Revealing the Invisible Cage: Understanding Coercive Control Through the Eyes of Survivors in the Era of COVID-19

Chloe Eidlitz
University of Windsor

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Revealing the Invisible Cage: Understanding Coercive Control through the Eyes of Survivors in the Era of COVID-19

By

Chloë Eidlitz

A Thesis
Submitted to the Faculty of Graduate Studies through the Department of Psychology in Partial Fulfillment of the Requirements for the Degree of Master of Arts at the University of Windsor

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2023

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Revealing the Invisible Cage: Understanding Coercive Control through the Eyes of Survivors in the Era of COVID-19

By
Chloë Eidlitz

APPROVED BY:

________________________________________
B. Barrett
School of Social Work

________________________________________
R. Menna
Department of Psychology

________________________________________
P. Fritz
Department of Psychology

May 4, 2023
DECLARATION OF ORIGINALITY

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ABSTRACT

Coercive control (CC) is a pervasive, systematic pattern of behaviors used by an intimate partner to exert power over, manipulate, intimidate, control, and undermine a victim’s ability to leave the relationship. Compared to intimate partner violence (IPV) involving physical violence alone, abusive relationships marked by CC are linked with more long-lasting psychological consequences and an increased risk for more severe physical injuries, including domestic homicide. Dutton and Goodman (2005) created a theoretical model outlining distinct and interrelated components involved in the development and maintenance of coercively controlling relationships. In this qualitative study, I investigated whether components of this model reflect survivors’ lived experiences of CC. I also examined survivors’ experiences of physical IPV and CC broadly, the sequence in which CC and physical IPV occur in, and the impact of the COVID-19 pandemic on survivors’ experiences of IPV. Trauma-informed interviews were completed individually with 12 Canadian women (age range, 23-56; M = 39.8) accessing women’s shelters. Transcripts were analyzed using Braun and Clarke’s (2021) reflexive thematic analysis. Themes described survivors’ lived experiences of sexual coercion and CC marked by pervasive, frequent, ongoing patterns of CC that deprived women of freedom. Components of Dutton and Goodman’s (2005) model of CC were captured, including grooming methods and the use of demands, threats, and surveillance as coercion tactics. Themes described CC preceding physical IPV or both forms of IPV emerging together early in relationships. Experiences of IPV during the COVID-19 pandemic encompassed pandemic restrictions facilitating CC, reduced opportunities for survivors to leave or seek support, and increases in physical IPV connected to increased isolation. These findings have implications for partner aggression research, prevention strategies, and educational initiatives aimed at reducing IPV in romantic relationships.
DEDICATION

This thesis is dedicated to the brave women who found the strength to share their deeply personal experiences as survivors of intimate partner violence with me. Your willingness to volunteer to openly discuss such difficult experiences is a testament to your courage and resilience. I have been touched profoundly by your voices. It is through the selflessness of these women that this study has been made possible. By sharing your experiences, you have not only contributed to the body of knowledge on intimate partner violence, but you have also given hope to countless others who face similar challenges. Your voices are powerful, and they will not be silenced. It is my sincerest hope that this thesis serves as a contribution toward the formation of a society marked by compassion, rather than violence.
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Introduction

Revealing the Invisible Cage: Understanding Coercive Control through the Eyes of Survivors in the Era of COVID-19

Intimate partner violence (IPV) encompasses harmful physical, sexual, or psychological behaviours committed by a romantic partner, often as a means of gaining power and control in a romantic relationship (Dutton & Goodman, 2005). IPV is an extensive societal issue occurring globally that disproportionately affects women, with 30% of women experiencing physical IPV in their lifetime (World Health Organization, 2020). In addition to physical health consequences, depression and posttraumatic stress disorder (PTSD) have been identified as sequelae of physical IPV (Campbell, 2002). Coker et al. (2002) highlight the importance of giving equal consideration to co-existing chronic psychological forms of abuse when investigating experiences of IPV and related negative mental and physical health consequences. Importantly, Coker et al. (2002) found that, when compared to physical IPV, psychological IPV scores had a stronger association with the majority of negative health outcomes for both male and female victims. Therefore, in addition to investigating women’s experiences with physical IPV, the present study also investigated how women experience coercive control (CC), a pervasive and systematic pattern of behaviors used by an intimate partner to exert power over, manipulate, intimidate, control, and undermine a victim’s ability to leave the relationship (Gill & Aspinall, 2020; Stark, 2007). Because coercive control is rooted in a persistent motive to maintain control, this type of violence is also more likely to continue after a separation (Crossman & Hardesty, 2018).

Overall, research investigating temporal patterns of CC and physical IPV in abusive relationships is limited. However, several researchers consider CC to be catalyst for physical IPV (Ditcher et al., 2018; Dutton & Goodman, 2005; Roloff, 1996; Tanha et al., 2009), and several
studies have documented the common co-occurrence of both types of IPV (Loveland & Raghavan, 2017; Myhill & Hohl, 2019; Velonis, 2016). Thus, whether or not CC functions as a precursor to physical IPV remains a debatable topic in the literature. To address this gap, the present study investigated female IPV survivors’ perceptions of the temporal sequence in which CC and physical IPV tend to occur based on their lived experiences.

Finally, due to recent stay-at-home orders and lockdown restrictions that have accompanied the current COVID-19 pandemic, many IPV researchers are even more concerned for the safety of women who may have become trapped at home with their abusers (Kaukinen, 2020; Lyons & Brewer, 2021; Petermann et al., 2020). Indeed, early investigations have provided evidence of pandemic restrictions leading to increases in IPV, including coercively controlling behaviors (Lyons & Brewer, 2021; Shillington et al, 2022). Furthermore, it has been suggested that pandemic restrictions may create barriers for women seeking support (Sower & Alexander, 2021) and that perpetrators may use the pandemic to excuse abuse and exert greater control over their partners (Lyons & Brewer, 2021; Wyckoff et al., 2023). The present study built on these preliminary findings and projections by investigating women’s lived experiences of IPV during the COVID-19 pandemic. Specifically, I was interested in understanding whether the current pandemic influenced patterns and frequency of IPV generally, and whether the pandemic facilitated new tactics of coercively controlling behaviors.

**Intimate Partner Violence and Coercive Control**

*Duluth Power and Control Wheel*

For many decades, control has been recognized by scholars and abused women’s advocates as being central to the understanding and analysis of IPV (Dutton & Goodman, 2005; Hamberger et al., 2017). Indeed, although there are situations in which various forms of IPV
occur in the absence of a pattern of controlling behaviors (Crossman & Hardesty, 2018), many researchers describe IPV as being motivated by a desire to gain and maintain power and control over an intimate partner (Dutton & Goodman, 2005; Hamberger et al., 2017; Tanha et al., 2009).

The notion of the centrality of control in IPV is not novel; one of the most commonly used models in intervention programs with both abused women and perpetrators of IPV is the Duluth Power and Control Wheel developed in 1982 by Ellen Pence, Coral McDonnell, and Micheal Paymar (Domestic Abuse Intervention Programs; DAIP, 2011). The model explains that power and control are key concepts underlying physical and sexual IPV against women. Power and control are placed at the center of wheel surrounded by segments encompassing eight different IPV tactics used by perpetrators to achieve dominance over female partners. These tactics include intimidation, coercion and threats, emotional abuse, isolation, economic abuse (e.g., forcing to quit job, restricting access to household income), using children (e.g., threatening to take away children), male privilege (e.g., treating partner like a servant) as well as minimization, denial, and blaming (e.g., denying abuse happened or blaming partner for being abused; DAIP, 2011). Physical and sexual violence make up the external ring of the wheel, representing the tactics that are suggested to instill the greatest amount of fear in victims, often used by perpetrators to reinforce the eight coercively controlling tactics comprising the bulk of the wheel (DAIP, 2011). This model highlights that, although physical violence may be overt and more easily identifiable, it is only one of many abusive behaviors that may be used to gain dominance and control over an intimate partner (Stark, 2007). Thus, in order to develop a comprehensive picture of IPV, it is crucial to understand the more covert tactics of control and coercion, rather than focus only on overt physical violence. The current study directly investigated women’s lived experiences with CC as well as physical/sexual IPV.
Johnson’s Typology of IPV

The concept of control was also central to the creation of important distinctions between various forms of IPV in the late 1990s (Johnson & Ferraro, 2000). Johnson (1995), a prominent IPV scholar, illuminated the importance of making distinctions between types of intimate partner violence, suggesting that scholars viewing IPV as a unitary phenomenon has resulted in an inability to reach a consensus on the nature, causes, and consequences of IPV. Generalizing across forms of partner violence and ignoring the context in which violence takes place leads to errors in theoretical and empirical work on IPV, making it difficult for IPV research to effectively inform social policy, legal decisions, safety planning, intervention, and education programs for both victims and perpetrators (Johnson, 1995, 2000).

Johnson (1995) found that distinctions could be made between forms of couple violence by looking at the context in which the violence occurs. Based on this, four qualitatively different subtypes of IPV were identified: coercive controlling violence (previously termed “intimate terrorism”), situational couple violence (SCV, previously termed common couple violence), violent resistance (VR), and mutual violent control (MVC) (Johnson, 1995; Kelly & Johnson, 2008). The latter two subtypes have received less empirical attention overall. Violent resistance encompasses situations in which violence is used in the context of self-defence and is most commonly employed by women in response to a coercively controlling partner. Mutual violent control represents the least common form of IPV wherein violence occurs in the context of a relationship in which both partners are equally violent and controlling (Johnson, 2000). A fifth subtype of IPV, termed “separation-instigated violence,” was also described to refer violence that emerges in the context of separation (Kelly & Johnson, 2008).
Most IPV research has focused on differentiating between the two more common subtypes: coercive controlling violence and SCV. The former represents a form of IPV marked by violence which occurs within the context of an overall, pervasive pattern of coercively controlling behaviors such as isolation and resource restriction (Johnson, 1995). Closely aligning with the Duluth Model (DAIP, 2011), in the case of coercive controlling violence, physical violence represents just one of many controlling tactics used by perpetrators in a pursuit of gaining general control over their partner. Overall, Johnson (1995) found that coercive controlling violence is less likely to be mutual (typically male perpetrated), and physical violence in these cases occurs more frequently and is more likely to escalate over time in severity. Given the chronic nature of severe violence in cases of CC, women experiencing this form of IPV are at an increased risk of being seriously injured, in turn making them more likely to seek help from formal agencies such as police or shelters (Leone et al., 2007). Additionally, the likelihood of postseparation violence including threats, physical violence, and stalking, appears to be greater for cases involving CC compared to those in which violence is more situational (Hardesty et al., 2012). Indeed, separation itself is suggested to be a risk factor for physical violence, sexual violence, and homicide with the period of time immediately following separation being especially risky for women who had experienced IPV (Hardesty et al., 2012).

In contrast, SCV does not involve a general, systematic pattern of control in the relationship but instead represents situations in which specific disputes result in the use of violence by one or both partners. As such, in cases of SCV, violence is used in the service of settling disputes, occurring in the context of occasional conflicts within a relationship, rather than being motivated by general control (Johnson, 1995). Because SCV is more situational, physical violence in these cases does not occur as frequently, is more likely to be mutually
perpetrated, and is less likely to escalate in severity over time (Johnson, 1995). Notably, women experiencing this form of IPV are less likely to seek formal help due to the intermittent and relatively less injurious nature of violence occurring in relationships characterized by SCV (Kelly & Johnson, 2008). The difference in help seeking behaviors of women experiencing disparate forms of IPV provides an explanation for discrepancies occurring in IPV research findings. Research involving clinical or agency samples is more likely to generate conclusions about coercive control, whereas the use of general population surveys or community samples is more likely to produce findings regarding SCV (Johnson, 1995).

Importantly, the distinction between coercive controlling violence and SCV underscores significant differences in physical and psychological consequences of IPV. When distinctions are incorporated in research, it becomes evident that relationships involving coercive control increase the risk for more severe physical injuries, including domestic homicide (Ditcher et al., 2018; Myhill & Hohl, 2019). Additionally, in comparison to SCV, coercive controlling violence has been more strongly associated with a range of negative impacts on victims’ psychological wellbeing (Johnson & Leone, 2005; Kelly & Johnson, 2008). Specifically, decades of research have indicated that, compared to IPV involving physical violence alone, abusive relationships marked by coercive control are linked with more psychological consequences such as depression (Levine & Fritz, 2016), PTSD (Johnson & Leone, 2005), low self-esteem, intense fear (Sackett & Saunders, 1999), and feelings of identity loss (Johnson, 2008; Matheson et al., 2015). Given the more severe nature of coercive controlling violence, the present study examined the temporal relationship between coercive controlling violence and physical/sexual IPV.

*Dutton and Goodman’s (2005) Model of Coercive Control*
Overall, Johnson’s work presents a clear illustration of the importance of the construct of coercive control in developing a comprehensive understanding of the nature of the most common and severe instance of IPV. Recognizing the need for a clear, integrative conceptualization of CC in intimate relationships, Dutton and Goodman (2005) created a theoretical model outlining the distinct and interrelated components involved in the development and maintenance of coercively controlling relationships. The authors describe CC in the context of IPV as “a dynamic process linking a demand with a credible threatened negative consequence for noncompliance” (Dutton & Goodman, 2005, pp. 746-747). The components of this model of CC include: (a) setting the stage, (b) communicating a coercive demand and an associated credible threat for noncompliance, and (c) the use of surveillance to determine whether compliance to the demand has occurred (Dutton & Goodman, 2005).

“Setting the stage” refers to the foundations upon which coercion is built, or the initial methods used by perpetrators to effectively prime victims for coercion, which is often accomplished in four ways (Dutton & Goodman, 2005). The first is “creating the expectancy of negative consequences” which entails communicating the capacity and readiness to control a partner through either punishment or by denying resources or rewards for not complying with demands. This can be communicated through previous actions toward the current partner or towards others, often an ex-partner. The aim here is to have the victim believe that when threatened, negative consequences will occur (Dutton & Goodman, 2005). The second is “creating and exploiting vulnerabilities,” which can take many forms such as exploiting pre-existing vulnerabilities or creating a situation in which the victim is financially indebted to the abuser. Another example may be exploiting the birth of a child by threatening to harm the child if the partner refuses to comply with sexual demands. A third method is “wearing down
resistance” which involves undermining a partner’s ability to resist coercion by eliminating access to resources (e.g., separating them from family and friends). Fourth is “facilitating dependency” which may take on many forms, often involving an abuser ensuring their partner has an emotional dependency on them, and then exploiting this dependency. Recent studies investigating CC in IPV have found support for aspects of this conceptualization of how victims are “primed” or “groomed” by perpetrators for coercion in relationships (Keeling & Fisher, 2012; Velonis, 2016).

Dutton and Goodman (2005) break down the construct of coercion into three components: communication of a demand, an associated credible threat, and surveillance to ensure demands have been met. There are eight identified areas of control in which demands operate: personal activities/appearance (e.g., demanding a partner dress a certain way), support/social life (e.g., restricting time with family/friends), household (e.g., keeping house clean), work/finances/resources (e.g., restricting access to finances), health (e.g., denying access to medications), intimate relationship (e.g., demanding sexual acts), legal matters (e.g., demanding illegal activity), immigration (e.g., threat of taking away documents), and children (e.g., demanding children be sent to a certain school). Demands may be communicated explicitly (e.g., saying, “if you don’t x, I will y”) or implicitly (e.g., through a threatening gesture). Demands are not always obvious to an external observer, often becoming integrated into the couple’s daily interactions and turning into expectations which become understood by the victim as being linked with punishment for noncompliance (Dutton & Goodman, 2005).

Demands are only understood as being coercive when accompanied by a contingent, credible threat (Dutton & Goodman, 2005). The credibility of a threat rests on the pattern of the abuser’s previous behaviors involving punishment which show the willingness and ability of the
perpetrator to administer negative consequences. For example, if a woman has arrived home late in the past and her partner has responded by initiating an argument followed by a physical assault, there is now an unspoken understanding that if she is home late again, there will be a viable threat of physical punishment (Dutton & Goodman, 2005). This example also demonstrates how threats may become implicit. Enacting threatened consequences not only bolsters the credibility of future threats, but also increases the likelihood of future compliance to demands. This is also referred to by Hamberger et al. (2017) as a contingent outcome wherein not complying with a demand inevitably leads to a negative consequence (e.g., violence or intimidation). Perpetrators also commonly use negative reinforcement to establish CC, wherein compliance with a demand results in avoidance of negative outcomes (Hamberger et al., 2017). Importantly, threats may be violent or nonviolent (e.g., humiliation, intimidation) and can be directed not only at the victim, but also towards the perpetrator themselves (e.g., threatening to commit suicide), pets, or other people connected to the victim (e.g., threatening to destroy property of friends/family; Dutton & Goodman, 2006).

The third component of this model is surveillance, a tactic used by perpetrators to determine whether compliance to a demand has occurred. Surveillance is considered to be fairly common in IPV, examples may include monitoring a partner’s phone or constantly calling to determine their whereabouts, checking receipts, checking mileage on a car, or using third parties, such as asking children to report on their mother’s daily activities (Dutton & Goodman, 2005). Furthermore, in order to exert control over a partner’s behaviors, perpetrators may not actually monitor their partners, but instead instill the belief that surveillance is occurring (Dutton & Goodman, 2005).
Given that CC is a dynamic process, it is important to also consider victims’ cognitive (threat appraisal/perceived control), behavioral (compliance/noncompliance), and emotional (fear, distress) responses to coercive acts (Dutton & Goodman, 2005). Cognitive responses entail whether or not the victim perceives a threat as credible and is often dependent on prior experiences with IPV (e.g., severity of pernicious violence in current or past relationships) and characteristics of the abuser (e.g., intoxication). Behavioral responses entail compliance and noncompliance, both of which have been suggested to increase with the severity of violence (Dutton & Goodman, 2005). Finally, emotional responses typically take the form of fear arousal and are thought to influence both behavioral and cognitive responses to coercion. Thus, the overarching result of using coercion (demands, threats, surveillance) is gaining general control over a partner’s behaviors, emotions, and cognitions (Dutton & Goodman, 2005; Hamberger et al., 2017).

**Stark’s Model of Coercive Control**

Stark (2007), a leading CC researcher, views CC as an “ongoing pattern of domination” analogous to capture crimes (e.g., kidnapping, hostage taking), resulting in a “a condition of entrapment” whereby victims are deprived of their autonomy, dignity, liberty, and personhood. Thus, Stark (2007) views CC as violation of human rights. Stark’s (2007) conceptualization of CC closely mirrors the model proposed by Dutton and Goodman (2005), highlighting how perpetrators tailor tactics of CC to exploit the unique vulnerabilities of their partner to ensure dependence and compliance. Stark (2007) explains that many of the tactics employed by perpetrators of CC (e.g., wearing down resistance, frequent physical assaults, negative reinforcement, degrading behaviors, withholding necessary resources) are also commonly used to obtain control and compliance in situations involving hostages, prisoners of
war, and kidnap victims. Indeed, a recent investigation by Duron and colleagues (2021) found that tactics of CC (e.g., grooming, isolation) employed by perpetrators transcends victimization types beyond IPV (e.g., human trafficking, child abuse) in the pursuit of limiting victims’ freedom. This comparison demonstrates how women become trapped in relationships marked by CC as the tactics used by abusers to control all aspects of victims’ lives (e.g., micromanagement of behavior, monopolization of resources) compromises their ability to engage in autonomous decision-making essential for escape (Stark, 2007; Wiener, 2017).

**Recent Research on Coercive Control**

In a more recent study, Velonis (2016) investigated patterns and dynamics of CC and physical IPV in intimate relationships and found support for conceptualizations proposed by Johnson (2008), Dutton and Goodman (2005), and Stark (2007). Velonis (2016) conducted interviews with 22 women from a community-based sample who had reported previous experiences with IPV and identified patterns of control using both a priori themes and themes that emerged in the interview transcripts. Distinct differences arose regarding experiences of physical violence in the context of controlling compared to noncontrolling relationships. For example, women with controlling partners were more likely to report experiencing repeated, serious incidents of physical violence than those with noncontrolling partners (Velonis, 2016). Additionally, women in the study described lived experiences of CC marked by behaviors that set the stage for coercion (namely wearing down resistance and exploiting vulnerabilities), demands, threats, consequences for noncompliance, surveillance, isolation, and intimidation. Similar findings regarding lived experiences of CC were reported by Wiener (2017), indicating that a working model of CC should account for grooming tactics, isolation, coercive demands, threats, and surveillance.
In another recent study, Crossman and Hardesty (2018), present a conceptualization of CC based on their investigation of what makes control coercive. The authors concluded that control becomes coercive by way of “constraint through force,” denoting the “systematic and targeted entrapment of one’s partner” particularly through tactics such as closely monitoring a partner’s daily routines (Crossman & Hardesty, 2018, p. 203). The finding that control tactics, particularly stalking behaviors, frequently persisted following a separation for women experiencing CC is consistent with Stark’s (2007) conceptualization, indicating that the deprivation of freedom is central to how control becomes coercive (Crossman & Hardesty, 2018). Female survivors in another recent study also reported experiencing pervasive control around their everyday movements, with perpetrators increasing their use of threats, attempting to break down social support networks, and challenging women’s agency when they suspected that women were engaging in help-seeking behaviour (Wdyall & Zerk, 2021).

Finally, Hamberger et al. (2017) suggest that an accurate assessment of coercive control should involve a qualitative approach (e.g., structured interview) evaluating the threatened consequences of failing to comply with demands (coercion), the enactment of demanded behaviors (control), and the chronicity and pervasiveness of coercive control in the abusive relationship.

**Patterns of Intimate Partner Violence and Coercive Control**

Research investigating patterns of physical IPV and CC presents mixed findings regarding whether CC may be predictive of physical forms of abuse. However, the majority of literature on this pattern indicates that CC precedes physical violence. Indeed, research signaling an opposite pattern (physical violence as a predictor of CC) is virtually nonexistent. However, this sequence may be plausible given that coercive control can be understood as being dependent
upon physical violence (Johnson, 2008). Regardless, numerous studies support Dutton and
Goodman’s (2005) conceptualization of CC as a precursor for physical IPV, with physical IPV
representing a consequence for refusal to comply with a perpetrator’s demands. Stated
differently, perpetrators may use physical violence as a means of reinforcing compliance with
coercive demands. This suggested pattern was demonstrated in a study by Loveland and
Raghavan (2017) using a sample of 137 heterosexual men attending a court-mandated batterer’s
treatment program. Findings indicated that men categorized as “restrictive” were more likely to
use CC tactics to gain control over partners and to resort to physical violence if CC tactics failed.
Thus, acts of CC can be hypothesized to motivate or predict the likelihood of physical violence
in relationships, particularly when other attempts to control a partner have failed. Stark (2007)
also suggests that CC may function as an underlying motivation leading to physical forms of
IPV.

Early evidence suggesting that acts of psychological abuse may be predictive of future
physical IPV was presented in a longitudinal study by Murphy and O’Leary (1989). Specifically,
Murphy and O’Leary (1989) investigated whether psychological aggression present one month
before marriage predicted initial acts of physical violence early in the marriage. The authors
found support for this hypothesis, noting that previous psychologically coercive behaviors (e.g.,
insulting partner, doing something to spite partner) predicted initial acts of physical violence
early in marriage over and above marital dissatisfaction (Murphy & O’Leary, 1989). It should be
noted that the scale used in this study assessed psychological aggression (Conflict Tactics Scales;
Straus, 1979), which includes some overlap with CC; however, this is not a comprehensive
measure of the construct of CC, in that it does necessarily not tap key components such as
demands or surveillance. In order to understand whether this pattern holds true for CC rather
than psychological aggression, the present study directly examined survivor’s experiences of CC and physical IPV using a cross-sectional design.

Further support for CC as a precursor of physical violence has been found by Tanha et al. (2010), who investigated CC as a motivational factor for IPV. Using a matched sample of 762 divorcing couples, Tanha et al. (2010) identified causal relationships between CC and victimization (made up of six constructs, one of which was physical abuse) for both partners. Directly supporting the hypothesis that physical violence is used when tactics of CC fail to elicit control over one’s partner, a pathway between women’s experienced CC and physical abuse was significant. However, the authors did not integrate models testing the possibility of the opposite pattern wherein physical IPV may motivate subsequent CC; thus, it is unknown whether the opposite model may have had a better fit. Additionally, the couples’ reporting of experiences of CC and IPV was limited to the 12-month period preceding the process of divorce mediation. Therefore, results do not reflect the entire duration of these relationships. To address these gaps, the present study investigated which pattern best represented women’s lived experiences of CC and IPV throughout the entire duration of their relationships.

Levine (2015) conducted a longitudinal study examining patterns of CC and physical IPV over time in newly established dating relationships using a sample of 165 women who had been in a romantic relationship for two months at the outset of the study. A comparison of the rates at which CC and physical IPV occurred at the first time point demonstrated that only CC occurred at a rate significantly different from zero. Thus, CC, but not physical IPV was reported to have occurred within the first two months of participants’ relationships, indicating that instances of CC typically preceded the onset of physical IPV (Levine, 2015). Importantly, the author noted that many participants’ qualitative responses reflected Dutton and Goodman’s (2005) model of
CC, wherein perpetrators begin “setting the stage” for CC early in the relationship, giving rise to the core components of CC (demands, threats, surveillance) and progressing to the use of physical violence as a consequence of noncompliance with demands. Levine’s (2015) study is one the first to directly examine this pattern with results indicating that CC may function as a precursor to physical IPV.

Furthermore, an investigation of risk assessments for domestic violence identified tactics of coercive control (e.g., isolation, threats) as most indicative of domestic violence cases attended by police (Myhill & Hohl, 2019). This study was prompted by research demonstrating that when responding to domestic violence calls, police tend to prioritize indicators of isolated acts of physical violence when assessing risk. However, based on their findings, the authors recommended placing patterns of controlling behaviors at the forefront of risk assessment, permitting early identification of risk “prior to the onset of violence or escalation to lethal violence” (Myhill & Hohl, 2019). Thus, an important implication of this study is the need to create risk assessment instruments focused on coercive control, as such measures may serve to strengthen the ability to recognize dangerous behavioral patterns antecedent to more severe acts of physical violence, namely domestic homicide (Myhill & Hohl, 2019). This finding may suggest that CC precedes very severe forms of violence; however, the authors did not directly test this hypothesis.

Additionally, Velonis (2016) conducted interviews with 22 women to better understand patterns and dynamics of coercively controlling behaviors and acts of physical violence in intimate relationships. Observations from the thematic analysis used to identify prominent themes across the interviews highlighted that women who had experienced controlling relationships described physical violence as “merely one of many controlling tools” employed
against them by abusive partners (Velonis, 2016). Overall, physical violence was described as a more overt manifestation of control that typically became more severe over time. The author described some women’s accounts of controlling IPV as “pre-intimate terrorism” such that these women were able to leave controlling relationships before they escalated into more physically threatening situations. For example, the authors identified one case in which a woman was able to escape a relationship that was marked by primarily nonphysical coercion. However, based on her descriptions (physically terrorizing their children, throwing dinner when unsatisfactory), the author suggested that the nonphysical coercion could have been an antecedent to more physically violent behaviors had she not been able to leave (Velonis, 2016). Thus, the author suggested that some of the accounts of relationships marked by nonphysical coercive controlling behaviors were likely to evolve into physically violent relationships had the women not been able to escape. However, because this was a prediction made by the author that could not be directly investigated, this suggested temporal pattern is purely speculative.

Similarly, in a sample of 739 Australian women, Patafio et al. (2021) showed that coercive controlling behaviors were positively associated with increased levels of physical IPV. Interestingly, the study found that reporting feeling frightened by one’s partner “sometimes” or “often” was associated with physical IPV whereas experiencing frightening behaviors “always” was not. The authors suggested that this implies that abusers who use frightening behaviors very frequently or routinely may maintain a greater sense of control and thus do not “need” to escalate behaviors to physical forms of IPV. However, this pattern was hypothesized by the authors based on the finding of an association between experiences of CC and increased physical IPV. The present study sought to address speculations made by Patafio et al. (2021) and Velonis (2016) by
directly inquiring about the order in which CC and physical IPV emerged in women’s violent intimate relationships.

Contrary to these findings, in a study by Jacobson et al. (1996) that investigated the longitudinal course of battering in intimate relationships across two years, the authors found that physical abuse, but not emotional abuse, decreased among just over half of perpetrators at Time 2. The authors suggested that this finding may indicate that, once control has been established, perpetrators may no longer need to use physical violence, relying more heavily on emotional abuse over time. Thus, Jacobson et al. (1996) suggested that the stability of psychological abuse and simultaneous decrease in physical abuse may represent a pattern wherein physical violence may give way to more psychological forms of abuse after control has been established. However, this study focused on the broader concept of psychological abuse and not CC; thus, it unclear whether this trajectory holds true for CC and physical IPV. Additionally, the authors measured course of physical and emotional abuse using a two-year interval which may have been too wide of a time interval to capture the relationship between the two forms IPV and how they might influence one another.

Thus, research on the temporal sequence in which CC and physical violence tend to occur in relationships marked by IPV remains limited. Although the dominant notion in the literature is that CC precedes acts of physical violence, most studies have not integrated a comprehensive measurement of CC in their analyses. The majority of this research has included broader measurements of either psychological or verbal aggression (Murphy & O’Leary, 1989), or controlling behaviors (Patafio et al., 2021; Tanha et al., 2010) that do not fully capture the context, tactics, and dynamics underlying relationships marked by CC. Furthermore, studies tend to use different time intervals to assess the temporal sequence of these forms of IPV,
representing an important limitation in the current literature. Indeed, whether there is an appropriate time interval needed to measure this pattern and how long this interval should be remains unclear given the lack of research on the temporal sequence of CC and physical violence. Thus, the present qualitative study investigated survivors’ perceptions of the latency between the two forms IPV to better capture the time intervals that may be optimal for studying temporal patterns of physical violence and CC.

**Impacts of COVID-19 Pandemic on Intimate Partner Violence and Coercive Control**

Many IPV researchers have become more concerned than ever for the safety of victims of IPV given the rise of the COVID-19 global pandemic and specifically, the accompanying lockdowns, stay-at-home orders, and economic hardship that increase the risk for the occurrence of IPV (Kaukinen, 2020; Lyons & Brewer, 2021; Peterman et al., 2020). These concerns are certainly warranted; there is already evidence of increased rates of IPV occurring internationally during the COVID-19 pandemic (Agüero, 2021; UN Women, 2020). Additionally, research on IPV survivors’ experiences during the pandemic has highlighted the emergence of new tactics of CC (Battered Women’s Justice Project, 2020; Wyckoff et al., 2023) and has demonstrated that, for many women, IPV victimization was impacted by the pandemic (Shillington et al., 2022; Wyckoff et al., 2023).

The relationship between pandemics and violence against women (including IPV), as well as the many pathways through which this relationship operates, has been well documented (Peterman et al., 2020). A review of this literature by Peterman and colleagues (2020) identified several key mechanisms linking pandemics with IPV including: economic insecurity, social isolation/quarantine, conflict-related instability, reduced access to services, and virus-specific sources of violence. The economic insecurity that often accompanies pandemics can result in
increased, chronic stress giving rise to conflict and IPV (Wood et al., 2022) with evaluations of cash-transfer programs (poverty-targeted safety nets) demonstrating significant reductions in IPV when implemented (Peterman et al., 2020). Relatedly, household unemployment, another consequence of pandemics, has been shown to increase IPV rates. This is especially true in the case of male unemployment, although the relationship is dependent on local gender norms/expressions and power dynamics of certain cultural contexts (Peterman et al., 2020). For example, in contexts in which males are expected to be the “breadwinners,” it has been suggested that male unemployment may give rise to feelings of emasculation (especially when women gain economic power), which male perpetrators may try to resolve through IPV perpetration as a means of reestablishing a perceived loss of power (Peterman et al., 2020).

Quarantines also increase women’s daily exposure to potential perpetrators and may increase controlling behaviors used by perpetrators (social isolation, surveillance/regulation of daily activities) to regain a sense of control that has been lost (Peterman et al., 2020). Importantly, abusers may use the pandemic to exert greater coercive control over their partners by restricting their access to resources (internet, phone, contacting family/friends), using misinformation about the virus or threatening exposure as a scare tactic, and withholding personal protective equipment (mask, sanitizer, access to vaccine; Petermann et al., 2020). Thus, it is suggested that in addition to physical violence, the pandemic has resulted in an increase in coercive controlling behaviors (Shillington et al., 2022; Wyckoff et al., 2023). Furthermore, not only do quarantines place a strain on the availability of health care services, including a reduction in the scope of essential services for victims of IPV, early anecdotal evidence from the COVID-19 pandemic indicated that women may be less inclined to seek services due to perceived risks of contracting the virus (Peterman et al., 2020). For example, in a study on
Norwegian women’s shelters, Bergman et al. (2021) identified an initial reduction in requests early in the pandemic with rates returning to baseline upon removal of the tightest pandemic restrictions (lockdown). Perterm et al.’s (2020) article is particularly relevant to the present study’s aim of understanding how the current pandemic has affected IPV generally, and tactics of coercive control (demands, threats, surveillance) experienced by women more specifically.

These risk factors for more frequent and/or more severe occurrences of IPV and CC were also noted in an article by Kaukinen (2020), which focused on the risk and consequences of IPV during the COVID-19 pandemic. Importantly, several individual and socioeconomic characteristics have been found to intersect to place women at increased risk for IPV; in Canada, IPV rates are higher among women who are Indigenous, 2SLGBTQIA+ younger, low income, or have a disability (Statistics Canada, 2021). Kaukinen (2020) highlighted how demographic factors such as age, immigration status, race/ethnicity, and marital status, as well as being at home with partners with addictions and/or a prior history of IPV may also shape risk for experiencing IPV during the pandemic. The pandemic has further limited options for leaving an abusive partner given that many victims faced reduced access to social supports and transportation, in addition to increased financial struggles and restrictive CC tactics used by their abusers (Michaelsen et al., 2022; Peitzmeier et al., 2022; Wyckoff et al., 2023). The present study took a qualitative interview approach with survivors to deepen the current understanding of how women’s experiences with IPV, and CC specifically, may have changed during the pandemic.

To understand how the COVID-19 pandemic was influencing IPV, Xue et al. (2020) conducted a large-scale analysis of public discourse (over one million Tweets) on family violence (including IPV) from April 12, 2020 to July 16, 2020 and identified several common
themes across the posts. Relevant to the present study, findings from Xue et al. (2020) indicated that vulnerability to family violence had increased due to the pandemic, and several forms of family violence that were frequently mentioned included physical aggression and CC. The study also identified job loss/financial constraints and lockdown/quarantine measures as important risk factors for family violence. Results of a more recent study documented increases in IPV, often rooted in increased arguments resulting from lockdown measures, financial stress, and life stress (e.g., virtual employment, homeschooling; Shillington et al., 2022). The finding that both physical IPV and CC had increased during the early months of the pandemic directly relates to the present study’s research question of whether the pandemic has impacted various categories of IPV victimization.

Similarly, Lyons and Brewer (2021) investigated the experiences of IPV victims during the pandemic based on posts in an online forum (Reddit). The authors used a thematic analysis to identify common themes discussed in over 10,000 posts made by IPV victims on Reddit as they related to IPV and found four main themes: Use of COVID-19 by the Abuser, Service Disruption (limiting available services for victims), Preparation to Leave (women who were prepared to leave were prevented from doing so because of the pandemic), and Factors Increasing Abuse or Distress (Lyons & Brewer, 2021). In terms of Use of COVID-19 by the Abuser, increases in CC were evident as women posted about how their partners used restrictions and the virus itself to trap them at home (e.g., husband called an airline and reported that his wife had the virus so she would not be allowed on the plane). More recent studies have found support for increases in CC during the pandemic due to women being more confined at home with their partners and (Shillington et al., 2022; Wyckoff et al., 2023). Factors which increased abuse or distress that were discussed across studies included: increased financial stress, time in the home together,
substance use, and time with vulnerable others (children and pets) (Lyons & Brewer, 2021; Shillington 2022; Wykoff et al., 2023). These themes are especially relevant to the current study as one of the main research interests is to understand how the pandemic has impacted categories and patterns of IPV. I am specifically interested in whether perpetrators used the pandemic to facilitate new tactics of coercively controlling behaviors.

Taking a qualitative approach, Ravi et al. (2021) similarly investigated the lived experiences of female IPV survivors during the COVID-19 pandemic by completing a thematic analysis of semi-structured interviews conducted with 10 service-engaged women in March, 2020. Specifically, the authors were interested in understanding how the pandemic influenced survivors’ experiences with life-generated risks for IPV (external factors that compound IPV such as structural poverty, experiences with racism), batterer-generated risks (risks created by an abusive partner) as well as experiences with service providers. Variability was found in survivors’ reports of shelter experiences, indicating that isolating at shelters functioned as a protective factor for some survivors, but as a risk factors for others (Ravi et al., 2021). When asked about how the pandemic impacted their daily lives prior to entering the shelter, many women indicated that COVID-19 contributed to the escalation of life-generated risks such as mental health difficulties and adverse life circumstances (e.g., limited public transportation, unemployment, access to safe housing). Survivors also reported an escalation in batterer-generated risks with many women indicating that their partner’s unemployment and inability to access essential items in stores resulted in tension in their relationships, serving as a catalyst for increased abuse (Ravi et al., 2021). The present study also employed a qualitative approach using semi-structured interviews and a reflective thematic analysis to better understand survivors’ lived experiences of IPV during the pandemic. I have also built upon the finding from Ravi et al.’s
work that experiences of IPV escalated in relation to the pandemic by asking specifically about how the pandemic impacted specific types of IPV (including CC).

The extreme social isolation that resulted from stay-at-home orders placed victims of IPV in a dangerous position of choosing between staying at home with their abusers or leaving their home and risking contracting COVID-19 elsewhere, including shelters (Sower & Alexander, 2021). Not only did these orders create this impossible situation, but this strict level of social isolation also closely mirrored isolating abuse tactics employed by coercively controlling abusers, and both reinforced and provided new opportunities for the perpetration of CC (Pentaraki & Speake, 2020; Sower & Alexander, 2021). An article released in April 2020 by the Battered Women’s Justice Project (BWJP) outlined impacts of the pandemic on the use of CC in abusive relationships, adapting the Duluth Power and Control Wheel (DAIP, 2011) to create a “COVID-19 Coercive Control Wheel” (BWJP, 2020). This adaptation was used to illustrate the new tactics of CC that could emerge alongside the pandemic and surrounding social structures, including stay-at-home orders that serve to reinforce these tactics (BWJP, 2020). Examples from the wheel include: abusers using the COVID-19 crisis to intimidate victims (e.g., forcing excessive handwashing/decontamination rituals, demeaning efforts to social distance), emotional abuse involving the exploitation of fears related to the pandemic (e.g., faking symptoms, lying about test results, forcing physical contact, defying public health directives), and new isolating tactics (e.g., disabling phone/internet, extreme social distancing: cancelling appointments, prohibiting errands, restricting visitors/deliveries; BWJP, 2021).

Additionally, perpetrators may use the pandemic to minimize, deny, or blame the victim for abusive behaviors (e.g., using stress of pandemic to excuse abuse, minimizing concerns about the virus, denying the pandemic, blaming victim for potential exposure, using restrictions to
justify extreme control). Abusers may also use pandemic restrictions to weaponize children (threatening to expose children, declining to return children if custody is shared, attempting to modify custody arrangements due to pandemic), engage in economic abuse (e.g., excessive spending to stockpile supplies, filing false COVID-19 reports to victims’ workplace), and exercise male privilege (e.g., refusing to share workspace, demanding silence during work hours). Overall, faking symptoms, threatening or forcing exposure, fear mongering, and withholding care all represented new tactics of CC that may be facilitated by the COVID-19 pandemic (BWJP, 2021). Thus, restrictions accompanying the pandemic were suggested to compound the dynamics that keep CC in place, making it even more difficult for survivors to leave their abusive partners (BWJP, 2021; Sower & Alexander, 2021). Given these examples and the significant body of literature suggesting that pandemic restrictions reinforced and created new opportunities for the perpetration of CC (Pentaraki & Speake, 2020; Wyckoff et al., 2023), the current study investigated survivors’ lived experiences of CC during the pandemic to understand whether and how restrictions and the virus itself facilitated new tactics of CC.

Researching, understanding, and creating awareness of CC in relationships marked by IPV is especially important now given the increased risk for IPV accompanying the COVID-19 pandemic. The high rate of violence against women can be understood as a “shadow pandemic” occurring alongside the highly visible COVID-19 pandemic (Koshan et al., 2021). However, because IPV occurs “behind closed doors,” the public and even the Canadian judicial system have been largely unaware of the influence the pandemic has had on the risk for IPV, and CC in particular. Koshan et al. (2021) conducted an assessment of Canadian court directives and judicial decisions in 67 cases of domestic violence during the COVID-19 pandemic and found that the justice system appears to have little awareness of the increased risks for domestic
violence brought about by the pandemic. Specifically, Koshan et al. (2021) noted differences across decision makers’ interpretations of the risks of COVID-19 relative to those of domestic violence, discussing how this incoherent approach undermines the safety of women and children. Importantly, the authors identified a tendency for decision makers to rely on incidence-based occurrences of physical violence rather than accounting for patterns of CC in domestic violence cases, a tendency that prevailed both before and during the COVID-19 pandemic (Koshan et al., 2021). Therefore, research on CC and the impact of the pandemic on IPV is necessary for increasing knowledge and awareness of the public and of the judicial system, to protect those who may at risk for IPV in future public health emergencies, as well as for giving survivors a chance to access justice and be heard.

**Current Study**

The current study addressed these research interests by directly investigating women’s experiences of physical IPV and CC, the patterns and sequences in which these forms of IPV occur, and how the COVID-19 pandemic has impacted women’s experiences of physical IPV and CC using semi-structured interviews. I hoped that being able to discuss these experiences openly will help to give a voice to women who have been silenced by IPV. In addition to contributing to the current IPV literature, this research may be beneficial in informing prevention strategies and educational initiatives aimed at reducing IPV in romantic relationships and reducing risk for IPV during public health emergencies. Findings from this study may also offer support for Canada’s movement toward recognizing coercive control as an offence in the Criminal Code of Canada and increase awareness of the “hidden pandemic” occurring alongside COVID-19.
**Method**

**Participants**

To be eligible for the study, participants had to (a) identify as a cisgender woman, (b) be at least 18 years of age (because the study was designed to investigate adult women’s lived experiences and to help ensure that participants had been in relationships of sufficient length for dynamic patterns to have developed), (c) either be currently accessing services at one of the two women’s shelter recruitment sites or have accessed a women’s shelter in the past to escape an abusive relationship, (d) have been in a heterosexual relationship involving IPV during the pandemic (March 2020 onward), and (e) be willing to participate in an audio recorded interview about their experience with IPV. Thirteen women met these criteria and participated in the study; however, one participant withdrew before completing the entire interview, resulting in a total sample size of 12 cisgender women. This sample size was determined to be sufficient based on the richness of the data collected for addressing the main research questions, a method recommended by Braun and Clarke (2019). Of the 12 participants, five were recruited from a shelter for women experiencing homelessness in Southwest Ontario, Canada. The shelter provides transitional supports and safe emergency housing to women and families at-risk for or currently experiencing homelessness. Five participants were also recruited from a local domestic violence residential shelter. Participants accessing these shelters were recruited through flyers advertising the study that were displayed and distributed at the shelters (see Appendix A). The remaining two participants were undergraduate students recruited from the University of Windsor’s online research participant pool (Sona system). The participant pool is a group of undergraduate students who take part in psychological research in exchange for extra credit in eligible courses. All students in the pool are required to answer a series of demographic and
screening questions when registering for the pool. Participants from the pool who answered affirmatively to the screening question asking if they had ever accessed a shelter to escape an abusive relationship were sent an email inviting them to participate in the study (see Appendix C).

The cisgender women were 23 to 56 years old ($M = 39.8$). The majority of participants were heterosexual (58.3%; 8.3% bisexual; 8.3% queer; 8.3% pansexual; 16.67% preferred not to say), and White (66.7%; 16.7% Native/Aboriginal; 8.3% South Asian; 8.3% Mixed Race). Most participants were unemployed (75%), not in a romantic relationship (75%), and had children (91.7%).

**Procedure**

The primary researcher contacted the directors of both local women’s shelters to invite the organizations to be part of the study and to assist in participant recruitment. The researcher and her research advisor met virtually with the directors of the shelters to ensure feasibility of the study for the participants. After receiving confirmation from the shelter organizers, advertisements for the opportunity to participate in the study were delivered to the shelters to be distributed to women accessing services (see Appendix A). Interested women contacted the primary researcher by email or phone for additional information or to sign up for an interview time slot. In some cases, women provided their contact information using a sign-up sheet at the shelters for the primary researcher to contact them. Women were informed of the content of the interviews as well as potential risks and benefits of participation during these phone conversations. During these conversations, participants were also informed of the option to use a device provided by the shelter or their own personal device and were advised on the potential risks involved in using a personal device (see Appendix B). Participants recruited through the
participant pool received an invitation email which included inclusion criteria, information on the content of the interviews, and the risks and benefits of participation (See Appendix C). Interested women from the participant pool responded to the email and were then emailed options for interview time slots to choose from.

Following this, participants were sent a Microsoft Teams virtual meeting invitation for their interview in which participants were given the option to keep their camera off to preserve privacy. Prior to conducting the interview, participants were presented with either the general consent form, or the consent form specific to the participant pool, which were reviewed orally in detail with the participant (see Appendices D.1 & D.2). Participants were given the opportunity to ask any questions and were informed of their ability to ask additional questions about consent at any time, discontinue their participation at any point during the study, and/or refuse to answer any questions to which they felt uncomfortable responding. Additionally, a safety plan was reviewed which included asking whether the participants were in a space where they were comfortable completing the interview, instructions on how to exit the interview quickly and safely if needed, presenting the option to complete the interview without video (microphone only), and instructions on how to reconnect if technical difficulties arose (see Appendices E.1 & E.2). Once informed consent was obtained verbally, the recording began, and participants were asked to respond to the demographic questionnaire verbally (see Appendix F) before beginning the semi-structured interview (see Appendix G). The interviews lasted from 30 to 60 minutes depending on the level of detail provided by participants. This is the maximum amount of time recommended to avoid participant and researcher fatigue (Adams, 2015). Participants accessing one of the shelters were also asked to answer questions about current and potential future service provision and utilization on behalf of the shelter.
After the interview was completed, participants were presented with a letter of explanation (see Appendices H.1 & H.2) that was reviewed verbally with them, including a list of psychological resources such as hotline numbers and community contacts. Participants were given the option of having the letter of explanation emailed to them. Participants were then given time to ask any final questions or process any emotional reactions they might have had to the interview with the support of the primary researcher. Participants were thanked for their contribution to the study and were told which shelter staff member would be providing them with their $40 Walmart gift card for their participation. Participants from the participant pool were assigned a course credit immediately following the end of the Teams call.

**Measures**

*Demographics Survey*

A demographic survey was used to obtain additional background information of the participants to gain insight into the diversity of the sample. Participants were asked to verbally report their age, sexual orientation, country of birth, employment status, relationship status, whether they had children, and how many children they had.

*Interview*

Semi-structured interviews were used allowing for follow-up questions if needed and included open-ended questions and questions more specific to themes outlined in the literature. This combined approach allowed participants to freely discuss their experiences as well as to directly address our research interests (Olson, 2011; Wysman, 2017). The primary researcher conducted the interviews. Questions focused on women’s lived experiences of IPV and CC, the patterns in which these forms of abuse occurred in, as well as impacts of the COVID-19 pandemic on these experiences. Participants were first asked how they would describe a healthy
relationship and an unhealthy relationship. These questions were included as “warm up” questions to begin the interview. Next, participants were asked separately what words or phrases they would use to describe physical/sexual abuse and controlling behaviors. The order in which participants were asked to describe these concepts was counterbalanced to control for potential order effects. Following this, participants were asked to list specific instances of physical IPV and controlling behaviors that occurred in the target relationship as well as the frequency of such experiences (using anchors such as once or more per month/week/day). Next, the interviewer listed temporal patterns in which physical IPV and CC may occur in a counterbalanced order (i.e., CC followed by physical IPV, physical IPV followed by CC, both simultaneously) and asked the participant which, if any of the patterns, best represents their experience and why.

Participants were then asked to describe, if applicable, various demands, threats, and surveillance techniques perpetrated by the target partner (referred to as Partner X throughout the interview) as well as the frequency of these behaviors. Next, participants were asked to discuss the potential impact of the COVID-19 pandemic and associated lockdowns and restrictions on their experiences of IPV generally, in addition to Partner X’s use of controlling behaviors. Finally, participants accessing the shelter for women experiencing homelessness were asked questions about current and potential future service provision and utilization on behalf of the shelter.

Before ending the interview, participants were given the opportunity to ask questions and share any additional information they felt was relevant (see Appendix G for interview guide and questions).

The following steps were taken to ensure interviews were conducted ethically such as: ensuring beneficence (minimizing risk, maximizing benefits of the study); honoring and maintaining confidentiality, anonymity, and privacy; and ensuring maximal safety of all
participants (Duma et al., 2009; van Wijk & Harrison, 2013). A trauma-informed approach was used for recruitment, data collection (interviewing), and dissemination based on recommendations outlined by Campbell et al. (2019). Taking a trauma-informed approach to research emphasizes providing choices for survivors and promoting survivors’ agency and sense of control (e.g., using transparent language in recruitment and consent, providing participants with control over decisions in research process, e.g., choosing the pseudonyms that will be used during the interviews and in publication of results). Campbell et al. (2019) have adapted principles set out by Elliott et al. (2005) to guide trauma-informed practice for use in research.

Interviews were conducted through Microsoft Teams rather than in person due to the COVID-19 pandemic. This video conferencing platform was selected based on the reliability of its security measures including end-to-end encryption to ensure security and privacy and compliance with the Health Insurance Portability and Accountability Act (HIPAA) (Santhosh et al., 2021). This is also an easily accessible platform (cost-free, user-friendly, not time-limited).

Analysis

Transcription

The primary research and research assistant listened to the audio/video files from the interviews while reading the auto-generated transcriptions and corrected any mistakes to ensure accuracy (Braun & Clarke, 2006) as well as removed any identifying information (e.g., names) from the transcriptions. The transcripts were checked again for accuracy. These transcripts were used to complete the reflexive thematic analysis discussed in the next section.

Reflexive Thematic Analysis

The corrected, anonymized interview transcripts were analyzed using a reflexive thematic analysis (RTA) to identify broad patterns or overarching themes across participants’ responses.
This type of analysis allowed for an approach to coding and theme generation that could be data-driven (inductive) and theory-driven (deductive). The analysis was completed following Braun and Clarke’s (2021) RTA involving six recursive steps including: (a) familiarization, (b) coding, (c) initial theme generation, (d) revision and development of themes, (e) refining, defining, and naming themes, and (f) writing up the thematic analysis. Familiarization refers to immersing oneself in the data and becoming familiar with the content. This occurred throughout the transcription process (checking for accuracy) as the primary researcher generated initial ideas about patterns emerging in the data. These initial ideas were discussed in weekly meetings between the primary researcher and her supervisor to explore these interpretations. This was followed by the development of codes, or interesting, important aspects of data that may form the basis of patterns. Responses were analyzed within the domains of inquiry pertaining to the main research questions (e.g., describing experience of CC, descriptions of specific demands made by perpetrator). The primary researcher took a predominantly inductive approach to coding, which was supplemented by a more deductive analysis, ensuring that the data-based codes would allow for the generation of themes relevant to the main research questions. Coding was both semantic (explicit/surface meaning of data) and latent (interpreting underlying meanings/assumption in data). This analytic approach allowed for both the semantic meanings communicated by participants and latent meanings interpreted by the researcher to be considered in the codes that were produced.

Initial themes were then created by analyzing how different codes could be combined based on shared meanings or a single underlying concept. These initial themes were then revised to ensure that they were conceptually accurate in relation to the coded extracts and the overall dataset. For example, coded responses to the domain of inquiry regarding experiences of CC
were initially categorized as themes of “social isolation” and “physical isolation.” Upon revision, the two initial themes were collapsed into a single overarching theme of “isolation” with each type of isolation representing a subtheme. The researcher engaged in repeated iterations of familiarization, coding, and creating themes (e.g., re-reading transcripts while creating codes and themes to extract additional meanings and ensure accuracy) throughout the process of data analysis. Relevant quotations from the participants’ responses were included to contextualize the final themes and subthemes. Unlike other qualitative approaches which employ multiple coders to achieve consensus of meaning, the use of multiple coders in RTA is only used to “sense check” ideas and gain richer interpretations of meaning (Braun & Clarke, 2019). Thus, the primary researcher consulted with a research assistant while generating codes and developing themes to obtain a more nuanced reading of the data.

**Interpretive Lens.** Reflexivity refers to the researcher’s open acknowledgement of their positionality (e.g., values, assumptions, perspectives) in relation to the topic of interest, and how this affects the active role of the researcher in data interpretation and the production of knowledge (Braun & Clarke, 2021; Trainor & Bundon, 2021). I acknowledge that my identity as a White, cisgender woman raised in a Western cultural context influences my interpretation of the data. For example, although participants in the study and I share a cisgender identity, I cannot assume that we have shared experiences and worldviews. Throughout the research process, I have engaged in self-reflection using my reflexive journal to increase self-awareness of my positionality. Additionally, my research background is grounded in feminist perspectives which, as discussed in the following section, informed the interpretations and decisions that I made throughout the data analysis process. The RTA in the current study took a combined (inductive and deductive) approach to data analysis. The deductive approach to interpretation and analysis
of data was informed by existing research and theory. Specifically, Dutton and Goodman’s (2005) theoretical model and Stark’s (2007) conceptualization of CC in IPV represent lenses through which the data were coded and interpreted. The interpretation of data related to women’s experiences of IPV and CC and the impact of the COVID-19 pandemic on these experiences were largely informed by the “Duluth Power and Control Wheel” (DAIP, 2011) and the “COVID-19 Coercive Control Wheel” developed by the Battered Women’s Justice Project (2020). The primary researcher also examined the data for evidence of themes identified in previous research such as in the qualitative investigation of IPV during the pandemic by Ravi et al. (2020).

Additionally, this analysis was informed by a feminist research perspective. Feminist perspectives in IPV research represent one of the dominant sociological perspectives of the field. In contrast to the family violence research perspective, feminist perspectives assume that IPV is not typically gender symmetrical, such that males are more commonly perpetrators (Dutton & Goodman, 2005). Thus, most feminist IPV literature focuses on factors related to the male perpetration of violence against women in relation to the patriarchal structure of society, constructions of masculinity and femininity, and structural barriers faced by women trying to leave their abusive relationships (Johnson, 1995). Some feminist approaches to IPV research include intersectionality theory, which acknowledges how survivors’ social identities (e.g., gender, race, income level, disability), and related structural power imbalances and oppressions interact to result in unique differences in experiences of IPV (Crenshaw, 1991; McLeod et al., 2020). Such experiences may differ regarding survivors’ risk for experiencing IPV, actions of perpetrators, and help-seeking behaviors (McLeod et al., 2020). Thus, the assumptions of these perspectives and the frameworks discussed previously informed decisions made by the primary
researcher when completing the RTA. Quotations from all participants were included in the results section to capture nuances and diversity in the experiences of IPV across a range of individual social identities.

**Trustworthiness.** Several steps were taken to ensure the analysis was trustworthy (acceptable, credible, and useful; Nowell et al., 2017). Rigor in the RTA was accomplished by clear documentation of the steps taken at each step of analysis to meet the criteria for trustworthiness which includes credibility, transferability, dependability, and confirmability (Nowell et al., 2017). Credibility indicates that researchers have accurately represented the views of participants. Several techniques were used in the current study to ensure credibility including prolonged engagement with data (e.g., during transcription), checking preliminary findings against raw data (when creating initial themes), as well as peer debriefing/external checks to ensure clarity (during code generation, naming themes and write-up). During interviews, the primary researcher often checked the accuracy of interpretations with participants and researcher triangulation (e.g., debriefing with research supervisor and research assistants to ensure clarity and accuracy of coding, themes) was incorporated at each step of the analysis (Nowell et al., 2017).

Transferability (generalizability of the inquiry) and dependability (clear documentation/communication of research process) were achieved by keeping a clear audit trail, carefully documenting theoretical and methodological decisions made at each step of the analysis using a reflexive journal. To ensure complete transparency, the reflexive journal included not only the logistics of the research process and rationale for methodological decisions, but also contain personal reflections on the researcher’s values and insights about the self throughout the
process (Nowell et al., 2017). Finally, confirmability (ensuring findings and interpretations are
directly derived from the data) is reached the first three criteria have been met (Nowell, 2017).

Results

Lived Experiences of Physical Intimate Partner Violence

The current study sought to better understand women’s lived experiences of physical
(including sexual) IPV. Women were asked to describe this experience and discuss the frequency
with which they experienced physical IPV. Regarding frequency, the most common responses
were that physical IPV was experienced once or more per week or once or more per day. All the
women in the sample had experienced CC, with a subset of these women also reporting physical
IPV. Of the participants who had experienced physical IPV, one theme dominated participants’
responses when asked to describe specific instances of physical/sexual abuse that occurred in
their relationships: Sexual Coercion.

Sexual Coercion

The theme of Sexual Coercion was generated given that women described situations in
which their partners pressured them into performing various sexual acts, often when they had
expressed that they did not want to engage in the acts. For example, when discussing sexual
abuse, Marie stated, “I was always told, well, I'll be fine. Even if I said no.” Kate described sex
as being an expectation from her partner, despite her not being ready:

There was some physical abuse. Regarding sex, my partner was making me feel forced
into it, even though I wasn't ready. And like, fighting over the fact that I should be ready,
even though my husband, had just passed away and I moved in with this guy and he felt
like it was part of our relationship to have sex and that I didn't love him if we didn't have
sex and I wasn't ready to have sex.
Jessie’s partner also viewed sex as an expectation in their relationship. She explained that this expectation was present from the first day they met in person when she had sex with him because he made her feel like she had to:

It started from like the first time we met. I had been in like a bad situation… I just came over to hang out and then he wanted to sleep together … and like, even though, like, I didn’t want to. And then we just kind of stayed in the relationship because, like, I felt guilty about it … But then, like, continued the rest of the relationship.

Dee described her partner using sex to get back at her when she upset him: “I pissed him off one day. So therefore, he told me that I was gonna pay for it by- he was gonna (perform anal sex) when I got home. Whether I liked it or not.” Dee explained that her partner had said this knowing that she was not interested in anal sex. Nicole’s partner would pressure her to send him naked pictures of herself despite being aware that she was not comfortable with this:

He would like always bug me to send him naked pictures and stuff and I never wanted to and he would like just bug me and bug me and make me feel bad for not. And then like if I was taking a shower or something he would try to come in and try to take pictures of me or something.

**Lived Experiences of Coercive Control**

The next topic explored in the study was participants’ descriptions of their lived experiences of coercive control. Regarding frequency, the most common response was that CC was experienced *once or more per day*. The participating women were asked to describe specific controlling behaviours that occurred in their relationships. The themes that were generated across the women’s responses included: *Isolation, Economic Abuse, Personal Activities/Appearance, Intimidation, Using Children, and Facilitating/Exploiting Dependency*. Importantly, these forms
of CC did not happen in isolation; rather, all participants described multiple forms of controlling 
behaviours occurring simultaneously throughout their relationships as is captured in this 
statement from Dayna:

And you know the sad part is how strategically it happened. I didn't realize one by one, I 
had given away my financial freedom, my physical mobility, you know the car that I was 
dependent on to take me from one place to another, or meet people, and all that happened 
so fast and so strategically that that's where I feel that you know, he really played his 
moves well.

**Isolation**

Women frequently described their partners as being controlling over the women’s social 
activities and limiting their outside involvement, effectively isolating them both socially and 
physically. Thus, two subthemes were identified: *Social Isolation* and *Physical Isolation.*

**Social Isolation.** A common behaviour discussed by participants was partners exerting 
control over who the women could communicate or spend time with, often isolating them from 
family and friends. For example, when discussing her partner’s controlling behaviours Jessie 
stated:

I wasn't even allowed to post on like Instagram, or use my phone, like I wasn't supposed 
to call my family members or talk to my friends. And I had to like, let him know if I 
wanted to speak to anyone, or conversations I would have with people in his household-
I’d have to let him know about it.

Participants frequently discussed partners restricting women’s use of technology as a common 
tactic used to gain control over women’s ability to communicate with others. Similar to Jessie,
Ashley also described her partner restricting her access to her phone and social media in addition to having her inform him of when she communicated with others, including family members:

With Partner X, I wasn't allowed to have social media, Facebook, Instagram, Snapchat, anything that I could contact my friends with. The only thing that I was allowed to have was basic texting. I wasn’t allowed to have calling on my phone. I wasn't allowed to go out with my girlfriends. I wasn't allowed- even if I went to my parents’ house, my father's house, I had to call him and let him know when I was coming home and what I was doing. He had to video chat me on WhatsApp to see what I was doing.

Dayna talked about how her partner chose a phone plan for her that did not include data and refused to give her access to Wi-Fi despite knowing that the only way she could contact her family abroad was through WhatsApp (a messaging platform that requires internet access):

So you can imagine that plan had no Wi-Fi, no data, and just only text and calling so that was another way of controlling me that I don't have contact with my family back home because it was through WhatsApp- you know- that I was able to contact them.

Responses also entailed women’s partners reacting negatively if they discovered that the women had been contacting other people. For example, Jessie described her partners’ reaction explaining, “He got like a full blown, like, screaming at me- and I was crying- first week we met because someone had texted me. It was a guy.” Marie described a similar reaction from her partner:

Partner X would get mad at me if I was on the phone with my mom. Or if I was texting and if I was texting someone, it always was like, oh, who am I talking to? Who am I texting? When I barely even talked to anybody to begin with […] And if I had like a friend over- Partner X would get mad.
Marie gave a further example of the lengths her partner would go to ensure she was isolated from others stating that “… partner X would get mad when my mom lived with me and pretty much kicked her out of my house.” Jessie also spoke about tactics her partner used to ensure her isolation from others such as speaking poorly about her friends and family:

Then I also think that another big aspect was isolating me from, my friends and family like constantly trying to villainize and be like, here’s how they're the bad guy. And here's how, like, they're not trying to support you. And things like that.

**Physical Isolation.** Participants described partners as being controlling over their physical freedom, often mentioning that partners would dictate when and whether women could leave the house, limiting their outside involvement. For example, Kate explained, “if I wanted to go somewhere, he wouldn't take me if he didn't approve.” Similarly, when speaking about her partner, Jane described:

Having to know where I am every minute of the day. Never to be alone with my own thoughts or just anywhere by myself. I felt threatened. […] He was always strong willed. He had to be the control figure, he was always the one to say when we would leave or go, or if I could do something or anything like that, that was his thing.

Sara also described her partner exerting this type of control stating that he would decide, “Where I go- could go- what I do, like stay home and cook, clean the house.” Jayne also found herself to be frequently homebound: “I guess not being allowed to go to school, not being able to leave the house when I had the opportunity.” Likewise, Dee described her partner as keeping her isolated and homebound:

I wasn't allowed to go outside. I wasn't allowed to talk to people on the phone. I wasn't allowed to- partake with some friends. And going out to the, say, the river, I wasn't
allowed to do anything alone and he wouldn't go out. So I was basically stuck in the house with him. At all times.

Economic Abuse

Financial control was a central feature of women’s experiences of controlling behaviours. Common components of this type of control included controlling women’s ability to earn an income, preventing women from accessing money, and controlling how money was spent. The women gave various examples of ways their partners would exert such control; for example, Sara said, “For me it was financially, all about money- he pulled my name from lease so it’s like he owns everything there.” Nicole discussed how her partner deprived her of financial freedom by preventing her from working:

He got me to quit my job and didn't want me to work. But then told me he wouldn't pay any of my bills either. So I had, like, not really any income, but then he wanted like, all the financial control. But then he wouldn't help, help me pay my stuff as, like, an actual partner.

Similarly, Dayna discussed how her partner prevented her from earning any form of income:

He also went to the point of controlling the taxes where he didn't file his taxes and when I moved back in, I had to change my status from single to married, and he didn't change his status with Canada revenue, so the child tax benefit didn't come- so that means I had no money coming in. I wasn't working.

For others, economic abuse took the form of partners taking control of women’s money and how it could be spent. For example, Marie stated, “Well, that's everyday, controlling was like money. I couldn't buy things like- I can't do this. I can't talk to this person.” Similarly, Dee
explained, “He’d control … the money, he’d take my bank card. All of it. That's pretty controlling.” This type of control was also voiced by Jessie:

Definitely financially in like every respect, like, I wasn’t allowed to spend any of my money. … he'd spend money that I didn't have like I would need something done medically and he would spend the money on it. And I'd be like, ‘Please don't’. And he was like, ‘Well, if you don't, I will.’ So then I would spend the money. Then later when I would actually need the money for something else, he'd be like, ‘Well, I can help you out.’ And then I would have to take it because I didn't have the money because I spent it on something that I didn't need because I didn't want him to take over that control.

Jayne’s partner was also financially controlling but his approach was to exploit her for his own financial gain, “I was actually kind of in a confined situation where, umm, I had to benefit his financial needs. Like basically I was trafficked.”

**Personal Activities/Appearance**

Women also described that their partners would exert control over their daily activities within the household or how they presented themselves. Shelby explained how she was prevented from making decisions in her home,

It was just like an unspoken of kind of thing where you know that you really don’t have any right in the home … I almost knew that I there’s nothing I can do so that was just there every day like that.

Jessie explained that her partner was controlling over how she presented herself stating, “like anything I wore, I had to wear his clothes every day.” Dee described her partner exerting control over multiple aspects of her personal activities:
Even cooking, I couldn't- I couldn't cook proper- so he, he would, you know, berate me about my cooking, how I did the dishes, how I how I went to the bathroom, how I showered, how I did the laundry, how I mowed the lawn. [...] He'd also hide the booze … We drank for a couple days and then he decided he couldn't drink anymore- didn't want to drink anymore. And I wasn't even allowed to have a drop nor a touch it, nor to go near it.

**Intimidation**

Several women mentioned their partner used different tactics to intimidate them in order to gain control. For example, Sara spoke about how her partner would follow her, trespass on her property, and involve the authorities when she tried to move away from him:

I had to move every month ‘cus he would follow me! He would ask people, ‘Where is she with my kids?’ And people would say, ‘Oh yeah she’s just there up the road.’ Every month I would have to move ‘cus he would come on the property and start trouble and police reports and it was really like a nightmare. It was a nightmare. I never moved so much all my life and then he would call authorities and say you are a bad mom because you can’t give a stable environment for the kids and this and that because I was always running around like crazy.

Nicole’s partner would also use intimidation as a form of control, keeping her in a state of constant fear:

He-he did things like to kind of scare me to kinda have more control. So like for a long time he would like hit my butt. But it was like it hurt and he would, like, do it really hard. Uh, and like, I just didn't even feel safe in my own house because I didn't know when he might like sneak up and hurt me.
Dayna’s partner would use insults, monopolize conversations, bolster his own intelligence, and question her intelligence in order to intimidate her:

Like I said, you know he came across as an educated person, which he is, but later on towards the end, it became as where I was the one encouraging him and you know like looking up to him for his education to the point where I felt intimidated because he started calling me names such as stupid. You know, ‘Are you dumb?’ And this was in like everyday conversation. […] for him, quoting things with numbers is, uh, you know because it's facts so people can't challenge you right? … so people think that ‘Ohh you know your stuff’. So that's how he always portrayed himself. Come to talking about feelings- they will not discuss those conversations with you. You know, so that's where one way of controlling comes in. And also name calling so you know to intimidate you and take the control of the conversation.

**Using Children**

Participants explained that controlling behaviours would often involve partners using the couple’s children to ensure further control over the women. For example, Shelby found that her partner used the birth of their child to eliminate her ability to make decisions:

And then once you know, we had a child together and everything, that's when I found out that I couldn't make any decisions because if I raised any concerns I would be told that like, I can I be forced out of the house basically. So, like my stability in the home was on egg shells because I had no say in anything that happened in the house, raising my daughter, I didn't have a lot of say either.
Dayna’s partner removed their son’s internet privileges and threatened their son when he found out that he had allowed his mother to access the Wi-Fi using his devices. Thus, her partner used their child to maintain control over Dayna’s ability to access the internet:

My son would allow me to use the computer or his phone and then when he saw that or he came to know about it, he threatened my son. Also that he would take away his privileges if he let me use, you know the Wi-Fi. So I was in that house without Wi-Fi. Sara explained that her partner would, “… use the kids- and speak badly about me to the kids.”

He would also use the children to obtain control over her physical freedom and money:

I had a child every year for four years so that was a way of controlling me, keeping me pregnant and in the house and then I can’t go out and live my life or get a job or anything. I had to homeschool the kids because he didn’t want them in school so I had to stay home with them before COVID, he never wanted them in school.

Not only did he use the children indirectly to gain control as described above, he would also directly instruct the children to do things that would help him maintain such control:

I would just like go for a walk or something to get out of the house and I couldn’t even do that he would send the kids after me when I tried to leave like, ‘go see where Mommy is going.’ Like I could not catch a break I could not even get those few minutes of space to try to calm down. It was like worse than bootcamp, just constant. […] Anytime we tried to hide any money, he would get the kids and go ransack my room to find it and I’d say, ‘Hey where’d this money go to?’ You know- what? And then later I’d find out he’d tell the kids, ‘Go find mommy’s money that she’s hiding and give it to me.’

Facilitating/Exploiting Dependency
This theme encapsulates tactics used by partners to ensure that women were dependent on them, often emotionally, and/or exploit this dependency to maintain control and prevent them from leaving the relationship. This phenomenon was captured well by Kate:

He wanted to make it known that I really- I really needed him, he would make me go without things and then buy me things to be like, ‘See, you need me’ in order to control me. And or he would like take- if we got in a fight- he would take something of mine so I would have to contact him and in order to reel me back into the relationship.

Jessie entered her relationship with her ex-partner shortly after being sexually assaulted by a friend. She described her partner capitalizing on this trauma to facilitate an emotional dependency:

He really manipulated that about being like, you can't trust your friends. You can't trust people around you, you can't trust the people you used to know, like what they did to you. And so he'd be like, I'm someone you can trust.

Another way her partner would create and exploit tendency was to take advantage of her vulnerabilities:

I think like a big issue is that like I didn't have any financial support from my family and I had a disability. And so he had, like a lot of money. And so he was like supporting me in that way. And I would say, that was like, kind of the way about being like, well, no one’s gonna support you like, where would you go? How would you even live? You'll be homeless. Like, you'll not have anything to eat. Like you'll starve. And so it was kind of like a manipulation thing being like, I'm the only one who cares about you. Like if everyone else is gonna let these things happen to you, then they don't care about you. So, I'm the only one who cares. And it was like a confusing thing about being like well, yeah,
I guess I have support that I haven't had in any other way. And so it was like a manipulation tactic, preying on the fact that I didn't have, like, money or support. And I needed, like, support because I was sick.

Nicole’s partner would guilt her using sexual coercion and threaten to leave her should she not comply:

Well, for like there was like, sexual coercion. So he would like, make me feel bad all the time if I wasn't gonna have sex with him. So he would like randomly message me saying like, ‘Ohh, I'm just gonna buy a blow up doll because you won't have sex with me’ or he would say, ‘I'm just going to go get a prostitute.’ His words. Or like if we're not gonna have sex, we just need to get divorced or have to have an open relationship or whatever.

**Demands**

The present study sought to understand the types of demands used by abusive partners in coercively controlling relationships. To explore this, participants were asked to describe examples of demands made by their previous partners. The themes that were constructed included: *Support/Social Life, Household and Childcare, Work/Finances, Intimate Relationship,* and *Behaviour/Appearance.* In most cases, demands were described as more akin to expectations rather than requests and most commonly occurred once or more per day.

**Support/Social Life**

Participants explained that partners would make demands regarding who the women communicated with, often demanding that they refrain from contacting others. For example, Ashley stated: “(he) demanded me not to associate with my family. And pretty much demanded me to stay like locked up in my room. I was confined to my house, I couldn't go out, couldn't do anything.” Similarly, when discussing her experience of demands, Jane said: “Yeah, not being
alone with anybody. Uhm, not being able to see my girlfriends or talk to my son without him being judgmental.” Dee discussed as similar experience with her partner, “he constantly would demand to see my phone …. or where I was or who I talked to.”

**Household and Childcare**

Participants frequently discussed their partners making various household demands, typically involving cooking and cleaning as explained by Marie, “Partner X would tell me that it's my job to do (cooking/cleaning) because I'm the girlfriend. And that's my responsibility.” Nicole described a similar experience, “Any of like the house stuff. Like, regardless of if I worked a 12 hour a day, I would still be the one that was supposed to clean everything or do everything.” Autumn also described housework demanded by her partner as an expectation:

Cleaning like I'm not allowed to just sit at home. Well, sometimes it's OK like sometimes. But like, they always expect me to, like, do certain stuff, you know? Like clean or even like, if I'm not feeling good, it's like clean anyways.

Similarly, Sara explained that housework was an expectation, giving the example of having to do laundry by hand amongst other things:

Well yeah that (housework) was just expected of you like I wasn’t even allowed to have an electric washing machine I had to do the clothes by hand… Yeah for Christmas I was like, ‘Can I get a washing machine please?’ He’s like, ‘No you’ll use too much hydro.’ I was doing laundry by hand for six people.

Sara described the stress she faced having to raise her young children while keeping up with household demands. She explained that she would have to wash clothes by hand daily and hang them on a clothesline outside. Sara recalled crying frequently out of frustration if, for example, she needed to restart the entire process due to clothing falling off the line and into the dirt. Dee
shared her frustration over her partner’s household demands, alluding to feeling dehumanized, “The household demands were just absolutely ridiculous … You know like, you know, I'm not a, a robot, and I'm not a puppet. I'm a human being.” Dayna also discussed her partner demanding that she cook and clean. She recalled a time where her fridge had grown mold and rather than replacing it, her partner demanded she clean it in order to eat:

I had not eaten for weeks and I was bleeding out of constipation … I have four fridges in the house, but not one fridge working properly and had all the black fungus and all in into it. It was ready to be thrown out, he wouldn't call the city, but he made sure to make me clean that fridge and he said if I didn't clean the fridge you wouldn't get grocery for weeks. So I had to clean the fridge so that there would be food in the house for me and my son.

Her partner also demanded that she serve him meals at specific times and that there would be consequences should she not comply. She explained how such demands and consequences would often coincide with his mood and this unpredictability left her feeling unsafe:

So if food is late for minutes, then you know, the electricity goes off because we had that old fuse system with the control in the house. And yes, so on a day-to-day basis. I didn't know if I would wake up, how the mood I would be waking up into (would be), you know that safe feeling was not there.

Jessie had a chronic illness and often needed her partner’s support for tasks on days when she was unwell. Jessie’s partner would make demands that often also took the form of expectations that she needed fulfill to repay him for helping her:

It was like, you have to do this, because I do this, and it will be like random things. It could be like, OK, you have to put away all of my laundry and, like, do all this stuff
because I like, for example, like I help you up the stairs. And I help you like walk around on days that you're having bad pain. Or it's like, oh, I get your heat pad or like your food. It's like when you can't help yourself and it would be like an exchange, like, holding things like over my head about it being like, I was physically incapable of doing it. And now I have to repay you. And being like a laborer and like a sexual object.

Household demands would also center around childcare, often involving partners allocating all parenting responsibilities to the women as described by Marie:

And then when partner X would have his other children, I was the one that had to take care of them. Clothe them, feed them, bathe them, and then when partner X had his son in his care, I was the one that would take care of him because partner X drank all the time. So. I was left taking care of his children.

Nicole’s partner also demanded that she care for their children, neglecting to involve himself in parenting:

We have like kids and basically whether I was like working full time or whatever like. Any of the stuff to do with the children was all my responsibility. He, like, didn't even wanna necessarily even give it input. It was like completely me. I had to like go get them from school. If they were sick and leave my job, stuff like that.

**Work/Finances**

Participants described partners making financial demands (e.g., asking for money/determining how money could be spent) and demands related to employment. The latter was true for Ashley, “OK, partner X made me quit my job. Demanded me to quit my job.” Sara’s partner would also make demands related to finances, “the money- you know where’s the money? Give me the money so I can go do shopping. Controlling me about the bills, how money
was spent.” Similarly, when listing demands that were made of her, Jayne mentioned that her partner would demand money from her: “Or you know then leaving when I was asked to leave or getting him my money.” In Dee’s experience with financial demands, her partner would, “demand to see my bank account or to take my card, or how much money I spent,”

**Intimate Relationship**

Participants described partners making demands related to their intimate relationship, often involving sexual demands. For example, Sara began listing her partners demands by saying, “Ok so demanding sex.” Dayna’s partner also demanded that she preform sexual acts: “he forced me to *(give oral sex)* even to the point where I had tooth pain and you know pain in my mouth, he would still insist on doing that and that's not nice.” Similarly, Kate’s partner would demand sex and make her feel guilty if she did not want to participate:

If I didn't have sex with him that I didn't love him. Or if I didn't have sex with him, that all this stuff he bought me, all the stuff he bought me, I-I should wanna have sex with them because of all the stuff he had bought me and that I'm just gaslighting him and to make him react crazy to make him seem crazy when he's not. Stuff like that.

Jessie’s partner also made sexual demands of her:

I had to make him cum every time I saw him, even though like, I was like just like assaulted before we had met and I had like, really, like, traumatic experiences and like. It was like if you don't, I'll go and be with someone else.

**Behaviours /Appearance**

Another theme involved partners making demands regarding women’s personal appearance or how they behaved. Autumn provided the following example:
Before it used to be like have your hair and makeup done all the time and just expects me to look good all the time and that's just not really who I am. I'm not, you know, if I'm just sitting at home, I don't really, you know, like doing that.

Sara recalled her partner making demands in most aspects of her life and behaviour and implied that her partner would make demands knowing they would upset her: “Yeah, every aspect of life, my sleep patterns. Like they know what triggers you, they know how to push your buttons like an open wound they keep- you know?” Jayne had a similar experience with the pervasiveness of her partner’s demands: “Just basically anything he said, I would - I would have to do.” Shelby’s partner also made behavioural demands, such that she was always expected to be passive and obedient:

Uh demands that he made of me were basically to not say anything and not stick up for myself to his mother or him. Basically, like it was just it's a very well-known thing that I could not, if his mom were to say anything, I could not speak. I couldn't say anything back. Basically, if she wanted to tell me what to do with my daughter, I couldn't tell her what- like I couldn't say anything about it.

**Threats**

Another aim of the present study was to understand the types of threats used by abusive partners in coercively controlling relationships. This was examined by asking participants to describe examples of threats made by their partners to induce compliance with demands. The following themes were formed based on women’s responses: *Violent Threats, Threats Exploiting Vulnerabilities, and Implicit Threats*. In many cases, women described how their partners had followed through with such threats or made threats to repeat actions they had engaged in previously. Threats were described as occurring once or more per day.
Violent Threats

Participants described partners threatening physical violence towards the women themselves or making threats aimed towards others to achieve compliance with their demands. For example, Jayne stated, “Um, he's threatened my family- uh sorry, my life…Um, or just physically got down to it. You know, cut me, hit me, stab me.” Nicole also endured death threats from her partner: “he threatened to, like, kill me if I left and tried to get like (child/spousal) support.” Jessie’s partner would also threaten her life:

He threatened to kill us both before or he's like tried to like run us both off of the road and then I actually had to like move away to get away from him because I was never actually able to leave the relationship.

Ashley also described experiencing threats of physical violence from her partner to get her to follow through with his demands:

Ohh, he would say that he was gonna stab me or he was gonna choke me if I didn't do something for him. If I didn't go to the store, he was going to make sure that I never walked again and never went outside.

Threats Exploiting Vulnerabilities

Participants described a variety of threats used by partners that targeted various vulnerabilities such as threatening abandonment, sexual infidelity, exposure of personal information, and to involve law enforcement amongst other threats. For example, Jayne’s partner would threaten to expose things about her past. Similarly, Dee’s partner threatened to share personal information with her cousin, “he even called my cousin. And he's like, well, I'm gonna call him and tell him about your problems. So he would use calling my family a lot and scaring my family too.” He would also threaten both her family members and her cat to gain compliance:
Well he called my mother. He called my family. He threatened a pet. He got a cat. He thought it would make me happy. And then he was saying he was going to do things to her. And then he said he was just kidding. Um, sell my car. There's so many things that he does...

Autumn explained that her partner would threaten to leave her:

Just that they would leave, I guess, or they wouldn't be with me like- like wanting more tattoos … so like he would like … get pissed off like, ‘Ohh you better not go get a new tattoo or a new piercing or I won't be here.’

She also stated that this threatened behaviour had occurred in the past: “He left for like a week because of me getting a dog.” Jessie’s partner also threatened to leave her as well as ruin her life.

In the same vein, Shelby’s partner would threaten to remove her from their home:

Basically, saying that he would kick me out. To know my place and if I don't follow that that I could, I'd be out and that he saved me by taking me off the street or not off the street, but like in an apartment essentially. So if I don't if I don't keep in line, then I can go back there.

The threat of sexual infidelity for not complying with demands was mentioned by both Marie: “I’ll be threatened with other girls” and Nicole: “he would say like he would go get a prostitute instead or stuff like that.”

Other women discussed how their partners would threaten law involvement as was described by Kate:

With my partner, because we got in a physical altercation, we had a non-association like we had to stay away from each other so he threatened, ‘Ohh I'll just tell the police that we've been hanging out’ and that will put me back in jail.
Jane’s partner also gave an example where her threatened law involvement, using the threat of him ending up in jail to make her feel guilty and comply to demands because out of guilt:

‘I'm gonna get thrown in jail if you don't drive me.’ That's kinda something that he said all the time… if I let him drive, if I let him go on his own, then it would be my fault that he got thrown in jail because he doesn't have a license.

Dayna’s partner would threaten to shut off the electricity in the house and would also threaten withholding food. She explained that this was a threat that he would follow through with:

If I'm minutes late in serving the dinner or lunch or breakfast, the electricity in my house would be shut off and I wouldn't be allowed- me and my son wouldn't be allowed to eat.

And he would then eat his food and we would go to bed hungry.

Dayna also described her partner threatening to post pictures of her that he had taken in secret.

To create compliance with his demands, Marie’s partner would threaten to take away her daughter: “When she came around, he held her like- ever since she's been born up until now he uses her to get me to do things.” She also described him following through with this threat in the past: “And then before we lived together, Partner X would take her if he was mad at me and then I wouldn't be able to see her for like a couple days.” Sara’s partner would belittle her and tell her she would not be able to survive without him:

Make you feel like you couldn’t survive without them, that you needed them. Even to the point where like, to take care of the kids, he would point to my physical abilities and be like you need my help because you are so overwhelmed with all this you can’t handle, like, you can’t take care of these kids kind of thing.

*Implicit Threats*
For some women, threats were not always explicit and were instead implied in some way through, for example, intimidation or unpredictability as explained by Nicole, “I’m not sure I can think of any like verbal specific threats too much? It was more the threat of him being like very unpredictable and angry and I just didn’t know what would happen.” Similarly, Autumn also found her partner’s temper to be an implicit threat which often resulted in her compliance with his demands: “Stupid little stuff, like wanting, you know, tattoos or a pool or certain things just - just I guess you know their temper- so you just don't do it, because you don't wanna deal with it.”

**Surveillance**

To understand how surveillance tactics are used and experienced in coercively controlling relationships, participants were asked to describe how their previous partners engaged in surveillance behaviours to determine if women had complied with their demands. The overarching themes I developed based on participants’ responses were: *Using Technology*, *Using Third Parties*, and *Stalking*. Surveillance was commonly described as a daily occurrence. Many women described experiencing multiple forms of surveillance by their partners, indicating that the tactics identified in the themes were often not operating in isolation as is captured in this statement from Dee:

Yeah- phone, mail, he'd go- he'd stalk. Go check around and ask people. Those types of things like he would monitor my emails. He synced my account with his so that he could track and see where I was. He’d keep my keys. I paid rent and he wouldn't even give me a set of keys.

**Using Technology.**

Participants highlighted various surveillance methods used by partners to monitor women’s behaviours. These methods often involved tracking and checking cell phones and
installing cameras to watch women. Kate’s partner would check her phone to monitor her: “He would take my phone and look at my phone, wanna search my phone.” Jessie experienced similar tactics from her partner:

Every single night he’d go through and check my phone to see, like, if I was texting anyone, like, even my friends or like anyone. Like, he didn't care who it was. He read through all the messages, even to like my mom, to make sure I wasn't talking badly about him or, like, revealing anything and, like, making sure I was following in on things. And he had every password to every single thing. Whatever existed he looked through, like, even my diary and journals to make sure I wasn't talking about him.

Jessie also explained how she found herself complying to these nightly phone checks out of fear and through negative reinforcement:

It was like an expectation like it was like I wouldn't even need to, like, look into what he was doing because there was nightly checks. There was like reinforcement. It was like he would just know that, would do it because like, there's no hesitation. If you're like, that scared of someone.

Autumn’s partner would frequently text her to check her behaviours rather than searching through her phone:

He texts me everyday to ask me what I'm doing. And it's like, ‘are you genuinely care what I'm doing, or are you just being nosy?’ Or he'll be like, ‘Who's all there?’ And I-and it- like, he'll say he's joking, but it's like it's annoying as hell- It's like when you're being honest, but yet they’re still asking you, ‘Well, who you with?’

Ashley’s partner would use both of their phones to monitor her location and would also use his phone to secretly record her conversations:
He put something on his phone? Umm, like a tracker. To track my location to make sure I was at the store when I said I was at the store. Uh, he would set up like a booby trap. A recording. He would leave his phone to see what I was talking to and who I was talking to.

In addition to monitoring her phone, Jayne’s partner also took more covert approaches to record her:

Actually, he had some, other than my phone because he was really good with that, but he actually had screws. Screws that had surveillance in one of our rooms like I, I didn't even know there was such a thing! But it was like, it was crazy like super just possessive like, like sickening. Like little screws with yes, like little cameras.

Jayne elaborated on this, discussing how her partner’s use of cameras hidden within screws caused her to question her own sanity before she was able to find them:

I didn't know it was a thing, I thought I was insane. Like you, like I mean, that's what people say when they're on drugs, but I was not on drugs, and I found it and I brought it in I identified it and that got me in a lot of trouble.

Nicole’s partner also used camera to monitor her, although he was not as secretive in his approach:

Like the last place we were at, he did install cameras like outside, but also inside of the house. And he would like watch it and like, ask me certain things like, ‘Oh, are you gonna do this or whatever?’

Although he was not covert in his use of cameras, Nicole explained that she did not become aware that he had been checking her devices and had access to her various accounts until they were separated:
After we broke up and stuff, I realized he had been monitoring my emails and stuff and had access to that and like, I don't know if he went on my laptop, but he like had all of my passwords for things saved in like Google passwords and stuff.

**Using Third Parties**

Participants described how their partners would use other people such as friends to monitor them. For example, Jane said, “As far as I know, he's had people watching me and just trying to- to unnerve me and see if I would like, tell him where I was.” Marie’s partner also involved other people in his surveillance activities:

And then I would go out with my friend and Partner X’s friend that Partner X would take. They would be trying to track me down and follow me to see where I was, who I was with, if I was where I was supposed to be.

Sara explained that her partner tracked who she spoke to and would ask others about her: “confronting people I was talking to like, ‘What are you talking about with her?’ Like, weird, weird psycho stuff.” In Shelby’s case, her partner’s mother would serve as a surveillance figure for him:

His mom would basically inbox him all the time with any things that like if I were to ever, I come out of line, like his mom would basically go to him about it. So it’d be kind of like she I guess, she was this surveillance, then and all.

**Stalking**

Women also discussed surveillance in the form of their partners engaging in various acts of stalking. For many women, partners would find out their location and follow them there. For example, Kate said, “He would follow me. He would show up to places he knew I was.”

Similarly, Autumn explained that her partner would unexpectedly appear in the places she was:
“I'm like, on my way home or I'm hanging out with people and he would just show up and be like, 'Oh, I'm here to get you.'” This type of behaviour was also described by Jessie when discussing her partner: “he's, like, shown up at my house in the middle of the night because he found out I got back and like, things like that. Like, he was always knows, like, where I am.” For Sara, her partner’s stalking took various forms such as constantly watching her: “I couldn’t even take a shower he was always watching me, watching who I’m talking to” as well as eavesdropping:

Yeah even with female relationships he would be eavesdropping like if I was talking to my daughter like, ‘Oh you are talking to random people.’ Like no, I’m talking to my older daughter she’s X years old you know that, like yeah. Even getting jealous of me going to church, I would go to church with the ladies, he would get jealous of me going to church, like what am I going to do at church?

**Temporal Sequence of Intimate Partner Violence**

To better understand patterns of physical IPV and CC, participants were asked which temporal sequence pattern of abuse best described their experience and why. Participants were also asked how they think the two types of IPV may impact one another and the time intervals in which the pattern of abusive behaviours occurred. The themes that described the women’s responses were: *Controlling Behaviours Preceded Physical Abuse* and *Both Types of Intimate Partner Violence Begin Early in Relationships.*

**Controlling Behaviours Preceded Physical Abuse**

A distinct pattern of responses revealed that for some women, controlling behaviours began first and were followed by physical forms of IPV. Within these responses, it was implied that physical IPV was used to reinforce or re-gain control. In many cases, this occurred when a
partner felt his power and control may be threatened. This was the case for Dee, who explained that controlling behaviours began a few weeks in, with physical IPV starting a few months later to gain compliance: “like a month or two after that. You know, when you don't listen and now, you're going to get it, right? That's how that works.” Sara’s partner was controlling even before they started dating:

The controlling that started like: I was like, ‘I don’t want a relationship.’ I had two kids at the time already. I was like, ‘I’m not interested.’ But he kept coming around, coming around, not letting me know and I would answer and finally I just- ok, give in.

Sara then explained that both forms of IPV are connected such that he became more physically abusive when she refused to fulfill his sexual demands:

I think they go hand in hand, cus they have their desires and needs and they want it from you … and so once I stopped him sexually, the physical just escalated. He was frustrated. And then the mental like they think you are going with somebody else.

Sara described a longer time interval between the emergence of each type of IPV, stating that the physical abuse began following the birth of their first child. Like Dee, Sara implied that her partner became more physically abusive to gain compliance, effectively reinstating his control in the relationship. The end of her statement signals how this may have been a way to prevent her from being with others, keeping her to himself. Indeed, the marks left from the physical IPV made Sara feel ashamed to even see her father, “Yeah it was just the shame right? To make you look bad, to belittle you.” Similarly, Ashley’s partner also became more physically abusive to ensure she was isolated from others, reinforcing his control: “It was the controlling and then it was the physical. So he started to control me, and then it was the physical because he didn't want anybody involved in my life.” She explained how both forms of IPV involve,
“getting forced to do something you don’t wanna do when he wants you to do it.” Ashley also implied that the unpredictability of both types of IPV keeps a person in a state of fear: “You're not knowing when you're getting it, you're just getting it at anytime. You can't really predict when you're getting smacked or you can't really predict when you getting forced into do something you're not wanting to do.” For Ashley, controlling behaviours began approximately four months in, followed by physical IPV about two weeks later.

Jessie also described her partner as initiating control the day they met, with physical IPV following about a week later. These behaviours were rooted in jealousy, with the aim of keeping her away from others:

He was like, ‘I'll protect you from anyone. I'll never let anyone hurt you. I'll kill anyone who looks at you.’… Very coercive and like forced, but then I would say within the first week, it was already very controlling, but like, ‘Who just texted you? Who are you messaging?’

She also described how the two forms of IPV function together: “It’s definitely like a little cycle where it's like the control like amplifies the abuse and sexual violence and it makes you feel like it's like, normalizes it in your brain…it almost makes you feel like you would deserve it.”

**Both Types of Intimate Partner Violence Begin Early in Relationships.**

When describing the timeline in which they experienced IPV, participants often described multiple forms of IPV beginning together and very early in the relationship. Jayne found it “hard to pinpoint” which form of IPV began first and that, to her, it seemed like they began around the same time which was “within the first couple of months.” She also mentioned that she was young, and in the circumstances she grew up in, that was “the scene” so it seemed “like normal.” Nicole gave a very similar response, stating, “I think it might have started kind of at the same
time. I just didn't really think of either of them as what they were.” She elaborated on this statement, saying, “Just from like, my upbringing and how I've always been treated, I guess like I didn't really realize that I shouldn't be treated like that, so I didn't think anything of it really, unfortunately.” For Nicole, both behaviours began within a few months of dating. Marie also stated that both forms of IPV started around the same time and also indicated that IPV started early in the relationship when describing the timeline: “The first month was fine and then after that it was the physical, the controlling, the mental, emotional, all that.” Kate also experienced both forms of IPV within the first month of her relationship and stated that, “They felt like they went hand in hand. You know what I mean? Like the physical and the mental and all that it just all wraps in together.”

**Impact of COVID-19 on Experiences of Intimate Partner Violence**

The final topic of interest that was explored was participants’ perceptions of how the COVID-19 pandemic and related lockdowns impacted their experiences of physical IPV and CC. Participants were asked to describe whether and how the pandemic impacted their experiences of physical IPV (if applicable) and their partner’s use of controlling behaviours. Responses were categorized into the following themes: *Pandemic Restrictions Facilitated Controlling Behaviours, Reduced Opportunities to Leave or Seek Support, and Isolation Increasing Physical IPV.*

**Pandemic Restrictions Facilitated Controlling Behaviours**

This theme summarizes a pattern of responses indicating that partners directly used pandemic restrictions to excuse controlling behaviours such as keeping women isolated. Sara captured this phenomenon well, stating, “Because you are stuck there during COVID you have no way of escaping. They know that; they use it to their advantage.” For example, Autumn
discussed how her partner used vaccine mandates and her uncertainty around getting vaccinated as excuses to keep her from seeing her family: “Family, like certain family members, (he) wouldn't let me see them unless we did get it. And he's like, ‘Well then you're not seeing them’.” Nicole also shared that her partner took advantage of the pandemic restrictions to isolate her: “he kind of took the pandemic as an excuse for me to stay home. So I feel like he used that as a way to isolate me more.” Nicole explained that being isolated with her partner also meant that she was expected to fulfill more of his needs:

    Just like being more isolated and I feel like he almost even used that as an excuse. Like I was the one that had to provide him with more of like the social things or more like whatever his needs were. I had more responsibility to help him.

Jane also shared that her partner used the pandemic restrictions to keep her in the house, stating, “Well, it was an excuse for not going anywhere. We didn't have to go anywhere because of the pandemic. So, uhm, I never went anywhere without him.” Jane described them as being “velcroed at the hip” because her partner used the pandemic as an excuse for them to always be together or excuse direct surveillance:

    I would always go like grocery shopping, but he would have to come. But he would sit in the car. He wouldn't, like, help me. He would just sit and wait for me. It was like I always felt like I was taking too long.

Shelby, who previously discussed how her partner would use his mother to monitor her, also described experiencing increased surveillance due to lockdowns:

    And the fact that his parents weren’t going anywhere because they used to go (away) and stuff, so they didn't. And so they stayed in the home and they never left the home and it
just felt like a huge jail in there. They are watching me and they just had all like the reign of it, like they had all the control, and I would just hide in my room, most of the time.

**Reduced Opportunities to Leave or Seek Support**

Some women also indicated that pandemic restrictions resulted in women being forced to remain trapped with their abusive partners because they were unable to access formal or informal resources or social supports. For example, Sara lived abroad in a relatively dangerous country with her partner and was unable to return to Canada: “For me I just felt trapped ‘cus I couldn’t even fly out, I’m in a foreign country, like you go away from (him), you are going to get killed or robbed or raped or whatever.” Autumn described not being able to seek out social supports due to public transportation shutdowns: “Yeah, because I don't drive and most of my friends and family don't drive. So like, I couldn't go see certain people in my family or certain friends because I didn't have a way to.” Jayne discussed difficulties accessing formal supports and resources, particularly if the support was needed for abusive behaviours that did not result in immediate danger:

I feel like there was a lot of shortage in resources. Umm, the mandates for a lot of programs were a lot more of - I just feel like you needed to be in a lot more immediate danger and by the time I would come to my senses maybe things were calm. And he wasn't like you know, he wasn't at that time, choking me out or whatever, so I just feel like that the mandate for a lot of resources and programs that were in place were kind of shut down or were for like 911 I guess.

Jessie explained that the limited resources and job opportunities related to the pandemic resulted in her moving in with her abusive partner to access necessities:
I ended up moving in with him after like 3 months because I couldn't, like, afford to eat or anything at my house because people were, like, donating us groceries… We had like period poverty and food poverty. And it was like, I know I'm gonna have tampons this month if I stay here.

Isolation Increasing Physical IPV

Women also indicated that their partner’s use of physical aggression increased due to isolation. For example, Dee’s partner took advantage of the fact that others would not be able to see evidence of physical abuse because the lockdowns prevented Dee from going out: “because now you're not allowed to go see your friends who could see black and blue eyes or beatings. You can't talk on the phone, because he's right there, to talk to anybody about it.” She stated that not being able to see anyone “empowered him even more.” Nicole also felt that that being homebound contributed to her partner being more aggressive: “Kind of showing me that (physical) side a bit more because it didn't matter because he was isolating me more.” Similarly, when discussing the impact of the pandemic on her experience of physical aggression, Marie stated:

During the pandemic, it got kind of worse because I didn't go anywhere. Umm, I mostly stayed at home. Due to the whole mask thing. Because I have asthma and I can't breathe with the mask to begin with, so I would get him to do things and he would get mad at me … I became really isolated. And then there was a few times I was on the phone with my mom and he would, like, hit me.

Ashley had experienced controlling behaviours from her partner throughout their relationship and described how being isolated together resulted in her partner also becoming physically aggressive:
I just think that being together all the time, 24 hours, made the aggression worse. Maybe the physical stuff was- if we weren't together all the time in the house. I believe it probably still would have happened, but it probably wouldn't have been as, as bad. She also speculated that the isolation involved in the pandemic was likely entirely to blame for her partner’s physical aggression and the frequency at which it began to occur: “It probably wouldn't have been often. Honestly, it probably it probably would have probably never happened. To be honest.”

**Discussion**

The interview responses from this sample of female IPV survivors provided an informative, insightful description of how various forms of IPV, particularly CC, are experienced by women who have sought refuge at domestic violence and women’s shelters. This study aimed to better understand women’s lived experiences of physical IPV and CC, the temporal sequence in which these forms of IPV occur, and the impact, if any, of the COVID-19 pandemic on women’s experiences of both forms IPV. Specifically, women’s descriptions of behaviours that occurred throughout relationships involving IPV were examined to describe prominent patterns capturing the core features of how physical IPV and CC are experienced. Additionally, three central components of CC (demands, threats, and surveillance) proposed in the conceptualization of CC by Dutton and Goodman (2005) were examined to investigate whether this model accurately depicts the lived experiences of survivors.

I conducted a reflexive thematic analysis to describe overarching patterns or themes within transcripts of participating women’s interview responses to questions that focused on seven main areas of interest: “Lived Experiences of Physical Intimate Partner Violence,” “Lived Experiences of Coercive Control,” “Demands,” “Threats,” “Surveillance,” “Temporal Sequence
of Intimate Partner Violence,” and “Impact of COVID-19 on Experiences of Intimate Partner Violence” (See Figure 2).

**Lived Experiences of Physical/Sexual Intimate Partner Violence**

All participants in the present study reported having experienced coercively controlling behaviours, with a subset reporting they also had experienced physical/sexual IPV. Although several of the women who had experienced physical/sexual IPV described various instances of partners using overt physical violence (e.g., hitting), *Sexual Coercion* represented the most central and consistent theme across women’s descriptions of experienced physical IPV. Sexual coercion is commonly defined as sexual assault that involves a person being pressured, threatened, manipulated, or forced into unwanted sexual activity (Association of Alberta Sexual Assault Services, 2023; Office on Women’s Health, 2021). Participants’ responses closely mirrored this definition as they described partners being manipulative (e.g., guilting, pressuring) and using threats to have women fulfill their sexual demands. It is particularly interesting that the most prominent theme across participants’ descriptions of experiences of physical/sexual IPV was a sexual form of abuse. On the other hand, this trend becomes less surprising when interpreted in light of recent research suggesting that perpetrators of CC are significantly more likely to use nonphysical forms of sexual coercion to obtain unwanted sex from their partners (Mitchell & Raghavan, 2021; Snead & Babcock, 2019). Indeed, the finding that sexual coercion was a relatively common experience for participants in the present study lends support to the notion that this form of abuse is often involved in, or occurs alongside, CC (Logan, 2015; Myhill, 2015). Furthermore, Stark and Hester (2019) question whether sexual coercion should continue to be categorized as a distinct form of rape, or should be considered an extension of CC. Participants also indicated that physical/sexual IPV was experienced frequently (once or more
per week or once or more per day), reflecting Stark and Hester’s (2019) assertion that, like coercively controlling behaviours, sexual coercion in intimate relationships is almost always repeated, forming a pattern of “rape as routine” (p. 89). That sexual coercion formed a distinct theme throughout the discussion of physical/sexual IPV could also indicate that at least some participants view sexual coercion as a form of sexual IPV rather than a specific tactic of CC.

**Lived Experiences of Coercive Control**

The themes related to CC in the present study reflect dominant understandings of CC in IPV literature, demonstrating support for current conceptualizations of CC in which the result of CC is proposed to be “entrapment” (i.e., Crossman & Hardesty, 2018; Stark, 2007). Participants’ descriptions of their experiences of controlling behaviours or CC centered on six overarching themes encompassing a range of coercively controlling approaches used by partners to obtain control across various areas of women’s lives. Women described experiencing “Isolation,” whereby their partners dictated their social activities (e.g., who they could communicate with/spend time with, restricting access to social media/phones) and outside involvement (e.g., when they could leave the house, where they could go, if they could be alone), resulting in social and physical isolation. Other themes encompassed partners restricting women’s ability to earn an income, access their money, or decide how to spend money (“Economic Abuse”), dictating how women dressed, behaved, and completed household chores (“Personal Activities/Appearance”), and threatening children, using children to reinforce control tactics (e.g., having them report on her behaviours), or dictating how children were raised (“Using Children”). The remaining two themes captured women’s descriptions of experiences involving partners using tactics to bolster control such as using insults, stalking, and scaring women (“Intimidation”) as well as capitalizing on vulnerabilities to create dependency, guilting women, and making others seem
untrustworthy ("Facilitating/Exploiting Dependency"). Collectively, the themes of CC closely resemble Stark’s (2007) definition of CC with coercion entailing "the use of force or threats to compel or dispel a particular response" (p. 228), and control as "monopolizing vital resources, dictating preferred choices, microregulating a partner's behavior, limiting her options, and depriving her of supports needed to exercise independent judgment" (p. 229). Taken together, the six themes of CC appear to result in the ultimate deprivation of multiple aspects of freedom such as independence, physical mobility, access to social supports, financial freedom, privacy, and decision making. This aligns with Stark’s (2007) understanding of CC as targeting women’s liberty and autonomy, resulting in a condition of entrapment, which has become more widely acknowledged in both feminist and legal IPV literature (Barlow & Walklate, 2022; Crossman & Hardesty, 2018; Duron et al., 2021; Wydall & Zerk, 2021).

Participants also described experiencing several aspects of CC that have been identified by IPV researchers as "grooming" behaviours (Velonis, 2016; Wiener, 2017) or what Dutton and Goodman (2005) define as "setting the stage" for coercion (i.e., the groundwork that CC is built upon). "Setting the stage" or grooming encompasses strategies aimed at controlling victims’ responses to increase their vulnerability to coercion (Dutton & Goodman, 2005). For example, Jessie and Marie explained how their partners would react negatively if they discovered that the women had communicated with others against their partner’s wishes, indicating that their partners’ anger represented a negative consequence for noncompliance. These examples coincide with an aspect of grooming that Dutton and Goodman (2005) label "creating the expectancy of negative consequences," entailing a partner’s communication of their capacity and readiness to control a partner through various consequences for disobedience. Grooming is also proposed to involve "creating and exploiting vulnerabilities" such as creating situations in which one partner
becomes financially indebted to the other (Dutton & Goodman, 2005) as captured in the theme of “Economic Abuse” (e.g., Jessie’s partner purchasing things she could not afford). The experiences of physical and social isolation described by women in the current study can be interpreted as the grooming tactic of “wearing down resistance” wherein resistance to coercion is diminished by cutting off a partner’s access to social or material resources. The fourth approach to stage-setting or grooming involves creating and exploiting a partner’s emotional dependency which Dutton and Goodman (2005) have termed “facilitating dependency.” Participants’ responses that formed the theme “Facilitating/Exploiting Dependency” described experiences mirroring this approach in the form of partners manipulating women in various ways (e.g., creating feelings of mistrust of others, withholding necessities and then providing them) to make the women feel as if they needed their partners. Overall, these thematic patterns highlight the presence of grooming tactics in CC and the creation of dynamic “learning” processes underlying the formation and maintenance of CC over time (i.e., positive or negative reinforcement to motivate compliance; Hamberger, 2017). Shelby, who experienced nonviolent CC, described her partner’s expectation that she refrain from making decisions as “an unspoken kind of thing” such that she “knew” she had no rights in the home and that she could not do anything. Shelby’s example demonstrates how increased vulnerability to coercion may occur in the absence of prior violence through alternative means of “softening” resistance (Dutton & Goodman, 2005).

Women in the current study often reported numerous controlling behaviours occurring simultaneously and “once or more per day” throughout their relationships. This finding is in line with current IPV literature suggesting that in the context of CC, controlling behaviours are not considered to be random, isolated events, but represent a pervasive, ongoing pattern of coercive and controlling behaviours that ultimately serve to deprive an intimate partner of freedom and
the ability to leave the relationship (Barlow & Walklate, 2022; Crossman & Hardesty, 2018; Dutton & Goodman, 2005; Stark, 2007). Indeed, a distinguishing factor of CC is an overall context of frequent, general, and long-term use of controlling tactics (Hardesty et al., 2015; Myhill & Hohl, 2019; Velonis, 2016). Reflecting this, participants in the present study indicated that controlling behaviours were not situational, but were “just constant,” “there every day,” and occurred for “a long time.” Thus, findings from the current study largely support this distinction and reinforce that CC comprises a patterned, systematic use of coercive and controlling tactics (Dutton & Goodman, 2005; Gill & Aspinall, 2020; Johnson, 1995).

It is noteworthy that some participants in this sample were accessing shelters in the absence of physical/sexual violence. This suggests that there may be similar consequences of CC for women who have experienced either violent or nonviolent forms of CC such that both groups of women utilize formal supports and services. Crossman and colleagues (2016) have also highlighted the need for IPV support and services for women who have endured nonviolent CC, drawing attention to the comparable dynamics of control and consequences faced by survivors of CC regardless of whether physical violence is involved. In the current study, women described experiencing similar dynamics of control whether or not physical/sexual violence was present in their relationships. Stark (2007) has also highlighted the significant proportion of CC survivors who have sought formal IPV support, estimating that 50% to 80% of help seeking by IPV survivors is accounted for by CC with most of these women experiencing multiple control tactics. This is echoed by more recent Canadian statistics demonstrating that emotional or psychological abuse comprise the most common types of IPV reported by women accessing residential services for abuse, followed by physical abuse and financial abuse (Moreau, 2019).
Participants’ responses also highlight the centrality of power and control in IPV which has been at the core of understanding IPV for decades (Hamberger, 2017; Stark, 2007) and which is illustrated by the Duluth Power and Control Wheel (Figure 1; DAIP, 2011). When discussing their experiences of CC, participants described all but one (minimizing, denying, blaming) of the eight coercively controlling tactics that form the spokes of the Power and Control Wheel (DAIP, 2011), including using children, using male privilege (e.g., treating her like a servant), intimidation, economic abuse, coercion and threats (e.g., threatening to leave her), emotional abuse (e.g., guilting), and isolation. Thus, the Power and Control Wheel accurately captures many women’s lived experiences of tactics used by abusive partners to gain and maintain power and control. These tactics also target specific vulnerabilities resulting from various structural inequalities, further exemplifying the interaction between individual social identities (e.g., gender, race, ability, income level, motherhood) and how IPV is experienced. Because the present sample consisted of women who experienced CC both in the presence and absence of physical violence, findings not only offer support for the use of the Wheel in explaining the mechanisms or motivations underlying physical/sexual IPV, but also bolster the assertion that there is merit in the use of the Wheel to assist survivors in identifying unrecognized aspects of experienced IPV (Hester & Westmarland, 2006; Stark, 2007). Overall, the themes capturing women’s lived experiences of CC highlight the need to account for more covert tactics of coercion and control in addition to overt physical violence to develop a truly comprehensive understanding of IPV and when identifying cases of IPV.

Demands, Threats, and Surveillance

CC is theorized to be comprised of a partner systematically making coercive demands, associated credible threats (i.e., negative consequences for noncompliance), and employing
surveillance tactics to determine whether compliance has occurred (Dutton & Goodman, 2005; Hamberger et al., 2017; Wilson & Fritz, 2023). When discussing demands experienced in their relationships, participants described (a) partners instructing women not to communicate with others or to report on their communications (“Support/Social Life”), (b) various household chores such as cooking, cleaning, and caring for children (“Household/Childcare”), and (c) demands regarding finances (how, if, when money could be spent) and whether or where women could be employed (“Work/Finances”). Partners would also make sexual demands (“Intimate Relationship”) and dictate how the women were to behave such as being passive and obedient, adhering to a certain sleep schedule, or always having their makeup done to “look good all the time” (“Behaviours/Appearance”). These themes demonstrate that coercive demands extend to nearly all areas of life, capturing the pervasiveness of CC in survivors’ lives (Hamberger 2017; Wiener, 2017). Participants’ experiences of such demands directly align with five of the eight domains in which Dutton and Goodman (2005) propose demands operate. One domain constructed in the present study that was not explicitly proposed by Dutton and Goodman (2005) was behavioral demands such as passivity, which may reflect a more implicit demand, or what is suggested to be the outcome of a demand becoming an expectation. Indeed, Dutton and Goodman (2005) outline the way in which demands become integrated into couples’ interactions as behavioural expectations. This is clearly captured across responses in the present study as Autumn, Marie, Nicole, Sara, Dayna, and Jessie described their partners’ demands as expectations or responsibilities. Furthermore, many of the demands made by partners reflected cultural scripts regarding gender roles and expectations (e.g., expecting women to complete household chores, child rearing, being passive, fulfilling sexual needs, wearing makeup), highlighting the gendered nature of CC. This aligns with feminist perspectives and sociological
analyses describing the underlying influence of patriarchal attitudes, social norms, and gender expectations in the occurrence of CC (Crossman & Hardesty, 2018).

For a demand to be coercive, the target must believe that noncompliance with demands will result in negative consequences. That is, the threats accompanying the demands must be considered credible by the target to increase the likelihood of compliance (Dutton & Goodman, 2005; Hamberger, 2017; Wiener, 2017). Threats described by women in the current study allowed for the construction of three overarching themes: “Violent Threats” comprising threats involving physical violence, “Threats Exploiting Vulnerabilities” encompassing threats targeting women’s vulnerabilities, and “Implicit Threats” referring to threats that were not explicitly communicated. Many of the threats described within each theme can indeed be considered credible based on the partner’s previous actions or if the partner has demonstrated having the means to carry out such threats (Dutton & Goodman, 2005; Hamberger, 2017). For example, Dee’s partner had contacted her cousin in the past, making his threat to expose information about her to her cousin/others plausible. Physical threats made by Jane’s partner were also credible because her partner had been physically violent with her in the past. Jessie’s partner had previously attempted to drive a car off the road while driving with her; thus, the threat to kill both of them was plausible. Autumn, Dayna, and Marie also gave examples of threats made by their partners involving actions their partners had taken in the past. Credibility was also present in threats made implicitly as these involved partners reacting in unpredictable and negative ways. Thus, many of the demands made by partners can be considered coercive in nature due to the credibility of the accompanying threats (Dutton & Goodman, 2005; Hamberger, 2017; Wiener, 2017).
The themes that were constructed also reflected various aspects of threats outlined in literature on CC such as threats being explicit or implicit and violent or nonviolent (Dutton & Goodman, 2005; Hamberger, 2017). Notably, women’s descriptions included in “Threats Exploiting Vulnerabilities” highlight how threats often target a person’s vulnerabilities, which could be pre-existing or created by the partner to exploit (Dutton & Goodman, 2005; Hamberger, 2017). Dutton and Goodman (2005) consider this to be a commonality in threats used by coercively controlling partners, such that partners will often exploit vulnerabilities used when “setting the stage” to gain compliance with demands. Examples from the current narratives include partners threatening to expose personal information or preying on the vulnerability created by an emotional dependency such as threatening sexual infidelity or abandonment. Jane’s example of her partner’s threat that he would end up in jail for her not driving him somewhere can be interpreted as targeting her emotional dependency because he knew she would feel guilty if this occurred. The threat of abandonment not only preys on emotional dependency but also on the vulnerability faced by women who would not have another place to stay—a vulnerability often created by partners as a result of isolation (Dutton & Goodman, 2005). Jessie’s partner helped care for her due to her chronic illness; thus, her partner’s threat to leave her could also be interpreted as targeting this specific pre-existing vulnerability. Similarly, Sara’s partner highlighted her physical limitations when threatening to leave her, again demonstrating how threats can be tailored to pre-existing individual vulnerabilities (Hamberger, 2017). These examples also highlight the fear that is instilled in women to increase compliance with demands; such compliance is also achieved through surveillance (Dutton & Goodman, 2005; Weiner, 2017).
Women in the study described several surveillance approaches employed by partners to determine whether they had complied with demands. Surveillance is considered to be commonplace in relationships involving IPV, including CC (Crossman & Hardesty, 2018; Dutton & Goodman, 2005; Wilson & Fritz, 2023). The themes developed based on responses captured three key components of surveillance experienced by women in this sample: “Using Technology” (e.g., monitoring phones, computers, various accounts, installing cameras), “Using Third Parties” (e.g., having friends or children watch and report on partners’ behaviours, asking people about partners’ activities), and “Stalking,” which entailed perpetrators themselves following, watching, and/or eavesdropping on the women. The use of technology to monitor partners has received increased attention in IPV literature in recent years with numerous studies indicating that digital technology has become a common tool used by abusers, particularly in cases of CC, to monitor their partners’ behaviours and locations (Chatterjee et al., 2018; Cuomo & Dolci, 2021; Havard & Lefevre, 2020). For example, participants described partners accessing accounts using women’s passwords, going through their phones, contacting them frequently, and using applications to track their partner’s location. The use of these “spyware” applications for the purpose of intimate partner surveillance has become extremely prevalent. Chatterjee and colleagues (2018) investigated spyware used in intimate partner surveillance and identified hundreds of apps that could be used to spy on partners, in addition to online resources educating abusers on how to exploit such applications to secretly monitor partners.

In addition to using phones, women in the present study also reported partners installing cameras in their homes to monitor them. Jayne described questioning her own sanity when she suspected her partner was somehow watching her until discovering that he had planted small cameras disguised as screws in their home. In Nicole’s case, her partner ensured she was aware
of the presence of the cameras, creating the impression that she was constantly under surveillance. This example reflects how perpetrators only need victims to believe they are being watched to gain control over behaviours; by persuading the woman that she is under surveillance, the controlling value of the threat is enhanced (Dutton & Goodman, 2005).

Stalking is also a relatively common surveillance tactic in CC (Hayes & Kopp, 2021), taking the form of following women and unexpectedly appearing when women were out of the house as reported by participants in the present study. This example again reflects how partners may attempt to have women believe they are constantly being watched (e.g., he appears to always know where she is) and demonstrates how surveillance may also cause feelings of fear (e.g., never knowing if the partner will show up), again increasing the likelihood of compliance (Dutton & Goodman, 2005). Participants also described partners asking third parties such as friends, strangers, and their children to report on their behaviours, representing another common element of surveillance in CC (Dragiewicz et al., 2021; Dutton & Goodman, 2005) The use of third parties is thought to broaden surveillance beyond what would be accomplished by one person alone (Dutton & Goodman, 2005). Taken together, participants’ experiences of coercive demands, threats, and surveillance illustrate how these three components are used systematically by perpetrators of CC to exert control over their partners (Dutton & Goodman, 2005), effectively depriving women of liberty and autonomy (Stark & Hester, 2019).

**Temporal Sequence of Intimate Partner Violence**

Participants who had experienced physical IPV in addition to controlling behaviours described two overarching patterns in which the two forms of IPV occurred: “Controlling Behaviours Preceded Physical Abuse” and “Both Types of IPV Begin Early in Relationships.” Regarding the first pattern, women often implied that partners were initially controlling and later
used physical IPV to either reinforce or re-gain control over the women. This was clearly stated by Dee, “when you don't listen and now, you're going to get it, right?” reflecting how violence may be used as a threat to achieve compliance (Dutton & Goodman, 2005; Hamberger, 2017). Similarly, Sara’s partner resorted to physical violence when she stopped complying to his sexual demands, and Jessie’s partner used physical violence when he suspected she was speaking to others against his wishes. These examples may indicate that, in some cases, controlling behaviors are employed first, with physical violence used later in the relationship as a means of gaining control should controlling tactics fail (Loveland & Raghavan, 2017). Stark (2007) hypothesizes that, if this is the case, physical IPV should subside once perpetrators have achieved control over their partners; however, this was not investigated in the present study. This pattern also echoes the speculation that CC may precede or motivate physical violence in abusive relationships (Levine, 2015; Velonis, 2016). There was no consistent time interval between the two forms of IPV described across responses from women who reported the onset of CC prior to physical IPV. That is, whereas some women reported the CC started the day they met their partner, others reported it started within the first several weeks of dating, or several months into the relationship. Large variability was similarly found in women’s reports of the subsequent onset of physical IPV, ranging from a week to several months following the initial enactment of CC. Thus, the time interval in which different forms of IPV occurs may be unique to each relationship with multiple possible factors influencing such behaviours. Overall, participants reported the onset of both forms of IPV occurring within the first year of their relationships, indicating that this may be an optimal time frame for investigating temporal patterns of physical violence and CC.

In terms of responses that indicated that both forms of IPV commenced around the same time, women described both behaviours as starting either within a month, or within the first few
months of the relationships. For some women, it was difficult to recognize either form of IPV as abusive because of the circumstances they had been raised in as captured in a statement made by Nicole: “Just from like, my upbringing and how I've always been treated, I guess like I didn't really realize that I shouldn't be treated like that, so I didn't think anything of it really, unfortunately.” This could suggest that early exposure to IPV may lead to later IPV victimization. Previous studies have demonstrated an association between exposure to IPV in childhood and later IPV victimization (Fanslow et al., 2021; Meyers, 2017), with a recent literature review indicating that childhood exposure to family violence represents a risk factor for later IPV victimization, particularly for women (Ehrensaft & Langhinrichsen-Rohling, 2022).

Overall, because the sample of women who were able to report on patterns of IPV was small, and due to the variability of time intervals reported, firm conclusions cannot be made regarding the temporal sequence of CC and physical IPV. However, it is worth highlighting that none of the women reported physical IPV preceding CC, reflecting the virtual nonexistence of such a pattern in IPV literature.

**Impact of COVID-19 on Experiences of Intimate Partner Violence**

Women in this study described a range of impacts on IPV related to the COVID-19 pandemic. The theme titled “Pandemic Restrictions Facilitated Controlling Behaviours” encompassed women’s experiences of partners capitalizing on pandemic restrictions to reinforce or excuse controlling behaviours. This finding has been highlighted by several recent studies (Lyons & Brewer, 2021; Shillington et al., 2022; Wyckoff et al., 2023), demonstrating how movement-restrictions (e.g., stay at home orders) exacerbate IPV by tactics of CC, potentially through the social legitimization of isolation (Wyckoff et al., 2023). This was exemplified by both Nicole and Jane who described their partners using pandemic restrictions as an excuse to
keep them isolated, illustrating how social distancing measures reinforced tactics of CC (Goodman & Epstein, 2022; Wyckoff et al., 2023). This is particularly concerning given the increased vulnerability to CC and physical IPV resulting from isolation (Goodman & Epstein, 2008). Use of pandemic restrictions to excuse or normalize abuse was highlighted as a new way for perpetrators to exercise CC by the Battered Women’s Justice Project (BWJP) in April 2020. In addition to reinforcing tactics of isolation, social distancing measures also resulted in an increased opportunity for surveillance tactics (BWJP, 2021; Wyckoff et al., 2023) as was the case for Jane and as described by Shelby who likened her home to a prison: “They are watching me and they just had all like the reign of it, like they had all the control.” Nicole also reported experiencing increased demands or expectations from her partner as a result of being isolated with him, offering further indications of pandemic restrictions facilitating or intensifying tactics of CC (Shillington et al., 2022; Warren et al., 2022). Thus, the current study’s findings shed light on how abusers may capitalize on pandemic restrictions (Kaukinen, 2020; Lyons & Brewer, 2021) and on how such restrictions serve to reinforce or increase pre-existing tactics of CC (Shillington et al., 2022; Wyckoff et al., 2023).

Participants also reported what was interpreted as “Reduced Opportunities to Leave or Seek Support,” which outlined how travel restrictions, formal service disruptions, and reduced employment opportunities or access to resources deprived women of options to leave their partners or to seek resources to keep themselves and their children safe. For Sara, international travel bans created a particularly difficult situation such that her option to flee her partner and return to her country of residence with her children was entirely cut off, highlighting one way the pandemic increased the complexities associated with leaving an abusive partner (Michaelsen et al., 2022). A smaller scale example of this effect was outlined by Autumn given that during the
pandemic, she was unable to access public transit to access her social supports. Jayne highlighted how strains placed on formal IPV services during the pandemic hampered her ability to seek formal support, aligning with concerns raised in current research regarding pandemic-related systemic barriers to the accessibility of services in a climate of increased service needs (Lyons & Brewer, 2021; Sower & Alexander, 2021; Wood et al., 2022). Jessie discussed how additional financial and housing insecurity related to the pandemic resulted in her moving in with her abusive partner to access necessities, representing the increased risk for IPV particularly for individuals facing financial challenges (Peitzmeier et al., 2022). Jessie’s example dovetails with the assertion that the economic conditions of the COVID-19 pandemic serve to increase risk factors for IPV survivors through increased housing and economic insecurity (Sower & Alexander, 2021; Wood et al., 2022).

Finally, within the theme of “Isolation Increasing Physical IPV” participants explained how increased time spent isolated with their partners during the pandemic resulted in increased physical IPV, a trend that has been documented in literature pertaining to both the COVID-19 pandemic and previous pandemics that invoked quarantines (Peterman et al., 2020; Wyckoff et al., 2023). Autumn’s experience of increased physical IPV related to isolation demonstrated how quarantine measures separated her from her social networks (i.e., friends), which empowered her partner to be more physically aggressive. Marie also described her partner’s physical aggression increasing alongside isolation. These responses reveal a sequential consequence of the isolation that accompanied the pandemic wherein survivors became deprived of their social circles, an important protective factor in IPV (Lausi et al., 2021). The disruption of social networks has therefore been suggested to increase opportunities for physical violence (Drieskens et al., 2022; Lausi et al., 2021). Nicole also discussed worsening physical aggression related to increased
isolation, explaining that this was in part the result of her partner becoming frustrated with having to care for her given her health-related inability to wear masks needed to access public spaces. Relatedly, Ashley attributed the onset of physical IPV in her relationship to greater time spent alone with her partner. These examples demonstrate more sequential repercussions of the pandemic on physical IPV such that increased time spent isolated with abusive partners during a period of heightened stress creates more opportunities for relationships challenges (e.g., arguments), giving rise to increased or novel IPV (Peitzmeier et al., 2022; Wyckoff et al., 2023). These examples align with Wyckoff and colleagues’ (2023) conclusion that impacts of the pandemic, including increased time spent isolated with an abuser, created groundwork upon which new, intensified violence was manifested.

**Strengths and Limitations**

A variety of strengths are present in this study. To my knowledge, this is the first study to directly investigate the components of coercion in CC (demands, threats, and surveillance) as conceptualized by Dutton and Goodman (2005). Participants shared meaningful insights into how these tactics operate and are experienced in coercively controlling relationships, offering a valuable contribution to current understandings and conceptualizations of CC rooted in the accounts of survivors. This study also expanded the limited extant research on the temporal sequence of the occurrence of physical/sexual IPV and coercively controlling behaviours. Because several participants did not experience physical IPV, I could not make firm conclusions regarding such patterns, however, participants’ responses provide important qualitative information on the patterns of IPV that are experienced by survivors.

Another strength of this study is the use qualitative methods to explore my research interests. Conducting trauma-informed, semi-structured interviews allowed for participants to
discuss their experiences openly and gave me the chance to use follow-up questions for clarification or additional, important contextual details. Understanding the contexts and dynamics in which different forms of IPV occur provided me with a more thorough understanding of the processes involved in survivors’ complex, multifaceted lived experiences of IPV. This was particularly beneficial for examining the central components of CC.

Furthermore, multiple participants took time at the end of the interviews to thank me for listening to their stories, with several women informing me that being able to speak freely about their experiences was helpful. For example, one participant expressed appreciation for having a safe space where she was able to show her emotions, and another participant informed me that talking about her experience was more beneficial than “keeping it in.”

Regarding limitations, there were several participants who had not experienced physical/sexual IPV; they were therefore unable to report on patterns of IPV. This limited my ability to address my research question pertaining to the temporal sequence of physical IPV and CC. Furthermore, a subset of the women who had experienced both forms of IPV were unable to recall the sequence in which they occurred, also demonstrating a constraint of retrospective reporting. As a result, I was unable to draw firm conclusions regarding the temporal sequence of physical IPV and CC. Future research investigating this temporal sequence should aim to recruit a larger sample of survivors who have experienced multiple forms of IPV.

Additionally, due to time constraints and the scope of my research questions, I was not able to directly ask women about their cognitive, emotional, and behavioural responses to coercion (e.g., threat appraisal, fear arousal, compliance/resistance). Many participants offered insights into their responses, with some women clearly stating how they felt or behaved, and others indirectly implying various responses to coercion. Because the target’s immediate
perceptions of and behavioural and emotional reactions to coercion are included in Dutton and Goodman’s (2005) model of CC, future research investigating this model of CC should directly examine survivors’ responses to coercion. Finally, because of the state of the COVID-19 pandemic, we completed the interviews virtually to minimize potential exposure and spread of the virus. Although the use of virtual interviews has various advantages, several drawbacks may also have been relevant to the present study such as increased privacy risks, technical difficulties, and the potential exclusion of individuals who may have felt more comfortable speaking about their experiences in-person. Furthermore, I directly observed the benefits of in-person recruitment as more women were willing to sign up for the study when given the opportunity to meet me and discuss the study procedures face to face.

**Implications for Service Providers and Future Directions**

Results of this study have implications for IPV researchers, service providers, and advocates. First, a clear and comprehensive conceptualization of CC is urgently needed to inform the development of accurate and robust measures CC. The inclusion of central components of CC identified in the present study such as the various domains in which CC operates, tactics involved in “setting the stage,” and the use of demands, threats, and surveillance in conceptualizations of CC may be beneficial in improving the ability of measures to capture less overt cases of CC (e.g., nonviolent CC). CC in heterosexual relationships can be understood as a gendered process such that partners may capitalize on patriarchal gender norms to exert control and maintain power. Assessments of CC should also focus on the deprivation of autonomy through the achievement of control over a partner’s behaviours (i.e., compliance) as opposed to assessing attempts to control a partner. Additionally, future IPV research should continue to integrate qualitative research methods such as semi-structured interviews following a trauma-
informed approach, and thematic analysis. These methods enhanced the current study’s ability to contextualize CC in IPV, providing insights into the complex, multifaceted nature of women’s lived experiences of CC. Taking a trauma-informed approach to conducting this research promoted survivors’ agency and likely allowed women participating in the study to feel more comfortable sharing the details of their experiences.

Similar consequences of IPV were observed for participants in this study who experienced violent and nonviolent CC. Thus, risk assessments used in health care and legal settings should attend to nonviolent, coercively controlling aspects of IPV in addition to overt violence to avoid overlooking the needs all women whose safety may be compromised. Overall, agencies serving individuals targeted by IPV should ensure policies and procedures do not overlook or minimize the needs of those with experiences that are not overtly (i.e., physically) violent. As reported by participants in the present study, sexual violence often occurs within relationships involving IPV (intimate partner sexual assault; Bagwell-Gray et al., 2015). In many cases, sexual violence does not occur in isolation of IPV; however, survivors often have difficulty labelling negative sexual experiences when committed by an intimate partner, (Bagwell-Gray et al., 2015). Thus, service providers should screen for, assist survivors in labelling, and directly address experiences of intimate partner sexual violence when working with IPV survivors. It may also be beneficial for advocacy and prevention efforts to increase public awareness of how perpetrators may target various vulnerabilities early in relationships for later exploitation. Service providers should also be aware of how intersecting social identities (e.g., race, gender, income level, ability) and oppressions may uniquely shape survivors’ experiences of IPV. Taking an intersectional, trauma-informed, and victim-centred approach to advocacy, service provision, and public policy work acknowledges important, complex,
differences in survivors’ experiences with and responses to IPV, and promotes more inclusive, culturally sensitive prevention and intervention approaches (McLeod et al., 2020). IPV service providers should continue to emphasize the role of power and control in IPV as represented in the Duluth Power and Control Wheel (DAIP, 2011). Finally, survivors involved in the present study described various routes through which the COVID-19 pandemic facilitated their partners’ abusive behaviours and created obstacles for service utilization. Efforts should be made by policy makers to offset these negative impacts of pandemics on those at risk for or experiencing IPV. This should include improving the responsiveness and availability of financial, housing, and social supports for IPV survivors during public health emergencies.

**Conclusion**

This study took a qualitative approach to investigating female survivors’ lived experiences of physical IPV and CC, the patterns underlying the co-occurrence of both forms of IPV, and the impact of the COVID-19 pandemic on survivors’ experiences of IPV. Overall, participants in the present study described experiences of CC involving multiple, intersecting components such as grooming tactics, isolation, economic abuse, the exploitation of vulnerabilities, and coercion involving the systematic use of demands, threats, and surveillance. Participants’ lived experiences of CC were interpreted as resulting in the deprivation of autonomy and freedom. Reports on the temporal sequence of physical IPV and CC were variable; however, none of the participants in the present study described physical violence preceding CC. The impact of the COVID-19 pandemic on survivors’ experiences of IPV in the present study draws attention to the heightened vulnerability faced by survivors of IPV during pandemics due to service disruptions, limitations placed on mobility, and economic hardship. Increased vulnerability can also be attributed to the reinforcement of strategies, particularly
isolation, used by perpetrators to exert CC or physical forms of IPV stemming from pandemic restrictions. These findings have implications for future IPV research and for service providers seeking to protect and support survivors of IPV.
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Figure 1

Themes Encompassing Experiences of Physical IPV, Coercive Control, Patterns of IPV, and the Impacts of the COVID-19 Pandemic Based on Women’s Responses
APPENDICIES

Appendix A: Welcome Centre Advertisement

WOMEN NEEDED FOR INTERVIEW STUDY

LOOKING FOR:
- A DIVERSE GROUP OF FEMALES 18 YEARS OF AGE OR OLDER
- WHO HAVE BEEN IN A HETEROSEXUAL ROMANTIC RELATIONSHIP INVOLVING CONFLICT DURING THE COVID-19 PANDEMIC (MARCH 2020 ONWARD)

We are studying the experiences of women from a diverse range of cultural backgrounds who have been in a romantic relationship with a man involving conflict (physical/sexual aggression, controlling behaviors) during the pandemic.

Eligible participants will take part in a virtual interview for about 1 hour and earn a $40 gift card to Walmart.

This study has received clearance from the University of Windsor Research Ethics Board and is being done by Chloë Eidlitz under the supervision of Dr. Patti Fritz.

IF YOU ARE INTERESTED IN PARTICIPATING
CONTACT: Chloë Eidlitz
CONFLICTSTUDY@UWINDSOR.CA
Appendix B: Telephone Script with Prospective Interview Participants

Interviewer: Hello, my name is Chloë Eidlitz and I am calling you from the University of Windsor about a research study on women’s experiences with intimate partner conflict including verbal or physical conflict and controlling behaviors during the pandemic. The study is being supervised by Dr. Patti Timmons Fritz. Before I tell you more about the study, it is important for me to know if you qualify for the study. So, I just need to make sure: have you been in a romantic relationship involving conflict with a man during the pandemic (since March 2020)? Also, you need to be at least 18 years old to take part. Are you 18 or older?

(If no). That is very good to hear. However, because this study is about women’s experiences with intimate partner aggression or conflict during the pandemic, you do not qualify for the study. Thank you so much for your time. Have a wonderful day.

(If yes). OK. It sounds like you qualify for the study. Would you have a few minutes for me to talk with you about the project?

I’m doing interviews as part of my Master’s thesis in Clinical Psychology. As part of this project, I am studying female survivors’ experiences of intimate partner conflict or aggression including physical and verbal forms of conflict and controlling behaviors during the COVID-19 pandemic (from March 2020 onward). I am interested in these experiences because it is important to understand survivors’ lived experiences of intimate partner conflict and because information learned in the study might help us create and pass laws around domestic violence, particularly controlling behaviors or coercive control. Does this make sense to you? Do you have any questions so far?

In the interviews, we will be talking about relationships involving conflict or aggression including actual events that may have happened in your relationships, which could be uncomfortable or distressing. Thus, if you feel that you do not want to talk about these experiences, that is okay. You can make the choice to not take part at all, or you can only share things you feel comfortable sharing. We will keep an eye on your reactions throughout the interview to make sure that you are still feeling comfortable enough to continue with the interview. You will be able to stop the interview and leave at any time without penalty.

There are no direct benefits to being in this study. However, you might learn something about yourself or your relationships, based on topics discussed in the interview. Sharing your views with us might also help us know how to better support other women who have been in violent or aggressive relationships.

Given what I have said, what are your thoughts? Engage in discussion based on participant’s feedback. Would you prefer for Welcome Centre staff to not be informed about your participation in this study?
If you think you want to take part, let’s schedule you in for an interview date. If you need some time to think about it, that’s okay too. I can email or call you in a couple days and check in to see whether you’d like to take part in the study.
Appendix C: Recruitment Email

Dear student,

My name is Chloë Eidlitz (she/her) and I am a Master’s student in Clinical Psychology. I would like to invite you to participate in my master’s thesis study on women’s experiences with intimate partner conflict including verbal or physical conflict and controlling behaviors during the pandemic (from March 2020 onward).

This is a virtual interview study on Microsoft Teams which will be approximately 1 hour in length. In the interview, you will be asked to talk about relationships involving conflict or aggression including actual events that may have happened in your relationships. These experiences could be uncomfortable or distressing to talk about. Being in this study is entirely voluntary and you can make the choice to not take part at all, or you can only share things you feel comfortable sharing. We will keep an eye on your reactions throughout the interview to make sure that you are still feeling comfortable enough to continue with the interview. You will be able to stop the interview and leave at any time without penalty (you will still receive bonus points).

Participants will receive 1.0 bonus points for 60 minutes of participation towards the psychology participant pool, if registered in the pool and enrolled in on or more eligible courses.

I am interested in these experiences because it is important to understand survivors’ lived experiences of intimate partner conflict and because information learned in the study might help us to figure out how to best serve those affected by intimate partner conflict, particularly controlling behaviors.

To be eligible for this study, you must:

- Have been in a romantic relationship involving conflict with a man during the pandemic (since March 2020)
- Be at least 18 years old
- Identify as female
- Have accessed a shelter to flee an abusive relationship (e.g., emergency, residential, or domestic violence shelter) since March of 2020.

I am conducting this study under the supervision of Dr. Patti Timmons Fritz (she/her) from the Department of Psychology, University of Windsor. Kalina Georgieva and Jewels Adair are also members of the research team. The results from this study will form the basis of a masters thesis research project. REB clearance has been obtained for [insert REB #].

If you are interested in taking part in my study or have any questions, please respond directly to this email. I will get back to you as soon as possible to answer any questions and schedule you in for an interview timeslot on Microsoft Teams.

Thank you very much for your consideration!
Best,

Chloë Eidlington
Appendix D.1: CONSENT TO PARTICIPATE IN RESEARCH

Interviews

Title of Study: Patterns of Relationship Conflict During the COVID-19 Pandemic
You are asked to take part in a research study being carried out by Chloë Eidilitz, a
master’s student in the Child Clinical Psychology Program at the University of Windsor
under the supervision of Dr. Patti Timmons Fritz from the Department of Psychology,
University of Windsor. If you have any questions or concerns about this research,
please feel free to contact Chloë Eidilitz at eidilitz@uwindsor.ca or Dr. Patti Timmons
Fritz at pfritz@uwindsor.ca or by telephone (519-253-3000, ext. 5015). The results from
this study will form the basis of a master’s thesis research project.

PURPOSE OF THE STUDY

The purpose of the study is to better understand women’s experiences in relationships that
involve conflict between romantic partners and how these experiences may have been impacted
by the COVID-19 pandemic.

PROCEDURES

If you agree to take part in this study, you:
- will be invited to a virtual meeting on Microsoft Teams (Download Microsoft Teams
  Desktop and Mobile Apps | Microsoft Teams) to participate in a one-on-one interview;
- agree to be audio recorded during the interview. You can choose whether you turn
  your camera on and therefore whether you will be video recorded.
- will be asked to answer some questions about your background information and
  about Welcome Centre services.

It is best for participants to complete these interviews in a private space due to the
sensitive topic that will be discussed. During the interview, you will be asked to talk
about your experiences of relationship conflict as well as how the COVID-19
pandemic may have impacted these experiences. We are interested in your views
about relationship experiences that you have had involving conflict or aggression.

Should you choose to be in the study, you will not be contacted in the future for follow-up
sessions or other related studies; you will only be asked to take part in one interview on
one occasion. If for some reason the interview does not occur, needs to be cancelled, or
you are unable to attend, we will do our best to reschedule if you still want to take part in
the study.
POTENTIAL RISKS AND DISCOMFORTS

Due to the nature of the topic, you will be asked to think and talk about relationship experiences that may cause some discomfort or mild distress. Please do not take part in this study if you are uncomfortable thinking about or describing personal experiences with relationship conflict and/or aggression. Because this study focuses on conflict that occurred in a current or past relationship, there is a chance that you may view some individuals in a different and possibly negative way. In addition, there is always some risk involved with data security for online studies. However, you will not be asked to give any identifying information during the interview.

If you find that you are not comfortable taking part in the study, you may stop being in the study. You do not have to answer any questions that you do not want to answer, and you can stop being in this study at any time without penalty. Contact information for supportive resources will be provided at the end of the interview should you wish to seek support. You may also speak with support staff or counsellors at the Welcome Centre.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

There are no direct benefits of being in the study. What we learn from this study will add to what is already known about relationship experiences and relational aggression. You may learn more about yourself and may gain insight by thinking and talking about your experiences in relationships. This research may provide information for advocacy work for women who are experiencing or who have experienced violent or aggressive relationships. Such information may be used to help raise awareness and to develop prevention and treatment programs aimed at helping individuals maintain healthy relationships.

COMPENSATION

You will receive a $40 gift certificate for Walmart for your participation in this study. You must consent to the study and begin participation, before choosing to withdraw, in order to receive the gift card.

CONFIDENTIALITY

Any information you provide in this study and that can be identified with you will remain confidential and will be disclosed only with your permission, with exceptions with respect to duty to report (e.g., a child being named who is at high risk of abuse, sexual abuse at the hands of a healthcare practitioner, intent to harm self or another specific person[s], etc.). The researchers will describe each of the duty to report situations in detail with you before starting the interview. If a duty to report situation arises, the researchers will discuss the steps that may need to be taken regarding reporting and/or the potential breaching of confidentiality with you. The researchers will work actively with you throughout the reporting process.
The researchers will do the following to ensure confidentiality of the information you provide: (a) the only identifying information that we will ask for you to give us is your contact information (e.g., email address, telephone number). You may choose to use a fake name. No identifying information will be collected about you during the interviews, and we ask that you not mention your or others’ names during the interviews; (b) all information you give in the interviews will be de-identified, kept private, and only be available to researchers who are involved with the study; (c) the audio (and video—for those who choose to turn their cameras on) recordings of the interviews and other information you give will be stored on the secure cloud-based OneDrive platform that follows many best practices for data security and/or on secure, password-protected computers; (d) once the interviews have been transcribed (or typed out) and coded, the audio/video recordings will be deleted; (d) only de-identified data, information that cannot be linked to your identity in any way, will be shared with other researchers. (e) in any resulting publications or presentations, participants will be referred to in groups to protect individual identity or by a fake name; (f) any quotations taken from the interviews will be reworded to protect your identity; and (g) the data will be kept for at least five years following the last publication. If the data are not used for other research or will not be published, the data will be deleted.

PARTICIPATION AND WITHDRAWAL

You can choose to be in this study or not. If you volunteer to be in this study, you may stop at any time without consequences of any kind. You may choose not to answer any questions you do not want to answer and still be in the study. Once the interview is done and the virtual or phone meeting has ended, you will not be able to withdraw your data from the study. The researcher may not include your information in this research if needed. You will not be given the gift card if you do not consent to and begin the study.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

You will be able to review results of the study online at the University of Windsor’s Department of Psychology website. These findings will be available by December 2022, when the research has been completed, analysed, and summarized.

University of Windsor, Department of Psychology
Research Results Web address:
https://scholar.uwindsor.ca/SUBSEQUENT USE OF DATA

These data may be used in subsequent studies.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and stop being in the study without penalty. If you have questions about your rights as a research participant, contact:
Office of Research Ethics
University of Windsor
401 Sunset Avenue, 2146 Chrysler Hall North
Windsor, ON N9B 3X2  
Telephone: 519-253-3000 ext. 3948  
Email: ethics@uwindsor.ca  
SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study “Patterns of Relationship Conflict During the COVID-19 Pandemic” as described in this consent letter. My questions have been answered to my satisfaction, and I agree to be in this study. I have been given a copy of this form or the chance to print the form.

I consent to be in this study
- Yes
- No
Appendix D.2: CONSENT TO PARTICIPATE IN RESEARCH

Interviews

Title of Study: Patterns of Relationship Conflict During the COVID-19 Pandemic
You are asked to take part in a research study being carried out by Chloë Eidlitz, a
master’s student in the Child Clinical Psychology Program at the University of Windsor
under the supervision of Dr. Patti Timmons Fritz from the Department of Psychology,
University of Windsor. If you have any questions or concerns about this research,
please feel free to contact Chloë Eidlitz at eidlitz@uwindsor.ca or Dr. Patti Timmons
Fritz at pfritz@uwindsor.ca or by telephone (519-253-3000, ext. 5015). The results from
this study will form the basis of a master’s thesis research project.

PURPOSE OF THE STUDY

The purpose of the study is to better understand female survivors’ experiences of intimate partner
conflict or aggression including physical and verbal forms of conflict and controlling behaviors
during the COVID-19 pandemic.

PROCEDURES

If you agree to take part in this study, you:

- will need to download Microsoft Teams (Download Microsoft Teams Desktop and
  Mobile Apps | Microsoft Teams) on a personal device if completing the interview
  outside the Welcome Centre
- agree to be audio recorded during the interview. You can choose whether you turn
  your camera on and therefore whether you will be video recorded.

It is best for participants to complete these interviews in a private space due to the
sensitive topic that will be discussed. During the interview, you will be asked to talk about
your experiences of relationship conflict as well as how the COVID-19 pandemic may
have impacted these experiences. We are interested in your views about relationship
experiences that you have had involving conflict or aggression. You should only
participate in the study if you feel comfortable discussing these experiences.

Should you choose to be in the study, you will not be contacted in the future for follow-up
sessions or other related studies; you will only be asked to take part in one interview on
one occasion. If for some reason the interview does not occur, needs to be cancelled, or
you are unable to attend, we will do our best to reschedule if you still want to take part in the study.

POTENTIAL RISKS AND DISCOMFORTS

Due to the nature of the topic, you will be asked to think and talk about relationship experiences that may cause some discomfort or mild distress (e.g., negative thoughts, emotions). Please do not take part in this study if you are uncomfortable thinking about or describing personal experiences with relationship conflict and/or aggression. Because this study focuses on conflict that occurred in a current or past relationship, there is a chance that you may view some individuals in a different and possibly negative way. Social and data risks could occur if the interview is completed in a location where you could be overheard by those around you. In addition, there is always some risk involved with data security for online studies. However, you will not be asked to give any identifying information during the interview and the information needed for you to receive compensation will be collected separately from your main study data.

You would also need to be ok with downloading the Microsoft Teams app to complete the interview. Downloading the app may present a risk to your personal safety as it may make others who have access to your personal devices aware of your involvement in the study. We want to make sure that you will be safe and are aware of this risk if you complete the interview on your personal device. You will also be provided with instructions on how to remove the app from your device if needed.

If you find that you are not comfortable taking part in the study, you may stop being in the study. You do not have to answer any questions that you do not want to answer, and you can stop being in this study at any time without penalty. Contact information for supportive resources will be provided at the end of the interview should you wish to seek support.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

There are no direct benefits of being in the study. What we learn from this study will add to what is already known about relationship experiences and relational aggression. You may learn more about yourself and may gain insight by thinking and talking about your experiences in relationships. This research may provide information for advocacy work for women who are experiencing or who have experienced violent or aggressive relationships. Such information may be used to help raise awareness and to develop prevention and treatment programs aimed at helping individuals maintain healthy relationships.

COMPENSATION

Participants will receive 1.0 bonus points for 60 minutes of participation towards the Psychology Participant Pool, if registered in the Pool and enrolled in one or more eligible courses.
CONFIDENTIALITY

Any information you provide in this study and that can be identified with you will remain confidential and will be disclosed only with your permission, with exceptions with respect to duty to report (e.g., a child being named who is at high risk of abuse, sexual abuse at the hands of a healthcare practitioner, intent to harm self or another specific person[s], etc.). The researchers will describe each of the duty to report situations in detail with you before starting the interview. If a duty to report situation arises, the researchers will discuss the steps that may need to be taken regarding reporting and/or the potential breaching of confidentiality with you. The researchers will work actively with you throughout the reporting process. Kalina Georgieva and Jewels Adair are also members of the research team for this project. This means that they may also be aware of your participation in this study. The researchers will do the following to ensure confidentiality of the information you provide: (a) the only identifying information that we will ask for you to give us is your contact information (e.g., email address). You may choose to use a fake name. No identifying information will be collected about you during the interviews, and we ask that you not mention your or others’ names during the interviews; (b) all information you give in the interviews will be de-identified, kept private, and only be available to researchers who are involved with the study; (c) the audio (and video—for those who choose to turn their cameras on) recordings of the interviews and other information you give will be stored on the secure cloud-based OneDrive platform that follows many best practices for data security and/or on secure, password-protected computers and will only be accessible to the research team; (d) once the interviews have been transcribed (or typed out) and coded, the audio/video recordings will be deleted; (d) only de-identified data, information that cannot be linked to your identity in any way, will be shared with other researchers. (e) in any resulting publications or presentations, participants will be referred to in groups to protect individual identity or by a fake name; (f) any quotations taken from the interviews will be reworded to protect your identity; and (g) the data will be kept for at least five years following the last publication. If the data are not used for other research or will not be published, the data will be deleted.

PARTICIPATION AND WITHDRAWAL

You can choose to be in this study or not. If you volunteer to be in this study, you may stop at any time without consequences of any kind. You may choose not to answer any questions you do not want to answer and still be in the study. Once the interview is done and the virtual or phone meeting has ended, you will not be able to withdraw your data from the study. The researcher may not include your information in this research if needed. You will not be given bonus points if you do not consent to and begin the study.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

You will be able to review results of the study online at the University of Windsor’s Department of Psychology website. These findings will be available by December 2022, when the research has been completed, analysed, and summarized.
University of Windsor, Department of Psychology
Research Results Web address:
https://scholar.uwindsor.ca/SUBSEQUENT USE OF DATA

These data may be used in subsequent studies.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and stop being in the study without penalty. If you have questions about your rights as a research participant, contact:
Office of Research Ethics
University of Windsor
401 Sunset Avenue, 2146 Chrysler Hall North
Windsor, ON N9B 3X2
Telephone: 519-253-3000 ext. 3948
Email: ethics@uwindsor.ca

SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study “Patterns of Relationship Conflict During the COVID-19 Pandemic” as described in this consent letter. My questions have been answered to my satisfaction, and I agree to be in this study. I have been given a copy of this form or the chance to print the form.

I consent to be in this study
- Yes
- No
Appendix E.1: Interview Safety Plan

Given that we will be talking about some sensitive topics, there are a few things that I want to discuss with you before starting the interview. Are you in a place where you feel comfortable speaking with me? Are you currently at the Welcome Centre/Hiatus House? If NO: For safety reasons, it would be helpful if I knew what city you are in. Could you please tell me what city you are in?

I also want to make sure that you feel safe having this conversation. I’m not asking this because anything is wrong or to scare you in any way, but we want to make sure you are safe. Sometimes, our participants live in the same space with other people they wouldn’t want to overhear our conversation. Do you feel safe having this conversation with me right now?

IF NO: Okay, does that mean that you no longer want to participate in this part of the study? *Disconnect if they express that they want to withdraw their consent*

IF YES: If you ever feel unsafe, you can disconnect by selecting the red “Leave” button at the top right of your screen or by clicking the X at the top right of the Microsoft Teams window.

We can talk with your video camera on or off, whichever you prefer. If at some point during the interview, you wish to switch the video on or off for whatever reason, that’s totally fine. I want you to feel as comfortable as possible while we talk.

Also, if there are any sensitive things that you would prefer to write down instead of saying them aloud, there is a chat box that you can use. You can also use this chat box if you want to tell me that you feel unsafe but cannot do so aloud. Please use the chat box only for this; otherwise, we will just talk aloud to one another.

If we ever lose connection, I will try to call you back on this platform. If I still cannot reach you, we could continue the interview by telephone if that is a possibility and you would like to do so. I will call you from a number listed as “Private”/”The University of Windsor” to continue the interview. Do you have a back-up number to give me? (Failsafe phone number in case connection is lost)

Are you ready to begin the interview portion of this study?
IF YES: continue on to interview
IF NO: Okay, what else would you like to discuss before we start? Is there anything you need to do before beginning the interview?
Appendix E.2: Interview Safety Plan Participant Pool

Given that we will be talking about some sensitive topics, there are a few things that I want to discuss with you before starting the interview. Are you in a place where you feel comfortable speaking with me?

Are you currently in Windsor? If NO: For safety reasons, it would be helpful if I knew what city are you in (in case I need to contact the authorities or EMS). Could you please tell me what city you are in?

I also want to make sure that you feel safe having this conversation. I’m not asking this because anything is wrong or to scare you in any way, but we want to make sure you are safe. Sometimes, our participants live in the same space with other people they wouldn’t want to overhear our conversation. Do you feel safe having this conversation with me right now?

IF NO: Okay, does that mean that you no longer want to participate in this part of the study? *Disconnect if they express that they want to withdraw their consent*

IF YES: If you ever feel unsafe, you can disconnect by selecting the red “Leave” button at the top right of your screen or by clicking the X at the top right of the Microsoft Teams window. We can talk with your video camera on or off, whichever you prefer. If at some point during the interview, you wish to switch the video on or off for whatever reason, that’s totally fine. I want you to feel as comfortable as possible while we talk.

Also, if there are any sensitive things that you would prefer to write down instead of saying them aloud, there is a chat box that you can use. You can also use this chat box if you want to tell me that you feel unsafe but cannot do so aloud. Please use the chat box only for this; otherwise, we will just talk aloud to one another.

If we ever lose connection, I will try to call you back on this platform. If I still cannot reach you, we could continue the interview by telephone if that is a possibility and you would like to do so. I will call you from a number listed as “Private”/”The University of Windsor” to continue the interview. Do you have a back-up number to give me? (Failsafe phone number in case connection is lost)

Do you know how to clear your browser history? 
IF YES: continue to next question

IF NO: ask which browser is being used and give instructions based on answer following guidelines found on: https://www.computerhope.com/issues/ch000510.htm

*For participants using a personal device to complete the interview* Do you know how to delete the Microsoft Teams App?

IF YES: continue to next question
IF NO: ask what personal device is being used and give instructions based on answer following guidelines:

**Mac/Windows**
[https://support.microsoft.com/en-au/office/uninstall-microsoft-teams-3b159754-3c26-4952-abe7-57d27f5f4c81](https://support.microsoft.com/en-au/office/uninstall-microsoft-teams-3b159754-3c26-4952-abe7-57d27f5f4c81)

**iPhone/iPad/iPod**

**Android**
[https://support.google.com/android/answer/2521768?hl=en](https://support.google.com/android/answer/2521768?hl=en)

We would also like to remind you that it may be beneficial for you to delete any emails that have been sent or received regarding the study. Please note that emails may be stored in the “sent” folder on your email account and that deleted emails are stored in the a “deleted” folder on your email account. To remove all emails, make sure that you delete the email from all folders including your “deleted” folder.

Do you have any questions?

Are you ready to begin the interview portion of this study?

IF YES: continue on to interview

IF NO: Okay, what else would you like to discuss before we start? Is there anything you need to do before beginning the interview?
Appendix F: Demographic Questionnaire

Please answer the following questions about yourself by verbally indicating the appropriate choice:

Please say “yes I have consented” to confirm that you have consented to participate in this study.

Please State your age in years: ________________________________

What is your ethnic background?

☐ Aboriginal (North American Indian, Metis, or Inuit)

☐ White

☐ Chinese

☐ Black/African

☐ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)

☐ West Asian (e.g., Iranian, Afghan, etc.)

☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

☐ Korean

☐ Japanese

☐ Latin American

☐ Filipino

☐ Mixed

☐ Caribbean

☐ Arab (e.g., Lebanese, Palestinian, Egyptian, Iraqi, etc.)

☐ Other
What country were you born in?
Are you currently employed?
What is your sexual orientation?
Are you currently in a romantic relationship?
Do you have any children?
If yes How many?
In order to protect your privacy, we will be using a pseudonym when discussing your interview responses, is there a particular name you like us to use? IF YES, NAME: __________________________
Appendix G: Interview Guide and Questions

BEGIN WITH REVIEW OF CONSENT AND SAFETY PLAN

“I would like to begin by discussing anonymity and confidentiality. We cannot guarantee anonymity (which is the state of being anonymous or not being identified by name) given that we had to schedule today’s session with you and we have already been introduced to each other. However, everything you share is confidential. This means that we will not tell others (outside of the Welcome Centre/Hiatus House staff) that you took part in the research or about what you shared in the interview. The audio/video recordings are also confidential. They will be transcribed (or typed out) and coded, and then the audio files will be deleted. Your name as well as any other information that can identify who you are will be removed from the data to ensure confidentiality. However, there are limits to confidentiality. First, your personal information may be shared if required by law. This means that there may be rare situations that require us to release personal information about you. These include cases in which a judge requires such release in a lawsuit, if a health professional has acted in an inappropriate way with you, if you tell us you intent to harm yourself or someone else, or if you give me reason to believe that a child, that is a person under the age of 16 in the province of Ontario, is being abused, neglected, or sex trafficked. Do you have any questions about confidentiality before we continue?”

“Before we begin, I would like to review the purpose of this interview with you. We are interested in better understanding women’s lived experiences of conflict that occurs in romantic relationships, including conflict that is physical or sexual in nature and controlling behaviours. We also want to learn about the patterns in which relationship conflict and/or abusive behaviors tend to occur in these types of romantic relationships. We will be asking you to discuss how the pandemic and related lockdowns may have impacted your experiences of relationship conflict."
Lastly, we will also be asking questions about what services you would consider using in the future on behalf of the Welcome Centre. For the purpose of the study, we would like you to focus on a relationship in which you experienced relationship conflict and/or intimate partner aggression during the pandemic. To maintain confidentiality, we ask that you refer to the partner who you were in that relationship with as “Partner X.” As a reminder, you do not need to answer any questions you do not feel comfortable answering and you can stop the interview at any time. Please let us know if you need to take a break at any point during the interview. This is a nonjudgmental, safe space. We encourage you to be as open and honest about your experiences as possible. Do you have any questions before we start?

BEGIN INTERVIEW

[Please note that we will ask about physical/sexual abuse and controlling behaviours in a counterbalanced order].

1. When you think about a healthy romantic relationship, what does that look to you?

2. What about an unhealthy relationship? How would you describe an unhealthy romantic relationship?

3. In your own words, how would you describe physical/sexual intimate partner abuse?

4. Please describe specific instances of physical/sexual abuse that occurred in your relationship with Partner X, if any.

5. Which of the following best describes the frequency of physical/sexual abuse in your relationship with Partner X?

   a. Less than once per year

   b. Once or more per year

   c. Once or more per month
d. Once or more per week

e. Once or more per day

6. In your own words, how would you describe controlling behaviors or what some people would call coercive control?

7. Please describe specific controlling behaviors that occurred in your relationship with Partner X, if any.

8. Which of the following best describes the frequency of the use of controlling behaviors in your relationship with Partner X?

A) Less than once per year
B) Once or more per year
C) Once or more per month
D) Once or more per week
E) Once or more per day

9. For some women in abusive romantic relationships or relationships involving conflict, controlling behaviors start first in the relationship and are followed by physical/sexual abuse later in the relationship. Alternatively, some women may experience the opposite pattern, in which physical/sexual abuse started before controlling behaviors. [THE ORDER OF THE TYPE OF IPV WILL BE COUNTERBALANCED ACROSS INTERVIEWS]. For others, both types of abusive behaviors may have started at the same time. Which of these patterns best describes what happened in your relationship with Partner X?

a. If you are comfortable discussing this, please tell me more about why that pattern describes your relationship the best.
b. How far into the relationship, in terms of days, weeks, or months, did (controlling behaviors or physical/sexual abuse) begin occurring? How long after this did (other form of IPV) begin occurring?

c. In what ways do you think that controlling behaviors and physical/sexual abuse impact one another, if at all?

10. Some researchers who study controlling behaviors in abusive relationships have focused on the use of demands, threats, and surveillance. Please describe examples of demands partner X made of you. How frequently in your relationship with Partner X did the demands occur?/ How often did Partner X make demands of you? (Less than once per year/ Once or more per year/ Once or more per month/ once or more per week/ once or more per day)

10b) Please describe examples of threats partner X made to get you to do something that they wanted. How frequently in your relationship with Partner X did the threats occur? /How often did Partner X make threats? (Less than once per year/ once or more per year/ once or more per month/ once or more per week/ once or more per day)

10c) Describe how Partner X carried out some form of surveillance over you to determine if you had followed through with a demand. (If participant does not know what surveillance is: “To remind you, surveillance refers to ways a partner might monitor, check, or track your behaviors to determine if you have followed through with a demand”). How frequently in your relationship with Partner X did surveillance behaviour occur?/How often did Partner X do things to determine if you had or had not done what Partner X had demanded? (Less than once per year/ Once or more per year/ once or more per month/ once or more per week/ once or more per day)
11. How did the pandemic and related lockdowns impact on your experiences of physical/sexual relationship conflict or aggression?

11b) How did the pandemic and related lockdowns have an impact on Partner X’s use of controlling behaviours? Please give some examples of that.

12. Is there anything else you would like to talk about regarding anything we discussed today? Is there anything else you think I should know about?

13. Would you access any of the following, if offered ONSITE DURING your stay at the WCS, to benefit your work of rebuilding your life?
   A) Childminding when attending appointments
   B) On-site available counselling services
   C) Counselling referrals for your children
   D) Further basic needs supports (clothing, snacks, toiletries, diapers, personal care items)
   E) Safety planning supports
   F) Other- please specify

14. If you had to pick only ONE of the above as your top priority, which would it be?

15. If short-term (1-3 session) emotional support meetings were available within the WCS during your stay, would you be interested in:
   A) One on one counselling supports
   B) Group-based counselling supports
   C) Both
   D) Neither, I don’t want counselling-type supports while in shelter
   E) Neither, counselling-type supports are something I would prefer to connect with AFTER leaving shelter
16. If medical supports were available by a general medical practitioner on-site at the shelter, which of the below do you think you would be likely to seek services for while in shelter (select all that apply):

A) Overall physical check-in

B) PAP smear and female health concerns

C) Children’s medical needs

D) Seeking new diagnosis for an ongoing concern

E) Wound care

F) Impacts of IPV on your physical and mental health

G) Vaccinations and flu shots

H) Mental health concerns

I) Substance use support

J) Harm Reduction supports and conversation

17. Regarding above, for medical providers who provide services, your preference would be:

A) Female identified

B) Male identified

C) I do not have a preference for who provides my medical supports

Concluding Interview:
Okay, that ends our interview! Thank you so much for speaking to me about these personal experiences. I know it may have been difficult to do so. I am now going to provide you with a list of resources and a brief explanation of what the study was looking at. The purpose of the study is to develop a better understanding of women’s experiences with intimate partner violence and controlling behaviors or what may be referred to as coercive control. We are also interested in understanding the patterns in which these types of behaviors tend to occur in romantic relationships that involve conflict and/or abuse. Understanding these patterns may be helpful in designing prevention and intervention programs and for alerting potential victims of abuse warning signs. Finally, we want to understand how the pandemic has impacted romantic relationships that involve conflict and/or abuse to increase knowledge and awareness of these issues occurring alongside the pandemic.
Now that we’re finished with the interview, I wanted to do a brief mood check with you to see how you are feeling. Before we hang up this call, I just want to be sure that you feel safe and well. Talking about the things we covered today sometimes makes people feel uncomfortable, emotional, or distressed.

Are you feeling any uncomfortable emotions or distress? Tell me more about how you’re feeling.

IF NEGATIVE EMOTIONS REPORTED: “Do you anticipate that you will continue to feel (emotions indicated) tomorrow or the next day?”

IF NO: proceed to final section

IF YES: pose series of guided problem-solving questions:

1) “How do you intend to deal or cope with these emotions over the next few days?”
2) “What are your potential options for coping with these emotions?”
3) “What are the pros and cons of each option?”
4) “What would be the best plan?”
5) “Do you anticipate that there will be any obstacles in carrying out this plan? How might you address these obstacles?”
6) “Do you feel confident in your plan?”

Examples to guide participant if they are having difficulty identifying potential coping options:

- Seek out supports available at shelter (24/7 support staff are available) OR Seek out supports available at the university/in the community (for SONA pool participants)
- Increase positive emotions by doing something enjoyable
- Engaging in self-care strategies (e.g., hot bath, exercise, yoga/meditation, breathing exercises)
- Seek out social support
- Consider looking at things from a different perspective

Once a satisfactory plan has been reached, the researcher will continue to final section of interview.

FINAL SECTION: Ending the call
Before we hang up, I wanted to thank you for your time and for your openness in talking about these experiences. The letter of information that we are providing you with has the list of resources, information about the study, and the research team’s contact information should you have any questions or would like to know more about the study. If you would like to have a copy of the consent form, please let us know and we will be sure to provide you with one. I am going to end the call now, thank you again for your participation in my study!

END CALL
Appendix H.1: Letter of Information

The purpose of the study is to better understand women’s experiences of relationship conflict or abuse. We want to learn about victims’ experiences with physical intimate partner violence and coercive control, the order in which these behaviours tend to occur in, and how the current COVID-19 pandemic has impacted women’s experiences of these conflictual and/or abusive behaviours. We hope that this research study will give us a better understanding of what you think about relationship conflict and the context in which it occurs. Little research has focused on women’s lived experiences of intimate partner violence, and particularly coercive control, during the current pandemic. Please do not hesitate to contact me (eidlitz@uwindsor.ca) or my supervisor (pfritz@uwindsor.ca) if you have any questions or concerns about this study. Once the study is finished, you will be able to view a report on the study results on the University of Windsor website: https://scholar.uwindsor.ca/; this report will be posted by December, 2022.

Sometimes when people have questions or problems they may not know who to talk to or where to get help. Here is a list of services that may be available to you in the area. If you, a friend, or a family member have questions, would like someone to talk to, or need help with a problem, one of these resources may be able to help.

Mental Health and Family Resources in Windsor-Essex County

Sexual Assault / Domestic Violence & SafeKids Care Center
This care center is located in the Windsor Regional Hospital and provides assessment, counseling, and treatment for domestic violence, sexual assault, and child abuse. It is open 8 am to 4 pm, Monday – Friday or 24 hours, 7 days a week through the hospital emergency services.
519-255-2234

Hiatus House
*Hiatus House* is a social service agency offering confidential intervention for families experiencing domestic violence.
519-252-7781 or 1-800-265-5142

Distress Centre Line Windsor / Essex
The Distress Centre of Windsor-Essex County exists to provide emergency crisis intervention, suicide prevention, emotional support, and referrals to community resources by telephone, to people in Windsor and the surrounding area. Available 12 pm to 12 am seven days a week.
519-256-5000

Community Crisis Centre of Windsor-Essex County
A partnership of hospital and social agencies committed to providing crisis response services to residents of Windsor and Essex counties. Crisis center is open from 9 am to 5 pm, Monday – Friday, at Hotel-Dieu Grace Hospital in Windsor, ON.
519-973-4411 ext. 3277

24 Hour Crisis Line
24 Hour crisis telephone line provides an anonymous, confidential service from 12 pm to 12 am seven days a week. The 24-Hour Crisis Line serves Windsor and Leamington areas.
519-973-4435

Assaulted Women’s Helpline
The Assaulted Women’s Helpline offers 24-hour telephone and TTY crisis line for abused women in Ontario. This service is anonymous and confidential and is provided in up to 154 languages.
1-866-863-0511 or 1-866-863-7868 (TTY)

Neighbours, Friends, & Family
Neighbours, Friends, and Families is a public education campaign to raise awareness of the signs of woman abuse so that those close to an at-risk woman or an abusive man can help.
http://www.neighboursfriendsandfamilies.ca/index.php

Information on Sexual Assault in Canada
http://www.casac.ca/content/anti-violence-centres [tells you where to find Sexual Assault Centres in Canada]

Canadian Sexual Assault Laws
http://www.sacc.to/sya/crime/law.htm

Resources for Women and Survivors of Sexual Assault

Thank you for your participation!
Appendix H.2: Letter of Information

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Technology Safety Information

Clearing Internet Browser History
https://www.computerhope.com/issues/ch000510.htm
Note: delete only the browsing history you don’t want seen. Deleting the entire history may look suspicious if the person regularly monitors the browser activity so only delete specific sites.

Technology Safety
This contains several different resources that aim to keep your activity online as safe and as private as possible. 
https://www.techsafety.org/resources-survivors

Removing Microsoft Teams

Mac/Windows
https://support.microsoft.com/en-au/office/uninstall-microsoft-teams-3b159754-3c26-4952-abe7-57d27f5f4c81

iPhone/iPad/iPod

Android
https://support.google.com/android/answer/2521768?hl=en
Please note that emails may be stored in the “sent” folder on your email account and that deleted emails are stored in the a “deleted” folder on your email account. To remove all emails, make sure that you delete the email from all folders including your “deleted” folder.

Mental Health Resources on Campus

Student Counselling Centre

Free, confidential counselling provided by professional therapists, including Psychologists, a Clinical Therapist, a Registered Nurse, and Master’s-level graduate students. Located in the CAW Student Centre Room 293
Monday-Friday: 8:30am-4:30pm. 519-253-3000 ext. 4616

www.uwindsor.ca/sce

Peer Support Centre

A safe, inclusive space that provides free, confidential peer counselling by trained University of Windsor student volunteers. Located in the CAW Student Centre Room 291 Monday- Friday: 10:00am – 8:00pm Fall & Winter semesters only

www.uwsa.ca/uwsa-services/peer-support-centre

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http://www.sacc.to/sya/crime/law.htm

Resources for Women and Survivors of Sexual Assault

Thank you for your participation!
VITA AUCTORIS

NAME: Chloë Eidlitz

PLACE OF BIRTH: Oakville, ON

YEAR OF BIRTH: 1997

EDUCATION: Appleby College, Oakville, ON, 2015
University of Western Ontario B.A., London, ON, 2020