. Because coercive control is a major risk factor in intimate partner homicide (Buzawa, Buzawa & Stark 2017), advocates in favour of criminalisation have argued that a new offence will provide police, as first-responders, with

further means through which to intervene prior to a perpetrator's infliction of fatal physical violence (Barlow et al. 2020, p. 163). Similarly, Wiener (2017) states that specific coercive control provisions, paired with increased police training as to the dynamics of predominately non-physical coercive control, may improve the ability of police to identify the risk of future physical violence, thereby protecting victim-survivors.

De-carceral and community-based responses

In contrast, literature has emphasised that additional legislation is likely to be an inappropriate response to coercive control against women (Fuller 2021; Hamilton 2019). Criminalising such abuse ultimately reflects an over-reliance on law's symbolic power (Barlow et al. 2020, p. 161; Hanna 2009), and highlights the difficulties associated with converting the psychological harms caused by coercive control into effective and practical legislative-based responses. Walklate, Fitz-Gibbon and McCulloch (2018, p. 116), for instance, discuss that the "recourse to law" has long been a dominant yet ineffective response to IPV against women. The efficacy of carceral approaches that seek to address gender-based violence such as coercive control have also been contested in literature that emphasises the performative nature of legislation as a 'reactive' response to IPV (Kim 2018; Smart 1989; Tolmie 2018). Provisions intending to support women experiencing IPV, for example, are often gender-neutral and rarely consider broader factors that influence victim-survivors' experiences, such as race, class, sexual orientation, disability, police bias, or the re-traumatising nature of the adversarial criminal justice system (Brennan et al. 2019, p. 648; Grant 2015; Tolmie 2018). As Gleeson (2019) highlights, this was the primary reason as to why recommendations seeking to criminalise coercive control were rejected by Victoria's Royal Commission into Family Violence (Victorian Government 2016).

It must also be noted that coercive control legislation introduced in the United Kingdom has largely been unsuccessful in preventing and reducing coercive controlling behaviour. Since its implementation in December 2015, coercive control laws were used just 62 times across a six-month period (Walklate, Fitz-Gibbon & McCulloch 2018, p. 118). A review of the United Kingdom's coercive control legislation found that whilst the number of coercive control offences recorded by police increased since 2015, offences resulting in defendants being charged "decreased from 11% in 2017-2018 to 6% in 2018-2019" (Home Office 2021, p. 5). It was also reported that whilst perpetrators who were prosecuted increased from 38% to 60% in 2016, this later fell to 52% in 2019 (Home Office 2021, p. 5). An additional key finding of the review was that not all coercive and controlling behaviours experienced by victim-survivors receive police attention (Home Office 2021, p. 5), which is in part a result of police difficulty "in understanding, identifying, and evidencing" coercive control (Office For National Statistics 2021; Home Office 2021, p. 5). This is also due to coercive control encompassing patterns of *non-physical* harm that are often challenging to detect in practice (Stark 2007). These factors demonstrate the ineffectiveness of coercive control legislation across the United Kingdom, and such arguments have been explored by academics, practitioners, and advocates who express scepticism towards the criminalisation of coercive control in Australia (Walklate, Fitz-Gibbon & McCulloch 2018).

Literature has further discussed the negative consequences associated with potential criminalisation and has emphasised the importance of improving *all* women's access to community-led and de-carcerated supports (Kim 2018; Tolmie 2018). For instance, the criminalisation of coercive control is an issue of particular concern to marginalised and over-policed minority groups in Australia, such as Aboriginal and Torres Strait Islander (ATSI) women (Kilroy 2021; Watego 2021). A coercive control offence will likely cause further harm to already vulnerable

ATSI victim-survivors who are frequently misidentified as primary aggressors by police, and are significantly over-incarcerated in comparison to non-Indigenous victim-survivors (Australian Bureau of Statistics 2018; Battams et al. 2021; Taylor, Payer & Barnes 2018). ATSI activists have also expressed concern regarding recent proposals to establish 'women's only' police stations that intend to provide gender-specific support to IPV victim-survivors (Porter et al. 2021). Whilst women's police stations may intend to provide multi-disciplinary support (Carrington et al. 2020, p. 58), they are unlikely to adequately protect ATSI women (as well as other minority populations, such as LGBTQIA+ individuals) due to their carceral and punitive nature (Porter et al. 2021). ATSI activists, academics, and victim-survivors therefore generally oppose the criminalisation of coercive control because it will result in the broadening of police powers, and the violent power of the carceral state as the coercive and controlling 'perpetrator' will be extended (Cunneen & Porter 2017, p. 668-669; Kilroy 2021; Wangmann 2020).

An additional concern associated with the introduction of further carceral responses to coercive control relates to victim-survivors' interactions with the adversarial criminal justice system and its promise of 'protection' (Douglas 2018; Duran & Simon 2019). Women who seek assistance or protection from law enforcement in relation to IPV are frequently dismissed or indirectly blamed for their abuse (see McMullan, Carlan & Nored 2010; Meyer 2011). This in part is due to the heteropatriarchal nature of policing culture and problematic gendered assumptions of women's experiences of violence (Nancarrow et al. 2020), an overreliance on acts of *physical* abuse, and a lack of police understanding as to the nature and effects of IPV (Barlow et al. 2020; Rowe 2008; Segrave, Wilson & Fitz-Gibbon 2016). Walklate, Fitz-Gibbon and McCulloch (2018, p. 121) note, for instance, that the introduction of a coercive control offence will require victim-survivors to interact with law enforcement and the criminal justice system if choosing to pursue charges against their abuser. Yet victim-survivors are often

hesitant to formally report IPV due to fears of discriminatory or negative treatment from the legal system, feeling obligated to protect and/or rely upon their abuser, and fears of abusive repercussions or reactions from perpetrators (Felson et al. 2002; Voce & Boxall 2018). For particularly vulnerable or at-risk victim-survivors, such as ATSI women and/or LGBTQIA+ individuals, the criminalisation of coercive control is likely to result in an increased number of women facing discriminatory police treatment and/or unjust incarceration (see Goldberg et al. 2019; Smee 2021; Watego 2021).

Further discussions across Australia

At the time of writing, Australian family violence and IPV support agencies have discussed the ways in which coercive control could be responded to and have emphasised the need for a “whole-of-systems” response (Domestic Violence Victoria 2021, p. 21). Significantly, the 2015 Royal Commission into Family Violence stated that “education, training, and embedding best practice and family violence specialisation in the courts” is an effective way to prevent coercive control (Victorian Government 2016, p. 189). Respect Victoria (2021), a leading family violence organisation, is currently managing a campaign that intends to provide increased education to communities with aims to prevent coercive control. In its discussion paper, the campaign stated that criminalisation is unlikely to effectively assist all victim-survivors or prevent women from experiencing coercive control (see Gleeson 2021). Respect Victoria’s campaign is supported by other IPV agencies, as well as advocate Rosie Batty, whose son was killed by Batty’s coercive and controlling husband in 2014 (Gleeson 2021). Other agencies, including Domestic Violence Victoria and the Domestic Violence Resource Centre, have argued *against* the implementation of a coercive control offence, stating that the justice system should “implement and enforce *existing* legislation

more effectively” as opposed to relying on new legislation (Domestic Violence Victoria 2021, p. 21).

Further discussions have outlined the ways in which coercive control ought to be responded to. The issue was raised at the 2021 National Summit on Women’s Safety, at which agencies described the *prevention* of coercive control as essential (Australian Government Department of Social Services 2021, p. 11). Further, the Multicultural Centre for Women’s Health has emphasised that addressing the issue requires “systemic and structural change”, and that responses should transform gendered socio-cultural attitudes that facilitate IPV (Respect Victoria 2021, p. 1). Djirra, a family violence organisation for ATSI victim-survivors, argues that responses must look *beyond* criminalisation and focus on prevention and intervention (Gleeson 2019; Respect Victoria 2021, p. 1). Switchboard (who provide Australia’s LGBTQIA+ IPV helpline, Rainbow Door), reported that the organisation are in favour of de-carceral approaches and that “LGBTQIA+ people will be left behind with the same lack of options they currently have” if criminalisation is the dominant response to coercive control (Respect Victoria 2021, p. 2). Other agencies, including the Victim Survivor Advisory Council, No to Violence, and the Women’s Information Referral Service, have emphasised that coercive control is a social issue that must be addressed through widespread shifts in attitudes and community-based solutions (Respect Victoria 2021).

In consideration of these discussions, it must be noted that a significant body of literature conducted both internationally and in Australia has explored women’s experiences of DV and/or IPV more broadly (including coercive control), as well as the improvement of support responses (see, for example, Bostock, Plumpton & Pratt 2009; Dasgupta & Warrier 1996; Flinck, Paavilainen, & Åstedt-Kurki 2005; Rees & Pease 2007). Several international studies have also focused on individuals’ lived experiences of coercive control as a distinct form of DV/IPV. In

particular, this research has examined the negative psychosocial effects of coercive control and its ability to cause significant damage to victim-survivors' sense of autonomy and agency (see Pitman 2017; PolICASTRO & Finn 2016; Williamson 2010). Further, a small number of feminist studies conducted in Australia have discussed the impact of specific coercive and controlling behaviours, such as technology-facilitated and image-based coercive control (Harris & Woodlock 2019; Henry, Gavey & Johnson 2022), economic abuse (Singh & Sidu 2020), legal systems abuse as a form of coercive control (Douglas 2018), psychological abuse and threats (Douglas 2022), and physical coercive control such as non-fatal strangulation (Edwards & Douglas 2021). Whilst this research has thoroughly examined victim-survivors' experiences, there remains a greater need to highlight and centre the opinions and perspectives of those with lived experience in regards to more effectively responding to this abuse.

Notably, at the time of writing, there has been just one Australian study published thus far which has focused on women's lived experiences of coercive control more broadly, whilst discussing how these experiences may influence victim-survivors' support-seeking behaviour and/or preferences (see Boxall & Morgan 2021). This study analysed data from 1,023 Australian women with former experience of coercive control and identified that participants' experiences were shaped specifically by: jealousy, suspicion of friends, insults, monitoring of movements, financial abuse, physical abuse, and/or sexual violence (Boxall & Morgan 2021, pp. 6-10). Rather than focusing on a singular behavioural aspect of coercive control (for example, economic abuse or technology-facilitated coercive control), this study highlighted the various abusive tactics that shaped women's experiences and how such patterns influenced support-seeking choices (Boxall & Morgan 2021). The study also concluded that women "were more likely to seek advice or support" if they had been subjected to explicit physical and/or sexual violence during their relationship (Boxall & Morgan, 2021, p. 12).

In response to existing literature, then, this thesis does not seek to identify and discuss which individual coercive and controlling behaviours inflicted by perpetrators may contribute to women's support-seeking decisions and/or preferences, or the particular forms of support that victim-survivors access. Rather, it aims to respond to gaps in Australian-based research by documenting, drawing further attention to, and analysing women's broader lived experiences of coercive control specifically through a critical feminist, trauma-informed, and victim-centred conceptual framework in order to expand upon current understandings of this abuse. In turn, the thesis aims to highlight and centre the perspectives of victim-survivors in current discussions relating to how coercive control perpetrated against women could be more effectively responded to in Australia as a form of predominately non-physical abuse.

Conclusion

This chapter has examined literature relating to women's experiences of coercive control in the context of intimate gender-based violence and potential responses to the issue in Australia. Whilst literature and national debates highlight the perspectives of various IPV agencies, scholars, legal experts, and/or advocates, it is evident that few studies conducted in Australia have directly included the opinions and narratives of women with lived experience of coercive control in regards to effectively responding to the issue. As stated previously, this thesis seeks to contribute to discussions by interpreting and drawing increased attention to the lived experiences and opinions of women as victim-survivors to expand upon current understandings of traumatic coercive control. Further, in consideration of participants' narratives, this thesis intends to add to discussions relating to responding to coercive control by highlighting the perspectives of women as victim-survivors. To effectively analyse and centre victim-survivors' experiences and views, then, it was necessary to adopt methods of qualitative data

collection and analysis. The following chapter details the study methodology and discusses the processes of data collection and analysis.

Chapter Two

Methodology

Introduction

This thesis adopts qualitative methods of data collection and analysis, including a semi-structured questionnaire and theoretical thematic analysis. In the following sections, I explain the research methods used and discuss the chosen theoretical frameworks. I also identify ethical concerns that the study presented and how these were navigated – these related to participant confidentiality, the risk of emotional distress to participants, and the risk of vicarious traumatisation to myself as the researcher. Prior to considering the process of data collection and analysis, it is necessary to outline the research questions and aims of the thesis (stated below). These were constructed in response to gaps in literature relating specifically to Australian women's experiences of coercive control and its effects, and due to few studies having directly included the narratives and opinions of women as victim-survivors in discussions relating to responding to coercive control. The research questions and aims were also designed in consideration of the feminist, trauma-informed, and victim-centred theoretical framework adopted by the thesis.

Research questions

1. How do women as victim-survivors experience coercive control and its effects in relation to gender and trauma?
2. From the perspectives of women with lived experience, how could coercive control be responded to in Australia to more effectively support victim-survivors?

Research aims

1. To document, draw further attention to, and analyse women's lived experiences of coercive control; and
2. To determine, from the perspectives of participants, how coercive control could be responded to in Australia to more effectively support women as victim-survivors.

Data collection

Participant recruitment

After ethics approval was granted by the La Trobe University Human Ethics Committee [HEC20330], 15 participants were recruited through an Australian IPV Facebook support group for victim-survivors and advocates. The decision to recruit participants through an online support group was based on the premise that members of such groups are likely to feel more emotionally prepared and/or empowered to discuss their experiences of IPV because they regularly engage in online discourse relating to their experiences (Hurley, Sullivan & McCarthy 2007). I was provided access to the group after disclosing my identity to the administrators. Two recruitment advertisements were shared, which outlined eligibility criteria and background context to the research. Group members who expressed interest in participating were contacted via email and informed of the research aims.

Eligible participants were women aged 18 years over (residing in Australia) with former lived experience of coercive control. To avoid causing potential distress to participants, it was essential that participants were *not* experiencing coercive control at the time of the study. This requirement also ensured my personal safety (Caulfield & Hill 2018), as it reduced the risk of perpetrators discovering

participants' involvement and attempting to contact myself and/or the Principal Investigator. Group members who expressed interest in participating were emailed a Participant Information and Consent Form (PICF) (see Appendix B). Each risk and benefit of the study was discussed in the PICF, which ensured that participants were able to provide informed consent (Sin 2005). The PICF also provided a list of relevant IPV support organisations, which enabled participants to access professional assistance if required. Participants were given my La Trobe University email address prior to returning their PICF and were encouraged to contact me with questions or concerns relating to the study.

Sampling

The sampling strategy used involved non-probability purposive sampling and self-selected sampling. Purposive sampling relates to the researcher using knowledge about a certain population or cohort to select units of analysis that align with the research aims (Walter 2019). This may involve choosing individuals from a particular social group who have experienced a specific life event (Babbie 2005; Campbell et al. 2020, p. 654). In the current study, participants were selected purposively because they had previously experienced coercive control and identified as women who resided in Australia. Additionally, a self-selected sampling technique was used – this relates to the researcher sharing recruitment advertisements that request for certain individuals to respond if they fulfil the eligibility criteria and are interested in participating (Walter 2019, p. 112; Wilson 2014, p. 46). Members of the online IPV support group in the current study self-selected by responding to the advertisements, as they fulfilled the target criteria and expressed that they were interested in sharing their experiences.

Limitations of sampling strategies

As one of the sampling methods used was self-selection, participants used their initiative to respond to recruitment advertisements. Potential participants were then required to read and sign the PDCF and complete the questionnaire if interested in sharing their experiences. The sample was therefore not as diverse as possible because participants were self-selected, and (in accordance with ethical guidelines) the sample could only include those who completed their PDCF and questionnaire. Self-selected sampling does, therefore, have a potential for bias (Walter 2019, p. 112). Further, whilst sexual orientation was irrelevant to eligibility, the final sample included 14 heterosexual-identifying women and one lesbian-identifying woman. In turn, the research outcomes do not adequately represent the experiences or perspectives of LGBTQIA+ victim-survivors. Due to the self-selection sampling method used, it was also beyond the scope of the thesis to explore the experiences of men as victim-survivors, or to discuss how intersecting factors (such as age, race, class, religion, and/or disability) influenced victim-survivors' experiences of, and opinions towards, coercive control. As discussed in Chapter Five, it is essential for future research to determine how such factors may contribute to victim-survivors' perspectives.

Gathering of data

Data was gathered via semi-structured questionnaires containing six open-ended questions (see Appendix C). As Walter (2019, p. 20) notes, qualitative questionnaires are useful when gathering data from small groups, as they can allow for both individual and social “meanings, perceptions and understandings” to be identified. Introductory questions were asked at the beginning of the questionnaire, followed by questions of a more sensitive (yet non-confronting) nature. Questions related to participants' experiences and opinions of coercive control, and were formulated in accordance with trauma-informed qualitative research practice (Campbell et al. 2020). Questions were also constructed in

consideration of the research aims and gaps in existing literature relating to Australian women's experiences of coercive control. To further reduce the potential risk of emotional distress, participants were advised to base their responses on experiences *previously* discussed in the online group. However, if comfortable to do so, participants were welcome to include information not previously discussed online.

Whilst interviews are often used for data gathering in qualitative projects involving victim-survivors of IPV (see, for example, Pitman 2017), semi-structured questionnaires were the chosen data collection method in the current study. As a junior researcher with no prior experience conducting interviews, the use of questionnaires was deemed an ethical choice due to the sensitive nature of the study, time constraints, and the fact that participants were from various Australian states and territories. Further, several participants stated they did not have access to video-calling technology, which limited the ability to conduct interviews. As the sample was recruited from an online group of which participants had written about their experiences, the use of questionnaires also allowed participants to continue sharing their experiences via a communication style they were comfortable with. This was particularly important due to the potentially distressing nature of experiences participants were interested in sharing. Indeed, there are several shortcomings of semi-structured questionnaires. For instance, questionnaires may prevent researchers and participants from developing rapport, and participants be unable to clarify or explore particular questions in further depth when responding to questionnaires (Walter 2019). Considering these benefits and limitations, it was decided that semi-structured questionnaires were a suitable methodology choice. The participant questionnaire is included below (see, also, Appendix A).

Participant Questionnaire

1. *Are you finding it helpful being a member of an Australian domestic violence victim-survivor support group on Facebook? In what ways are you finding this beneficial?*

2. *Besides being a member of an online Facebook support group for victim-survivors, what other things are you finding helpful at the moment for your personal healing or recovery?*

3. *Evan Stark (2007, p. 198) has described coercive control as repeated behaviours and actions in an intimate relationship, forming “patterns of dominance that entrap partners and make them subordinate”. Common tactics used by perpetrators of coercive control may include: humiliation, shaming, intimidation, emotional blackmail, isolation, restricted access to financial resources, technological surveillance, and micro-management.*

What were some of the biggest challenges or difficulties you experienced during your own relationship? When reflecting on these experiences, in what ways did you feel that you lacked independence or freedom?

4. *Coercive control, specifically, is not currently considered to be a crime in Australia. How do you think we can better assist other women who are experiencing coercive control? What do you think should be done to address the issue of coercive control?*

5. *If you have previously used a domestic violence support service in Australia, what was your experience like using this service? How do you think this service could be improved to better support other victim-survivors of coercive control?*

6. *Do you have any other thoughts about the issue of coercive control that you would like to share?*

Data analysis

Theoretical thematic analysis

Whilst certain large-scale and/or longitudinal IPV studies often adopt quantitative research methods (see Burge et al. 2017), many IPV related studies use qualitative methods due to the sensitive nature of data gathered and analysed (Caulfield & Hill 2018). As this thesis engaged with data relating to women's experiences of coercive control, a theoretical thematic analysis was used to interpret and draw conclusions from questionnaire responses. The analysis followed theoretical thematic analysis methods provided by Braun and Clarke (2006) and Pitman (2017). Thematic analysis is a widely used research method that involves "identifying, analysing, and reporting patterns (themes)" within the data (Braun & Clarke 2006, p. 79). As a foundational method, thematic analysis provides a "theoretically flexible approach to analysing qualitative data" (Braun & Clarke 2006, p. 77-78), which was appropriate for the study due to the feminist, trauma-informed, and victim-centred conceptual framework used. These frameworks are discussed in further detail in the following section. Thematic analysis generally involves a six-step process (summarised below) (Braun & Clarke 2006).

1. The researcher becomes familiar with data to observe initial patterns.
2. Codes are generated via organisation of data into meaningful groups.
3. Themes are identified and codes are sorted into themes and sub-themes.
Visual methods may be used to consider relationships between codes/themes.
4. Themes are refined. Two stages of analysis occur – aligning themes with coded data extracts and developing thematic maps.
5. Themes are refined for analysis as the story of the data develops.
6. An analysis report is constructed. Data extracts are embedded in the report and are connected to the research question/s and literature.

Specifically, a *theoretical* thematic analysis was used to analyse the data. Pitman's (2017) method of theoretical thematic analysis was drawn upon and offered an additional framework through which to analyse victim-survivors' experiences of coercive control. Broadly, theoretical thematic analysis allows for analysis of data based upon the researcher's pre-existing theoretical frameworks, in comparison to an inductive analysis (in which data is coded and themes are identified without knowledge of existing conceptual frameworks) (Boyatzis 1998; Patton 1990). This process "contributes to theory building" via analysis being structured and guided by the researcher's theoretical frameworks (Pitman 2017, p. 148). Theoretical thematic analysis can also assist in researchers' interpretation of particularly personal narratives, including those shared by individuals who have experienced traumatic events such as coercive control (Pitman 2017). Thus, this method was selected due to the study's feminist, trauma-informed, and victim-centred perspective, the sensitive nature of the data, and the small sample size (Braun & Clarke 2006; Walter 2019).

Theoretical frameworks

As noted previously, this thesis adopts a feminist, trauma-informed, and victim-centred theoretical perspective. These conceptual frameworks guided the process of data collection and analysis and framed the identified themes. Whilst the feminist conceptual framework, generally, emerged as a result of the women's liberation movement of the 1960s and 1970s (Lawson p. 579), it must be noted that within a broader feminist theoretical perspective exist many feminist ideologies highly specific to time, culture, and socio-political circumstances (Mosedale 2005). In the current study, and in acknowledgement of my positionality in a Western context, the particular feminist framework I adopt seeks to place participants' structural positioning in relation to their gender identity as women at the centre of the data analysis (Ali, McGarry & Bradbury-Jones 2019).

In recognising women's positioning in the gender hierarchy, this perspective strives to illustrate the "importance and validity of women's experiences" in the context of coercive control (Driscoll & McFarland 1989, p. 187).

Further, as the majority of victim-survivors identify as women (Hamberger, Larsen and Lehrner 2017), using a feminist conceptual lens was relevant as it ensured that the narratives of participants were appropriately acknowledged and centralised. This framework does not intend to disregard the fact that coercive control can be experienced by any individual (including men and LGBTQIA+ groups). Rather, it seeks to emphasise that coercive control remains a social issue predominately affecting women due to structural gender inequality, and acknowledges that IPV is facilitated by socio-cultural beliefs and behaviours that embrace a rigid understanding of gender as existing within a cisgender-heterosexual binary (Lawson 2012). The feminist framework used also refers to 'woman' and/or 'women' as participants' positioning in the gender hierarchy as opposed to an identifying factor perceived as innate or biological (Blakemore, Berenbaum & Liben 2013). Adopting a feminist perspective to analyse women's experiences was therefore essential because it sought to acknowledge that performances of gender are deeply "connected to" perpetrators' patterns of coercive control and women's experiences of victimisation (Anderson 2009, p. 1455; Stark 2007).

Additionally, a trauma-informed and victim-centred conceptual framework was used and shaped the identification of research outcomes. These combined lenses recognise and understand the ways in which psychological trauma can be a consequence of coercive control (Herman 2015), and acknowledge that this process may cause one to involuntarily enter a state of helplessness that does not necessarily 'end' upon detaching from the abusive relationship (Meyer 2011; Voce & Boxall 2018). These frameworks also aim to ensure that further harm (such as re-traumatisation) is prevented by placing the wellbeing and agency of victim-

survivors as participants at the centre of the research process (Bowen & Murshid 2016; SAMHSA 2014). It was therefore necessary to adopt these frameworks in order to acknowledge that participants may have experienced trauma as a result of being subjected to coercive control (Herman 2015; Park 2016). Whilst the trauma-informed framework is ethically suitable for most sensitive qualitative studies involving victim-survivors, one must also remain critical of the inclination to assume that *all* victim-survivors who participate in such projects are necessarily traumatised (Mortimer, Fileborn & Henry (2021, pp. 145-146). This is not to discount the impact of trauma as a potential consequence of coercive control, but rather to emphasise that the trauma-informed perspective alone may individualise abuse and can “reproduce problematic assumptions about how victim-survivors ‘should’ experience the impacts of violence” (Mortimer, Fileborn & Henry 2021, p. 146).

The theoretical framework applied in the thesis is therefore significant because it is interdisciplinary, and merges three conceptual lenses often used independently of one another in distinct disciplines (for instance, psychological science, gender studies, and/or feminist criminology). The theoretical perspective has also been influenced by existing literature that has sought to conceptually link these three frameworks (see Herman 2015; Williamson 2010). The feminist epistemology, for instance, is predominantly used by gender theorists and feminist criminologists (see Lennon & Whitford 2012). The trauma-informed lens is commonly used in psychological sciences and/or clinical settings offering psychotherapeutic treatments (Perry 2007; van der Kolk 2003). Whilst the victim-centred theoretical framework is often used alongside the trauma-informed lens in psychosocial settings, it is also specifically used in criminological contexts by victimologists interested in conceptualisations of victimisation and its consequences (Burgess, Regher & Roberts 2011). As previously discussed, the merging of these lenses was required because participants identified as women, and literature has established

that trauma can be consequence of coercive control (Dutton et al. 2006; Kelly 2010; Pitman 2017; Reidy et al. 2014). Using this combined framework was necessary as it sought to add to discussions by, firstly, drawing attention the nature of coercive control and its consequences experienced by women. Secondly, it aimed to highlight the ways in which gender inequality facilitates coercive control perpetration and victimisation, whilst including the opinions of women with lived experience in debates relating to responding to coercive control.

Documenting and analysing women's experiences of abuse

Whilst acknowledging the necessity of the chosen conceptual frameworks, it is also crucial to remain aware of the tension existing between participants' understandings of their experiences and opinions of coercive control, and the theoretical knowledge of this violence I possess as a criminologist and postgraduate researcher. This positionality has enabled me to access and comprehend certain theoretical information that has contributed to my own critical understanding of coercive control. Indeed, certain participants may have also accessed such knowledge, yet a failure to acknowledge the inherent “power differentials” existing between researchers and the researched (Muhammed et al. 2015, p. 1046), and the prioritisation of particular forms of knowledge in academia (Choudry 2020), can increase the risk of participants' testimonies being misrepresented. It is therefore essential to recognise that participants' experiences of abuse, and their understanding and sharing of these narratives, have been shaped by specific individual, socio-cultural, and/or socio-political circumstances and the ability or inability to access certain theoretical knowledge relating to intimate partner violence (Oetzel 2009). Considering these factors, then, the following chapters seek to analyse the data by sensitively re-framing participants' testimonies in a way that is attuned to this tension, whilst highlighting the importance of their lived experience as victim-survivors.

Potential ethical concerns

Participant confidentiality

As ensuring the anonymity of participants in qualitative research is a “core tenet of research ethics” (Morse & Coulehan 2015, p. 151), the first ethical challenge related to managing confidentiality. To avoid deductive disclosure, which involves participants’ privacy being compromised due to revealing identifiable characteristics (Kaiser 2009; Tolich 2004), it was crucial to ensure that identifying factors were excluded from the thesis. To navigate this, pseudonyms were assigned to participants during the analysis phase. In some instances, participants vividly described specific situations or events relating to their abuse. It was then necessary to alter or remove these details if a data extract itself was representative of a theme and was to be included in the analysis report.

Risk of emotional distress to participants

Due to the sensitive nature of the study, the potential risk of participants experiencing emotional distress was monitored at all stages of the research process. Participants were advised to implement a Personal Crisis Plan prior to signing their PICF and received guidance in constructing this. Each Personal Crisis Plan included details relating to participants’ external support networks and other relevant resources, which assisted in ensuring participants’ safety prior to taking part in the study (Hardesty & Campbell 2004). Further, I closely followed a risk assessment plan that provided detailed guidelines for managing risks (see Appendix A). As the questionnaire was constructed following trauma-informed research practice, participants were encouraged to respond to questions only to the extent they were comfortable with. Participants were also given two weeks to complete the questionnaire and were permitted further time if necessary. As my La

Trobe University email address was shared with participants, they were provided with opportunities to contact me if experiencing any sign of distress.

All participants were contacted via email at specific intervals – prior to, during, and after completion of the study. This ensured I was able to enquire as to their wellbeing and offer additional support if necessary (for instance, providing participants with further time to complete their questionnaire). If participants required external professional support, they were referred to a relevant IPV or family violence support service. As highlighted by Walter (2019, p. 242), it is crucial for participants to have access to external support organisations whilst taking part in sensitive research projects. Notably, participants in the current study did not contact me to express they were experiencing emotional distress, but rather made additional contact because they were interested in providing further details about their experiences of coercive control. Adhering to all risk management procedures in relation to this ethical concern, whilst communicating regularly with participants, allowed for the development of positive rapport and mutual trust – an essential aspect of conducting qualitative research (Walter 2019, p. 241).

Vicarious traumatisation

An additional ethical concern presented was vicarious traumatisation (VT). Whilst VT is predominantly experienced by individuals in helping professions such as social work, psychotherapy, and/or nursing, researchers conducting highly sensitive projects are also at risk of experiencing VT (Nikischer 2019; Woodby et al. 2011). VT refers to the range of symptoms that can have a lasting impact on researchers' "beliefs about themselves, their relationships with others, and the nature of the world" (Morran 2008, p. 139). These are caused by consistently listening to or reading about distressing or traumatic events experienced by others. VT can encompass feelings of helplessness, isolation, irritability, hypervigilance,

sleep disturbances, and symptoms of anxiety and/or depression (van der Merwe & Hunt 2018), and ultimately leads to a shift in worldview that causes one to “experience the world as an overwhelmingly harmful and dangerous place” (Plüg & Collins 2018, p. 23). It was therefore necessary to consider how researching women’s experiences of coercive control would potentially affect me and implement relevant strategies to manage this risk.

Use of a reflexivity journal provided a space in which to reflect upon emotional reactions to the data and potentially distressing literature (Nikischer 2019). It was particularly useful to engage in the process of reflexivity during the data analysis phases, as certain questionnaire responses were comprehensive and/or graphic. My journaling was often unstructured, which assisted in managing immediate or unexpected responses. During other writing sessions, it was necessary to identify specific emotional triggers. Developing a nuanced understanding as to potential explanations for emotional reactions, and sensitively managing these responses, reduced the risk of VT and ensured I could consistently engage with the research process. Further self-care strategies involved communicating with supportive social networks and distancing myself from research materials when necessary. These processes provided me with opportunities to discuss ethical challenges and exchange reflections with peers and colleagues (Hunter & Schofield 2006). It was also essential to limit exposure to the research by spending appropriate periods of time away from the thesis (Iliffe & Steed 2000), which assisted in preventing burnout often caused by VT (Splevins et al. 2010).

Whilst necessary to reduce the risk of VT to oneself as a researcher, it is also essential to accept and tolerate certain moments of emotional distress should they arise in response to potentially triggering research materials (see van Dernoot Lipsky & Burk 2009). Such experiences can provide opportunities for necessary introspection and can result in emotional and intellectual growth – a process that

ought not to be minimised or ignored as though seemingly ‘unprofessional’ or inappropriate in the context of academia. Doing so may compound distressing feelings which, over time, can contribute to experiences of burnout (Newell & MacNeil 2010). One must also remain aware of longstanding instructions and expectations that encourage us to believe the expression of emotion and/or vulnerability has no place in academia, particularly when experienced by women (Bloch 2016). Indeed, there are situations in which burnout may be unavoidable, yet this can be prevented through active engagement with the very emotions one may be ignoring or suppressing (van Dernoot Lipsky & Burk 2009). By allowing this process to occur and adopting appropriate self-care strategies, I was able to adequately manage various symptoms associated with VT. Managing this risk proved essential to the development of the thesis, as it ensured I could interact consistently with participants whilst fostering a compassionate online space through which traumatic narratives were shared.

Towards data analysis

To summarise, this thesis adopted a theoretical thematic analysis – a flexible method suitable for studies adopting a range of conceptual frameworks (Braun & Clarke 2006), including that of a feminist, trauma-informed, and victim-centred perspective. As thematic analysis is a recursive process, it is appropriate for studies exploring distressing experiences such as IPV because such studies often require the researcher to return to phases of analysis due to the potentially distressing nature of the data (Braun & Clarke 2006, p. 86). Due to its flexible nature and the way in which it allows for personal narratives to be interpreted and categorised, use of a theoretical thematic analysis can ensure that the testimonies of victim-survivors are sensitively discussed and more adequately understood (Pitman 2017). After collecting the data, identifying the analysis method in consideration of the conceptual frameworks, and responding to ethical concerns,

the analysis phase commenced. In the following chapter, I analyse and discuss the data relating to participants' experiences through four main themes that emerged.

Chapter Three: Data Analysis and Discussion

Part One: Participants' Lived Experiences of Coercive Control

Introduction

In the preceding chapter, I discussed the methodological processes relating to data collection, analysis, theoretical frameworks, and ethical concerns. This chapter continues with an analysis of the data relating to participants' lived experiences of coercive control via trauma-informed, victim-centred, and feminist conceptual lens. The four main themes relating to participants' experiences included: psychological abuse, economic abuse, technology-facilitated coercive control, and physical and sexual violence. This chapter is divided into four sections (themes) – each of which reflects participants' experiences. In each section, I provide an overview of the theme and outline representative data extracts. I then analyse and discuss participants' testimonies in further detail by drawing upon literature to explore the effects of their experiences in relation to trauma and structural gender inequality.

This chapter responds to the first thesis aim: to document, draw increased attention to, and analyse women's experiences of coercive control. The research outcomes are demonstrated below in a quantitative list and within three developed thematic maps. Figure 1 and Figure 2 illustrate the four main themes and various sub-themes initially revealed in the data. Figure 3 (below) demonstrates the traumatic nature of coercive control, identified through a secondary analysis of the main themes. Figure 3 provides an overview of the diverse ways in which coercive and controlling behaviours contributed to the trauma experienced by participants. Participants were subjected to oscillating 'attacks' that were facilitated in an environment characterised by terror and helplessness – attacks against their independence and autonomy and against their identity and self-worth. The data

revealed that experiencing these attacks within a regime of coercive control was traumatic due to causing damage to participants' sense of self, as well as their ability to trust and safely act upon their perception of the abusive reality.

Participants' (n = 15) experiences of coercive control

- Psychological abuse (n = 15)
- Economic abuse (n = 11)
- Technology-facilitated coercive control (n = 5)
- Physical and sexual violence (n = 7)

Figure 1

Developed thematic map, showing four main themes

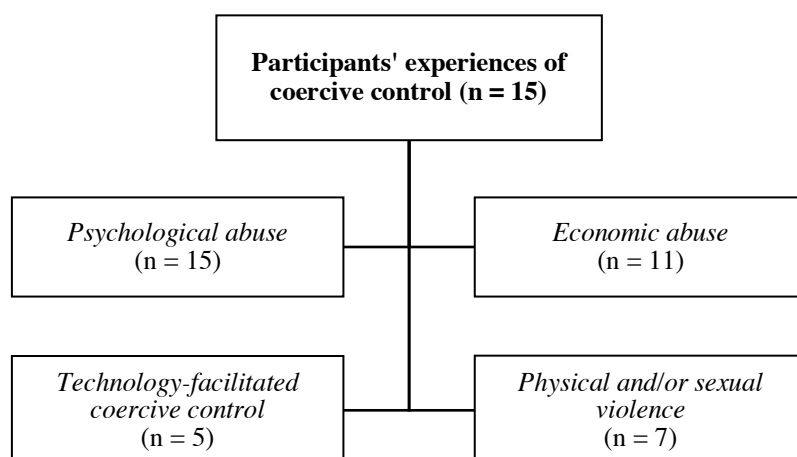


Figure 2

Developed thematic map, showing four main themes and sub-themes

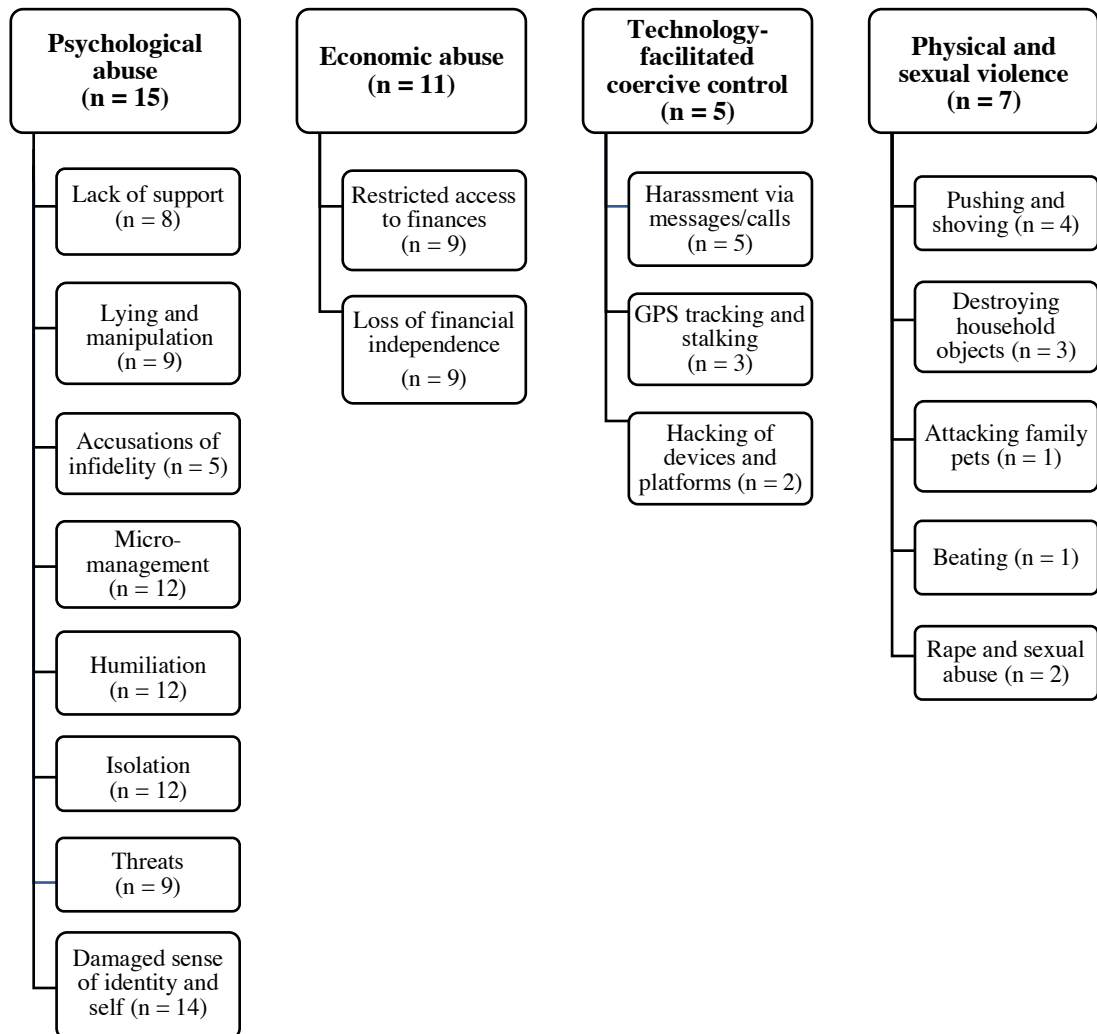
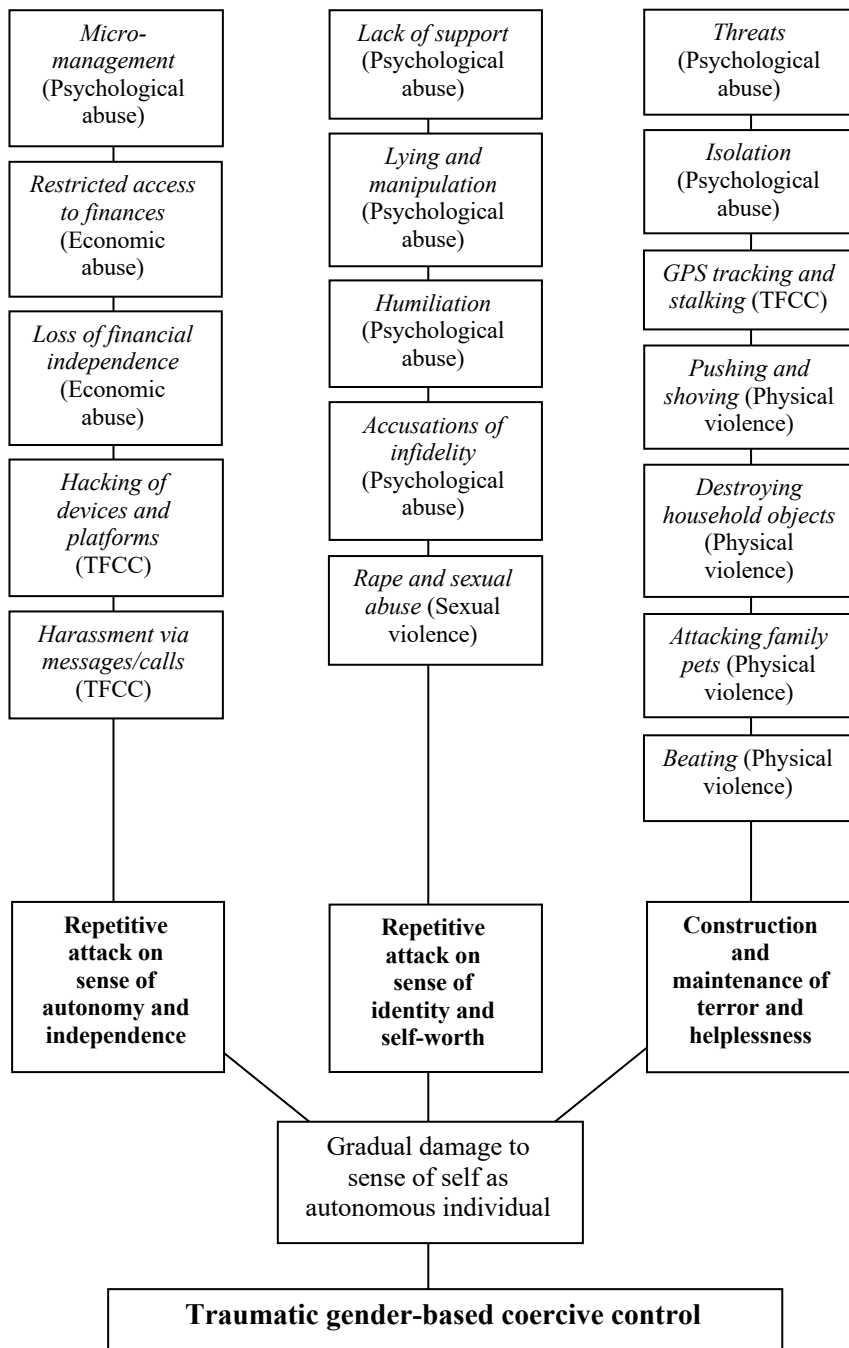


Figure 3

Developed thematic map, showing main themes, sub-themes, and traumatic gender-based coercive control framework



Psychological abuse

Theme Overview

The first main theme revealed was psychological abuse, which all participants (n = 15) experienced as an aspect of coercive control. Psychological abuse included: lack of support, lying in order control participants, manipulation, accusations of infidelity, micro-management, humiliation, isolation, threats, and the gradual destruction to participants' sense of self.

Psychological abuse, firstly, included perpetrators' refusal to provide emotional and practical support. This contributed to participants feeling "unheard, unseen, and unloved":

There was a total lack of support on any level, and the result almost broke my spirit. Everything was a challenge. (Jeanette)

Both of my former partners refused to take on responsibility: to work, to do housework, or to take on responsibilities for the children. Giving your partner no support is a form of coercive control. (Dianne)

Lying and manipulation led to feelings of betrayal and powerlessness. Perpetrators who used tactics of manipulation also caused participants to feel it was "so hard for people to believe your side of the story", resulting in an increased sense of isolation:

He would lie to others (...) The lies just escalated through the roof. He would ring the police to tell them I was bashing him – I didn't lay a finger on him. He did this all the time. He told the teachers at school lies. He told my children

lies, and he lied convincingly (...) He was very careful to abuse me when he had me alone. The lies were very alienating. I was often blamed for maltreating him. Very scary. (Dianne)

If I wanted to do something, or if I needed to go from work to family functions, he always took my car just before I would need to leave. He would say he'd be five minutes, but then be gone for hours. I lost more than one job for being late to work on many occasions because of this. (Kiera)

Psychological abuse also included perpetrators' ongoing use of "hurtful" accusations:

He would assume that my text messages contained hidden information of an adulterous nature. He made me leave several jobs that I loved because of these accusations (...) I was accused of sleeping with any person that walked past, including my family, friends, partners of friends, work colleagues, and contractors. His gaslighting had me convinced that I was instigating these thoughts. In the end, I chose not to socialise at all, which is exactly what he wanted. (Jennifer)

If I spoke too long to one of his male friends, or if I smiled too much or laughed, I was the 'slut' flirting with men just to annoy him. This was something I was accused of all our relationship. He said I 'changed' when with other men. I simply could not see that (...) For any medical appointments, I was also not allowed to have a male doctor. Sometimes this was not possible, so I had to lie. I didn't want to lie, but it was better than him shouting or making accusations. (Demi)

Micro-management was an additional tactic used to degrade, undermine, and control participants. Numerous areas of participants' lives were micro-managed – ranging from, for instance, physical movements to career-related decisions.

Whenever we would walk somewhere, I had to be 45 degrees behind him and to the side. He would occasionally 'test' this by swinging his arm back to ensure I was walking in this 'right spot', and he would click his fingers at me if I diverted from this space. (Ashley)

He constantly tried to micro-manage my career. He was always telling me that I was doing 'too much' beyond the scope of my job description, which was just untrue. At one point, he refused to let me work more than three hours per day (Monday to Friday). He tried to force me to back out of work commitments I had agreed to. (Sophia)

Further, participants were regularly humiliated – particularly through remarks relating to their physical appearance or failing to meet their partner's demands (for instance, "not meeting his needs (sexually)" and "not cleaning well enough").

They [two former partners] would put me down, sneer at me, and blame me. I was told I was 'materialistic' when I was standing there in rags, no makeup, no hair-do, no proper shoes, and scraping every cent I could just to put food on the table. This made me not want to go out due to the shame I felt about my appearance. Not having money to spend on outings made me not want to socialise, as everyone else had money to spend on these things. I was told I was ugly and sexually unattractive, and that they didn't know why they married me. (Dianne)

Tactics of isolation also caused participants to feel they “had no rights, independence, or freedom”. Participants were made to “feel guilty” for organising social events, and eventually felt “it was too cumbersome always justifying [to their abusers]” why they had arranged social plans. As Sophia explained: “he would speak poorly of all my friends, making me feel guilty for wanting to see them or spend time with them. Gradually, I stopped making arrangements to see these friends”. Isolation was not only “physical” (for instance, relocating to a distant suburb), but also a feeling experienced by participants as a result of other psychologically abusive strategies:

I was put down in front of friends and family, and that would embarrass me so much that I did not want to go out for that reason too (...) I was isolated from my friends – not by him ‘forbidding’ me, but by poverty, and by his bad temper in front of them. (Dianne)

We would move house at the drop of a hat. He moved me away from my family and friends to a new town where I didn’t know anyone (...) He would alienate me from my friends and family. (Ashley)

We lived as though we were walking on eggshells. Anything at all could send him into a rage, so we basically tried to stay quiet and out of his way. My child and I used to play in the park at night – my child was only a toddler, but we were afraid to go home. Often, I would stay out as late as I could, and when I drove past our house and saw his car, I felt sick with dread. (Jeanette)

When I wanted to visit a friend, while I wasn’t told ‘no, you can’t’, he simply made it too hard and too much of a drama, or he put on such an embarrassing show the previous time that I just wouldn’t dare to try it again. He was rude

and offensive, so my friends and family slowly stopped wanting to see me anyway. (Jayde)

Threats of abandonment, self-harm, violence, and/or death were further aspects of psychological abuse. Charli, for instance, reflected upon the way her abuser would threaten to “self-harm” if she “did not pander to his way of thinking or demands”.

Although he never physically abused me, he would make threats, shout, yell, snatch my phone, prevented me from having access to my salary (which stopped me from seeing a psychologist), and threatened to not help me at home if I did not do exactly as he said. (Whitney)

Once, when we were backpacking on the other side of the world, he said he was breaking up with me and was abandoning me because, according to him, I didn’t have enough pages left in my passport and I was ‘stupid’ for this. This threat was particularly powerful because he was a very experienced world traveller, and this was my first time backpacking. He would use threats of ending the relationship to manipulate and gaslight me – reversing any issues I may raise as being all my fault, and that he shouldn’t have to put up with my insecurities. (Sophia)

He threatened me over and over again. He said if I left, he would chop me up and put me in a cray pot. After separation, he breached his intervention order and attempted to come and kill me with knives. He also said he would drive off a cliff with the children in the car. (Alison)

Finally, patterns of psychological abuse worked to gradually disrupt participants’ sense of self. However, remaining in the relationship also became necessary “for survival”. As Jeanette stated: “domestic abuse, particularly coercive control, has

severely damaged my self-confidence and wellbeing. It has affected my mental and physical health”.

I began to lose all my self-worth. I still really struggle with putting myself first, and with speaking my mind (...) I have trouble making decisions for myself in fear it will be the wrong choice. I was too scared and embarrassed to tell anyone what was going on, so I just painted on my happy face and continued to try to keep surviving. (Alison)

I was left in a state of constantly not knowing what to do. I was too weak and exhausted to do anything, or try to make decisions about a way forward – all while questioning my own ability and intelligence (...) I felt constantly tense, like I couldn't do anything right. (Louise)

These little things all add up, and slowly, over time, you completely lose yourself, your independence, and your desire to make choices. It's so risky to try to make choices – instead, it's just easier to give up all your freedom and independence for survival. (Ashley)

Discussion

The theme of psychological abuse firstly demonstrated the insidious and traumatic nature of coercive control. The process of traumatic bonding (Herman 2015; Park 2016, p. 493) between participants and their abusers commenced with perpetrators gradually inflicting subtle and unpredictable strategies of psychological abuse – this exacerbated as time progressed, and as participants consistently experienced psychological abuse in contrast with acts of kindness, affection, and love. Perpetrators' repetitive infliction of psychologically abusive behaviours ultimately created and sustained an environment of domestic captivity (Herman 2010), in

which repetitive non-physical harm contributed to participants' eventual loss of independence and sense of entrapment in their relationships (Candela 2016, p. 115; Stark 2007). As noted previously, for instance, Charli explained that her abuser often threatened to self-harm if she "did not pander to his way of thinking or demands". This example, relating to the use of threats as psychological abuse, demonstrates the way in which perpetrators adopted such strategies to coerce and maintain control over participants' actions and daily lives by instilling terror, blame, and guilt, whilst slowly restricting their agency to prevent them from leaving the relationship. The use of such tactics strengthened the traumatic bond between participants and their abusers, which gradually exacerbated participants' isolation and entrapment (Park 2016; Stark 2007; Williamson 2010).

Further, patterns of psychological abuse leading to isolation and entrapment worked to slowly damage participants' identity and autonomy (Candela 2016; Herman 2015; Kelly 2010). The use of psychologically abusive tactics contributed to this process due to perpetrators' subtle, inconspicuous, and highly unpredictable behaviours. These patterns contributed to feelings of persistent fear and insecurity, which caused participants to slowly doubt their self-worth and ability to act independently (Hamberger, Larsen & Lehrner 2017; Williamson 2010). As Jayde stated: "when I wanted to visit a friend, while I wasn't told 'no, you can't', he simply made it too hard and too much of a drama, or he put on such an embarrassing show the previous time that I just wouldn't dare to try it again (...) my friends and family slowly stopped wanting to see me anyway". This extract highlights the insidiousness of psychological abuse as a central aspect of coercive control – in Jayde's relationship, her abuser's power to isolate and entrap her was not explicit or immediately 'harmful', and did not involve the use of outwardly violent behaviours. Rather, his actions indirectly caused Jayde to feel, over time, that it was simply too frightening and potentially dangerous to challenge her abuser by contacting friends and family. Jayde therefore became increasingly

distanced from her social supports, leading her to experience further isolation – indicative of a damaged sense of autonomy as a result of repetitive covert abuse. Victim-survivors’ entrapment in coercive and controlling relationships and resulting loss of liberty, therefore, is reflective of traumatic helplessness and a disrupted sense of identity – a consequence of psychologically abusive behaviour in the context of intimate relationships (Herman 2015; Stark 2007; Williamson 2010).

Psychological abuse resulted in participants experiencing feelings of terror and disempowerment. This is indicative of the ways in which trauma caused by coercive control has the potential to prevent victim-survivors from leaving their relationships and/or seeking support to begin reclaiming their sense of identity and agency (Dekel et al. 2019; Herman 2015; Pitman 2017). As previously noted, Alison stated: “I began to lose all my self-worth (...) I just painted on my happy face and continued to try and keep surviving.” Ashley also explained: “slowly, over time, you completely lose yourself, your independence, and your desire to make choices (...) It’s just easier to give up all your freedom and independence for survival.” Perpetrators were able to indirectly deny participants liberty via ongoing psychological abuse, highlighting the way in which coercive control caused trauma that prohibited participants from leaving their relationships and rediscovering their autonomy (Brandt & Rudden 2020; Dutton & Painter 1993). The disempowerment experienced due to perpetrators’ actions was so pervasive that it led participants to believe remaining in their relationships was essential for survival – to continue enduring abuse was safer than attempting to leave (Williamson 2010). This reaffirms that patterns of psychological abuse are a central component of coercive control that contributes to entrapment and a diminished sense of identity (Devries et al. 2013; Stark 2007). This may also prevent victim-survivors from being able to communicate their experiences in order to access the support required to safely leave their relationship.

The data also indicated that participants experienced symptoms associated with post-traumatic hyperarousal, intrusion, and constriction due to psychological abuse (Candela 2016; Herman 2015). Hyperarousal involves a heightened sense of anxiety, fear, and hypervigilance (Brown 1995; Herman 2015). These reactions were reflected in responses illustrating participants' terror due to ongoing psychological abuse – for example, feeling “afraid”, “sick with dread”, and that they were “walking on eggshells”. Intrusion relates to one's fixation on past traumatic events, which included participants experiencing flashbacks of specific distressing events that occurred during their relationships and remaining overcome by fear (Herman 2015). Whitney said, for instance: “the fear and trauma will stay with you”, whilst Alison stated: “I still really struggle with putting myself first (...) I have trouble making decisions for myself in fear it will be the wrong choice”. Additionally, constriction involves a sense of emotional detachment, depressive symptoms, and, at times, suicidal ideation (Valdez & Lilly 2012). Both intrusive and constrictive symptoms experienced by participants were a consequence of psychological abuse – evident in extracts demonstrating feelings of being “trapped”, “scared”, “never good enough”, “zombie-like”, “dead”, and “like you want to kill yourself to avoid seeing your abuser”. Perpetrators' use of threats also heightened participants' hyperarousal and constrictive symptoms (Crossman, Hardesty & Raffaelli 2016). Thus, psychological abuse in the context of coercive control contributed to victim-survivors experiencing trauma during their relationship and post-separation (Kelly & Johnson 2008; Lammers et al. 2005).

Additionally, the data highlighted perpetrators' tendency to direct psychological abuse towards participants' gender identity and status as women via behaviours such as humiliation and accusations (Anderson 2009; Lawson 2012). For instance, certain participants were shamed and belittled by perpetrators because of their physical appearance or ‘level’ of attractiveness, were verbally abused because they

‘failed’ to fulfil domestic duties, or were humiliated if they were unable to gratify their partner sexually. As highlighted earlier, for example, Dianne stated: “(...) this made me not want to go out due to the shame I felt about my appearance. I was told I was ugly and sexually unattractive, and that they [two former partners] didn’t know why they married me.” As Dianne’s experience illustrates, one way in which perpetrators psychologically abused participants was through adopting harmful and degrading gendered scripts that reinforced heteropatriarchal stereotypes and ideals relating to women’s traditionally ‘inferior’ social positioning (such as their worth being determined by their ability to satisfy cisgender-heterosexual men). This contributed to participants experiencing an increased sense of helplessness and disempowerment (Anderson 2009; Arnold 2009). A central aspect of coercive control therefore involves psychological abuse purposely directed towards women’s gender identity, which can exacerbate feelings of entrapment and contribute to women’s sense of social inferiority in relation to men (Arnold 2009, p. 1435; Stark 2007).

Perpetrators’ ongoing use of abusive tactics (such as micro-management) also demonstrated how women are vulnerable to becoming victimised by perpetrators due to structural gender inequality (Beck et al. 2009; Phillips 2006; Stark 2007). As Sophia explained, for example, her abuser continually micro-managed her career-related decisions – a behaviour that reduced her sense of autonomy and gradually damaged her sense of identity: “(...) he was always telling me that I was doing ‘too much’ beyond my job description, which was just untrue. At one point, he refused to let me work more than three hours per day.” Sophia’s experience, in this instance, reflects the ways in which dominant socio-cultural beliefs relating to traditional gender roles (such as the position of men as the primary wage-earner or ‘provider’) can facilitate coercive control and are reinforced in such relationships (Anderson 2009). In turn, perpetrators’ ability to psychologically abuse participants based upon their positioning in the gender hierarchy ensured they

could maintain control over participants' lives and decrease their independence and agency (Hong 2000; Stark 2007; Williamson 2010). The enforcement of rigid gender norms and ideals by perpetrators – a consequence of structural gender inequality – therefore contributed to participants' sense of entrapment and powerlessness, and in relation to their identity as women (Stark 2007).

Economic abuse

Theme Overview

Economic abuse was the second theme identified. Participants who experienced this harm (n = 11) as an aspect of coercive control were gradually forced to rely on their partners financially or were deprived of access to their personal salaries.

He was wealthy and I was a struggling single mother. He'd offer to step up and be a partner and help, then retract it, then offer to step up, then retract it. Planning my finances was impossible. I felt boxed in and pushed into a corner. I had no choice but to beg him for help at times. (Louise)

I dreaded opening the mail because if there was a bill of any kind, he would fly off the handle about how he never had enough money to do what he wanted... I felt utterly humiliated and powerless one day when I had to ask him if I could have \$50 to buy an essential item (...) I was always made to feel we were poor and would never be able to afford to live a normal life, even though he had a stable and secure job. (Jeanette)

As a consequence of economic abuse, certain participants also experienced further psychological abuse, such as shaming and humiliation.

I suggested dropping my studies and going back to full-time work so I could afford everything by myself. This suggestion was met with weeks of incessant shaming. He told me I would never get anywhere in life, that I was pathetic, and that he didn't know why a man like him would screw his life over by taking on a 'charity case' like me (...) I couldn't afford to buy food and was scared of being ripped down about not having enough money to afford his lifestyle, so I stopped eating (...) I became sick and thin, and he'd compliment me for looking like a model. He'd say it was the only reason he wasted his time with me, and would then joke about me being cheap to feed. (Louise)

When I stood up against him and opened a private account, he really freaked out and started psychologically abusing me (...) he said I *belonged* to him, and that I was selfish and wasteful. I just found it very hard to release from this person financially. (Whitney)

Further, lack of autonomy, loss of independence, and isolation was associated with economic abuse as an element of coercive control.

I had no access to money to take my child on any trips or adventures, so our lives were limited to the local area. We had no freedom. I had no financial independence and thus no way to formulate an escape plan. I had no money and nowhere to go. I did not believe there was any way I could leave and provide a safe home to support my child. (Jeanette).

Discussion

Economic abuse was an additional form of non-physical coercive control experienced by most participants (n = 11). This included perpetrators restricting access to finances and/or slowly depriving participants of financial independence

which, in turn, prevented the participation in social activities and/or travel. Economic abuse therefore contributed to participants' trauma by compounding their existing sense of isolation and entrapment (Crossman, Hardesty & Raffaelli 2016, p. 203; Stark 2007) – a consequence of economic abuse being inflicted in a way that was highly unpredictable yet consistent. As noted previously, for instance, Louise explained: “(...) he'd offer to step up and be a partner and help [financially], then retract it, then offer to step up, then retract it. Planning my finances was impossible. I felt boxed in and pushed into a corner. I had no choice but to beg him for help at times.” Louise's experience not only illustrates the unpredictability of perpetrators' actions in relation to economic abuse, which indirectly increased her dependency on her abuser, but also highlights the isolation and disempowerment caused by one being unable to maintain control and autonomy over finances in the context of coercive control (Fawole 2008; Miller 1995). Economic therefore abuse contributed to entrapment and loss of liberty due to participants being forced to shift from a place of security and autonomy to, in contrast, feeling powerless, isolated, and being required to beg for support from a partner whom they were fearful of, yet also cared for (Postmus, Plummer & Stylianou 2015; Stark 2007).

Further, economic abuse facilitated participants' experiences of trauma due to preventing them from maintaining independence and purpose in their daily lives and in relation to others. Participants either had extremely limited access to shared and personal finances or were given no choice but to become entirely financially reliant on their abusers. This exacerbated participants' isolation and prevented them from maintaining a positive sense of identity distinct from their abusive environment in order to access or feel deserving of relevant support (Herman 2015; Kim & Gray 2008). Participants also experienced additional forms of non-physical coercive control (such as humiliation, manipulation, isolation, and threats) as a result of economic abuse, which increased feelings of helplessness

and disempowerment (Adams et al. 2008; Postmus, Plummer & Stylianou 2015; Stylianou 2018). For example, as Jeanette emphasised: “we had no freedom” and “we had nowhere to go (...) I had no financial independence and thus no way to formulate an escape plan.” Due to her abuser’s consistent control over finances and Jeanette’s subsequent loss of financial independence, she was gradually deprived of agency and, in turn, was prevented from locating the resources necessary to leave the abusive environment with her child. This highlights the way in which economic abuse is an additional “invisible” strategy adopted by perpetrators to maintain control over victim-survivors’ lives and damage their sense of liberty (Adams et al. 2008; Postmus et al. 2020, p. 262).

Economic abuse also demonstrated perpetrators’ need to direct coercive control towards areas of participants’ lives associated with their traditionally inferior positioning in relation to gender to maintain control, and to deprive participants of autonomy (Anderson 2009; Lawson 2012; Stark 2007). Perpetrators commonly used economic abuse to threaten participants’ (women’s) employment security and their ability to maintain financial independence. This was inflicted by, for instance, restricting or preventing access to shared finances, and by using further strategies of psychological abuse (such as manipulation and micro-management) to force participants to request money and/or prevent them from controlling their individual finances. As previously noted, Whitney experienced increased psychological harm following economic abuse when she attempted to regain power over her finances: “(...) when I stood up against him and opened a private account, he really freaked out and started psychologically abusing me.” Whitney continued, recalling: “he said I belonged to him, and that I was selfish and wasteful. I just found it very hard to release from this person financially”. Whitney’s experience demonstrates how certain rigid gendered beliefs and ideals relating to men’s ‘ownership’ of and entitlement to women contribute to the perpetration of economic abuse within patterns of coercive control. This can work

to further entrap victim-survivors and consequently damages their sense of identity as autonomous women (Arnold 2009; Hunnicutt 2009; Yodanis 2004).

Technology-facilitated coercive control

Theme Overview

Participants (n = 5) also experienced technology-facilitated coercive control (TFCC), which involved harassment and micro-management through the use of technological platforms and/or devices.

I was monitored with my phone... I would often get accused of sleeping with other people, and so this made me distance from other people... (Sasha)

If I went to the beautician or hairdresser, I had to check in and send a photo of myself in the salon as proof. This was a common occurrence if I ever went anywhere without the kids (alone). If I did not reply immediately to a SMS or answer a call, there was hell to pay – I was obviously ‘with another man’ (...) I ended up limiting such visits, but then when I wasn’t looking after myself, I was told I was ‘getting old’. I could not win. (Demi)

TFCC provided additional platforms through which perpetrators could monitor and harass participants. As Sophia stated, “he would constantly hover around me if I was on the phone, and interrupt to ask who I was speaking with. If I was typing on my phone, he would ask who I was texting.” The privacy of participants’ devices and/or social media accounts were also regularly breached.

I didn’t know at the time, but he had adopted technological surveillance through apps and demanded to know my passwords. He convinced me that if I

had nothing to hide and wanted to be in an honest relationship, that it wouldn't matter. (Jennifer)

He would track me on my phone and then question me on my locations. Even when I told the truth, I was made to feel like I was lying (...) He constantly logged onto my social media account to keep tabs on me and to see who I was talking to, but he would also chat to people online and pretend to be me.

(Alison)

My biggest challenges were around freedom – to see and go where I wanted, without constant monitoring via calls or SMS. However, he could do what he wanted, and if I ever asked where he was or why he did not get home until 6AM, he would go absolutely crazy and would always turn things back onto me. Mostly, in the end, I did next to nothing, or had to lie about attending normal things such as meetings or work events. (Demi)

Discussion

Participants (n = 5) experienced technology-facilitated coercive control (TFCC) (Dragiewicz et al. 2018) as a further form of non-physical abuse that contributed to their existing trauma. Whilst the data expressly indicated that only five of fifteen participants experienced TFCC, it must be noted that this figure may be an inaccurate representation due to TFCC being a covert form of abuse often perpetrated without victim-survivors' awareness or knowledge via discreet applications and/or hidden devices (Douglas, Harris & Dragiewicz 2019; Woodlock 2017). TFCC, overall, consisted of harassment and micro-management via technology (such as smartphones and computers), tracking or stalking through GPS technology, and the hacking of devices and/or social media accounts (Woodlock 2017). As a further aspect of non-physical violence inflicted to

maintain control over participants' daily movements and lives, TFCC worked to gradually heighten participants' sense of fear and helplessness, causing them to feel "constantly watched, monitored, judged, and ridiculed". Devices and social media platforms provided perpetrators with additional tools through which to instigate further coercion and control at any time and in any space, regardless of whether they were physically present (Dragiewicz et al. 2018). Demi noted, as mentioned previously: "(...) my biggest challenges were around freedom – to see and go where I wanted, without constant monitoring via calls or SMS. However, *he* could do what *he* wanted...". Demi's statement illustrates the way in which TFCC can further deprive victim-survivors of liberty due to its "spaceless" nature (Harris & Woodlock 2018), as well as perpetrators' ability to use this to their advantage to undermine and control victim-survivors. TFCC as a form of 'invisible' non-physical abuse ultimately facilitated participants' disempowerment and entrapment in their relationships (Arnold 2009, p. 1435; Stark 2007; Woodlock 2017).

Experiences of TFCC also reflected further how gender inequality can influence coercive control perpetration, in the sense that abusers used strategies of TFCC against participants to indirectly manage a threatened sense of power, control, and masculinity (Phillips 2006). As Sophia (12) stated: (...) "he would constantly hover around me if I was on the phone, and interrupt to ask who I was speaking with. If I was typing on my phone, he would ask who I was texting." Further, Alison recalled: "He would track me on my phone and then question me on my locations. Even when I told the truth, I was made to feel like I was lying.". These extracts are demonstrative of the entitlement and control perpetrators believed they held over participants – beliefs that were challenged when participants needed to use technology to engage socially or professionally. Participants were made to feel untrustworthy, deceitful, or shameful if they did not share their every movement via technology with their abusers, and became increasingly fearful of experiencing

additional abuse if they failed to comply with perpetrators' demands regarding TFCC. This illustrates the way in which perpetrators' sense of power and entitlement to women, as traditional characteristics associated with hegemonic understandings of masculinity, were threatened due to participants using technology to maintain autonomy and interact with broader support networks (Arnold 2009; Reidy et al. 2014; Schippers 2007). In turn, perpetrators' infliction of TFCC contributed to participants' entrapment, highlighting the ways in which such abuse can be facilitated by men's dominance over women due to structural gender inequality (Hunnicut 2009; Parrott & Zeichner 2003; Stark 2007).

Physical and sexual violence

Theme Overview

Participants (n = 7) were also subjected to physical and/or sexual violence during their relationships. Physical violence, firstly, included pushing and shoving, destroying household items or items of sentimental value, attacking family pets, and beating.

He would be enraged and slam drawers and doors, knowing I was very jumpy. He would slam cutlery into the drawers (something he knew I found particularly disturbing) and shove past me in doorways. He would throw things at, or try to kick the cat, if she happened to need to use her tray during one of his outbursts. (Jeanette)

I would often get yelled at and physically abused if I was late home because of traffic. Even five minutes would cause a fight, and I would be accused of cheating. I was ashamed of the bruises and the physical abuse, and I was often guilt-tripped into not telling people, as it would make them hate the person who did it, and it would make our relationship hard (...) I would often not see

friends and family when I had bruises, or would wear a lot of make up.

(Sasha)

My first husband and a later partner would break and smash things. This later partner would smash things that were precious to me, like birthday presents and an expensive dinner set I inherited from my parents – because he *knew* they were precious to me. That partner would push me over and say it was ‘not domestic violence’ to push people over. (Dianne)

Several participants also experienced sexual violence during their relationships. This included rape and/or instances of sexual assault, which participants were forced to “just put up with”. Alison, for example, said she “felt like a used sex slave”, whilst Lucinda revealed that the rapes she endured had “gradually become more frequent and more violent”.

Discussion

It is again necessary to emphasise that not all coercive and controlling relationships involve acts of distinct physical and/or sexual violence (Lischick 2009). However, certain victim-survivors may be subjected to such abuse at unpredictable instances alongside, or following prolonged periods of, non-physical coercive control (Pitman 2017; Stark 2007). Participants (n = 7) who experienced physical and/or sexual violence during their relationships expressed that these acts, alongside the three aspects of coercive control discussed previously, contributed to a sense of overwhelming disempowerment and traumatic helplessness (Herman 2015; Williamson 2010). For instance, as stated earlier, Dianne recalled that her abuser “would break and smash things” and “would smash things that were precious to me, like birthday presents and an expensive dinner set I inherited from my parents because he *knew* they were precious to me”. Participants’ experiences

of such violence were therefore traumatising not merely because these acts involved explicit physical aggression, but also because perpetrators deliberately inflicted this abuse alongside additional forms of coercive control, and directed this harm towards participants' vulnerabilities or possessions to instil and *maintain* terror and control. Gradually, this exacerbated participants' isolation and powerlessness (Brandt & Rudden 2020; Kelly 2010; Logan 2018). Due to its repetitive and intentional nature, and the perpetration of physical and/or sexual violence by a partner with whom participants also shared positive and intimate memories, physical and/or sexual violence was particularly distressing (Karakurt, Smith & Whiting 2014; Lacey et al. 2013; Thomas, Joshi & Sorenson 2014).

Additionally, perpetrators' use of physical violence as a tactic of coercive control exacerbated participants' trauma because it slowly disrupted their ability to maintain positive external social connections – in turn, this contributed to a loss of agency and sense of identity in relation to others (Candela 2016; Stark 2007). For example, as Sasha stated: "I would often get yelled at and physically abused if I was late home because of traffic (...) I was ashamed of the bruises and physical abuse, and I was often guilt-tripped into not telling people (...) So, I would often not see friends and family when I had bruises, or would wear a lot of make up." As Sasha's recollection demonstrates, the use of physical violence by her abuser did not occur spontaneously as isolated or 'singular' incidents. Rather, these acts were purposely inflicted upon her within a broader pattern of non-physical abuse in order to secure and maintain control over her actions and life. Consequently, this resulted in an increased sense of social disconnection and powerlessness. Incidents of distinct physical abuse therefore contributed significantly to participants' isolation, terror, and resulting entrapment – characteristic of trauma in the context of coercive control (Herman 2015; Williamson 2010).

This theme also demonstrated how physical and/or sexual abuse were additional strategies of gender-based violence embedded in a course of coercive and controlling conduct that worked to entrap participants as women (Hamberger, Larsen and Lehrner 2017, p. 2; Mitchell & Raghavan 2021; Stark 2007). When Alison, for instance, described her experience of sexual violence during her relationship, she stated: “he abused me sexually (...) I felt like a used sex slave.” Further, Lucinda recalled: “the rapes that I endured previously had become more frequent and more violent... I just put up with it.” These statements illustrate, indeed, the ways in which sexually violent acts exacerbated participants’ existing trauma. Yet this abuse also speaks to perpetrators’ inclination to use power and physical dominance as aspects of hegemonic or toxic masculinity to degrade and humiliate participants sexually, and to assert coercion and control over them as women (Stark 2007; Williamson 2010; Yodanis 2004). Whilst this finding challenges studies that have indicated coercive control does not include explicit physical or sexual abuse (see Lischick 2009), it also demonstrates that, when combined with patterns of non-physical abuse, explicit physical and/or sexual violence is an aspect of coercive control that functions to further entrap and disempower women (Arnold 2009; Pitman 2017; Stark 2007).

Conclusion

Four main themes emerged in relation to the first thesis aim. It is by adopting a feminist, trauma-informed and victim-centred lens to interpret and analyse participants experiences, firstly, that the diverse negative consequences of coercive control on women can be understood. Perpetrators’ behaviours caused participants to gradually experience a sense of helplessness and terror whilst becoming increasingly isolated from their broader social networks. The repetitive yet unpredictable infliction of covert non-physical *and* physical and/or sexual abuse enabled perpetrators to maintain control over participants’ daily lives, which, as time progressed, resulted in participants’ entrapment in their relationships. Overall,

the experience of being subjected to patterns of psychological abuse, economic abuse, TFCC, and physical and/or sexual violence inflicted by an intimate partner from whom participants also received love and security was traumatic because these behaviours slowly deprived participants of their agency and liberty in diverse ways. This affected participants' ability to maintain a positive and autonomous sense of self and identity distinct from their abusive environment, and prevented them from being able to safely seek the support required to escape their relationships and commence their journey of recovery.

As well as demonstrating the traumatic nature of coercive control, the research outcomes highlighted the ways in which coercive control is facilitated by structural gender inequality. Perpetrators directed coercive and controlling behaviours towards areas of participants' lives representing their historically 'inferior' status in relation to gender (such as physical appearance, the ability to sexually gratify abusers, and fulfilment of domestic duties). This is indicative of the ways in which socio-cultural gendered expectations and behaviours are reinforced in coercive and controlling relationships, reflecting explanations that such violence is a consequence of structural gender inequality. To recognise and comprehend both the traumatic and gender-based nature of coercive control, then, it is essential to understand women's diverse experiences through a trauma-informed, victim-centred, and feminist conceptual lens prior to considering the supports and interventions required to assist women as victim-survivors. As this chapter has documented and analysed participants' narratives of coercive control, the following chapter explores their perspectives regarding how the issue could be responded to in Australia to effectively support women.

Chapter Four: Data Analysis and Discussion

Part Two: Participants' Perspectives on Responding to Coercive Control

Introduction

As the previous chapter discussed participants' lived experiences, this chapter continues with an analysis of participants' perspectives regarding how the issue could be responded to in Australia to support women as victim-survivors. The data revealed four main themes, including: increased and simplified access to practical support, increased support from law, awareness and education, and societal and systemic change. This chapter is divided into four sections. I begin by providing an overview of each theme, followed by an analysis of participants' opinions in relation to addressing coercive control. As discussed in Chapter Two, I use a feminist, trauma-informed, and victim-centred theoretical lens to analyse the themes, which are presented below in a quantitative list and within two thematic maps (see Figure 4 and Figure 5).

This chapter responds to the second thesis aim, which is to draw increased attention to, and include, the perspectives of women with experience of coercive control in discussions relating to responding to the issue in Australia. It is beyond the scope of this thesis to analyse each *specific* IPV support service and/or organisation or intervention that may be implemented or altered (such as current women's trauma recovery programs in various states and territories, or intake evaluations conducted by service providers). This is primarily due to the quantity of existing support organisations, as well as certain methodological choices (such as time constraints and participants' varying locations). A broader approach towards the analysis of participants' responses is therefore adopted. Nevertheless, the findings identified offer four general areas of recommendation that seek to

highlight and include the opinions of 15 victim-survivors towards supporting women experiencing coercive control.

Participants' (n = 15) perspectives regarding how coercive control should be addressed to provide more effective support

- Increased and simplified access to practical support (n = 10)
- Increased and nuanced support from law (n = 7)
- Awareness and education (n = 12)
- Societal and systemic change (n = 10)

Figure 4

Developed thematic map, showing four main themes

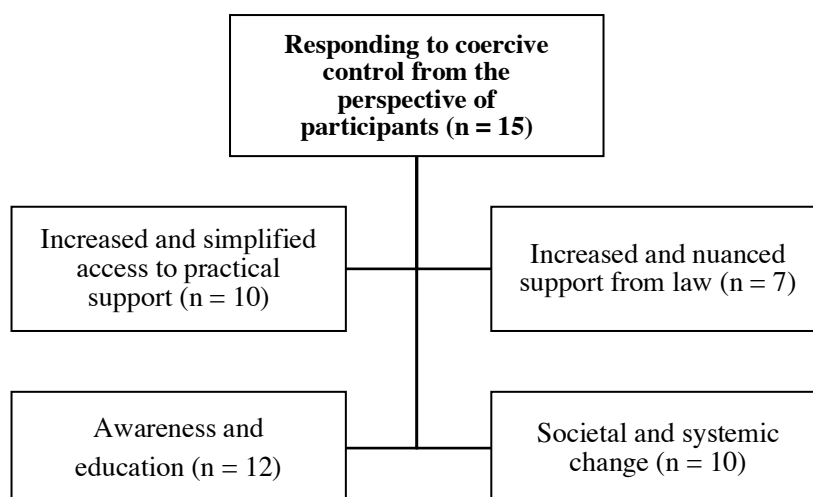
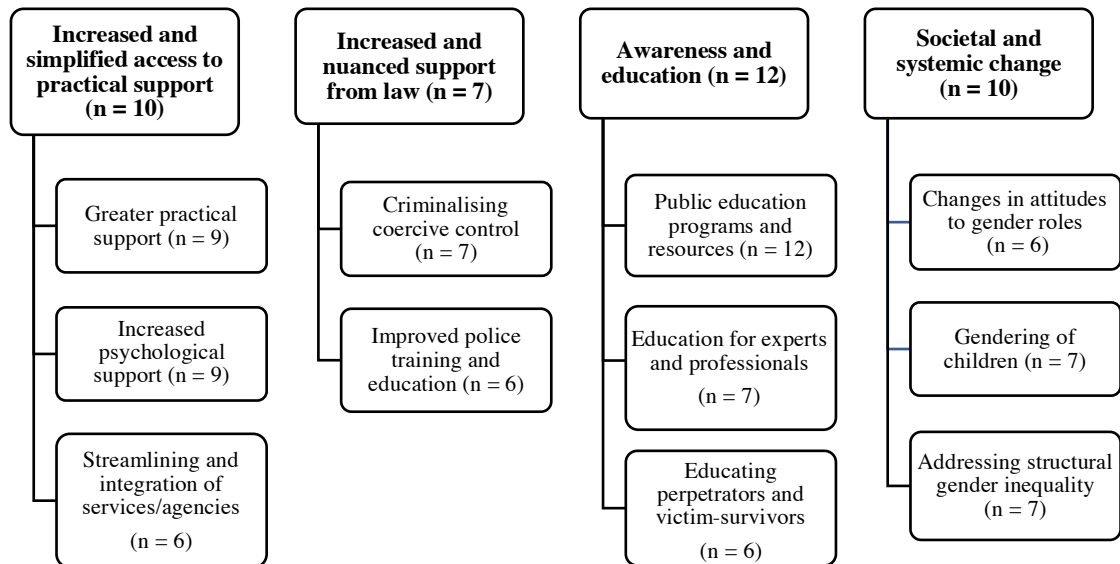


Figure 5

Developed thematic map, showing four main themes and sub-themes



Increased and simplified access to practical support

Theme Overview

The first theme related to providing women with increased and simplified access to practical support. Participants (n = 10) emphasised the need for “multi-faceted” and “holistic” supports, including: greater access to affordable housing and emergency accommodation, security, financial support, legal support, support for children, rehabilitation, and employment training programs.

Very few places are actually able to provide what victims really need, which is practical help to stay in their own homes, connection with a social group, and help to restart their lives and be free from daily fear. (Louise)

Recovery needs to occur in so many multi-faceted ways. Financial recovery, legal recovery, physical recovery, mental health, practically (like the installation of security services), and support for children. (Ashley)

We need special support for women wanting to train, re-train, or return to the work force – including retraining in a lower qualification (...) Sole parents should have free education. Houses should be for people to live in and own, and there should be more public housing. There should be more drug and alcohol rehabilitation. Gambling venues should be shut. (Dianne)

Further, participants emphasised that increased access to psychological support for victim-survivors *and* perpetrators is essential.

Something I would find valuable would be access or subsidised funding to some level of life-coaching. Finding my feet after separating has been exciting, stressful, and challenging. Possibly access to local support groups that discuss trauma would be helpful. (Emma)

My suggestion would be in order to support other victims, they focus on psychological damage. I was treating my present insecurities, and those acquired during the coercive control. This helped me make connections between behaviours with control, and enabled me to recondition my brain, and eventually escape. (Jeanette)

The government should assign all women who've experienced abuse to a trained case worker who can offer practical, psychological, and moral support to victims in the early days of recovery. The week after I was nearly beaten to incapacity, I had to make 20 phone calls to different places and services, re-tell my story over and over again, just to find out how to get help on what to do

next – all while trying to find work and be a mother and hide the truth from my child. (Louise)

I definitely think there needs to be more encouragement for victims to partake in psychology or counselling sessions – many are reluctant to do so for various reasons, such as fear or denial, due to the severity of the abuse. (Jayde)

Participants also explained that the “merging” of services to prevent re-traumatisation was required. The data indicated it would be beneficial if services were increasingly “streamlined” and collaborative to reduce the number of services victim-survivors are required to contact. As Ashley stated, “asking for help when you are so beaten down is so hard”.

I started making calls, and then would get referred to someone else, and then I called them and then I’d get referred to someone else. I really didn’t know what to ask when I called, and I felt like I was getting the run-around. (Alison)

I avoided handling things I should’ve handled earlier, just because I couldn’t handle the thought of having to call another service, another department, and another organisation, and re-tell and re-live the horrors of what I went through. It would’ve been helpful to have only had to deal with one person who could set things up and get things done for you, so you could focus on getting your life back and building your strength. (Louise)

While everyone could name to me three or four different services, it was really unclear to me what each one could offer, or which I should choose to contact for what (...) It feels like a bit of ‘passing the buck’ – I tried to contact a service on the advice of another, that they could offer me something (counselling for

my children), but then was told by the second service that they don't have that available... (Sophia)

As emphasised in the data, this highlighted that “a centralised, unified, single service offering all the different kinds of support needed to escape coercive control would be preferable”.

Discussion

The first theme related to providing victim-survivors with increased and simplified access to practical support. The data indicated that women experiencing coercive control require access to diverse forms of practical supports that are streamlined and integrated to assist in preventing re-traumatisation. Contacting multiple support services whilst experiencing abuse (or post-separation) caused participants to feel “utterly overwhelmed” whilst “already living in a highly vulnerable state”. This was primarily because participants felt there was little choice but to “re-tell and re-live the horrors” of their experiences when contacting support organisations (Herman 2015; Valdez & Lilly 2012). Emotional reactions associated with post-traumatic stress (initially caused by perpetrators' infliction of coercive control) were often heightened when participants attempted to seek community-based support. The data therefore indicated that services offering practical support to women would be of greater benefit if they were increasingly “centralised” and worked more collaboratively to provide integrated trauma-informed support. This may assist in preventing victim-survivors from having to engage repetitively with distressing emotions associated with their abuse as a result of contacting multiple service providers. As such, a crucial component of responding to coercive control involves providing increased and varying practical supports that aim to reduce experiences of re-traumatisation (see Spencer 2016; Williamson 2010, p. 1421).

The data also highlighted the need for services to be integrated due to the ways in which women as victim-survivors are often required to navigate parenthood alone (or alongside their abusive partner/s post-separation) whilst managing other areas of their lives (Crossman & Hardesty 2016; Douglas 2018). This emphasises the need for services to be gender-sensitive and attuned to the needs of women in such relationships *and* those who have escaped coercive control. As demonstrated in the data, these needs included, for instance: supporting children, regaining financial independence, securing employment, and/or recovering from trauma (Dragiewicz et al. 22; Herman 2015; Katz 2016). Participants emphasised it would be beneficial if (rather than being required to contact multiple organisations offering various forms of assistance) women could ideally contact *one* service that provided diverse support to commence their recovery. For instance, Louise explained that she was required to contact several organisations during her relationship. She later felt distressed whilst repeating the details of her abuse to every service provider, “all while trying to find work and be a mother and hide the truth from my child”. Louise’s experience represents the complex challenges involved in seeking support during a coercive and controlling relationship and post-separation (Brennan et al. 2019). Organisations should therefore strive to be as integrated and as gender-sensitive as possible so as to be responsive to the difficulties women as victim-survivors often face (Douglas 2018; Katz, Nikupeteri & Laitinen 2020; Stark 2007; Williamson 2010).

Further, participants expressed that women as victim-survivors require greater access to psychosocial support. For example, Jeanette explained she felt it was only possible to leave her relationship after receiving counselling, through which she was able to develop an understanding of how her abuser’s behaviours were impacting her. In turn, Jeanette stated that she began to recognise that patterns of coercive control and her resulting trauma were contributing to her inability to leave the relationship. She was then positioned, and felt more adequately

supported to, commence her recovery and slowly begin reclaiming her sense of identity. By acquiring knowledge of coercive control as a theoretical framework through which to interpret and understand her experiences via psychological support, Jeanette felt more equipped to resist her perpetrator and undertake the steps required to leave (Williamson 2010). As noted previously, Jayde also stated that due to the “fear, denial, and/or severity of the abuse”, victim-survivors require further access to trauma-informed psychosocial support in order to feel sufficiently supported and begin living independently of their abusers. Participants’ emphasis on this form of support demonstrates that increased trauma-informed psychosocial assistance is necessary due to the ways in which coercive control can cause lasting harm that contributes to victim-survivors being unable to escape abuse (Boxall & Morgan 2021; Crossman, Hardesty & Raffaelli 2016; Herman 2015).

Increased and nuanced support from law

Theme Overview

The second theme related to victim-survivors receiving nuanced support from law, including legislation and improved police assistance. Half of the participants (n =7) were in favour of implementing additional legislation to criminalise coercive control. For example, Jeanette stated:

Coercive control is dangerous behaviour and **MUST** be recognised and criminalised. Women cannot be left to pick up the pieces of their lives without support from the law, and protection from themselves and their children. Patterns of abuse **MUST** be accepted as evidence of violent, aggressive, and damaging behaviour. (Jeanette)

In contrast, other participants (n = 7) did not believe that criminalising such abuse was required, and were sceptical as to the ability of legislation to support women:

I don't know there is much the law can do. The problem with trying to legislate coercive control is that it is a fundamentally gendered phenomenon, but the law does not allow for the recognition of one sex as the victim and one the perpetrator. If it were to be codified, men would use this legislation to claim women were coercively controlling them every time they felt nagged. (Sophia)

Additionally, certain participants (n = 6) expressed the need for assistance from trained police who understand the complexities of coercive control, as police were described as “essential” first responders. Participants emphasised that “training for professionals is a must” in order for police to understand coercive control and “take a woman’s call seriously”.

Officers need more training, as they are often the first point of contact (...)
They [coercive and controlling relationships] are delicate situations and need the attention that they deserve – not just ‘brushed aside’ (...) They [police] need to know that women are quite often worn down and at their weakest after living like that for so long. Basically, they need to be believed from the starting point, which is quite often the police officer at the police station counter.
(Kiera)

Police, in specific instances, assisted victim-survivors by enforcing legal protections or by removing a perpetrator from the victim-survivor’s environment. As Kiera explained:

“I had two male officers take out an IVO and charge him. Sometimes we need the option taken away [protecting the abuser], because we can’t do it

ourselves [leave]. I was at a point where I couldn't take it anymore, but I still asked them not to charge him. I later called the officer and thanked him – he saved my life". (Kiera)

However, participants also stated that “none of these people [police] listened”, and that it was “incredibly challenging to convince police of what has been happening”.

I went to the police twice. First to report him because he [abuser] attempted to punch my child during a heated argument. They told me that if there is no blood or physical injury, it is hard to press charges. The second time was when he took out the knife to hurt my child. I managed to stop it (...) Again, the police said they cannot do much, but asked me to lodge a FVIO through the court. That was it. They didn't provide any help as to how to fill out that super complicated FVIO form. (Whitney)

I called police, had visible marks, and I was basically told I was being ‘dramatic’ ... This put me off calling for another two years (...) Professional people need to take what a woman says as what it is. Coercive control needs to be taken seriously by police, as they are usually the first professionals responding to a woman asking for help. Training for professionals is a must. (Kiera)

Certain participants also believed that perpetrators should receive “harsher penalties” that “reflect the severity” of their actions, including perpetrators' use of legal proceedings to coerce and control victim-survivors. For instance, as Louise stated: “they [perpetrators] should be actively prevented from using the system to further abuse their victims”, which highlights the inadequacy of current legal provisions and police responses.

To an extent, half of the participants (n = 7) believed additional legal responses were necessary to assist women as victim-survivors. Yet this theme also highlights evident weaknesses of existing carceral interventions that must be addressed in order for victim-survivors to be effectively supported.

Discussion

The second theme illustrated participants' views relating to increased and nuanced support from law as a response to coercive control. Half of participants (n = 7) believed a component of supporting women involves criminalising such abuse. This is reflective of the ways in which criminalisation may intend to provide victim-survivors with further legal avenues through which to pursue charges against their abusers, rather than relying upon existing laws that have failed to provide adequate protection (Bettinson 2016; Fuller 2021; McMahon & McGorriery 2016). In contrast, however, other participants questioned whether "there is much the law can do" and were doubtful as to its effectiveness in supporting victim-survivors (Hanna 2009). The need to make "radical changes to the legal system" was also emphasised, suggesting that certain victim-survivors "do not feel supported by family law, the police, or the Family Court". Consistent with Tolmie (2018) and Walklate, Fitz-Gibbon and McCulloch (2018), both the potential advantages and disadvantages associated with criminalisation were evident in the data. This reaffirms that criminalising coercive control may be perceived as beneficial to an extent for *particular* victim-survivors, such as the participants who described their experiences with carceral legal interventions as supportive (Hester 2011; McGorriery 2020). Yet the data also indicated that criminalisation is likely to contribute to women's experiences of injustice and re-traumatisation (Douglas 2015; Grant 2015).

Certain participants (n = 6) also expressed the need for improved or increased support from police. As noted previously, Kiera explained that police intervention enabled her to leave her relationship because she needed “someone else” to remove her abuser to begin emotionally detaching from the relationship. Participants’ narratives in relation to seeking police protection demonstrates, firstly, how the trauma caused by coercive control can contribute to disturbances to victim-survivors’ sense of agency which, in turn, may hinder victim-survivors’ ability to access alternative community-based support services (Boxall & Morgan 2021; Davis, Swan & Gambone 2012). It is not uncommon for those who have experienced IPV to enter an involuntary state of helplessness and experience a heightened perception of threat (Frankel 2004; Herman 2015; Howell 2014), which can result in increased compliance with one’s perpetrator and a sense of being unable to leave the environment (Park 2016; van der Kolk 2014; Williamson 2010).

Over time, as one continues to experience coercive control, the pervasive fear of violence and/or death, combined with a damaged sense of identity caused by abuse, may result in the victim-survivor being required to turn to whomever is positioned to provide immediate protection, such as police (Dutton & Goodman 2005; Cantor & Price 2007). Whilst this may indicate the need for police to receive further training as to the nature of coercive control, it also demonstrates how police are socially and structurally positioned and perceived as ‘protectors’ – as Duran and Simon (2019, p. 96) note, “the promise of protection helps validate and legitimate the police”. This raises concerns about the potential negative consequences for victim-survivors when police fail to dismiss women’s calls for support – as was evident in the data. The findings therefore highlight the need for existing *de-carcerat* supports to be accessible and trauma-informed in order to assist victim-survivors who are unable to leave their relationship or who are unlikely to receive police protection when it is requested.

It is necessary, then, to consider how the diversity of responses in relation to this theme reflects debates in favour of and against the criminalisation of coercive control. The implementation of further carceral interventions may be an ineffective response to coercive control not only due to arguments raised by participants in the current study, but also due to the experiences of victim-survivors belonging to other vulnerable social minority groups (particularly ATSI victim-survivors (Wangmann 2020; Watego et al. 2021)). For instance, ATSI scholars and advocates have argued that criminalisation will result in ATSI women experiencing further harm due to the increased misidentification of ATSI victim-survivors by police as *perpetrators* – a consequence of colonialism and resulting structural and institutional racism within Eurocentric police forces (Cunneen & Porter 2017). Whilst criminalisation may, at face value, claim to protect victim-survivors, such a response fails to acknowledge that the state itself continues to coerce and control ATSI women via colonialism presented through discriminatory over-criminalisation. The criminalisation of coercive control would therefore exacerbate the trauma ATSI women face not only at the hands of their abuser/s, but also the Western criminal justice system (Atkinson 2003; Kilroy 2021; Respect Victoria 2021). Thus, whilst the data indicated that certain participants view criminalisation as necessary due to requiring a sense of protection from the justice system, these responses may unintentionally overlook the ways in which legislation can compound the trauma experienced by marginalised populations (Battams et al. 2021; Cunneen & Porter 2017; Watego et al. 2021).

The challenges women often experience in “convincing police” of coercive control as a form of abuse were illustrated in the data, as participants who contacted police for support expressed that their experiences were often minimised or ignored. Whilst certain participants reaffirmed the need for police to “take a woman’s call seriously”, the inadequacy of police responses towards victim-survivors was also

evident (Barlow et al. 2020; Meyer 2011). Despite certain participants considering police to be “essential” in specific contexts of abuse (Douglas 2015), they also indicated that police “need more training” as to the gendered dynamics and traumatic nature of coercive control. Participants’ responses indicated that unless such education and training is provided, it is likely that women will experience further re-traumatisation at the hands of those whose supposed role it is to provide protection (Barlow et al. 2020; Brennan et al. 2019; Meyer 2011). Whilst this suggests that providing police with further specialised training and education may benefit *certain* victim-survivors, such interventions are unlikely to resolve the complex effects of structural violence, systemic racism, and discrimination that predominantly affects vulnerable victim-survivors, such as ATSI women and/or LGBTQIA+ individuals (Wangmann 2020). This indicates that greater support from inclusive community-led and de-carceral interventions is likely to be essential (Kim 2018), such as accessible IPV trauma support groups and culturally sensitive spaces for victim-survivors that aid in addressing the effects of coercive control.

Whilst certain participants believed it to be essential for police to receive additional training relating to the nature and effects of coercive control, the data also emphasised further the shortcomings of police responses towards women as victim-survivors. For instance, Kiera explained that police disregarded her concerns when she attempted to seek support, resulting in her feeling hesitant to contact police again. Jennifer also expressed that “it was difficult to convince police that what was happening was abuse”. Such experiences reaffirm the broader and negative consequences of carceral based responses towards coercive control – specifically in relation to actions of police in minimising women’s needs for support, which is an indirect consequence of the widespread gender-based misconceptions of IPV existing within police culture (Brennan et al. 2019; McMullan, Carlan & Nored 2010). These assumptions are in part associated with

the hypermasculine nature of policing and its ongoing perpetuation of structural and systemic violence, resulting in a tendency to dismiss and/or blame women who have experienced intimate abuse (Nancarrow et al. 2020). Several of these misconceptions include, for instance, that women ‘provoke’ their abusers, ‘overreact’ to perceived abuse and are ‘too emotional’, or that there is too little evidence of physical violence for police to appropriately intervene (Felson et al. 2002). It is evident that due to the downfalls of carceral responses towards women’s experiences of IPV generally, responding to coercive control to adequately support women requires implementation of further de-carceral approaches that challenge and resist such assumptions (Barlow et al. 2020; Kim 2018).

Each paragraph in this section highlights the need to consider further the harmful consequences associated with an overreliance on legislation as a response to coercive control (Hamilton 2019; Hanna 2009; Walklate, Fitz-Gibbon and McCulloch 2018, p. 116). The reversion to carceral interventions in this context reflects the discursive power of police and legislation (Duran & Simon 2019), as well as the urgency of the problem of domestic abuse and the need for an identifiable ‘solution’ (van Dernoot Lipsky & Burk 2009, p. 74-75). Literature has discussed, for instance, the extent to which feminist activists campaigned for decades in order for IPV against women to be problematised at a socio-cultural and political level, with efforts resulting in elements of domestic violence ‘finally’ being acknowledged in legislation (Buzawa, Buzawa & Stark 2017; Carlson 1984). Yet as participants’ responses indicate, it is evident that additional de-carceral rather than legislative-based supports are now required to assist women experiencing coercive control. Indeed, criminalising IPV (and the criminalisation of coercive control in Australia) may seemingly indicate that the issue is at last being ‘taken seriously’ (Douglas 2015; Walklate, McMahon & McGorrrery 2016). Such responses, however, do not consider the wider negative implications of

punitive approaches towards covert abuse that does not necessarily eventuate to *physical* violence, and for which it is difficult for victim-survivors to gather evidence of (Arnold 2009; Libal & Parekh 2009; Meyer 2011). Here lies a dilemma between the ability of legislation, on the one hand, to act as a source of potential support for victim-survivors and, on the other, its symbolic performance as an extension of a system that originally penalised acts of physical abuse but which has evidently failed to address the causes and effects of non-physical coercive control (Hanna 2009; Royal Commission into Family Violence 2016).

Awareness and education

Theme Overview

The third theme related to increasing awareness of coercive control and providing increased education as to its dynamics and consequences. This was considered by participants (n = 12) to be a fundamental component in responding to control.

The more people that speak about these issues, the better. Just like mental health, we need to make it known just how common this behaviour is and what can be done about it. (Alison)

Great public awareness of coercive control is essential. I lived with this for almost 20 years and had no idea this was a pattern of behaviour used to control me. (Lucinda)

The data suggested that “education about coercive control is vital” to raise awareness, and “should begin when we are building relationships in the playground”. Participants maintained that educational programs relating to coercive control should be provided for individuals and groups (such as bystanders, family members of victim-survivors, children, mental health

professionals, educators, legal experts, police, and other practitioners).

Educate. I never knew any red flags until after I left my relationship (...) It is the initial 'love bombing' that wraps you into the relationship, and you begin to believe that they can do no wrong (...) Not just people experiencing this type of control in their relationship, but also the people who are there to 'help' need education. The legal system, judges, solicitors, police, social workers, psychologists – everyone needs more education and training on this. (Alison)

Education about coercive control is vital and must occur in all schools. Please educate women on what their rights are, and how to recognise and report coercive control once it is criminalised. (Jeanette)

I think it should be more openly spoken about. It should be spoken about at schools and people should be told what to do if it happens to them. I think it also needs to be explained in a way so that people around them can understand what is going on and try to find a way to support them... (Sasha)

Conflict resolution should be a subject at school (...) How do we educate young women? What sort of boys are we raising? Can schools be a place for education? How can social media be used? I worry that if young women are not aware, they won't seek help, or will repeat the pattern over and over again. It almost needs its own #MeToo movement. (Dianne)

Participants also stated it was necessary to increase awareness by providing education directly to victim-survivors *and* perpetrators: "a lot of men are not aware that non-physical abuse is as bad as physical abuse". Further, several participants "didn't know coercive control is even a form of abuse", and felt it was crucial to

emphasise, particularly, the psychological effects of (and explanations for) coercive control.

I initially did not recognise that what my partner was doing was coercive control. Only through a whole lot of talking about my situation did I realise it was a very toxic relationship. Normalising talking about this issue needs to be made a priority. I feel that removing the 'shame' would help others either demand better, or leave. Continuing to increase community awareness is key... (Emma)

Educate abusers. There needs to be specific, one-on-one psychological help available to perpetrators to break the cycle of abuse. I feel it is important to uncover underlying conditions that many women recognise in perpetrators of coercive control (...) and many other personality traits that these manipulators do not realise are not normal. (Jeanette)

Raising awareness and providing education was determined as a crucial in addressing coercive control. The data also indicated that both victim-survivors and perpetrators must receive education to develop awareness of the language that allows them to identify and understand such abuse.

Discussion

Increasing awareness of coercive control and providing education as to the issue was a consistent theme among the majority of participant responses (n = 12). The importance of raising public awareness of the issue, as well as victim-survivors' and perpetrators' understanding, was emphasised. As Whitney explained, the need to recognise the trauma caused by coercive control was particularly evident: "(...) everyone should be taught that it is not okay, because the fear and trauma will stay

with you”. This reaffirms the need to provide further recognition and education relating to coercive control as gendered violence that causes psychosocial harm through, for example, accessible campaigns on social media platforms, television, radio, and in community spaces (Cloitre et al. 2009; Herman 2015; Williamson 2010). As emphasised in the data, the necessity of awareness and education is particularly significant for victim-survivors – many participants stated they were not aware they were experiencing coercive control. As Lucinda explained: “I just thought we fought all the time, and he was very angry with me. I didn’t know why.” Participants indicated that for victim-survivors to *access* appropriate supports (discussed in the previous two themes), they must be provided with sufficient resources in order to develop awareness of coercive control as a framework through which to recognise abuse. Without such education and awareness, it is unlikely that victim-survivors will be positioned to understand the totality of their trauma or communicate this in a way that allows them to receive the support they are deserving of (Respect Victoria 2021; Williamson 2010). As emphasised in the data, “normalising talking about this issue” is fundamental.

The data also highlighted that an essential component of awareness and education relates to emphasising that coercive control is characterised by patterns of *non-physical* violence (Crossman, Hardesty & Raffaelli 2016). Some participants, for example, felt they “weren’t enough of a victim” or “not deserving of support” when attempting to locate assistance due to an emphasis by service providers on the *physically* abusive aspects of IPV (Brennan et al. 2019; Crossman, Hardesty & Raffaelli 2016). It is therefore essential that support organisations receive appropriate education and training relating to the non-physical nature of coercive control and the impact of such conduct, which has been described as more damaging than physical violence alone (Hamberger, Larsen & Lehrner 2017; Herman 2015). As Sophia explained, for instance: “there still seems to be a strong focus/emphasis on physical and sexual violence in their [services] intake surveys.

There were times I tried to access assistance, but felt minimised or underserving because, lacking any history of physical violence, there was no urgency.” Sophia’s experience reflects the ways in which perceptions of abuse as characterised by distinct *physical* violence remain pervasive and may influence the support that women experiencing *non-physical* coercive control receive (Boxall & Morgan 2021; Laing, Cavanagh & Humphreys 2013; Stark 2007). This highlights the necessity for increased education relating to coercive control as non-physical harm and its effects to be provided to raise awareness and, in turn, to ensure that trauma-informed and gender-sensitive support resources are available (Domestic Violence Victoria 2021; Respect Victoria 2021; Williamson 2010).

The theme of awareness and education is interconnected with the previous two themes: increased and simplified access to practical support and increased and nuanced support from law. For victim-survivors to access the forms of practical support discussed in this chapter, they must be provided with relevant resources and knowledge of concepts that allow them to recognise, comprehend, and narrate their experiences as coercive control to social and professional supports. Such awareness is therefore a product of education, which is required on a local and national scale for victim-survivors to understand they are entitled to receive the support required to escape an abusive relationship and commence recovery post-separation. Increasing awareness of coercive control via educational platforms is, therefore, “essential” and “key” – participants’ emphasis on this theme suggests that such interventions may be of greater benefit to women than explicitly criminalising such abuse. This reaffirms arguments that demonstrate further law is often a tokenistic and reactive ‘solution’ to women’s intimate abuse (Hanna 2009; Tolmie 2018). Whilst including factors such as education and awareness within a gender-sensitive and victim-centred multi-faceted approach is unlikely to resolve the complex issue of structural gender inequality, doing so may assist in providing

victim-survivors with further knowledge and an increased ability to access practical supports (see Spencer 2016, p. 225).

Societal and systemic change

Theme Overview

The final theme related to socio-cultural issues pertaining to women's position of inequality in the gender hierarchy. Participants (n = 10) expressed that addressing gender inequality (and, in turn, coercive control and women's victimisation) requires changing attitudes relating to heteropatriarchal ideals and behaviours – specifically the ways in which these instructions are taught to children.

Stop encouraging boys to fight and to be tough, and girls to be sweet and pretty – compromise the extremes and treat them the same. Protect the boys from other boys who are bullies. Take bullying seriously. Stop letting boys learn that the only way to survive school is either to beat up people or to be the bully's best friend. Stop championing sports that cause physical damage. Stop calling boys 'wimps' and 'sissies'. Campaign against it. (Dianne)

I think socialising girls to stop romanticising 'love' and finding 'the one', and to have very strong personal boundaries, and not accept abusive, controlling, manipulative, or bad behaviour from men/boys is the only way we can effectively deal with this phenomenon. For some reason there is a widespread belief that these behaviours are just a 'normal' part of navigating coupledness. We need to address this cultural belief. (Sophia)

Participants emphasised that being subjected to coercive control is perceived as “a normal part of navigating coupledness”, which is a “cultural belief”. The process of

addressing gender inequality ultimately requires, as participants stated, “a political movement” to facilitate change, and to “respect and view women as equals”.

Protect, value, honour, and support women as a community – as a society.

Misogyny is the seed of coercive control, in my view. (Jeanette)

I think the bigger issue lies in gender equity and a culture that does not respect and view women as equals (...) We as a community need to promote and actually believe that women’s lives matter. We need to do this in media publications, in addressing the gender pay gap, and how we educate and speak to children. It’s a holistic problem that needs a holistic solution... (Ashley)

I would like to stop seeing this as something that women can ‘cure’ on their own. I would like to see them go on strike, the whole damn lot of them (...) We need more political clout, but the political clout has to be disenfranchised – not just for those women who play the men’s game. We need mothers, victims of domestic violence, and all other marginalised groups at the table making the decisions too. We need a political party. I think I’ll start one! (Dianne)

The data indicated that interventions should consider how dominant attitudes relating to binary understandings of gender affect women in intimate relationships, and how such socially constructed norms influence coercive control perpetration.

Discussion

Societal and systemic change relating to structural gender inequality was the final theme revealed. The data demonstrated that supporting women experiencing coercive control requires dismantling hierarchies of power that reproduce norms pertaining to rigid understandings of gender (Anderson 2009; Domestic Violence

Victoria 2021; Respect Victoria 2021, p. 1). Participants indicated that interventions aiming to prevent societies from instructing children to adhere to gendered norms are necessary if coercive control is to be prevented (for instance, norms that relate to “encouraging boys to fight and to be tough, and girls to be sweet and pretty”). This reflects the ways in which children are often encouraged to embody gendered ideals and behaviours that can facilitate women’s victimisation (Arnold 2009; Stark 2007; Hunnicutt 2009) or contribute to perpetration (Hong 2000; Reidy et al. 2014). For instance, participants’ experiences were shaped in part by their abusers’ use of gendered scripts to degrade, maintain control, and reduce women’s autonomy (see Chapter Three) – a consequence of structural gender inequality. This enabled perpetrators to deprive participants of liberty (Stark 2007) whilst attempting to reassert their own diminished sense of masculinity or manage feelings of inadequacy (Heilman & Barker 2018; Pleck 1995). Thus, unless individuals are raised in ways that do not require conformity to such ideals, women who are victimised in such relationships are unlikely to remain adequately supported on a socio-cultural level. In connecting this to the themes previously discussed, it is only through socio-cultural change relating to the dismantling of gender hierarchies and its effects that adequate support, education, and awareness relating to coercive control may be provided.

Women as victim-survivors are therefore unlikely to be sufficiently supported if the complex issue of structural gender inequality is overlooked by interventions that intend to address coercive control. Participants expressed that men’s sense of entitlement to women, and underlying needs to coerce and control, are considered socio-cultural beliefs that are reproduced through not only the gendering of children (discussed above) but, more significantly, through “a culture that does not respect and view women as equals”. It is therefore the responsibility of societies and governments to “believe women’s lives matter”. This demonstrates that a

crucial component of responding effectively to coercive control must stem from, as stated by Dianne, “a political movement” that facilitates change towards gender-related attitudes that perpetuate coercive control and women’s experiences of IPV (Arnold 2009; Domestic Violence Victoria 2021; Lawson 2012). These findings emphasise that women’s positioning in relation to gender can increase the likelihood of victimisation in intimate relationships, and that coercive control cannot be prevented without the implementation of structural and socio-political change that aims to address gender inequality (Arnold 2009; Garcia & McManimon 2011; Heise & Kotsadam 2015; Phillips 2006; Shepard & Pence 1999).

Conclusion

This chapter intended to fulfil the second thesis aim, which was to determine how coercive control could be addressed in Australia to effectively support women by including the perspectives of participants with lived experience in current debates. The four main themes discussed in this chapter represent the ways in which participants believed the issue could be responded to. Each theme revealed participants’ views relating to the necessity of increased and simplified access to diverse forms of practical gender-sensitive, trauma-informed, and victim-centred support, increased and nuanced support from law, further awareness and education, and socio-cultural interventions that aim to respond to structural gender inequality.

The data, overall, suggested there is not merely a singular ‘solution’ to the issue of coercive control experienced by women, and highlighted that a multi-faceted approach centring the complex gender-based and traumatic nature (and consequences) of coercive control may be necessary. It is by adopting a critical feminist, trauma-informed, and victim-centred conceptual framework to interpret and reframe women’s narratives of coercive control, and to understand the ways in

which these experiences are often traumatic, that the importance of a multi-faceted response is evident. In consideration of participants' experiences and opinions, responses should firstly seek to recognise that coercive control as gender-based violence has the potential to cause psychological distress to victim-survivors. Interventions must also seek to acknowledge and prioritise that women's victimisation, and perpetrators' infliction of coercive control, is perpetuated by systemic and socio-cultural harms relating to structural gender inequality. Whilst considering this, it must also be noted that further reflection is required to explore the complexity of the themes presented, as well as how limitations of the thesis may provide opportunities for further research. In the following chapter, I conclude the thesis by further analysing the discussions in Chapter Three and Chapter Four. I also conceptually link these outcomes to identify how research could continue to explore and remain critical of responses to coercive control in Australia that intend to support women.

Chapter Five

Conclusion and Future Research Directions

Overview

This thesis had two major aims: firstly, to document, draw attention to, and analyse women's experiences of coercive control, and the impact of these experiences in relation to trauma and gender. Secondly, the thesis sought to determine how coercive control could be responded to in order to effectively support women as victim-survivors in Australia, from the perspectives of participants. A feminist, trauma-informed, and victim-centred theoretical lens was used to respond to these aims and to discuss the research outcomes. The findings demonstrated that women's experiences of coercive control have the potential to cause trauma and are facilitated by abusive behaviours and attitudes associated with structural gender inequality. Further, the findings indicated that a multi-faceted approach towards the issue, which is trauma-informed and gender-sensitive, may assist in supporting women experiencing coercive control. This is due to the nature of such violence as covert and traumatic, and its ability to negatively affect women's wellbeing and lives. The remainder of this chapter reflects critically upon these outcomes, highlights the major limitations of the thesis, and explores possible avenues for future research.

To begin, by adopting a trauma-informed and victim-centred conceptual framework to interpret and analyse women's experiences, we are able to further understand the ways in which coercive control as a course of behavioural conduct can traumatically disrupt women's individual life narratives and identities. As a consequence of repetitive psychological abuse, economic abuse, technology-facilitated coercive control, and/or physical and sexual violence at the hands of

their abusers (Chapter Three), participants experienced trauma that damaged their sense of self and impacted their ability to live autonomously. The research outcomes demonstrated that experiencing these forms of violence prevented participants from leaving their relationships due to the complex traumatic bond formed with their abuser – an attachment characterised by an alternating sense of security and love, yet also isolation, entrapment, and terror. Understanding how the accumulation of perpetrators' behaviours caused participants to experience trauma (as well as its consequences) also highlights the difficulty associated with victim-survivors' ability to *access* support, both during an abusive relationship and post-separation. The psychological harms experienced by participants therefore influenced the forms of support they felt entitled to receive or were able to access. In re-framing and understanding women's narratives through these conceptual lenses, we are positioned to more accurately conceptualise why it is imperative for support responses to be diverse so as to be attuned to the ways in which trauma caused by coercive control may affect women.

The findings also demonstrated the importance of contextualising coercive control within a phenomenon of IPV against women and structural gender inequality (via a feminist conceptual lens) to interpret participants' experiences of, and views towards, coercive control. Adopting this framework also highlighted the ways in which socio-cultural heteropatriarchal ideals and understandings of gender facilitate coercive control, and demonstrated how these ideals are constructed and sustained in coercive and controlling relationships – contributing further to the trauma experienced by women. In the current study, for example, the use of abusive gender-based scripts and behaviours (which were not distinct 'incidents', but rather were harms embedded in broader patterns of coercive control) demonstrated perpetrators' ability to use women's traditionally 'inferior' positioning in relation to gender inequality to maintain control. This exacerbated participants' entrapment in their relationships and within their sense of identity as

women over time. In turn, the perspectives of participants in relation to responding to coercive control demonstrated the need for interventions to not only be trauma-informed, but also gender-sensitive and attuned to the difficulties many women as victim-survivors face (Chapter Four). The findings indicated these responses must ultimately stem from a socio-political movement that strives to address gender inequality and the ways in which this facilitates coercive control perpetration.

One major implication of the research, therefore, relates to the importance of interpreting women's experiences of coercive control through a critical feminist, trauma-informed, and victim-centred theoretical lens. The use of this perspective seeks to emphasise why various integrated trauma-informed and gender-sensitive interventions (as demonstrated by participants' diverse responses) are required to support women as victim-survivors. For instance, Chapter Four discussed the types of supports participants believed would provide more effective assistance – ranging from individual, social, practical, and legal supports to socio-cultural, socio-political, and structural interventions. The variety of responses provided therefore reflects the many ways in which women experience victimisation and trauma as a consequence of coercive control. This indicates that a multi-faceted approach may be essential in responding to the needs of different victim-survivors, depending upon the circumstances of their abusive relationship and/or stage of recovery post-separation. It is unlikely we would be positioned to sufficiently interpret these varying needs without adopting this conceptual perspective.

The diversity of participants' responses also speaks to an additional issue highlighted by current debates: the implementation of carceral interventions as a response to IPV and, specifically, the criminalisation of coercive control in Australia. This issue was highlighted in the theme of 'increased and nuanced support from law', which emerged due to half of participants expressing that criminalisation was necessary. These responses emphasised that coercive control

“must be criminalised” and “police need more training” – one participant also explained she likely would have been killed by her partner if not for the actions of an officer. Alternatively, others expressed doubt towards the efficacy of legislation, discussed negative interactions with police, and highlighted the need for de-carceral supports. Yet several of the participants who were *critical* of legal-based responses simultaneously emphasised the need for their *improvement* rather than erasure. These contrasting beliefs can therefore be said to reflect the symbolic nature of carceral interventions and the ways certain victim-survivors may be invested in police and law as socially constructed and discursive forms of power and protection, despite having been, at times, failed by such institutions (Duran & Simon 2019). Analysing coercive control through the conceptual lenses discussed previously, then, encourages us to understand the diversity of women’s experiences and needs for support, whilst acknowledging that punitive responses may be favoured by certain victim-survivors as part of a broader response to coercive control due to the system’s ultimate ‘promise’ of justice (Hamilton 2019).

It is also necessary to identify how such varying participant responses are reflective of academic and public debates that stand both for and against the criminalisation of coercive control in Australia, and their contextualisation within the wider carceral-versus-abolitionist movement (see Carlton & Russell 2018; Nancarrow 2006). As the aim of this thesis was not to focus specifically on criminalisation, however, an in-depth exploration of these arguments is beyond the scope of this chapter. Further, this thesis does not intend to argue that the responses identified by participants in Chapter Four stand as recommended or proposed ‘solutions’ to coercive control – to do so would be unethical due to the small participant sample size and other methodological choices. It therefore remains necessary to reflect further upon limitations of the thesis and the potential shortcomings associated with certain participant responses when situating this

discussion in a criminological academic context. Two key limitations of the thesis identified are explored in the following paragraphs.

Limitations and pathways for future research

The necessity of prioritising ATSI victim-survivors

The first limitation related to participant demographics and the sample's lack of diversity – particularly the extent to which socio-cultural circumstances may have influenced participants' perspectives towards responding to coercive control. As discussed in Chapter Two, the final sample included 15 women with lived experience of coercive control. In an Australian context, specifically, literature demonstrates that Aboriginal and Torres Strait Islander (ATSI) women are at an increased risk of experiencing IPV (Davis 2012; Guggisberg 2019), including coercive control. Due to the use of self-selected sampling techniques, however, participants in the final sample did not identify as ATSI. Further, considering the extent to which ATSI women are misidentified as aggressors of abuse by police as a consequence of colonialism and institutional racism (Reeves 2021), as well as the over-criminalisation of ATSI women generally (Cunneen & Rowe 2015), future research should seek to centralise the perspectives of ATSI victim-survivors with lived experience – the majority of whom oppose carceral-based interventions towards coercive control as tools of extended colonial control (see Cunneen & Porter 2017, pp. 668-669; Watego et al. 2021).

The thesis was also limited by its conceptual framework in the sense that it focused on the intersections between coercive control and gender, psychological trauma, and victimisation. Future research would benefit from moving beyond these lenses and instead adopting a de-colonial or critical-race centred theoretical perspective (Duhaney 2017). This is likely to assist in ensuring that responses towards coercive control in Australia are not only gender-sensitive and trauma-

informed, but are also attuned to the cultural and spiritual needs of ATSI victim-survivors. This is of particular relevance to the theme of ‘increased and nuanced support from law’ (Chapter Four), as ATSI women are likely to be negatively affected by the criminalisation of coercive control and instead require culturally-appropriate de-carceral supports reflective of the broader abolitionist project (Carlton & Russell 2018; Fuller 2021; Kilroy 2021; Wangmann 2020).

Including the perspectives of the LGBTQIA+ community

An additional limitation related to the inclusion of LGBTQIA+ victim-survivors and their experiences of coercive control and perspectives towards support-based responses. As the sample consisted of 14 participants who had suffered abuse in former heterosexual relationships, and one participant who explained her experiences in a lesbian relationship, this thesis does not sufficiently capture the narratives or views of LGBTQIA+ victim-survivors. As has been reaffirmed, coercive control is predominantly considered a form of gender-based intimate violence facilitated by socio-cultural norms and ideals pertaining to heteronormative and binary understandings of gender (Anderson 2009; Stark 2007). However, individuals in LGBTQIA+ relationships also experience such abuse (Messinger 2017). This challenges dominant conceptualisations of coercive control and indicates that LGBTQIA+ victim-survivors, as a minority group who face disproportionate levels of discrimination at the hands of the criminal justice system (Goldberg et al. 2019), may require greater access to de-carceral and community supports. Such interventions are likely to be more attuned to the complex dynamics of coercive control in LGBTQIA+ relationships as opposed to carceral interventions.

These limitations point to a broader conceptual issue highlighted in the thesis pertaining to the assumed effectiveness of carceral responses towards women’s

experiences of IPV (Hamilton 2019; Tolmie 2018). By identifying both the thesis limitations and findings discussed in Chapter Four, it is evident that a particular tension exists between certain participants' perspectives regarding the necessity of legislation as an effective response and broader critical discussions in academic and grey literature that oppose the criminalisation of coercive control (Domestic Violence Victoria 2021; Kilroy 2021; Respect Victoria 2021). It is also of interest that the perspectives of those participants in favour of criminalisation (n = 7) stand in contrast to my own as a de-carceral feminist and postgraduate researcher in this field, with theoretical knowledge of the structural harms experienced by minority groups that are caused by an overreliance on legislative responses. This raises questions about not only the symbolic role of carceral interventions as forming part of a response to coercive control, but also the ethical responsibilities of qualitative researchers seeking to include women's lived experiences and opinions in academic discussions relating to IPV.

One essential task a qualitative researcher is required to undertake involves closely adhering to ethical guidelines at each stage of the research process – this includes, for instance, acting with integrity towards all study participants and ensuring the transparent distribution of research outcomes (Babbie 2005; Walter 2014). Thus, there existed somewhat of an ethical difficulty in discussing several of the findings (see Chapter Four) when a component of them contrasted to my own academically informed perspective and awareness of the negative implications of punitive interventions as responses to IPV. It is my belief that the criminalisation of coercive control will have harmful consequences for the majority of victim-survivors in Australia – particularly those belonging to cultural minority groups and/or the LGBTQIA+ community. Whilst criminalisation may intend to facilitate 'justice' for women, the combative and adversarial British-Australian criminal justice system that was founded upon a punitive colonial model is not designed to respond sensitively to already traumatised victim-survivors of coercive control

(Barlow et al. 2020; Stark 2007). However, as one aim of this thesis involved centring and directly including the perspectives of women with experience of such abuse, an aspect of this task involved discussing and highlighting participants' views in relation to criminalisation. It is beyond the scope of this thesis to respond further to the ethical issues this tension prompts, yet to simply observe and acknowledge this dilemma may provide an opportunity for additional research to explore such questions further (see, for instance, Mortimer, Fileborn & Henry 2021, p. 150).

Concluding remarks

This chapter has provided an overview of the research outcomes and their positive implications while reflecting upon the thesis limitations and the opportunities these provide for future research. As demonstrated, participants' experiences of coercive control in Australia can include: psychological abuse, economic abuse, technology-facilitated coercive control, and physical and/or sexual violence. These patterns of abuse lead to the gradual entrapment of women as victim-survivors and can result in psychological trauma, which ultimately works to damage one's sense of liberty and self. Perhaps the most notable aspect of coercive control as a form of gender-based harm is not its explicitly violent or distinctly 'physical' component/s. Rather, what characterises its traumatic nature is its ability to insidiously damage the autonomy, liberty, and identity of victim-survivors as women behind a veil of ordinariness and supposed normality. The cumulative nature of repetitive and discreet acts of non-physical and physical violence – and the resulting ability of this conduct to force victim-survivors to lose trust in both themselves and their perception of reality – is precisely why coercive control is psychologically harmful. Further, this abuse is facilitated by rigid gendered expectations and behaviours that are embraced by a culture and political landscape in which structural gender inequality is tolerated and IPV against women remains an issue.

In light of participants' responses, the concluding chapter of this thesis has also emphasised that responding to coercive control requires a diverse range of victim-centred, trauma-informed, and gender-sensitive supports. However, in considering the thesis limitations, it is also necessary to remain critical of the ways in which vulnerable and over-criminalised populations, such as ATSI victim-survivors and/or LGBTQIA+ individuals, will likely be re-traumatised by legislative interventions that a 'whole-of-systems' approach encompasses. Future research should seek to centre the views of under-represented groups who continue to experience injustice at the hands of the carceral system that claims to protect them. I therefore invite readers to continue this discussion – importantly, through conversations that prioritise victim-survivors' testimonies and perspectives, whilst remaining attuned to the negative consequences of further carceral-based interventions that propose to support women. In using the lens adopted by thesis to interpret and analyse women's narratives and opinions towards coercive control, we are positioned to understand the diverse traumatic realities and support needs of those with lived experience. Recognising the significance of this framework, whilst continuing to critically reflect upon its limitations, will assist in ensuring that responses in Australia appropriately serve and support all women entrapped in the disempowering cycle of coercive control.

Appendices

Appendix A: Risk Assessment Plan

PART A: POTENTIAL RISK TO PARTICIPANTS

1. Risk to participants:

- Emotional distress

2. Likelihood of risk:

- Unlikely

3. Signs of risk:

- Participants who experience emotional distress at any stage during the thesis may express signs of the following:
 - **Hyperarousal:** increased stress, anxiety, hypervigilance, fear, heightened irritability, somatic complaints
 - **Intrusion:** pre-occupation with or fixation on past traumatic events, flashbacks to traumatic events, sleep disturbances (e.g. insomnia and/or nightmares)
 - **Constriction:** numbing, detachment, dissociation, depression, depersonalisation, substance use/abuse, impairment of daily functioning

4. Observing and assessing the risk:

- **A.** Participants will be encouraged to communicate feelings of emotional distress to the researcher via email during the project, regardless of how minor symptoms may appear to be.
- **B.** The researcher will observe participant email responses closely and will actively identify any subtle or obvious signs of emotional distress.
- **C.** If required, the researcher will consult with the Principal Investigator to determine the most appropriate response to participants who communicate signs of emotional distress.

5. Responses to risk:

- **A.** Emotional support will be provided via email by the researcher to any

participant experiencing emotional distress, as per her training in the areas of victimology, trauma, and victim-survivor support.

- **B.** Emails will be sent to participants by the researcher at **three specific stages:** before, during and after completion of the study. Enquiring as to participants' wellbeing at these intervals will allow the researcher to regularly monitor participants' feelings of potential distress and provide support when required.
- **C.** Whilst the researcher will enquire as to participants' wellbeing at three specific intervals mentioned (above), participants will also be encouraged to contact the researcher via email themselves at any time, if necessary.
- **D.** If participants express signs of emotional distress that indicate further professional support is required, the researcher will provide redirection to a relevant intimate partner violence service. Services for potential referral include:

Australia-wide services:

- 1800RESPECT
- No to Violence
- Relationships Australia
- WESNET (Women's Services Network)
- Lifeline
- Police or ambulance

State and territory services:

- Domestic Violence Victoria
- Safe Steps Family Violence Response Centre (Victoria)
- Community Legal Centres Tasmania
- Centacare Adelaide
- Domestic Violence Crisis Service ACT
- Domestic Violence Action Centre Queensland
- Community Legal Centres NSW
- Anglicare Western Australia
- Aboriginal Legal Service of WA
- Alice Springs Women's Shelter

- Central Australia Women's Legal Services

PART B: Potential Risk to Researcher

1. Risk to researcher:

- Vicarious traumatisation (VT)

2. Likelihood of risk:

- Unlikely

3. Signs of risk:

- Feelings of helplessness and vulnerability
- Heightened vigilance or fear; unstable baseline of calm
- Avoidance, detachment, or emotional numbing
- Symptoms of anxiety and/or depression

4. Observing and assessing the risk:

- **A.** As per training, the researcher will acknowledge/identify symptoms of VT.
- **B.** The researcher is to communicate any symptoms of VT to social and professional support networks, including the Principal Investigator and/or Co-Investigator.
- **C.** With assistance from support networks, the researcher will determine severity of VT symptoms and the extent to which her work and/or functioning is being affected.
- **D.** The researcher will follow necessary steps to manage symptoms of VT (below).

5. Responses to risk:

- **A.** Use of a personal journal to record and reflect upon specific emotional reactions to certain materials related to the thesis.
- **B.** Communicating regularly with social and professional supports (in-person, via phone, email or online messaging/video-call platforms).
- **C.** Consistent use of additional personal self-care strategies.
- **D.** Continuation of extracurricular interests/activities.

- E. If additional/ongoing professional mental health support is required, the researcher will contact a relevant support service, such as:
 - Private psychologist
 - Lifeline
 - Beyond Blue

Appendices

Appendix B: Participant Information Statement and Consent Form



College of Arts, Social Sciences, and Commerce

La Trobe Law School & School of Humanities and Social Sciences

Bachelor of Criminology (Honours)

Participant Information Statement and Consent Form

Project Title: *Australian women's experiences of coercive control: how should coercive control be addressed to best support victim-survivors?*

This research is being conducted in fulfilment of an Honours degree in the form of a thesis under the supervision of Dr Anthony Collins. The following student researcher will conduct the study:

Name: Kristy Kassing

Role: Student Investigator

Organisation: La Trobe University, Melbourne (Bundoora)

Principal Investigator: Dr Anthony Collins

Email: A.Collins2@latrobe.edu.au

1. What is the study about?

You are invited to participate in a study exploring Australian women's previous experiences of coercive control within the context of intimate partner violence. Broadly, the study seeks to understand how your previous experiences of coercive control affected you, and in what ways you think the issue of coercive control should be responded to in Australia to support victim-survivors.

Coercive control is described as a pattern of behaviours and strategies adopted by an abusive perpetrator, resulting in the systematic and targeted entrapment of one's intimate partner (Crossman, Hardesty & Raffaelli 2016; Stark 2007). Tactics commonly used by perpetrators may include: intimidation, humiliation,

shaming, manipulation, verbal abuse and threats, emotional blackmail, social isolation, technological surveillance and the restriction of access to finances (Hill 2019; Johnson 2008). Women are primarily victim-survivors of coercive control, in which their autonomy and liberty may become restricted or removed entirely.

This study seeks to provide a safe and compassionate online space in which you are encouraged to share some of your previous experiences of coercive control, how these affected you, and what you believe needs to be done about coercive control in Australia in to effectively support women and/or prevent them from experiencing future (physical) violence.

2. Do I have to participate?

Taking part in the study is entirely voluntary. If you would like to participate, please read the information in this document carefully. After reading this document, you may decide you no longer want to participate. If you decide not to participate, this will not affect your relationship with the researcher and/or La Trobe University.

3. Who is being asked to participate?

You have been asked to participate in the study because:

- You identify as a woman aged 18 years of age or over; and
- You are a member of an Australian intimate partner violence or family violence victim-survivor Facebook support group; and
- You have *previously* experienced coercive control; and
- You contacted the researcher to express your interest in taking part in the study

4. What will I be asked to do?

After returning this consent form, you will be emailed a questionnaire containing six open-ended questions. These questions will relate broadly to your previous experiences of coercive control and your opinions about what should be done to respond to this issue in Australia.

You will have the opportunity to answer these questions in as much or as little detail as you feel personally comfortable with. You are encouraged to answer these questions based upon information you have *previously* shared in your Facebook support groups. However, you are welcome to share additional information about your experiences if you feel comfortable to do so.

It is recommended that you allow yourself approximately **two hours** to complete the questionnaire. You are encouraged to reflect upon questions and take your time to complete responses. Please ensure your completed questionnaire is **returned to the researcher two weeks** after receiving it.

Please return your questionnaire to Kristy Kassing via email at:

17743515@students.latrobe.edu.au.

5. Can I change my mind or withdraw?

You can choose to withdraw from the study **at any time.**

You can let the researcher know you would like to stop taking part in the study by:

- Sending Kristy Kassing an email at 17743515@students.latrobe.edu.au; or
- Completing the Withdrawal of Consent form (provided at the end of this document).

If you decide to withdraw, information you have provided will be withdrawn from the study and will not be included in the final thesis. However, once results have been analysed, we can only withdraw information (such as your name and contact details). If results haven't yet been analysed, you can choose if we use those results or not. Your decision to withdraw from the study **will not** affect your relationship with the researcher or La Trobe University in any way.

6. What are the benefits?

By taking part in the study, you will have the opportunity to share and discuss your previous experiences of coercive control and how these have affected your life, as well as your thoughts on how we can effectively support other women who are experiencing this abuse. Participating in this study may also prove to be beneficial to your personal process of healing or recovery.

Additionally, your contributions will benefit society more broadly by providing future researchers with useful information regarding how coercive control could be appropriately responded to in Australia. Your participation in the study will take place in a safe and empowering environment that will allow you to feel supported and validated.

7. What are the potential risks?

With any study, there are risks we know about, risks we don't know about, and risks we don't expect. If you experience something you are unsure about, please contact the researchers so we can discuss the best way to manage your concerns.

Because this study seeks to understand your previous experiences of coercive control, there is a risk you may experience some level of **emotional distress** as a result of your participation. You may experience this while completing the questionnaire, or at other stages during the study.

The researchers intend to facilitate and maintain a secure and compassionate space that allows you to feel comfortable to share some your personal experiences. However, you are able to **withdraw from the study at any time** if

required. If you feel emotionally distressed while taking part in the study and wish to discontinue your participation, please contact the researchers. If necessary, the student researcher will provide you with contact details of relevant support services that will allow you to obtain further professional assistance (see below).

Australia-wide services

- **1800RESPECT:**
 - Phone: 1800 737 732
 - Online chat: <https://chat.1800respect.org.au/#/chat/questions1>
 - Website: <http://1800respect.org.au>
- **Relationships Australia:**
 - Phone: 1300 364 277
 - Website: <http://www.relationships.org.au/>
- **WESNET (Women's Services Network):**
 - Phone: 1800 937 638
 - Website: <https://wesnet.org.au/>
- **Lifeline:**
 - Phone: 13 11 14
 - Contact form: <https://wesnet.org.au/about/contact/>
 - Website: <https://www.lifeline.org.au/>
- **Police or ambulance:**
 - Phone: 000

State and territory services

- **Domestic Violence Victoria:**
 - Phone: 03 9921 0828
 - Email: admin@dvvic.org.au
 - Website: <http://dvvic.org.au/>
- **Safe Steps Family Violence Response Centre (Victoria):**
 - Phone: 1800 015 188
 - Email: safesteps@safesteps.org.au
 - Website: <https://www.safesteps.org.au/>
- **Community Legal Centres Tasmania:**
 - Email: Ben_Bartl@clc.et.au
 - Website: <http://www.clctas.org.au/>
- **Domestic Violence Crisis Service ACT:**
 - Phone: 02 6280 0900
 - Online chat: <https://dvcs.org.au/chat-process/>
 - Website: <https://dvcs.org.au/>
- **Domestic Violence Crisis Line Adelaide:**
 - Phone: 1800 800 098
 - Website: <https://www.sa.gov.au/topics/family-and-community/safety-and-health/domestic-violence-and-sexual-assault/support-services>
- **Domestic Violence Action Centre Queensland:**
 - Phone: 07 3816 3000 (Ipswich) and 07 4642 1354 (Toowoomba)

- Website: <https://www.dvac.org.au/>
- **Community Legal Centres NSW:**
 - Phone: 02 9212 7333
 - Website: <https://www.clcnsw.org.au/>
- **Anglicare Western Australia:**
 - Phone: 1300 114 446
 - Email: info@anglicarewa.org.au
 - Website: <https://www.anglicarewa.org.au/>
- **Aboriginal Legal Service of WA:**
 - Phone: 08 9265 6666
 - Website: <https://www.als.org.au/>
- **Alice Springs Women's Shelter:**
 - Phone: 08 8952 6075
 - Email: ws@asws.org.au
 - Website: <https://asws.org.au>
- **Central Australia Women's Legal Services**
 - Phone: 1800 684055
 - Email: enquiries@cawls.org.au
 - Website: <https://cawls.org.au/>

8. What will happen to information about me?

All contributions you make will be **anonymised** in the final thesis and you **will not** be identifiable in any way. Participant contributions may also be included in a future Masters project, conducted by the Student Investigator.

- We will **collect** information about you in ways that **will not** reveal who you are.
- We will **store** information about you in ways that **will not** reveal who you are.
- We will **publish** information about you in ways that **will not** be identified in any type of publication from this study.

We will **keep** your information for five years after the project is completed. After this time, we will destroy all of your data.

The storage, transfer and destruction of your data will be undertaken in accordance with the Research Data Management Policy
<https://policies.latrobe.edu.au/document/view.php?id=106/>.

The information you provide will be handled in accordance with applicable privacy laws. Any health information collected will be handled in accordance with the *Health Records Act 2001* (Vic). Subject to exceptions in relevant laws, you have the right to access and correct your information by contacting the research team.

9. When will I hear about the results of the study?

You will be notified about the results of the study after the final thesis has been completed. At this time, you will have access to a digital copy of the final thesis upon request.

During the study, after you have returned your completed questionnaire, the student researcher will contact you to follow up on your personal wellbeing.

10. Who else can I contact for more information?

If you have additional questions about the study, please use the following contact details:

Name: Dr Anthony Collins

Organisation: La Trobe University

Department: Social Inquiry (Crime, Justice and Legal Studies)

Email: A.Collins2@latrobe.edu.au

11. What if I have a complaint?

If you have a complaint about any part of this study, please contact:

| Ethics Reference Number | Position | Telephone | Email |
|--------------------------------|--------------------------------|------------------|--|
| HEC20330 | Senior Research Ethics Officer | +61 3 9479 1443 | humanethics@latrobe.edu.au |

Consent Form – Participant Declaration

*I (the participant) have read (or, have had read to me) and understood the Participant Information Statement and Consent Form. Questions regarding this study have been answered to my satisfaction. I agree to participate in this study. I **am not currently experiencing coercive control**. I understand the risks involved in this study and how participating in this study may affect me.*

*I know I can **withdraw from the study at any time**. I agree that information I provide during the project (with my permission) will be **anonymised** and may be included in a thesis, presentation, journal article, or future research project conducted by the researcher. I agree to this on the condition that **I cannot be identified in any way**.*

I would like my information collected for this study to be (please tick all applicable):

- ☐ Only used for this specific study.
- ☐ Used for future related studies.
- ☐ Used for any future studies.
- ☐ If participating in an interview, I agree to have my interview audio recorded.
- ☐ I would like to receive a copy of the final thesis via email. I have provided my details below and ask that they only be used for this purpose and not stored for future contact.

| Name | Email (optional) |
|------|------------------|
| | |

Participant Signature

- ☐ I have received a signed copy of the Participant Information Statement and Consent Form to keep.

| | |
|---------------|--|
| Printed name: | |
| Signature: | |
| Date: | |

Declaration by Researcher

- ☐ I have given a verbal explanation of the study, what it involves, and the risks and I believe the participant has understood;
- ☐ I am a person qualified to explain the study, the risks and answer questions

| | |
|---------------|--|
| Printed name: | |
| Signature: | |
| Date: | |

* All parties must sign and date their own signature.

Please send your completed form to Kristy Kassing:

Participant Withdrawal of Consent

*I wish to **withdraw my consent to participate in this study**. I understand withdrawal will not affect my relationship with La Trobe University of any other organisation or professionals listed in the Participant Information Statement. I understand the researchers cannot withdraw my information once it has been analysed or collected as part of a focus group.*

I understand my information will be withdrawn as outlined below:

- Any identifiable information about me will be withdrawn from the study.
- The researchers will withdraw my contact details so I cannot be contacted by them in the future studies unless I have given separate consent for my details to be kept in a participant registry.
- The researchers cannot withdraw my information once it has been analysed, and/or collected as part of a focus group.

I would like my already collected and unanalysed data:

- ☐ Destroyed and not used for any analysis.
☐ Used for analysis.

Participant Signature:

| | |
|-----------------------------|--|
| Participant's printed name: | |
| Participant's signature: | |
| Date: | |

Please send this form to:

| | |
|--------|----------------|
| Name: | Kristy Kassing |
| Email: | |

Appendices

Appendix C: Participant Questionnaire

NOTE: As requested by the La Trobe University Human Research Ethics Committee, a definition of coercive control (see Q3) was included in the participant questionnaire.

1. Are you finding it helpful being a member of an Australian domestic violence victim-survivor support group on Facebook? In what ways are you finding this beneficial?

2. Besides being a member of an online Facebook support group for victim-survivors, what other things are you finding helpful at the moment for your personal healing or recovery?

3. Evan Stark (2007, p. 198) has described coercive control as repeated behaviours and actions in an intimate relationship, forming “patterns of dominance that entrap partners and make them subordinate”. Common tactics used by perpetrators of coercive control may include: humiliation, shaming, intimidation, emotional blackmail, isolation, restricted access to financial resources, technological surveillance, and micro-management.

What were some of the biggest challenges or difficulties you experienced during your own relationship? When reflecting on these experiences, in what ways did you feel that you lacked independence or freedom?

4. Coercive control, specifically, is not currently considered to be a crime in Australia. How do you think we can better assist other women who are experiencing coercive control? What do you think should be done to address the issue of coercive control?

5. If you have previously used a domestic violence support service in Australia, what was your experience like using this service? How do you think this service could be improved to better support other victim-survivors of coercive control?

6. Do you have any other thoughts about the issue of coercive control that you would like to share?

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