

Making the Invisible Visible: Assisting Counsellors to Understand and Spot Coercive Control

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Abstract

Coercive control is gradually coming into public awareness as the underlying mechanism of male to female partner abuse. Proposed by Stark (2012) as a much-needed reframing of the concept of domestic abuse, coercive control is being recognized as a crime against women's liberty, freedom, autonomy, and dignity, returning the focus of men's abuse of women away from the physical incident model and back to its roots as a complex pattern of domination and subjugation of women by men. However, the understanding of domestic abuse as physical assault remains dominant in society and in the counselling field. Counsellors need to understand domestic abuse as coercive control and be able to spot it in the counselling room. The dominant understanding of domestic abuse as physical assault means most abuse assessments do not successfully identify coercively controlling behaviours and counsellors are likely to miss the signs. Using an interpretative phenomenological analysis of the lived experiences of five women who were being coercively controlled and sought the help of couple counsellors, 15 emergent themes were discovered. From these themes, 6 observable signs of coercive control were identified, as well as 8 key learnings that may assist counsellors in understanding and spotting coercively controlling relationship dynamics.

Keywords: coercive control, couple counselling, domestic abuse, interpretative phenomenological analysis, patriarchy

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Dedication

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Making the Invisible Visible: Assisting Counsellors to Understand and Spot Coercive Control

Chapter One

Introduction

This study investigates how counsellors can be assisted in understanding and spotting coercive control in intimate partnerships. Coercive control is a pattern of behavior that underlies men's abuse of women. Since 1 in 3 women globally (WHO, 2018) will experience abuse from an intimate partner during their lifetime, it is very important that counsellors are assisted in understanding this phenomenon. It is highly likely that many of their clients will be dealing with it, and coercive control in intimate partnerships can be a key factor when women present to physicians with mental health issues such as depression and anxiety (Miller & McCaw, 2019). It is imperative that counsellors are made aware of this issue.

Currently, most counsellors are not adequately prepared to recognize or respond to coercive control. This lack of awareness in the counselling profession puts clients at risk since coercively controlling partners use counselling as another way to continue their abuse. Public awareness of coercive control in intimate partnerships is just beginning to grow as laws are being made to tackle the issue. Unfortunately, Canada is lagging behind England, Wales, Scotland, Ireland, France, and some US States where coercive control is now recognized as a crime against women's liberty, dignity, equality and autonomy (Stark, 2009).

Problem Statement

Intimate partner violence (IPV) has been classified as a global epidemic, a pandemic, "as common as rain" (Snyder, 2019, p. 5). 1 in 3 women globally are affected by this systemic problem and yet counsellors, who are likely to be dealing with both those who experience and those who perpetrate the violence, do not get the training they need in order to do their part in helping in this issue.

Counsellors are trained in a variety of theories and modalities such as CBT, systems thinking, history of counselling, and research methods, but domestic violence is still not a standard part of the training here in Canada. It is something the aware counsellor must seek out for themselves on their own. Since most people do not understand how widespread an issue IPV is, and myths abound about what constitutes and causes IPV (McAndless-Davis & Cory, 2020), most counsellors won't get the training required. This is a very sobering reality to consider.

In fact, some of the ways counsellors are trained to think about relationships and the struggles people bring to the counselling room are not helpful when dealing with gendered violence. Men who engage in this way of being use manipulation to keep control in the relationship. They will manipulate and lie in relationships with others in order to maintain this control. Counselling becomes just another place where the man can gain the upper-hand and many an abused woman ends up experiencing more abuse in the room as the counsellor attempts to make sense of what is happening and unwittingly joins the man in his abuse. This means counsellors will continue to perpetuate the problem.

A further compounding issue is the historic legacy of patriarchy that continues to effect intimate relationships. Systemic sexism and gender stereotyping and attitudes of a colonial, patriarchal society lead to actions and attitudes that mask the violence that is happening to every kind of woman across socioeconomic background, race, and educational level. Just as in the current anti-racism revolution that is sweeping the world in the wake of the George Floyd murder, we must acknowledge the roots of the system that allows for violence against women to continue. Counsellors are influenced by gendered cultural norms as much as their clients and this plays a part in keeping abusive relational dynamics hidden.

Nature and Purpose of the Study

I will be exploring how counsellors can be assisted to understand and spot coercive control in intimate partner relationships. I will be looking into the extant literature for answers that may already exist. I will also be looking to learn from the lived experience of people who identify as women who have been subjected to coercive control by their male partners, about what helps and what hinders a therapist in spotting this form of IPV in the counselling room.

The purpose of this study is to promote counsellor understanding and awareness of coercive control in intimate partnerships as a phenomenon that is "invisible in plain sight" and to assist counsellors to identify it in the couples they work with.

Definitions

There are a number of terms that are used to label abuse perpetrated by men towards their female intimate partners. These include domestic violence (DV), intimate partner violence (IPV), woman abuse, battering, interpersonal violence, intimate terrorism, domestic terrorism, romantic terrorism, and coercive control. Some of these terms carry meaning that unhelpfully suggests mutuality of the abuse. Also, feminist thinkers have pointed out how the term domestic violence is particularly problematic because it "buries the horrible reality of the abuse situation in an ideologically obfuscating word, domestic" (Goldner, 2004, p. 346).

Intimate partner violence/abuse is often used in place of the term domestic violence as it is more specific in nature, defining the violence as being between intimate partners rather than simply occurring in the domestic context. Intimate partner violence (IPV) is recognized as a worldwide health issue effecting 1 in 3 women globally (WHO, 2018). It is not limited to any race, economic group, or educational level. Whilst it is something that men can experience from women and is present in lesbian, gay and queer relationships, it is disproportionately prevalent in heterosexual relationships where women are the victims of the violence/abuse.

IPV is defined as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (WHO, 2018). This definition includes elements of coercive control, however the placing of the term physical at the beginning of the definition potentially has the effect of reinforcing the dominant discourse that physical abuse is the most common and most harmful form of abuse which is misleading since more and more studies are finding that physical abuse is simply one tactic, among many, that may or may not be used by an abuser. Some of these other tactics are included in this definition and it is therefore coming closer to a more cohesive definition, but it still misses the mark.

My preferred term and the one which will be predominantly used through this thesis is coercive control. Coercive control does not yet have a universally accepted definition however it is generally defined as a course of conduct that one person engages in to control and isolate another that sometimes involves physical acts of harm but often does not. Stark (n.d.) defines it as “a new conceptual and legal framework for international progress in women's rights that frames male partner abuse as a crime against autonomy, dignity, equality and liberty”. He argues that it is a much-needed reframing of what has historically been called domestic violence/abuse or intimate partner violence/abuse. Where the literature uses a term other than coercive control, I will use the term adopted by the original author.

It is also important to define what is meant by the terms *violence* and *abuse*. Violence is often thought of as synonymous with physical harm but can also mean other types of harm that do not specifically involve direct physicality. In the Global Report on Violence and Health (WHO, 2014) violence is defined as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high

likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

While abuse, as defined by The Cambridge Dictionary (2021), is "the use of something in a way that is harmful or morally wrong".

Assumptions and Limitations

For the purposes of the study, it is assumed that the women who I interview are all competent, intelligent, and wise. They are the experts on their own lives and their own judgement of whether their relationship was abusive is the determining factor.

I, myself, am a woman with experiences of abuse who sought couples counselling in order to try to deal with the struggles I faced in my marriage. It is this experience that led me to want to know more about why none of the counsellors identified the abuse and how counsellors could be assisted to understand and identify abuse in the future.

Each of the women I interviewed was aware of my insider position with one woman specifically commenting that this made her feel safe to revisit her painful experiences. I believe there is an openness in the interviews that exists because of the sense that I was "one of them". This could also lead to some bias, although I was careful to bracket myself and my experience as much as possible allowing the women to share whatever they wanted to share without commenting very much from my own experiences.

Significance

Coercive control is at pandemic levels and is a worldwide human rights issue. Currently standard practice for counsellors when they learn that abuse is present in a couple relationship is to cease working together. Some therapists will see the partners individually and some will refuse to see them altogether. Abuse is predominantly understood to mean physical incidents of violence and yet that is not an accurate understanding of what abuse is. By learning from

actual women who attempted couples counselling and were in abusive relationships, a much-needed understanding of what therapists could be looking for in couples' relationships, and what constitutes abuse could be gained.

Clearly this is still a massive problem worldwide and therapists are encountering relationships that are coercively controlling all the time and they do not realize it. Not only do they not realize it, but their methods are also causing harm. As a profession with a high standard of ethical conduct, counsellors have a moral imperative to seek out training on coercive control, so they do not inadvertently cause harm.

Chapter Two: Literature Review

Introduction

I began my review of the literature using broad terms such as intimate partner violence (IPV), domestic violence (DV) and domestic abuse (DA), couples counselling, marriage counselling, conjoint therapy, and various combinations of these terms. There is a broad expanse of research in this field. As I read, I discovered the term coercive control which I was not at first familiar with and which appears in the more recent literature. It is a term that has long been associated with the experience of female victims of domestic violence but has been lost to an over-focus on physical violence.

Coercive control is what underlies all abuse according to Stark (2009), whose seminal work on the subject has been massively influential in the field of woman abuse and interpersonal violence. His work asserts that coercive control is a crime of liberty and has led to public policy changes and law reform in the UK and other countries. Most Western countries have included aspects of coercive control in their definition of IPV, expanding the narrow "IPV as physical assault" lens to incorporate emotional and psychological abuse and controlling behaviours.

Currently there is no single, universally accepted definition of coercive control. However, Stark has defined coercive control as "a strategic course of oppressive conduct that is typically characterized by frequent, but low-level physical abuse and sexual coercion in combination with tactics to intimidate, degrade, isolate, and control victims" (2013, p. 18).

As I read through the literature it became clear that there was a very strong focus on abuse being viewed from what Stark calls "the physical incident model". This lens sees domestic abuse as synonymous with physical assault. It takes the view that physical assault is the most serious and true aspect of abuse. The assumption is if a partner is not hurt physically then she is

not experiencing abuse. This has led to “an overemphasis on violent behaviours and an underemphasis on power and control dynamics, absent physical violence” (Hodes & Mennicke, 2018, p. 176). A look into the history of men’s abuse of women and the emergence of the woman’s rights movement explains how this came to be.

Domestic Violence: The Patriarchal Roots of the Problem

What we understand today by the term domestic violence was once simply a man's legal right in a patriarchal society. It is important to remember that it was only 200 years ago that women were deemed to be the property of their father or their husband. Ruggles writes:

Before the nineteenth century, most families were organized according to patriarchal tradition. Household heads owned and controlled the means of production, and their wives and children were obliged to provide the unpaid labor needed to sustain family enterprises. Masters of the household had a legal right to command the obedience of their wives and children—as well as any servants or slaves—and to use corporal punishment to correct disobedience. (Ruggles, 2015, p. 1797)

Here in Canada, we still live in the wake of this patriarchy. Even today many marriage ceremonies still include the giving away of the daughter by her father to her husband. Whilst this practice lacks the full meaning it once did, it is a tradition that reminds us of women’s historic status in society. Another hang on from this time are the titles used to address men and women. For women, Miss, Mrs, and Ms still distinguish status based on whether a woman is single or married, whereas the equivalent titles for men, Master and Mister, distinguish on the basis of age only.

In Canada women were not considered 'persons' under the British North America Act of 1867 until 1929 (Government of Canada, 2021). This changed less than 100 years ago when the Supreme Court of Canada finally ruled that women were ‘persons’ in their own right.

Unbelievably, this ruling came after women had fought long and hard for the right to vote. They began to win this fight in 1916 when Manitoba, Saskatchewan and Alberta granted women voting rights. Other provinces followed suit including Quebec in 1940. It took until 1951, another 11 years, for women to have the right to vote in all provinces and territories across Canada. Even more shocking than these changes being so recent is the fact that minority groups, including First Nations peoples, were not granted the right to vote until 1960 (Government of Canada, 2017). While there has been much progress and change in the last 200 years, the effects of the subjugation of women are still very much present in today's Canadian society. Feminist thinkers see this subjugation as the root cause of men's abuse of women.

Abuse of women was commonplace and not considered abuse until 1970's when the women's movement changed this. Abuse then became synonymous with physical assault even though that was simply one way a man attempted to exert control (Stark, 2009). Now we are left with the legacy of this understanding, known as the *physical incident model*, and part of what McAndless Davis and Cory (2020) call *the dominant discourse*. "In the late 1970s, we reached into the shadows to retrieve physical abuse from the canon of "just life." Now it appears, we did not reach nearly far enough" (Stark, 2009, p. 16). Coercive control was always there from the beginning but got lost along the way.

Main theories of Domestic Violence (DV)

Whilst there have been numerous theories of domestic violence two main views have stood out, those of family systems theorists and those of women's rights activists. For years these two groups argued about the causes of domestic violence, each presenting evidence that supported their view. Then, Johnson (1995) introduced the notion that both views were in fact correct. Due to differences in methods of data collection and the populations studied, Johnson argued that there are different types of domestic violence not simply one unified phenomenon.

Typologies

At first Johnson (1995) identified two main typologies which explained the differing points of view of the two main theoretical groups. The family violence research was based on survey data from national population studies and was thought to be identifying a type of IPV Johnson termed *common couple violence*. This type of violence was found to be mutually engaged in by both men and women, resulting from attempts to resolve conflict, and not motivated by the desire to have power and control over one's partner. The feminist proponents were in fact studying a type of IPV that Johnson named *patriarchal terrorism*. This type was found to be predominantly engaged in by men towards women, was rooted in patriarchal beliefs about a man's centrality in the relationship, superiority to the woman and entitlement to her care and devotion.

One of the key factors in distinguishing between these two types of IPV is that *common couple violence* results in "occasional outbursts of violence from either husbands or wives or both" while patriarchal terrorism is "systemic male violence enacted in the service of patriarchal control" (p. 283). In Johnson's more recent work patriarchal terrorism is termed *intimate terrorism*. It is this typology that is synonymous with Stark's (2009) conceptualization of domestic abuse as coercive control. Johnson (2008) further differentiated types of intimate terrorism to distinguish between non-violent and violent types. He named these *incipient intimate terrorism* and *coercive controlling violence* respectively.

Coercive Control

Evan Stark is one of the key names in the study of coercive control. His seminal text, *Coercive Control: How Men Entrap Women in Personal Life* (2009) is considered the go-to literature on the topic. Stark's definition of coercive control is "an ongoing pattern of

domination by which male abusive partners primarily interweave repeated physical and sexual violence with intimidation, sexual degradation, isolation and control” (2012, p. 7).

Stark (2012) identifies how “legal and policy responses to domestic violence are typically built on a violence model that equates partner abuse with discrete assaults or threats”. This conceptualization of domestic violence as physical incidents has led to assessments for risk of domestic violence that only consider physical assault and the harms of particular incidents. This “masks the scope of most partner abuse and minimizes the harms it causes” (p. 4). Stark identifies the problems of the violence model, and then proposes a model of coercive control which encompasses more of what most abused women experience. He then outlines how using this model will improve interventions. Stark names three shortcomings of the violence model of intimate partner abuse. First is that the model sees each physical assault as isolated whereas most abuse is serial. Second is that the model equates severity of abuse with physical injury whereas 95-99% of physical tactics involve non-injurious assaults such as pushes, shoves and slaps. These are seen as trivial and therefore overlooked. The third issue is that 60-80% of those who experience abuse are enduring an ongoing pattern of tactics that may or may not involve physical violence. Most of the tactics are not crimes and are not legislated against or even included in most assessments for IPV. The coercive control model came into being in an effort to address this ongoing pattern of tactics that research shows encompasses abuse.

The main result of coercive control is entrapment. The victim experiences a hostage-like situation in her own home where harm is inflicted on her “dignity, liberty, autonomy and personhood as well as to physical and psychological integrity” (Stark, 2012, p. 7). Stark asserts that while physical assault is committed by both men and women, coercive control is a highly gendered phenomenon as much of the technology of coercive control exists and is effective due to the historic positioning by men as dominant over women. Stark identifies tactics of coercion

designed to hurt and intimidate partners, and tactics of control designed to isolate and regulate them. Tactics of coercion are use of violence and intimidation. Intimidation occurs through threats, surveillance, and degradation. Tactics of control are isolation and deprivation, exploitation, and regulation.

Stark cites studies which link level of control to risk of fatality and that found neither severity nor frequency of violence to be predictive of risk (Glass, Manganello & Campbell, 2004).

He argues for a reframing of domestic violence as coercive control:

Reframing domestic violence as coercive control changes everything about how we respond to partner abuse, from the underlying principles guiding intervention to the ways we evaluate “success”. Intervention to combat coercive control is guided by our opposition to subjugation of any kind, not merely the prohibition against violence. This is the same principle used to combat discrimination, “hate” crimes or other acts used to dominate members of a class who are already unequal and so are assumed to be harmed in a different and more socially consequential way than when the same acts are used against equal persons. The reasoning is that persons should be treated as having innate dignity whose individual sovereignty deserves our fullest support. (p. 14)

Stark outlines the implications of such a broadening of the conceptualization of domestic violence and suggests a three-prong strategy for use where this reframing is seen as too radical. His work was clearly not too radical in the UK which, in 2015, became the first country in the world to legislate against coercive control. Here in Canada legislation is also being considered (Khalid, 2021).

A Change in the Law

Following the lead of other countries in creating laws against coercive control, a report by the standing committee on Justice and Human Rights was presented to the House of

Commons in Canada after the committee completed a study on domestic violence with a specific focus on controlling or coercive conduct in intimate relationships (Khalid, 2021). The report found that it is mostly women and children who are harmed, and the issue was referred to as “a shadow pandemic” having been “exacerbated by the COVID-19 pandemic” (p. 3).

The report makes five recommendations for consideration by the House of Commons or the Government. The first recommendation is that coercive and controlling behaviour is recognized as a pattern that “almost always” precedes physical violence, causes significant harms, and that these harms are not presently captured in criminal law. Linked to this, the second recommendation is that a task force be convened to do a gender-based analysis review of existing law and make a recommendation around drafting a law against coercive and controlling behaviour. A third recommendation focuses on addressing the challenges currently faced by victims of coercive control when using the justice system. The fourth recommendation is that funding for Canada's Strategy to Prevent and Address Gender-Based Violence be increased so that adequate support is available for victims. And lastly a recommendation is made for a public awareness campaign on coercive and controlling behaviour in conjunction with training of the relevant parties in the justice system. If these recommendations are implemented this will seriously change the landscape around domestic violence, leading to the reframing that Stark (2012) was arguing for.

Defining, Operationalizing and Assessing for Coercive Control

Counsellors and other professionals will need effective ways of operationalizing, recognizing, and dealing with coercive control as it becomes more widely understood and particularly if it becomes a criminal offence. Research has found that defining coercive control and operationalizing it is challenging. Without this clarity it is hard to carry out effective assessment.

Hamberger et al. (2017) addressed the inconsistency within the existing literature around the conceptualization of coercive control. They synthesized the existing literature and made suggestions for research to move the field forward. The authors state: "Although the concept of control as a key dynamic that maintains IPV has been generally accepted within the field, there is actually very little research or consensus on the concept of coercive control" (p. 2). Hamberger et al were able to identify three "common threads" (p. 3) regarding the defining of coercive control. These were 1) the perpetration of coercive control is intentional and motivated by obtaining control over the partner, 2) the partner perceives the perpetrators behaviour as negative, and 3) the perpetrator's threat is credible. In terms of measuring coercive control, 22 different measures were identified and presented but not one was found to be used more often than another. This lack of consensus in both the defining and measuring of coercive control means that it has "remained a somewhat fuzzy concept" (p. 9).

Brennan et al. (2018) looked at UK service providers' perceptions of their own readiness to respond to coercive control as the UK legislation against coercive and controlling behaviour was coming into effect. Among the police officers, social workers, and domestic abuse specialists "coercive control was not well understood as a course of conduct and service provider systems and protocols were not prepared to deal with this broader conceptualization of domestic abuse or accompanying legislation" (p.3). The authors state that "the lessons learnt here are applicable to domestic abuse services both nationally and internationally, both theoretically and practically, and will inform the future provision of services as more countries seek to criminalize the behaviour and support the victims of coercive and controlling behaviour" (p. 4). What was interesting about this study was that it was not intended as an investigation into coercive control at all. It began as a study into the nature of domestic abuse in a region of the UK where the severity of incidents was rising. It happened to coincide with the imminent

change in legislation. As it was a grounded theory study the researchers followed the direction that the data led them. Findings showed that physical violence was still seen as the defining factor of abuse, specialist agencies that did recognize coercive control were not always positioned to be able to respond effectively, and differing definitional understandings of coercive control led to cases of abuse being overlooked. It is likely that the same will be true of the Canadian context.

Dominant Discourse and its Effects

As Brennan et al found, the dominant conceptualization of domestic violence and abuse is what Stark (2012) terms the violence model. McAndless-Davis and Cory (2020) have worked in the field with survivors of coercive control for over 30 years. They describe this dominant conceptualization as one of the societal myths that make up the *dominant discourse*, a collection of commonly accepted beliefs about woman abuse held by the general public and professionals and practitioners alike, similar to *rape myths* (Burt, 1980). There are five main discourses identified by McAndless-Davis and Cory some of which contradict each other creating double binds for women. Each discourse has myths which are associated with it.

The first is the discourse around violence against women. The myths are that abuse is synonymous with physical violence. Physical violence is believed to be the most serious form of abuse. Abuse is believed to happen to women who have low self-esteem, as well as other types of women such as immigrants, those of lower socio-economic level, those with mental health issues and substance use problems, and less educated women.

The second discourse is around choice. The myths are that 1) women choose abusive men because they are somehow attracted to them, 2) the woman has made a bad choice, and 3) women can choose to do something to stop the abuse.

Linked to this discourse around choice is one around responsibility. The myths are 1) both partners in a relationship have equal responsibility for the problems/abuse, 2) women do something to provoke the abuse, 3) abuse is mutual with both partners battering each other, 4) abuse happens because the women are not standing up for themselves, 5) similarly it happens because of a lack of boundaries, 6) women think abuse is normal and are attracted to men who abuse.

The fourth discourse is around leaving abuse. The myths are 1) if the abuse was really bad, the woman would leave, 2) leaving the abuse stops the abuse, 3) there exists a simple solution, 4) there is help out there she just needs to reach out for it.

Lastly, the fifth discourse contains myths around mother blaming. 1) The woman is able to protect the children, 2) women prevent fathers from seeing their children unjustly, 3) women are more concerned about themselves than their children, 4) child welfare will help women keep their children safe. These discourses affect the way domestic violence is understood, conceptualized, and targeted for intervention and affects counsellors and therapists as well as any other profession.

Counselling and Domestic Violence

Whilst there is much literature on domestic violence and typologies, most therapists are unaware of it as it exists mostly in sociology journals (Carlson & Jones, 2010). Bograd and Mederos (1999) outlined best practices for screening for domestic abuse in therapy, but few therapists are found to adhere to them (Schacht et al, 2009). Bradford (2010) also addressed the need for screening for IPV in all couples who present for therapy due to the high prevalence of this problem. Bradford states that “Therapists who work with couples will almost inevitably work with people with significant risk for violence or where there is active violence (p. 76).” Bradford outlines a protocol for screening, aiming to “sensitize couple and family therapists to

the problem of ipv (p. 76)", and provide help with how to screen and assess couples. Screening is recommended as routine for all couples and must involve both an interview with each partner separately, and a confidential survey questionnaire. It is recommended that couples are not seen for therapy when violence is present due to the danger posed to the victim of the violence. However, where certain guidelines are met, couple therapy can proceed. Whilst these guidelines go some way to addressing the problem, they still operate under the assumption that "violence" is mostly physical.

Assessments that look for evidence of coercive control are lacking in the literature. However, Hodes and Mennicke (2018) present SCOPE, a tool for assessment that helps to distinguish the power dynamic of relationships. By identifying whether a relationship is characterized by power sharing, power struggling, or power over, the aim of SCOPE is to give the right response when clients present to practitioners. Hodes and Mennicke note that due to the over emphasis on physical violence as the key indicator of abuse in intimate relationships some relationships are being classified as abusive when they are not. Equally some are being classified as non-abusive when they are in fact abusive.

Knudson-Martin et al. (2019) provide a transtheoretical framework for therapists to use to facilitate practice that is socioculturally attuned. They argue that family therapists are aware of the influence of the systems and culture that they and their clients operate in but translating this awareness into therapeutic practice is lacking. Their ANVIET guidelines attempt to address this. The framework is guided by three principles: third order change, societal context, and power analysis. Third order change is necessary when shifting from the lens of domestic abuse as physical incidents to domestic abuse as coercive control stemming from wider societal narratives. This reframe places the coercive control of women as a human rights issue, where women are trapped in their societally sanctioned role of caretaker. Until women are equal to

men in society, equality in personal life is not going to come. Third order change leads to perspective change; “we see what before could not be seen” (p 49). Adopting the ANVIET framework could assist counsellors in making the invisible visible, in particular the presence of power imbalance in couple relationships.

Roddy and Gabriel (2019) argue for the need of a core competency framework for counsellors who work with victims of abuse. Such a core competency framework is required due to the high likelihood that “most counsellors and psychotherapists will see DV clients at some time in their career whatever their specialism” (p. 3). The authors propose such a framework which they developed through research with survivors of IPV. They identify knowledge that counsellors should know but likely do not, as training in IPV is not part of most counsellor training programs. Examples of such specialized counsellor knowledge are knowing the types of IPV, the effects of IPV, the warning signs of abuse through client narrative, safeguarding, how different forms of abuse relate to culture and sexuality, understanding mental health difficulties associated with abuse, and gendered experiences of abuse.

Pitman (2017) also addressed the issue of the lack of clear standards for assessing coercive control, specifically in the field of social work. The study explored the dynamics of coercive control in the lives of 30 women and presents a model for understanding the “complex web of double standards, double binds and boundary violations” that epitomized the women’s experience of coercive control in their relationships “denying them equality, autonomy or agency” (p. 143). Her model, The Trap, has since been further developed and a central strategy of coercive control identified. This central strategy is what Pitman terms *conversational control* (Australian Association of Social Workers, 2020) and has been found to be the underlying factor in psychological, emotional, and verbal abuse. Conversational control is where one person dominates the conversations between themselves and their partner. They will privilege their

opinions, their voice and their desires, taking an attitude of entitlement, and using a number of behavioural tactics to ensure they control the interaction. Conversational control is a red flag for coercive control. However, Pitman asserts, that not all conversational control is indicative of coercive control, but coercive control always involves conversational control.

Present Study

The present study aims to assist counsellors in understanding and spotting coercively controlling relationship dynamics in the clients they see. I aim to do this by engaging in an *interpretative phenomenological analysis* of the lived experiences of a sample of women who have experienced coercive control at the hands of their partners and sought the help of counsellors to address the issues they faced. I believe this study will be unique in its use of a sample that is neither drawn from the general population or a shelter population. The women all participated in When Love Hurts support groups run by R.E.S.P.E.C.T. Society for Women. Most of the women did not experience direct physical assault and therefore the type of DV is most closely fitting with Johnson's non-physically violent coercive control, *incipient intimate terrorism*.

Chapter Three: Methodology

Introduction

This chapter outlines the qualitative methodology of interpretative phenomenological analysis that I chose to investigate my topic. I explain what it is, why I chose it, and my process for conducting my research. I also describe my population sample and participants.

To answer the question of how counsellors can be assisted to understand and spot coercive control in intimate partner relationships I wanted to talk to people who had lived experience of being coercively controlled and seeking couples counselling for help. I wondered what we could learn from people who identify as women who have experienced coercive control from male partners that could assist therapists in understanding and spotting this form of IPV in the counselling room.

I chose to engage in a qualitative phenomenological inquiry. This type of research design enables a deep dive into the experiences of a group of individuals who have all experienced the same phenomenon. I was thrilled to learn about the Interpretative Phenomenological Analysis (IPA) approach which, according to Alase (2017), is a particularly advantageous research design due to the relationship that can develop between researcher and participant. The bond that is built can dramatically increase the success of the exploratory process.

Design and Approach

The interpretative phenomenological analysis (IPA) is a qualitative methodological framework that allows for an open exploration of the individual lived experiences of a small group of participants who have each experienced the same phenomenon. The “rich and detailed descriptions” (Alase, 2017, p. 9) gathered in interviews are subject to a dual hermeneutical analysis bringing forth the common meaning of the individuals lived experiences.

This dual analysis consists of the participant first making meaning of their lived experience, followed by the researcher making meaning of that meaning (Pietkiewicz and Smith, 2014).

Using the IPA design will allow me to have “a conversation with a purpose” (Smith, Flowers and Larkin (2009, p. 57) that I will then transcribe and be able to analyze looking for themes that emerge. I will be looking for ways in which the counselling helped the women to recognize what was happening to them and ways in which the counselling was unhelpful and perhaps even made the situation worse. From these specific experiences I hope to glean something generalizable that will inform counsellors.

Choosing a qualitative design fit well with the subject matter being little researched. Cresswell (2018, p. 27) states:

One of the chief reasons for conducting a qualitative study is that the study is exploratory. This usually means that not much has been written about the topic or populations being studied, and the researcher seeks to listen to participants and build an understanding based on what is heard.

I chose this design because I wanted to hear from the women themselves. I wanted to hear them talk about what it had been like to be in a coercively controlling relationship and try to get help from a counsellor. I wondered how much of the women’s experiences would be common to all the participants and I wanted to explore whether any themes would emerge.

I chose to use IPA specifically because it allowed for the participants' lived experiences to be told without being distorted or overly guided. The IPA approach requires that the researcher bracket themselves, meaning they suspend their own preconceived ideas and judgements about what it is like to experience the phenomenon being studied (Alase, 2017).

From this exploration of lived experiences, I hoped that I would be able to learn from the commonalities that showed up and be able to help counsellors gain a much needed awareness of the issue of coercive control in the counselling room.

Setting and Sample

The population I chose to interview were people who identify as women who have been victims of coercive control and had attempted couples counselling to improve the relationship. I shall refer to these people as “women” for the rest of this paper, for ease of reading and because all of my participants were cis-gendered females.

I used a convenience sample of 5 women who had all been participants in the When Love Hurts support groups run by R.E.S.P.E.C.T. Society for Women in British Columbia, Canada. These women had voluntarily attended the 20-week program as they looked for support for themselves as recipients of abuse by their male intimate partners. I gave each woman a pseudonym to protect their identity and removed any identifying details. I have also used pseudonyms where a woman is quoted as referring to her partner by name.

Participants were eligible if they had participated in the support group and had also attempted couples counselling with their intimate partner. They also needed to be available for a 90-minute interview within the time period of the study.

The women were aged between 35-51. They were all Caucasian, Canadian mothers living in the lower mainland of British Columbia. Four of the five women did not know that they were experiencing abuse in their intimate relationship when they went for couples counselling. One of the women did know. All women had a university education. Each woman saw between 1 and 6 counsellors with the average number being 3.

Procedures

Once I received approval by the City University Institutional Review Board, I sent an email to the alumni of the R.E.S.P.E.C.T. Society for Women's When Love Hurts support groups explaining my research and asking for participants to be interviewed. The email was sent to 48 people and 17 of those responded to say they would be interested. I sent the first 5 of those a follow up email which included a more detailed description of the process they would be engaging in and an informed consent form for them to read. I also included a list of support resources to ensure they would have support if the interview process were to lead to negative psychological effects.

I then set up 15-minute introductory meetings to go over the informed consent, answer any questions and confirm the participants suitability for the interview. These introductory meetings and the subsequent interviews were conducted on the Doxy.me video platform to ensure a safe and confidential environment and be in compliance with Canadian privacy laws when working online. During this phase of the project, it was discovered that two of the participants were not suitable to continue to the next stage. One did not have the required experience of attending couples counselling with her abusive partner. The other realized she didn't have the mental capacity to engage in the process. Two more participants were contacted from the original group of 17 and found to be suitable to proceed to the next stage.

The next stage involved setting up 90-minute semi-structured interviews with each of the participants. I started each interview by explaining that I wanted to hear about their experiences and that they could take our conversation wherever they wanted it to go. I also told them that I had a list of questions I would use if I needed to prompt them. I began each interview with the same prompt, "Tell me a bit about your relationship." This allowed the participants to set the scene of the relationship they had been involved in. It seemed to

naturally lead into the question, “Why did you seek out couples counselling?”. The rest of the questions were either covered by the participants in the natural course of their sharing with me or I asked the questions to make sure I had answers from each participant. The questions/prompts I used were as follows:

1. Tell me a bit about your relationship.
2. Why did you seek out couples counselling?
3. Did you know you were being abused?
4. What was your understanding, at the time, about domestic violence/abuse?
5. Tell me about your experience of couples counselling.
6. What was helpful?
7. What was harmful?
8. If you could talk to a group of counsellors, what would you like to say to them?

At the end of each interview, I spent time debriefing about the experience of talking with me. Participants shared that it had been helpful and that they appreciated the opportunity. They also told me how important they thought the research was and that they were grateful to help raise awareness of coercive control amongst counsellors. Each woman was given a gift card to thank them for their participation.

Analysis

Once all interviews were completed, I began the transcription process, a lengthy and laborious task but one which is essential to the researchers understanding of the data (Alase, 2017). This is not only to have a written record of the interview but also part of the beginning steps of the researcher connecting with the data for the first time since the interview.

The next step was to read through each interview transcript with a view to identifying common themes. Alase (2017) was essential guidance for me as I embarked on this stage as a

novice researcher. He made the process of coding clear, instructing me to read each transcript three times, noting repeated words and phrases and getting more and more familiar with the content on each reading.

I created a spreadsheet of my observations, noting each new category of information. By the end of my third reading, I had a full spreadsheet which recorded all the data by category and by participant. Next, I grouped each data point into groups of categories. Then I marked which ones had data for each participant and made these the focus of my attention. Each of these data points fit into three main categories which will be discussed in the next chapter.

Chapter Four: Results

My analysis revealed 15 emergent themes that were present in the experiences of all five participants. I grouped them into three main categories, five themes relating to her, five themes relating to him, and five themes relating to the therapist/therapy. As I analyzed the data, I noticed how the themes that related to her were each linked to the themes that related to him. They seemed to form pairs where her experience was the direct result of, or very closely related to, the theme that related to him. I will present these paired themes first followed by the other themes.

Table 1

Emergent Themes

Her		Him	
1	Knowing something was wrong but not knowing what	2	Partner seemed like “such a nice guy”
3	Working really hard at home, in the relationship and in counselling to solve the problem	4	Partner does minimal amount at home, in the relationship, and in counselling
5	Unable to speak freely at home or in the counselling room for fear of retribution	6	Partner uses manipulative tactics at home and in the counselling room
7	Physical and mental health impacts	8	Partner won't address his own issues or go deeper in counselling

9	Conceptualization of abuse as physical incidents	10	He used many different tactics without physically assaulting her
Therapist/therapy			
11	Assumes equality between the couple		
12	No progress in counselling/seems stuck		
13	What was helpful about couples counselling?		
14	What was harmful about couples counselling?		
15	What participants think therapists should know		

Themes Relating to Her and Him

Of the fifteen emergent themes, five reflected the impacts and experiences of the women in their relationship and in the counselling room. These themes were 1) knowing something was wrong but not knowing what, 2) working really hard in the relationship and in counselling to understand and solve the problem, 3) unable to speak freely at home or in the counselling room for fear of retribution, 4) physical and mental health impacts, and 5) conceptualization of abuse as physical incidents. Each of these themes link to a theme related to the partner or are a direct result of the partner’s action or inaction. I will present the themes that relate to Him in juxtaposition. The themes that relate to the action, inaction, or attitude of the partners were 1) he seemed like such a great guy, 2) he doesn’t share in home and parenting responsibilities, 3) he is manipulative in session, 4) he won't address his own issues or go deeper in counselling, and 5) he used many different tactics without physically assaulting her.

Themes 1 and 2: Knowing Something is Wrong/He's Such a Great Guy

The first pair of themes are 1) knowing something is wrong but not knowing what and 2) he seemed like a really great guy. I have paired these two themes together because they are related. The overarching sense for her is one of confusion as she tries to make sense of what she is experiencing. For him, he has deliberately presented himself in a way that hides his true intent for being in the relationship.

Theme 1: Knowing Something Is Wrong but not Knowing What. When I had completed all five interviews this theme was one that came through clearly without me having completed the interview analysis yet. All five participants had talked about knowing something was wrong in their relationship but not being able to figure out exactly what. They all shared some version of how they had wondered if the problem lay with them, or with their partner. They explored ideas such as whether they had depression or were “going crazy”. They wondered whether their partner had mental health issues or was struggling with stress or some past trauma from childhood. The words “confusion”, “confused”, and “confusing” were used by the women to describe this state of “not knowing” and “wondering” as they tried to make sense of their relationships.

P1 (Suzanna) describes this sense of something being wrong and her attempt to resolve the situation by exploring whether she might be experiencing postpartum depression:

In Spring, that was when we started talking about divorce because I knew something was like, seriously wrong. So, prior to that, when [our daughter] was born, I knew things were so wrong, I thought they were wrong with me. So first I thought maybe I have postpartum depression.

She attended a postpartum group but found it made no difference to how she felt. She then wondered if her partner was depressed having seen signs such as him being irritable, isolating

himself, and gaining weight.

P2 (Ruby) talked about how she had “ruled out anything really crazy in the dating part” describing her partner as kind, fun, and intelligent, and stating “there were no red flags” in the beginning. Then she described a shift “right away after we got married, I knew things were off and it was just small things that were just like, ‘Oh that’s weird’”. Ruby told me how her partner had seemed grumpy on their honeymoon, wanted his things to be arranged in a certain way in the house, or would suddenly take off without telling her where he was going. She described a sense of thinking ‘that’s odd’ rather than seeing these as red flags or making other meaning of them. Her words seem to express her experience so well when she told me “So it was just very confusing, would be the biggest word I could use to describe it really, really confusing.”

It was a similar experience for P3 (Margy) who said, “I just couldn’t put my finger on what exactly it was initially”. Like P1, Suzanna, as she tried to make sense of her experience, she too focused on herself. “I’m just being selfish. You know, I’m the one with the problem, I’m expecting too much.”

P4 (Shelley) described how she “saw a lot of signs that were troublesome but, I don’t know, they could always be easily explained away”. She told me how he would like to do couples check-ins to see how they were doing, and how this really appealed to her, “he seemed so empathic and sensitive”. However, she also told me that she’d wanted to break up with him on numerous occasions because “I knew something was wrong”. She went on to say “It was very confusing”. And again “It kept me confused for so long”. In this quote from Shelley, it is clear that there is a link between the “signs that were troublesome” and him seeming so empathic and sensitive. This link became really clear as I read the last participants’ words related to this theme of knowing something was wrong but not knowing what.

P5 (Sheila) told me how her partner had seemed like a prince rescuing her from her

lonely life as a single mom of a daughter with special needs. He had seemed like “a great guy” and “was so affectionate and so loving and caring”. Sheila expressed how “I just felt like I won the lottery”. But then things shifted, and she started to see red flags. She told me she knew her relationship was unhealthy but “I couldn’t put my finger on it”.

Theme 2: He seemed like such a great guy. This theme emerged to me as I was reading through all of the excerpts from the women that related to Theme 1) knowing something was wrong but not knowing what. Each participant had referred to some detail about how great their partner had seemed to be when they first met and during the dating stage of the relationship. Presenting as a “really great guy” for a considerable amount of time before any really concerning behaviours appeared seemed to lead to the confusion. Some of these references appear in the excerpts chosen for theme 1 and are reproduced here to demonstrate theme 2.

P1, Suzanna, described how she met her partner as she was preparing to move across the country.

Yeah. So, we met when I was preparing to move out west to go to school and. Yeah. And he decided to come with me, and I thought this was like, maybe like meant to be or love and things were OK in the beginning.

In describing her thoughts about the meaning behind him joining her, it seems she interpreted his actions as being the result of destiny or love. It makes sense that the shift from “really great guy” who is so committed he would follow her across the country, to a relationship where something is wrong but she’s just not sure what, would be very confusing.

P2, Ruby, had been drawn to many things that seemed great about her partner, including his kindness and intelligence and the way they got along together. She said, “We dated for like a year and a half before we got engaged. No red flags. He was kind. My parents loved

him and we got married.”

P3, Margy, had also been really impressed by her partner, telling me how “he was charming, really inclusive and funny”. One particular incident stood out to her:

We were working with student painters, and I was the only female on the team and he was really inclusive and like brought me in with the guys so that I could feel comfortable with that. I thought, oh, that's really lovely. The other guys didn't do that.

P4, Shelley, told me how her partner had “seemed so empathetic and sensitive” and would suggest they do relationship check-ins to assess how they were doing as a couple. He was intelligent, having completed an MBA, and had lots of friends. She reflected on how he had seemed amazing at first:

It did seem amazing, but in hindsight I realized it was just a way to get in my head. So he didn't reveal anything, it was how do I figure this girl out so, so tell him how I work, what I need, what makes me happy. Yeah, it was smart.

Shelley's observation shows how she shifted her understanding of her partner's motivation as she looks back on it now knowing it was coercive control and “just a way to get into my head”.

P5, Sheila: “When I first met him, I thought he was kind of my prince because I was married before.” She expanded on this experience:

And I thought, Wow, what a great, great guy. You know, he's willing to take myself and my, my special needs daughter out. And, and he was so affectionate and so loving and caring, I instantly felt like there was, there was no, cause, yeah, I was just instantly, yeah, like it was just, like I just felt like I won the lottery. I felt like I was so lucky to have this person in my life.

Each of these extracts shows how the confusion stems from the fact that the partner had presented himself as a great guy, demonstrating many positive behaviours and attitudes

that the women wanted in a partner. When his behaviour and attitude no longer fit with the woman's existing understanding of him, she had this sense of confusion as a result of believing that the "great guy" persona was a genuine and authentic presentation of who he was.

Themes 3 and 4: She Works Really Hard/He Does a Minimal Amount

Paired themes 3 and 4 are 3) she works really hard in the relationship, the home and in counselling to understand and solve the problem and 4) he does a minimal amount in the relationship, the home, and in counselling. Again, the juxtaposition of these two themes shows the contrast between her behaviour and his behaviour. She has to do all the work because he is doing so little of it.

Theme 3: Working Really Hard in the Relationship, the Home and in Counselling to Understand and Solve the Problem. While the women were living in this state of confusion and not knowing, they all described how much effort they put into making the relationship work. They did this in many ways such as by reading books and taking courses to improve themselves. They raised their standards in the home working hard to keep things clean and up to the standard set by their partners. They also did the work suggested by the counsellors.

P1, Suzanna, told me that she tried many things to make the relationship better:

I was, like, supporting his physical health, his mental health. I actually was supporting, trying to be supportive of his hobbies, you know, like, i was doing, like I felt like everything to support him. I didn't know what else, literally, I didn't know what else to do.

She took communications courses and conflict resolution courses because she blamed herself and thought she needed to improve what she was doing.

P2, Ruby, believed that relationships needed work so she set about doing anything she could that might improve things. She told me: "So I started to pull out the love languages books.

I started to leave him notes. I figured it was words of affirmation that he needs. I started to keep track of when he would do something nice.” She also shared the lengths that she went to in the home to try and improve the situation:

I kept the house immaculate and I cleaned everything that he said and I organized everything that he said to do. And I left the washer door open and I left shirts in the right order and I cleaned up. There was not a spot, the garbage went exactly in the garbage can instead of the garage.

She concluded her recollection of her efforts saying, “So you're just, you're knocking at all the door's right? You're trying to read all the books. You're trying to do what friends are saying. You're trying all these different facets. Take more on yourself.”

In all of the energy the women were expending there was a sense of futility that is illustrated so clearly by these words from P3, Margy:

If I just keep and make him happy then, then he will not reject me. Then he won't be upset. But, you know, it's an empty pit. It's, it's just, you can never fill, you know, you're never enough, ever, ever, ever, ever enough. I could never give enough, it was never enough.

Like the other women, P4, Shelly, worked hard to try and solve the issues in the marriage. “I spent so much energy before marriage, after marriage, trying to figure out what was wrong with us and why. Yeah I put a lot of energy in”. She booked a babysitter so they could have weekly date nights, but her partner didn't come home. She found a fitness class to go to together because her partner said it would be better than going to therapy but then he stopped going. “I was so suggestible and wanting to do the work that you just had to say something and I would do it”.

P5 Sheila shared, “And I was home and I was doing it all, the house and the kids and the

job. I mean I work full time and I was just overwhelmed”

In listening to the women, I was struck by just how diligently the women worked to attempt to solve this problem that they did not fully understand. This contrasted so starkly with their partners' perceived lack of effort.

Theme 4: He Does a Minimal Amount in the Relationship, the Home and in Counselling. All the women described a massively unequal distribution of home and parenting responsibilities in their relationships. They also talked about the lack of effort made by their partners in the process of counselling.

P1, Suzanna, described how her partner did not share in the care of their daughter to the point where he didn't even know what she liked to eat. Suzanna was also the one that took care of the household tasks, her partner choosing to go off on his motorbike for days on end.

P2, Ruby, described how she had to do everything in the house and for the care of the children. If her partner did help he did it in such a way as to dissuade her from asking again:

I just knew there were things I couldn't ask him. I couldn't ask him for help with anything, and I couldn't ask him to change anything about the way he was doing things. I knew if I ever tried to ask even for help moving a sofa, he would almost break the sofa. Saying 'you wanted this' and then he would wreck the arm because he would just basically tear it off.

She learned not to ask for anything unless she absolutely couldn't do it by herself:

He would say I was nagging him when I was literally barely raising my voice at all. I would simply say, hey, can you help me with dishes or something? Only when I desperately needed the help. And even that he would consider it as an attack. So he would say I was a warmonger and all these things. And I knew it wasn't true. I knew it wasn't true.

P3, Margy felt that she had to do everything because her partner presented himself to her as so incapable. She gave a specific example of how he wanted the children to be homeschooled but did not take any part in the process himself, leaving it all up to Margy.

I never really understood why he wanted to homeschool, because he was not part of it at all. Maybe it was like to keep me tethered. Maybe it was to have this image of super smart kids who are independent. And, yeah, I never really understood because he being a missionary kid, he didn't have good things to say about the homeschool kids that came to the boarding schools or whatever, meaning he never had a positive thing to say about homeschooling, but somehow it gave him power, somehow it improved his image somehow. But he was not involved at all over the 15 plus years. You know, I had huge binders of all the kids work every year. I don't think he looked through one single binder any year.

P4, Shelly's partner saw parenting his children as babysitting. Shelly described how she coped with him not wanting to look after the children:

And he wouldn't, he wouldn't babysit the kids, he would call it babysitting. So I'd run on weekends. I became a fast runner, basically out of fear and desperation, like if I want to run 10K then I had to go faster. That was the only way to do it. So I used to go running and see how much I could fit in for 5 - 6am, because if I didn't get them by 6am, and Nolan used to get up, and then he'd make him sit in his dirty diaper so he'd get a rash, it was gross.

She had more to say about the inequality she experienced:

Like he, he did so little in the marriage. It was, it was crazy. Yeah. I the only thing he did was manage the money, but I actually kind of managed it, too, I had to pay all the bills and I had to manage all the accounts and I raised the kids alone. He used to leave for

work at 5:00 in the morning and come back, he would time it so he missed their bedtime. So he would check in, so gone from five a.m. to seven p.m. And you know, if I ever said this isn't the life I wanted, like can't we have one family dinner a week, is that possible? He would say what the fuck? Who do you think you are? Like, that's, that's crazy, like it is like I was asking for, I don't know diamonds, something insane.

P5, Sheila, described her experience, "And I was home and I was doing it all, the house and the kids and the job, I mean, I work full time and I was just overwhelmed." Interestingly, Sheila's partner bragged about this to the counsellor in a way that seemed to Sheila to present himself as if he were appreciative of her when he really was not. She told me, "Well, he just talked about, I know, he bragged about me, you know, like he's, like she, she does so much for the house. She does this. She does that."

Themes 5 and 6: She is Unable to Speak Freely/He Uses Manipulative Tactics

The third set of themes are 5) she is unable to speak freely at home or in the counselling room, for fear of retribution and 6) he uses manipulative tactics at home and in the counselling room. Again, I paired these themes together because of the direct effect that his actions have on her experience. Here the theme is one of being muted and unable to freely express herself while he engages in numerous tactics to instill fear and maintain control.

Theme 5: She is Unable to Speak Freely at Home or in the Counselling Room for Fear of Retribution. This sense of not being able to speak freely in the counselling room echoed what the women experienced at home with their partners. They talked about trying to avoid triggering their partners, describing a sense of "walking on eggshells" and the anticipation of punishment. One of the women, P4, Shelly, spoke of the role that the counsellor played in this muting of her voice by advising that she should not use the word abuse or abusive because it would scare her partner.

P1, Suzanna, recalled being asked about abuse at the first appointment with her midwife and again by two of the couple counsellors they saw. In speaking about the appointment with the midwife she told me:

And so they asked me that question, like I felt uncomfortable because even at that point in the pregnancy, like I knew something was really wrong, even like 12 weeks in, I knew something was critically wrong, but like, he was right there in the room. But like no one told me what that first session was going to be about. And, like, I just, I think I could have had more freedom to kind of say some of my concerns with him not being right there present because I have to go home to that so I feel like that the midwife and the two counsellors, like, put me in a situation where I kind of had to maybe downplay it or not share my concerns.

We explored this further:

Me: So they asked you that question and he's in the room?

P1: Yes.

Me: Wow.

P1: Exactly, and like and so even with the counsellor, the second counsellor, so that was like early February, so like at that point, like he had done most of the things, not all the things but most of the things already to me. But like, no, I didn't feel comfortable day one with him sitting right there as we're trying to get like separate like, as we are separated but trying to separate our lives and deal with everything. I didn't feel comfortable going into all of those things. Like how do you do that? It's an intro. Like he's right there, like I didn't feel like any of that was, I didn't feel like I could say like, yes, I have very serious concerns.

Me: Yeah. What was your sense of if you had said that, what do you think would have

happened?

P1: Oh, he would have denied everything, probably turned around and said that it was me doing it, and then when I got home, I, I know I would have been punished because, like, he liked to punish me. Of course, that's what they do. So he would definitely have punished me.

Me: Can you describe a typical punishment?

P1: Like they kind of varied, but the one that made me really sad was like the day after my birthday. We're having a discussion about prescription glasses because I have benefits and so I told him to get a nice pair. Anyways, he told me that I could move to the basement, start paying rent because we disagreed on the frame. So that was actually his response. It makes no sense. I don't know where that came from. Caught me totally off guard.

Suzanna described further how she knew the punishment would start as soon as they got home from a counselling session, and she didn't want her daughter to have to see it. He would yell, slam doors, lock her in a room or completely stonewall her. She would also have to apologize to him for whatever he decided she had done wrong. All of this kept her from speaking candidly to the professionals.

P2, Ruby, described how she struggled to find the words to explain why her and her partner were seeking counselling:

To explain the situation, so it was funny because obviously my anxiety, I'm trying to explain something, but without getting him triggered in front of [the counsellor], because I don't want to pay for it after the session, that I was throwing him under the bus. So, she, I think, I think she thought that I just had general anxiety.

Ruby's description captures the double bind she was in as she tried to get help for the issues in

her relationship; She was not able to clearly articulate what was wrong in case her partner reacted badly.

P3, Margy, described what would happen to her, and her thought process as a result. This excerpt demonstrates how carefully she had to think about what she was doing.

There I was always afraid of the punishment if I disobeyed him or if I walked away or if I did anything to jeopardize his (pause) sanity? I would pay for it, and so I had to always mitigate. Is this worth being punished for or can I just hold it together and suck it up and eat it for now?

Margy's situation was different from all the other women in that she knew her partner was abusing her when she went for couples counselling. She explains how she chose to openly speak about his behaviour despite the punishment she knew she would face:

I took every single session to lay it all out. I said it all, I said everything that was not okay, I said it, even though it was excruciating to have the courage to say it out loud for fear of punishment, it was excruciating knowing I was going to be a weeping, grief filled ball on the floor of every single session, and I'd have to pick myself up and drag myself out of each one of those sessions. Even though I knew that I'd be taking us, like I'd be taking a step forward with potential dropbacks. Like I just knew that I had, there was something internal like that connection to spirit and intuitions like "you can do this and you have to do this".

It is important to highlight the tremendous courage it took for Margy to speak openly and how she describes it like a force almost compelling her to speak. It speaks to her power rising up against the oppression she had been living under for so long.

P4, Shelly shared with me how the couples counsellor advised her not to use the word abuse. It seems that her partner's fear was being privileged over her fear:

So then I knew it was abuse and I tried to start using the word and Chris freaked out, he just freaked out. And that's what the latest counsellor was trying to say to me, like, you're not going to win saying that because it scares him and he's going to retreat. We want to work on the behavior. We can't call it that. We have to call it, I don't know, what he wanted to call it.

She told me how the counsellor's reluctance to label her partner's behaviour as abuse felt devaluing.

P5, Sheila, also talked about being careful in what she said in the counselling room. "I couldn't be completely transparent and honest with him sitting right beside me because I didn't feel safe to do so". And again she told me:

I felt so overwhelmed, just like so anxious and stressed if I don't say what he wants to hear because he's sitting right beside me. There's going to be consequences when we get home and the kids call it the killer eye, right, it's not the stink eye, but it's the killer eye. There's a look and we all know what that means. I was just really saying what he wanted to hear and which I felt she wanted to hear, but it wasn't really authentic on my end. Right? The caution, always very careful.

I asked her what the consequences would be:

Oh well, the rage, like he's got a bit of a temper and he would go into either a rage or the quietness, like not talking and I was kind of OK with the not talking part, but just the next couple of weeks would have been this, you know, he would have always been out or he wouldn't help me with the kids or he wouldn't contribute in the household or like he would always find reasons not to do something so not participate. And yeah, just you just you never felt safe and there's an energy and that vibration that you can walk into a space and know if it's OK to be in there or not. And my kids are understanding that part

now and understanding, now and so yeah, it just never felt safe or felt like a home. We lived in a house, but we didn't have a home and extremely uncomfortable and just walking on eggshells.

Theme 6: Partner Uses Manipulative Tactics at Home and in the Counselling Room.

A fuller description of the many tactics used by the men can be found in Theme 10. The women shared with me details of how their partners would behave in the counselling room. The overarching thread was that they were not being honest. This was shown through them telling lies about their own or their partners' behaviour. They were described as putting on a show for the counsellor.

P1, Suzanna, told me about her partner's "victim performance" and how she felt he was setting her up to look like the aggressive partner due to his passivity.

And the root of the issue, so he had this like he has this like victim performance, so like that's what he would do there. And sometimes I would get frustrated with him and I'd be like, what are you doing? Like, can you contribute? But then he would say, I was bullying him, you know? So I would say, you know, it would look like I was probably like more like the aggressor and he's just like he would just sit there. He would actually, I remember he would actually face away. I remember his body language. He would actually turn away from me and kind of like hide in the corner. And I was like, what the fuck are you doing? Why are you in the corner?

She summed up her experience by saying, "He just put it on for an hour, so. And that's the thing, counsellors, they only see at max like an hour. They don't see what someone's life is like."

Again, for P2, Ruby, there was the experience of her partner showing up very differently in the room for counselling than how she experienced him at home. This led their first couples counsellor to focus on Ruby, hypothesizing that she had never felt loved. Something that simply

wasn't true. Ruby told me, "She's like, "well perhaps you've just never had someone support you before", because he was just very calm and, speaking very level headedly". Later, Ruby and her partner saw a different counsellor and her partner gave "the right" responses to questions but no real change occurred.

So the reality of the integrity and availability in my marriage was a vast difference to what was being said, and there was no checking in to find out if what was being said was actually true. It was assumed that if you said it, it was true, then we could move forward. That was incredibly difficult because obviously his behaviors at home didn't change. So, if the counsellor said, hey, can you do dishes once this week, he would do it once, yell about it, complain but the counsellor would get all excited. See that? He did dishes this week, and then he would never do dishes again after that because the counsellor never followed up to ask when he ever did them again.

Then Ruby's husband began to tell outright lies about her to the counsellor:

My husband was starting to verbally berate me in front of the counsellor, and the counsellor wouldn't stop him. So he would say, well, she just nags me all the time, she's all she wants to do is fight, this, that and the other thing and, and he would just go off and I would sit there and I knew that none of it was true. And the part that was the hardest is, you know, when something is like, well, maybe, you know, like when someone tells you, a friend tells you about yourself. I kind of do that a little, yeah, or like sometimes I have a bad day. Yeah, you're right. This is a situation where it was like. Oh, my gosh, never. I never nag because that's going to go very badly. And it's like, kind of telling someone, you know, if you're allergic to peanut butter, it's like, oh, I saw her bathing in peanut butter.

As I reflect on Ruby's experience I think about how she was trapped by her partner into being

unable to counter his lies due to the way he would punish her if she did. The reality of the relationship dynamic was never revealed in therapy as a result.

P3, Margy described a number of ways her partner manipulated the situation. Like Suzanna's partner, he played the victim:

So there was sort of this back and forth, but he, he just, he just kept saying "that's too hard. And "she's picking on me". And, and then, the session after that sort of sexual thing, that was where he just leaned into me and just tore a strip out of me when [the counsellor] was out of the room.

She told me how her partner did lots of research and used his newfound knowledge to his advantage.

Yes. And he knew, he did a lot of research, he did a lot of research on all of the counsellors. Went onto their Facebook pages, Instagram, Linked in, Googled them to find out what they were, what they were interested in. And so this guy, I think he had some interest in the Gottman theory. And so my my ex did research on Gottman. And then the third, I started by the third session, I started really laying stuff down on the table and I saw him freak out about it. And so he was like used Gottman language and that was it. I saw this, I saw the connection happen. He reeled [the counsellor] in, he had him and that was it. I knew at that moment my days, my days were numbered and I no longer, it was no longer neutral and that I was going to have to fight for everything that I belonged to. And that nothing was going to be resolved, but I had to keep putting it on the table.

The counsellor had expressly told both partners not to call him outside of sessions, but Margy's partner ignored this. "But then after our first meeting my ex called the counsellor and said, "oh I'm really worried about Margy, you know, I just want to get, I just want to help her

and I want to... this huge sob story.” Margy described how “he had enough time to make himself the victim and the hero”, painting himself as the loving and concerned partner.

It was a similar story for P4, Shelly, with her partner, Chris, who started out in counselling as portraying his love and care:

Yeah, he tried to definitely paint the loving spouse too, like he was always really good at that. So he knew what to say to make people think he was devoted. He definitely would try to hold my hand and act like he cared.

She told me how he then went on to situate himself as victim to his wife’s “crazy behaviour”:

Yeah, like it was my crazy moods, sort of, and I was, yeah, volatile and I think he said, I don't know if he said that, he never knew what he'd come home to, but maybe, that's life with toddlers, I mean it is a shit show, like you don't know what you're going to come home to.

P5, Sheila’s partner also presented himself “as such a good guy” in the counselling room, but “completely different” at home. The counsellor only saw him show this nice, supportive persona:

Well, he just talked about I know he bragged about me, you know, like he's like, she does so much for the house. She does this. She does that, it's like all the things I ever wanted to hear at home, yeah, he would say to other people. And so he comes across as such a good guy like you would like him and you know, and so that leaves you a question. Well, I like the person that you are right now in this space, but when I go home, I get somebody completely different. You know it would be nice to be told that I do a lot and a pat on the back instead of saying, well, you could have done it better or done it this way. Right? So it's almost like a Dr. Jekyll, Mr. Hyde.

Themes 7 and 8: Physical and Mental Health Impacts/ He Won't Address His Issues

The fourth pair of themes are 7) physical and mental health impacts of the coercive control on the women, and 8) partner won't address his own issues or go deeper in counselling. As the women continued to work hard to solve the unclear relational distress they were experiencing, the impacts of the coercive control manifested in physical and mental health symptoms. Again, this is in juxtaposition and arguably a direct result of the men refusing to take responsibility for their behaviour.

Theme 7: Physical and Mental Health Impacts of Coercive Control on the Women. Each of the women described how the coercive control affected their physical and mental health. They spoke of feeling anxious and/or depressed, having problems sleeping, feeling they were going crazy, and one woman even began to lose her hair.

P1, Suzanna, told me, "The impact of the relationship problem was honestly pretty devastating to like to my physical health, to my mental health, to my general well-being, to my outlook on life, to how I lived my days" Looking back on her experience Suzanna was able to reflect on how it affected her whole life.

The effect of the abuse on P2, Ruby, was leading to her feeling anxious and to get physically ill. She said, "...I had lost all energy and hope at that point. I was exhausted and started getting chronic sinus infections and just sick, sick, sick every every two weeks. We were at the doctor's office for months." One of the counsellors she saw assessed her for PTSD and the results were very high. Ruby told me, "it came up as off the Richter scale. Incredibly high. And he goes, wow, this is really high, like he was surprised, because I was having nightmares, I was, it was, it was not great." Ruby also described how she began to question her hold on reality:

So did it impact me, for sure. You start to question reality. You're like, I don't know

what's true and what's not anymore. I don't know. Am I the only one seeing this? No one else is seeing this. You feel like you have no voice and no options.

Ruby's description of having no voice and no options demonstrates how coercive control really affects a woman's liberty, taking away her autonomy.

P3, Margy, described how she started having panic attacks when she had never had them before. She said she would be fearful of being late or disappointing him.

And actually when we started dating that was when I first, I didn't have, never had panic attacks until we started dating. And it was, it was around, I wasn't going to get there in time or I was going to disappoint him or, yes, something I did was going to trigger him. But I never saw any rage when we were dating. So there was no indication.

The lack of open rage combined with Margy's panic reaction shows how the coercion is so powerful yet so hidden.

P4, Shelly described how the relationship had led her to total exhaustion and a feeling of being broken. She had no energy, was completely isolated and her self-esteem had plummeted incredibly low. She had also become very thin and was losing her hair. It was this hair loss that helped Shelly decide she was done with the relationship. "There were, like, a lot of final straws, but yeah, one of them, my hairdresser saying your hair's falling out like, fuck that! Enough, like clumps of hair, I was like come on!".

P5 Sheila described feeling overwhelmed, anxious, stressed and depressed and the toll this took on her:

Yeah, I was always trying to keep the peace and trying to keep the kids safe. I just, I just, it got really dark for me, trying to hide it from the children. And like oh, Mommy's just got a headache or making excuses, making up lies. Right. Yeah.

She also talked about starting to believe she was going crazy. "And I thought I was losing my

mind. I thought, what is wrong? I should just go to the Hospital and put myself in a room and just stay because your thinking is crazy.”

Theme 8: Partner Won't Address his Own Issues or go Deeper in Counselling. While the toll of the relationship was manifesting in physical and mental health symptoms in the women, the men avoided looking at themselves and how they were treating their wives. Some of the women described how there would be a sudden shift in their partner's demeanor when the therapist got too close to something the partner didn't want to explore.

P1, Suzanna, described how her partner wouldn't engage in the homework that the counsellor suggested they do:

The brief bits of homework that she asked us to do, like spend 15 minutes together each day, just like as a check in. I like, I agree that sounds like a good idea, but like so he would do it once, but then he wouldn't do it anymore. So like, I couldn't even convince him to be in the same room with me, so he wouldn't follow through with that. And then when we went back, like the counsellors never really talked about our homework and how that was going, really.

P2, Ruby, experienced the same thing with her partner who would not engage well with the homework given by the counsellor:

And so the trouble was that all we did was go for a walk, a walk that's it. Cause she said, you need to go for a walk with him. And for 15 minutes, he couldn't even say one nice thing. Everything was just, there's vandalism, how stupid are these kids? You know, this just complaining the entire time. The world was wrong, everything was wrong.

She noticed that when the counsellor focused on him he got angry and they stopped going to counselling.

So after about six months, I said, you know, let's stop, because the one, the one session

right before we ended, I had said to him, [the counsellor] had finally turned to him and said, OK, well, what's going on with you? And I had been open about some things that he had done and she really kind of nailed him on a couple of things. And at that point, I was pregnant as well. And, and he afterwards lost it in the car as soon as we got to the parking lot. "How dare you? You were being, you were telling her things about me that were private and personal, and your loyalty is to our relationship, and how dare you say those things about me that doesn't put me in a good light. And don't you care about our relationship at all? I thought you wanted to make it work." So at that point I thought, well, going to her is just going to make him worse, and the goal was to get things better. And so let's cut while we're ahead, and I have a baby coming anyways. And so we stopped.

This description of her partner's angry response and subsequent blaming of Ruby highlights the level of the control she was experiencing at the hands of her partner. It simply was not safe for her to tell the counsellor what was happening, and her partner successfully avoided engaging in the therapeutic process.

P3, Margy, told me how two different counsellors attempted to help her partner go deeper but he would not engage in the therapeutic process either.

I, I saw them a couple of times, like the first one and the third one tried a couple times to get him to go below the surface. That is, that is a locked and keyed, that is armoured up. There is no going there. No, there is no going there.

Margy described how her partner would suddenly shift his demeanor, which she called "going into the red zone". I asked her to explain what this looked like:

Where he, the rage is starting, where all of a sudden he's no longer, he's no longer available. He is now finding his way out. And it's going to involve some kind of, either

he's going to victimize himself or he's going to get really angry. His whole, all of his body language would change. I could just feel my own body responding to it. Yeah. And I even called it like I said, I stopped the session. I'm like, we're not going to get any farther.

He's, he's, he's gone. We've lost him. You're going to have to work with him right now because this isn't going to, this isn't going to go anywhere.

P4, Shelley, shared that the first counsellor they had seen clearly called her partner out on his behaviour. His demeanor suddenly changed and he subsequently refused to go back:

So she just said 'You can't do that. That's manipulative, that's abusive'. I remember, yeah, he kind of, I don't know if she said abusive, I want to say she did. And she was very, she wasn't labeling him as abusive, she just said that when you do that to someone that's not okay. So, I would say that was probably at least half an hour into the session and he got very quiet after that and then after we left, he just slowly, like he just, he just cut her down and he didn't do it all at once. He's strategic my ex-husband.

Shelly described how her partner Chris did the same thing with another counsellor:

[The counsellor] could sense when he was losing him so he would dial back. Once in a while, it felt like he was like, he would focus in on behaviour that was like, like legitimately bad, like awful. And nobody would say that's an okay thing to say to your wife. But you could just like, you'd lose Chris. He would, he, he'd just shut down.

He also wouldn't do the homework that was given. Shelly said, "I think I seemed to think that we would leave with, like homework or things to do, and it was only ever me that did it."

P5, Sheila's partner hid his lack of engagement in the therapy process under the guise of wanting to support and help her.

I think he just talked about how much I did and, you know, I want to, I want to support my wife and I'm here for her, I'm here for her. Right? Like we're here for we, not you.

Right? Like it's all about the wife, helping the wife. But no, not me, but you.

Theme 9 and 10: The Women Conceptualised Abuse as Physical/ He Used Many Different Tactics Without Physically Assaulting Her

I asked each of the women what their understanding of abuse was at the time they were attending counselling. They each told me that they did not know they were being abused because they believed abuse to be synonymous with physical violence. We also talked about what types of experiences they had in their relationships that to them fit the concept of being physical but wasn't being hit with fists or an object. Blocking the exit to a room and looming over a partner were some examples given by the women. Analysis of the transcripts indicated that the men engaged in 25 different tactics, but no single tactic was common to all the women.

For P1, Suzanna, her understanding of abuse was shaped by her family of origin. Her Dad had abused her Mom and escaped from him when she was very young. She told me how she had studied domestic violence in her profession as a social worker and was familiar with the power and control wheel. She had taken a course on Intimate Partner Violence and even voluntarily wrote a paper about the lack of training for social workers in this particular issue. Despite all of this she still thought of abuse as physical and therefore did not associate her experience with abuse:

I've thought about this so much like, how was this not obvious to me, like, I don't understand how it wasn't obvious. I feel like such an idiot that, like I didn't see it. So I don't know really how counsellors can learn what it is unless they actually honestly go through that experience and, and feel it because it's a feeling now I know what the feeling is in my body.

As we explored the issue of what types of behaviours constitute physical abuse, she told me about an incident involving a mallet.

There was the incident with a mallet that scared the shit out of me because I thought he was going to attack me with it, but he wouldn't say anything, there were no words coming out of his mouth. But he was really pissed off at me. He went downstairs to the garage and I'm standing at the top of the stairs and I watched him walk back up carrying a mallet, looking fucking pissed at me, brushed right by me and went into the kitchen. He was mad at me because I packed up my own pepper shaker because I was starting to leave. He was mad I took my pepper shaker! And so he was smashing the peppercorns, like on the counter. But I was getting freaked out. I was like, fuck, what's he going to do next? Right. So anyways, but before I would have never called it physical violence, it would be like, like "that was a crazy episode, I'm not sure what that was". But, but, the answer is that was physical violence.

This story illustrates the way a man can use intimidation and the threat of physical harm to keep control. I was aware of my own bodily reaction of fear rising in my body as Suzanna described this incident to me and this made me reflect on how terrifying it must have been for her.

P2, Ruby, told me how she had not known she was experiencing abuse at first but after her partner's behaviour began to escalate towards physical assault she started to wonder and began to name the behaviour as abusive. She describes the first time he was openly physically aggressive towards her:

He got out of the car faster than I've ever seen him get out of the car and I was getting my son out of the backseat and I realized he was booking it around the car in the garage, and I suddenly became fearful and I grabbed my son and I ran into the house and he blocked me against the front door. So I'm holding my baby, with the baby, and he began to lunge and punch at me, but not hit me. So there was zero contact, but I was terrified because if he followed through, it wasn't about me anymore.

This incident is another good example of how a man doesn't actually need to lay a hand on his partner to terrify her. Ruby shared that her understanding of abuse, before she learned the fullness of it, was that it involved physical incidents such as being hit, spat at, and physically hurt. She also shared that she had thought it happened to women of low socioeconomic status and immigrants, not between people like her and her partner who were university educated.

P3, Margy, told me she had a sense from the beginning, "I just always knew in my gut that I was in an abusive relationship" but this did not become concrete until she read the book *When Love Hurts* (Cory & McAndless-Davis, 2016) which changed her perspective. Her understanding up until then was that abuse involved a stereotypical woman with teeth missing, who lives on skid row, has unkempt kids, can't keep a job, always in the ER, her partner is a drug addict, or alcoholic, a blue-collar worker, not a CEO of million dollar company. According to this understanding, Margy, and her husband did not fit the stereotype. She believed abuse was physical and sexual and had no idea it involved so many other tactics.

P4, Shelly also came to understand she was in an abusive relationship through reading the book *When Love Hurts* (Cory & McAndless-Davis, 2016). She told me how she went back to her first counsellor who named the financial abuse she was experiencing:

I remember she looked at me and said, that's not OK, Shelly, that's abusive, because he never hit me, and I didn't understand what he was doing but slowly, she was specifically referring to the financial abuse, and I'd never heard of the term financial abuse, but he had cut me off from any form of money.

Prior to this new understanding that abuse was about way more than hitting she had thought that abuse was only physical.

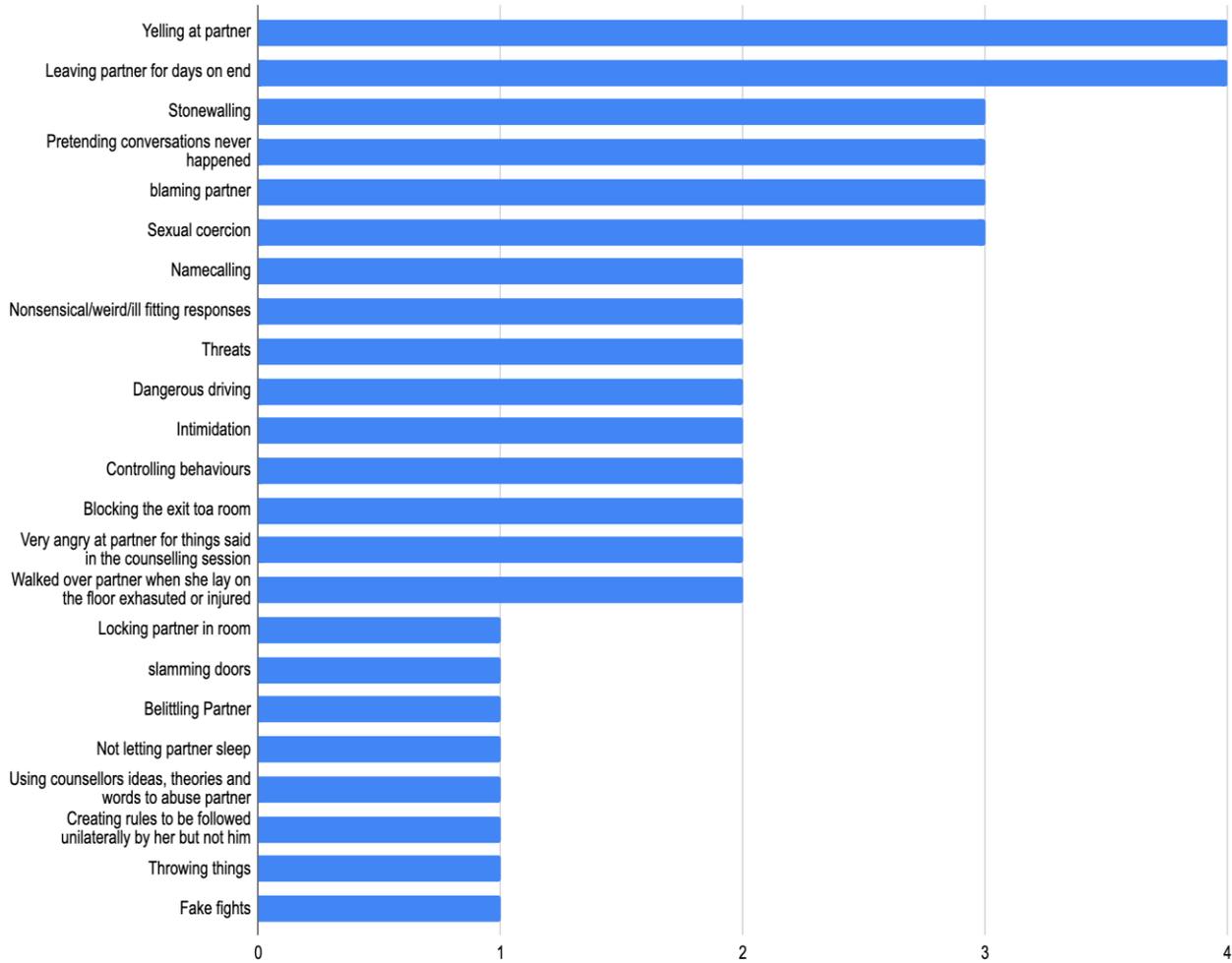
P5, Sheila, told me the same as the other participants. "So part of my issue was that I didn't know I was being abused because I was not being hit. Right? So I never took into account

the verbal, the emotional, the intellectual, the financial, all those other realms.” She had thought she was going crazy until her friend shared a book with her. “My girlfriend gave me *When Love Hurts*. And by this time I had already left and I thought I was losing my mind.” Reading this book helped her to feel relieved and validated.

Theme 10: He Used Many Different Tactics Without Physically Assaulting Her. My analysis identified 23 different tactics used by the men which resulted in the women fearing their partners reactions, responses, and behaviours and enabling him to control her without her knowledge. None of these tactics involved physical assault. Table 2 shows the various abusive tactics the participants experienced from their partners and the number of participants who spoke about each tactic. The most common tactics were yelling at the partner and leaving the partner for days on end. Four out of five participants experienced these tactics. The next most frequently experienced tactics were stonewalling, gaslighting, blaming the partner, and sexual coercion, the latter of which 3 of the women talked about. Of the 23 tactics participants spoke of, 6 were experienced by 3 or more of the participants. The remaining 17 tactics were spoken of by 1-2 participants. The remaining tactics were name calling, locking partner in a room, slamming doors, belittling, nonsensical responses, disrupting partner’s sleep, threats, dangerous driving, intimidation, controlling behaviours, using counsellors words against partner, throwing things at partner, instigating fake fights, blocking partner from exiting a room, anger at partner for speaking truthfully in counselling session, walking over partner as she lay on the floor exhausted or hurt, and creating rules to be followed by her but not him.

Table 2

Tactics used by partner and number of participants who experienced each tactic



Themes Relating to the Therapist/Therapy

The next five themes relate to the therapist or the therapy. The themes are theme 11) therapist assumes equality in the relationship, theme 12) lack of progress in counselling/therapy feels stuck, 13) what the women found helpful about counselling, 14) what the women found harmful about counselling and 15) what participants want therapists to know.

Theme 11: Assumption of Equality Between the Partners

Couple's therapists generally view the couple as a system where each partner affects the other. This leads to the conceptualization that relationship problems are caused equally by both partners. This was certainly the sense that came across from the therapists who the women engaged with. Three of the women had therapists who used the Gottman approach. P4, Shelly, who had attended a Gottman weekend told me how Gottman himself stated "that he could tell within five minutes if a couple was going to stay together, but also that he said pretty early that every relationship is salvageable."

The Gottman approach was used by the couple therapist who P1, Suzanna, saw. The therapeutic work began with her and her partner completing the Gottman relationship survey. She went on to tell me, "I don't feel like either of them, either counsellor got to know us and what was actually going on, I felt like they didn't actually probe or ask, no one asked any questions about abuse".

This understanding that each partner is equally responsible had influenced P2, Ruby's approach to counselling:

Yeah. That being said, I knew that I couldn't point the finger because then there's no way that I, you know, he would go for counselling if it was just me saying this is what's wrong. So I was equally in ownership of the relationship problem.

She told me how one of the counsellors had said "I'm trying to get the two of you to work together" despite this counsellor having experience with abusive relationships.

P3, Margy, shared this example of the way one of the counsellors worked with her and her partner:

I think what she tried to do in both, in one session, she's like, OK, this is we're going to focus on Margy has some concerns. So let's unpack that and let's do the mirroring back

and forth. And she's like, and don't worry, like we're just going to work on this little thing right now so that you both can come to see how each other feel about that. And the next session, Walt, we're going to talk about something that you would like.

Another example for Margy that shows this way of thinking is her individual counsellor's refusal to name the relationship as abusive:

She wouldn't call out the behavior as abusive. And she really tried really hard to not keep me in the victim role, which was great, like I really appreciated that, like she's like "victimized" lets move out of being a victim to try to move into a more empowered place. But I really, really wanted her to call it out and to name it.

This not naming was experienced by Margy as invalidating and by refusing to use Margy's language the counsellor is privileging her view of the situation above Margy's.

P4, Shelly and her partner Chris saw the most therapists during their relationship. Shelly described how there was generally a sense with all the counsellors that both partners shared equal responsibility for the marital problems:

But what I definitely could see in hindsight, and I think at the time, is he was, he, they were coming at this from the like, it takes two, everything's 50/50. You both have to give. So he'd be like, you know, maybe Shelly needs a little more help around the house and maybe you need to be kinder to him, sort of thing. So it was very much we're going to come at, you both need to do the work, everything's equal, you're equally responsible. And yeah, that was the view of counselling.

Shelly and Chris even went to an intensive couples counselling weekend with John Gottman. She said "Gottman seemed to come at it, again, from this point of view of you both lead to this".

P5, Shelia's sense was that the counsellor saw them as equals, simply advising them to go on more dates:

So we went and you know, she, she didn't ask any questions regarding the relationship really. And, and she just said we needed to go on more dates, we needed more date time and to, you know, she never saw us one on one.

Theme 12: Lack of Progress in Counselling, Feeling Stuck, Feeling of not Going Anywhere

Each participant spoke about a feeling of the therapy making no progress, not going anywhere or being stuck and pointless. This was reflected in the number of counsellors the women engaged with over the course of their relationships. With the exception of P5, Sheila, who only saw one therapist, the women saw an average of 3 different counsellors. The range was from 1-6 different professionals.

P1, Suzanna told me “I felt like we weren't moving forward, we weren't going anywhere. I felt like we were just wasting time.” She also told me how her partner would mock the counsellor for this lack of progress:

So, like, for, yeah, so for me, immediately after, I generally didn't face the consequence because nothing happened in the meeting, the counselling sessions, nothing got done. So maybe that was good, and he would just make fun of the counsellors. Because he would joke saying nothing got done.

P2, Ruby, described the lack of progress this way, “So again, it's just not getting to the root cause of what's going on. You're just looking at all of the chaos up here and you're not actually getting down to the why”.

For P3, Margy, she talked about how the counselling “didn't shift anything” and how she realised that “nothing was going to be resolved”.

Similarly, P4, Shelly, described her experience: “So we went to this guy in [the city] and it just felt weak, just like it didn't do anything”.

P5, Sheila, had the sense right from the beginning that counselling wasn't going to work.

She told me it wasn't productive and simply didn't lead to anything:

And so I really didn't feel that it wasn't going to, it wasn't going to dig into the issues, it wasn't going to dig. So she just thought more couples, more time together because he travels for work. And I was home and I was doing it all, the house and the kids and the job, I mean, I work full time and I was just overwhelmed. You just need to spend more time together. And so none of the issues were ever really raised or never really brought to the surface. And I just didn't feel that she was the right one. And I wanted to change counsellors and he didn't want to. So that's why it was only three sessions. So I just didn't feel that it was worth my time, even though I wanted to save the relationship. But it's like, you're not listening to what I'm saying. Like, we don't need to go out on our dinner dates. I don't need to do more dinner movie dates. Right? Like how many dinner movies can I actually do?

Theme 13: What the Women Found Helpful About Counselling

Overall, there was very little that the women found helpful about the counselling that they engaged in. When I asked this question, each woman had to think hard to recall anything that had been of help. Despite their experiences being overwhelmingly unhelpful three of the women were able to name some small things. P2, Ruby, P3, Margy and P4, Shelly, had all found individual therapy to be of some help.

P2, Ruby shared about her experience when she found an individual counsellor who had experience of working with abuse in relationships. She told me, "So the thing, the thing that was helpful about him was that he listened and he didn't make me feel crazy." She went on to say it was "a safe place that I could actually be upfront and say some of the harder truths." The sessions happened via video conferencing which Ruby said was also helpful because she never knew when her husband would be around to look after the children.

For P3, Margy, individual counselling helped her find her voice and gave her courage to speak her truth in her couples counselling sessions:

I realized, okay, I have a voice and I can use it, and I can withstand the punishment. So, I think that was helpful and so that helped me with the next three or four to just even though I guess I realized I had more courage than I gave myself credit for.

With the courage found from working with her individual counsellor, couples counselling gave Margy the opportunity to “get it all out” and say what she felt she needed to say:

I think, again, that... was it helpful? Well, it didn't shift anything. I don't think that any of them shifted anything. If anything, it just shifted me. And it just, I just saw his parts. I'm like, you have one play, one play, and that's it, and so to just be able to see that.

So it wasn't that couples counselling helped the relationship change but it helped her to recognize the reality of her partner's role in the relationship problems. It seems that this was in conjunction with the strength she found through working with her individual therapist.

P4, Shelly had the experience of her individual counsellor naming the abuse in the relationship. Shelly then returned to this counsellor many years later when she came to really be able to understand that it was abuse that she was experiencing. For couples counselling, Shelly said that very little was helpful. However, she did recall something positive from some therapy that used a co-counselling format, where each partner had their own therapist. They were able to take breaks, a much-needed aspect when things felt unsafe for Shelly. She said, “And often it would get so nasty we'd have to break out. It wouldn't feel safe to one of us, usually me, and we'd have to break away”. She also recalled that her partner “lost his cool” which had never happened before and which she found to be validating.

It also helped that for the first time Chris lost his cool a couple of times because he had been infallible till then, so nobody had seen it. It didn't happen much. It was usually me that was crying, but a couple of times he lost his temper.

Overall, there was very little that the women found helpful in the couples counselling process. In fact, P1, Suzanna, could not think of a single example. Similarly, P5, Sheila said "I just lived in hope that she would ask the questions “.

Theme 14: What the Women Found Harmful About Counselling

The women had a lot more to say about what they found harmful about counselling. The one exception to this was P5, Sheila, whose time engaged in counselling was significantly less than the other women. Sheila told me “No, I wouldn't say anything was harmful. I would just say things were not productive.” She could see that it was not going to work so she stopped counselling after just three sessions. For the other women, they all engaged in multiple counselling sessions with multiple counsellors and talked about a wide range of harms.

P1, Suzanna, a social worker, told me she found the counsellors had a power-over approach which she found harmful, “because with the counsellors, it's often, a lot of them, it's power over still. They control the conversation, they control the questioning, they control the time, they control the flow”. She contrasted this with help she had received from services which specialised in domestic abuse support:

Like just recognizing all the things that I'm doing and all my strength, so they saw that, and they would comment on that like, you know, even they're like, thank you for calling us even something like that, because like women like we feel like we're a burden to others. Right? We don't want to make those calls. We don't want to bother somebody else with our problem.

Other harms that Suzanna noted were unskilled counsellor judgement, faulty case conceptualization, and the expense of counselling.

For P2, Ruby, harm came from “assuming that I should be able to put up with higher and higher levels of abuse and the assumption perhaps that I was sharing everything that was going on when it's impossible to do that in a session”. She went on to say “I think harmful was assuming that I had some kind of anxiety disorder or something, that it was somehow my inability to stand up or my issue”. She also told me how the counsellor had praised her for being patient with her partner, “the trouble was he then felt licensed to escalate because now the small stuff was getting missed.” Other harms included the counsellor unintentionally joining in the narrative of something being wrong with Ruby and not her partner, and simply not getting to the root cause of the problems. Finally, she concluded that, “the most harmful piece is that, giving him the tools to use against me, the words and the making me feel unsupported and sort of crazy when I wasn't being defended.”

P3, Margy, told me that the counsellor never touched on the issue of abuse despite her openly writing about it on the intake questionnaire. She also listed the incident where her partner had called the counsellor claiming he was really worried about her, the counsellor allowing the call and then not telling her about it despite the counsellor having clearly stated this was not allowed. Further to this breach of boundaries Margy told me that the counsellor did not own his mistake when confronted:

He put it back on me, you know, I was just, you're making too big of a deal about it. It was a quick five-minute call, I was just trying to reassure him that he would, I'm like, yeah, but you still had it, you still had a conversation with him.

The counsellor, believing that the phone call was a genuine expression of her partner's care, could not understand Margy's response and therefore minimized it, inadvertently joining in the partner's manipulation.

P4, Shelly described what was harmful for her. She told me how a key document went missing resulting in privileged information being used against her in court:

I don't know what Chris did, but his counsellor lost the document. So it was this document signed by the four of us, and we should have all been given a copy, but we weren't and he lost it. So Chris used it all in court, everything, because it was a great way to get me to reveal myself, show where I was coming from and what my strategies were. And he took it all to court. And there's nothing we could do because we, because the counsellor lost the document. And he was kind of like sorry? Barely? But yeah it was so bad. It was "The Thing".

In addition to this harm Shelly said that not being able to name the abuse as abuse and focusing on how it scared her partner to use that word was the most harmful thing.

Theme 15: What Participants Want Therapists to Know

Each of the women had lots to offer in answer to my question: If you had the opportunity to speak to a group of counsellors, what would you say?

P1, Suzanna, responded emphatically including herself (a social worker who had not recognised her own relationship as abusive) in her own recommendation:

You're doing harm and you're not aware of it. And like for doctors, their like, first oath or whatever is do no harm. So I understand we're not doctors, but just the fact that we're so ignorant about what we're doing and we think we know it, like we think we know it all.

She suggested counsellors should receive training on abuse including how to assess for abuse effectively, and what red flags to watch for.

P2 Ruby, a professional in healthcare also raised the issue of doing no harm. She highlighted the importance of counsellors needing to be aware of the high prevalence of abuse:

I think the biggest thing I would say is to do with the prevalence of abuse. It's guaranteed they're going to see someone who is either in an abusive relationship or is coming out of one. Guaranteed. So the question isn't, *will* I see someone, it's what I'm going to do *when* I see someone and will I, will I recognize it and will I be able to support rather than, because in the health care, there's that expression, first of all, do no harm.

She went on to say:

And it's going to be hard because you are going to have to choose who you believe. You can't believe both people, even if you want the truth to be somewhere in the middle so that it makes sense, and there's a perfect bow on it and everyone thinks you're awesome as a counsellor. And you are going to have to pick a side, to a degree, if it is an abusive relationship. And that's going to mean that one party is pretty upset with you.

You have to be comfortable knowing that.

Ruby said "I think the other thing is really that analogy of thinking of it like cancer rather than like rehab". She elaborated on this:

There are some things that you can fix with exercise and care and you can correct a sprained ankle and you can strengthen it. But if there's a bone metastases, you need to do surgery and you need to refer on for that. So I think getting really clear about what are the red flags that I need to screen out and when do I refer on, who do I refer to and and going, you know, I mean, cancer is just, you know, someone's body system, cancer is taking over someone's healthy cells. Well in abuse it's the same, it's the actions and

words taking over somebody else. So, sort of being able to, I think the education and being able to recognize that it won't come across and go "hi, I'm cancer" or "hi I'm abuse". Yeah, but to always kind of have that curious disposition.

When I asked her more about what red flags a counsellor could watch for, she said, "power and control. It isn't about hitting". She expounded on this:

It's the power and control dynamics. And those, just like a cancer, you can get cancer cells in your liver versus your pancreas versus your gallbladder versus breasts versus testicular cancer. And it's all going to present with very different symptoms. But with abuse, it's going to present 100 different ways, it could be, you know, not letting her see her dog. It could be, you know, so there's all these different ways to have power and control over someone.

In her cancer analogy power and control are like the cancer cells. The theme to look for is power and control coming up over and over again. Ruby suggested asking harder question and looking deeper to the whys. She noted that other red flags are that the kids are regressing, she doesn't have money to pay the bills, she has a sense of confusion, looking for the answer to an unclear problem. She also said she believes counsellors should meet the partners separately to get more information. "It won't look like how you think it will look. She could be clear and articulate and calm in presentation".

Like P1, and P2, P3, Margy was clear and emphatic when she spoke about what she would like to say to a group of counsellors:

Listen to what she is saying. Believe what she is saying, whether you agree or not, believe what she is saying, she has no reason to make this up. There is no gain for her to make this up. She is already risking everything to come to you and tell you what's happening in her life, because when she leaves this room, she might be in the E.R. in 24

hours. I would say one of the biggest things the abusive person does is they destroy the other person's intuition and internal trust system. Help your clients reconnect to themselves so that they can entrust their internal guide so that they can connect to their intuition and their gut and believe it, because they have been told and manipulated upside down to the fact where they've lost complete connection to the beautiful, incredible part of their essence.

She went on to say that couples where one partner is abusing the other are not just two people who have grown apart. There is a power imbalance which effects how the woman presents herself:

She is probably pretending or acting or being a certain way in front of you because she's afraid, she's deeply, deeply afraid and she cannot speak the truth in front of this person because she will be punished and you will never see that.

Margy also made the point that abusive individuals are not interested in changing, "they're interested in power, entitlement, superiority, and they're going to believe they're better than you anyways." She said that because of this attitude, they will doubt the counsellors expertise and they won't be invested in the process.

P4, Shelly advised that counsellors need to name what's happening but must do so privately to the woman. She also suggested therapists read the book *When Love Hurts* (Cory & McAndless-Davis, 2016) and attend the training workshop that the authors run for professionals who work with women in abusive relationships.

Understand that abuse is so much bigger than beating. Like people just want it to be about the hitting, but it's much bigger, which kind of explains why women stay. It's not, people always say, I'd never stay with a guy who hit me, but they're already so in your head by that point, if it's got to that level.

Shelly added that you can't have counselling when an abusive dynamic exists but suggested "if they suspect that it's abuse or if they've seen enough to know it's abuse, send the woman to a support group". Ultimately it was a When Love Hurts support group that helped Shelly to break free.

P5, Sheila recommended that counsellors talk to each partner individually, and "read When Love Hurts to understand what abuse actually is. And so that way they can see the signs of the woman showing, if they're showing abuse". She also spoke about the importance of becoming aware of what equality really means, what feminism really means. She pointed out that:

And we, I think we live in a society that really minimizes abuse. And really, like the movies and the music and it's everywhere. You know, we live in a rape culture. Right. Like listen to a lot of the lyrics of the music. And singing, you know, rape is almost in every movie and the technology and the access to porn. Yeah. Like it's just it's just everywhere. So educating. Yeah. You know, what equality really means and what feminism really means and so doing that background first.

Chapter Five: Discussion

Introduction

The purpose of this study was to assist counsellors in understanding and spotting coercive control in relationships. The concept of coercive control is not widely known or understood, however, it is a pervasive issue affecting couples globally. It is possible, and highly likely, that legislation will soon be made that will mean coercively controlling behaviour becomes a criminal offence here in Canada. Coercive control will quickly come into the forefront and therapists will need to adjust. If a crime of coercively controlling behaviour comes into effect, the need for counsellors to understand and spot it in their clients is expedited. The need to do this already exists, from an ethical basis, since counsellors are held to a high ethical standard, but due to the historic positioning of women in society, the history of the women's rights movement, the lasting legacy of abuse being understood from the physical incident model, and the persistent presence of patriarchy and misogyny, it will likely only change when the legislation comes in.

This study highlights the need for widespread reeducation around the issue of domestic violence/abuse. The results reveal that the way the men behaved was a key factor in the experience of the women. She was blocked from getting help because of his actions, inaction, and attitude. Most of the counsellors did not spot what was happening and their approaches were unhelpful at best and harmful at worst.

Puppet on a String

An image that helps to convey what living with a coercively controlling man is like is that of a puppeteer with a puppet. However, this puppet is an autonomous human being with her own mind, her own volition, her own desires, and her own ability to reach those desires. She has no idea that her partner has attached strings to her, and she no longer has her autonomy. The

puppeteer, does not want her to live her life in an autonomous way, after all, how will he be in a position of centrality if she can choose herself and her own desires over him and his? The puppeteer knows the rules of mutual relationships; he simply doesn't like them, feel the need for them, or see them as serving him in any way. He plays by a different set of rules, ones which used to exist in a much earlier version of this game, when women were considered the property of their husbands. To hide the fact that he's playing by a different set of rules, he must look as if he is playing by the new rules. Sometimes he keeps the strings of the puppet loose and she can freely move and engage in her life as she desires, having seeming autonomy; but sometimes he pulls the strings tight so she is restricted in what she can do freely. At other times he pulls the strings tight and apart in opposite directions, creating impossible double binds. All the while the strings remain attached, ready for him to pull whenever he wishes to assert control over her. Feeling the strings tighten and pull at her, she resists; she pulls them back trying to go in the direction she wants. However, she quickly learns when it is safe to do this and when it is not, adapting in an attempt to avoid his punishments. He can and will adjust his patterns, shifting the established rules so she can never be sure if the tugging of a string will result in resistance or movement. She can not risk him feeling her tug, so she becomes more and more on guard, tugging less and less. The strings are of course invisible, and he hides his true motives and his true feelings, so she only ever gets a distorted picture. She believes they are living by the same rules; equal, shared power, not power-over. She does not know there are invisible strings attached to her; she lives in a permanent state of confusion.

These men are abusing their partners. It's a human rights issue and hopefully it will become a crime. It is a crime against her liberty and her autonomy and her freedom. She is basically a hostage in her own home. And she does not know that is what is going on, because she believes that her partner loves her. A couples counsellor needs to be aware that this puppet

on a string dynamic exists and is highly prevalent in society. The results of my study present signs for counsellors to look for and key learnings to be aware of.

Signs of a Coercively Controlling Partner

Physical and Mental Health Issues

The way the coercive controlling behaviour and attitude of the partner manifested in the women's health is an important finding. All my participants had physical and mental health issues as a result of the coercive control that they were experiencing. Numerous studies have shown how domestic abuse is often the underlying factor when women present to healthcare providers (Eisenstat & Bancroft, 1999; Miller & McCaw, 2019;). Therapists need to understand that coercive control could be the cause of the health issues the women have. Physical and mental health issues would definitely serve as red flags for coercive control and should be part of a therapist's understanding when they are building their case conceptualization.

Confusion

All of the women talked about knowing something was wrong, but not being able to put their finger on it. A therapist could listen for this in the woman's explanation of why her and her partner are seeking counselling and in her descriptions of what she is thinking and feeling in the relationship. It may be presented as a fuzzy relationship problem. She may use the word confusion or the therapist themselves may feel confused about exactly what the issue is.

Grooming

A therapist can listen for signs of grooming, such as hearing how he was a really great guy at the start of the relationship, or even that he still can be a really great guy, but she sees this persona less and less. She may also describe a quick whirlwind romance where everything was great in the beginning. Such grooming behaviour is a classic part of coercive control (Engender Equality, 2020). The coercively controlling partner grooms his victim so that she

wants to be with him. He goes out of his way to mirror her, to find out all about her innermost, deepest feelings and what she values so that he can play the part of someone who is kind, caring, and empathic. Ultimately, he uses all those things to manipulate and control her later on. The balance of the relationship starts to shift as he begins to take power from her. She notices that something is different, but she doesn't understand what. She believes that he is the guy who he originally presented himself to be.

Sudden Change in Partners Demeanour

Another observable sign a therapist could look for is the sudden shift in the man's demeanour during a therapy session. This could look like the man not answering the therapist's questions. It could also look like him shutting down or ramping up emotionally. It could also look like him playing the victim. This shift will occur when the man wants to avoid what is being said and serves to evade the process of therapy.

He Seems Great and She Seems to Have a Problem that Does not Make Sense.

Another potential sign of coercive control is a mismatch in the presentation of the partners. Because he is not revealing the fullness of who he is and how he behaves at home, the therapist might think that the woman is the problem. He will be doing his "such a great guy" act for the therapist. The woman may even think that she is seeing what she understands to be the "real" persona again. Language to listen out for is "if only he was like this at home" or other references to the difference between how he is showing up in the counselling room and how he is showing up at home.

Little to No Progress in Therapy.

Lastly the therapist can look out for the therapy feeling stuck. It will feel as if it is not going anywhere and there is little to no movement. That is because the coercively controlling partner is not engaging in the process and is in fact actively stalling the process by lying,

continuing his crazy-making behaviour (as outlined in table 2), and playing the victim. This sign will take a while to see but is a clear indicator that something is not quite right. When this sign is added to the other signs it could indicate that coercive control is taking place.

Each of these six signs could help a therapist to identify the presence of coercive control. Individually, each sign serves as a potential red flag for coercive control. Each one by itself would not be enough of an indicator but the more signs the therapist sees the greater the likelihood of coercive control. In addition to these observable signs there are eight key learnings that can help therapists to understand coercive control.

Key Learnings

Key Learning One: The Men are Controlling the Whole Dynamic Including the Counselling.

My research showed that the men were in control just as in the analogy of them being a puppeteer. Only the puppet is not an inanimate object but a very real human person who believes that she has autonomy. She has the right to autonomy and freedom but of course she does not have either, because she is being controlled very tightly by the puppeteer who does not want her to have autonomy. He sees her as his property and believes he is entitled to her servitude and subservience. He sees his needs and his desires as more important than hers, and he sees himself as more important than her. This really came across in the way that each theme that was true for her was directly related to something that he was doing.

Firstly, she had that sense of knowing something was wrong, but not knowing what, because he had presented himself in a false way. Secondly, she was working really hard to try to solve the issues in the relationship. She was also working extra hard in the home with all the household responsibilities and caring for the children. She was also doing the work involved in counselling, trying to get a resolution for the difficulties in the relationship. Meanwhile, he was either doing nothing in the counselling, in the home, or in the relationship, or he was actively

sabotaging things and making her life much harder. Some of the ways he did this were by lying in the counselling room, playing the victim, creating higher and higher standards and unrealistic expectations in the house, refusing to look after the children, and not sticking to his word. She was unable to speak freely in her home or in counselling due to fear of repercussions.

Key Learning Two: Neither Partner is Being Authentic in the Relationship or in the Counselling Room

A second key learning from my research was that neither partner was being authentic in the relationship or in the counselling room. This was one of the findings that I found the most surprising and unexpected. I had come into this with the expectation that the coercively controlling partner would be hiding their true self, but I had not anticipated how much the women would also be hiding their true self and their full experience. It is of course for very different reasons that each is not presenting the full picture. The man is doing so to continue asserting his domination and the woman is doing so in order to avoid his punishments should she reveal the reality of the situation.

This is important for therapists to be aware of. I see this as a key finding because therapists need to know that if coercive control is happening, neither partner will be open in the room. So how does the therapist deal with this? Is there any point in continuing counselling once it becomes apparent to the therapist? How would and how should a therapist deal with this? The fact that the therapist might potentially realize that coercive control is happening way before the couple does presents a quandary. If the counsellor becomes aware that coercive control is happening, they can be more cognizant of how they interact with the couple and more careful about their interventions and case conceptualization.

Key Learning Three: Abuse is Believed to be Physical

One of the common societal myths around violence against women is that it involves predominantly physical assaults (McAndless-Davis & Cory, 2020). This dominant discourse influences the understanding of the therapist, the woman, and her partner. If all three people in the counselling room believe abuse is synonymous with physical assault, then the abuse is more likely to stay hidden. The women spoke of 23 different abusive tactics used by the men to keep her subordinate and none of them involved hitting or assault. This finding supports Stark's (2012) view of the need to shift the understanding of domestic abuse from physical incidents of violence to tactics of coercive control, designed to entrap the partner.

Key Learning Four: Clients do not Know they are Being Abused

Counsellors need to be aware that their clients will most likely think that abuse is physical, so the therapist cannot simply hope to have separate sessions with each partner and expect a disclosure of abuse. Even in a situation where a woman is experiencing physical harm, they are still likely not going to think of themselves as being abused. As Cory and McAndless-Davis (2016) point out, part of the abusive pattern is the use of intermittent kindness and loving gestures as part of the pattern of tactics. It is a powerful strategy and a key part of what keeps the woman stuck. If the partner was just utterly horrendous the entire time, the woman would be less inclined to hope for change and would more easily be able to identify what was happening to them.

Key Learning Five: Assumption of Equality and Mutuality

The therapist and the women think that the relationship is equal. The man presents as if he is also in agreement with this belief but his attitudes and behaviour in the relationship reveal otherwise. It is possible that some men may even really believe that they are in support of equality and mutuality; their core beliefs and attitudes of superiority and entitlement being

subconscious. How can this be? Patriarchy and misogyny are ingrained in the world we live in, in its structures and values. This results in all of us internalizing patriarchal and misogynist beliefs. Without doing the internal work to check our own beliefs around who is culturally privileged, anyone can perpetuate oppression unknowingly. We can think we hold a certain belief until we are actually confronted with a situation that causes us to re-examine our beliefs. We may see that what we say we believe and how we act are incongruent.

Key Learning Six: The Counsellor is in a Double Bind

Just as the women experience a sense of being “damned if you do and damned if you don’t”, the therapists are also put in a double bind. My research found that anytime the therapist focused on the partner and drew attention to his behaviours, he would try to evade it. He would shut down and not answer, blame his partner, or play the victim and then punish his partner by berating her, yelling at her, and intimidating her after the session was over. Ultimately, he would simply refuse to go back to therapy if he did not like what had happened in the last session. What is a counsellor supposed to do when they do see coercive behaviours? Is it not it job of the counsellor to point out to the couple what is happening and what they need to change? After all, by not pointing out and drawing attention to troublesome attitudes or behaviours, it could send the message that there is no problem. The present research findings did not provide an answer to this quandary, and it is certainly an area for future investigation. For now, therapists need to be aware that they are in this double bind and be careful with their interventions, knowing they could lead to further harm.

Key Learning Seven: What Helped the Women?

My research found that couples counselling was not helpful for the women and was, in fact, harmful in many ways that will be outlined in key learning eight. Ultimately, what helped the women was found outside of the couple counselling context. Some of the women

experienced individual counselling which gave them somewhere safe to be able to talk and be understood. They found it helpful to be encouraged to find their voice and reconnect with their intuition, finding strength from that. Sometimes the individual counsellor identified and named the abuse; this was found to be extremely validating. Reading the book *When Love Hurts* taught the women about the fullness of abusive behaviour, helping them to understand their own situation. Attending a *When Love Hurts* support group also increased their understanding of abuse and gave them strength to be able to make changes in their lives; meeting other women experiencing the same tactics of coercive control showed the women that the problem lay with their partners attitude and behaviour. They began to understand what was happening to them.

Key Learning Eight: What Harmed the Women?

The experience of what the women found harmful stands out in stark contrast to what they found helpful. The women named the power-over dynamic of the client-therapist relationship as harmful, pointing out that the therapist was in a position of power, controlling the questions, the conversation, and the direction of therapy. Even the way they choose to conceptualize the case, privileging their interpretation over her interpretation, was harmful. Another harm was giving the partner tools he could use against her, such as labelling her legitimate complaints about her partner as due to her anxiety. Also, the therapist viewing the abusive partner as scared and privileging his “fear” over the woman’s fear. Other harms named by the women were the therapist avoiding or ignoring the woman’s open statement that she believed she was experiencing abuse. Further to this, assuming the woman could put up with higher and higher levels of abuse; assuming that both partners were sharing honestly with the counsellor when in fact neither was; assuming her anxiety was the result of family of origin issues; assuming she should stand up to her partner; allowing the partner to berate her; the

therapist not owning their mistake when they were confronted by the woman; and losing a key piece of documentation.

The Women's Recommendations

In addition to the observable signs and key learnings that I have drawn out of the results of my research, each woman had her own recommendations for therapists. Each recommendation adds to counsellor understanding of how to deal with coercive controlling partners and the women who will often seek their help for a fuzzy, relationship problem.

Suzanna's story is so illustrative. She was a trained social worker who had personal experience of abuse in her childhood, had specialized training and experience of working with abuse and yet she still did not recognize it in her own relationship. She recommends that therapists get training on the fullness of abuse, learn how to assess for it and know what the red flags are. She said, "You're doing harm and you're not aware of it". Her words are a powerful call to professionals to do the work of educating themselves about the insidiousness of coercive control, it's hidden-in-plain-sight nature, so clear in Suzanna's experience.

Ruby's words are also important to emphasize. Therapists *will* see clients for whom coercive control is happening, therefore it must become part of their education. Without the existence of training as part of programs of qualification, the imperative is on therapists to get themselves trained. Her analogy of abuse being like cancer is a helpful one for us to adopt. Cancer cannot be rehabilitated, it has to be destroyed by chemotherapy, radiation or surgery, and once it is in the bones it becomes harder and harder to treat. As Russell and Frohberg (1995) found, it is the male belief system that has to change. Ruby's emphasis on the therapist needing to choose a side is particularly challenging for our field where we are taught to hold each client with unconditional positive regard. We must be aware of how destructive a

coercively controlling man is and how he is not simply a hurt little boy, as one of the therapists said. As Ruby says, the therapist should be looking for themes of power and control.

Margy's words were simple: listen and believe her. The tendency for women not to be believed is steeped in patriarchy. Women are often portrayed as vindictive and out to get men (Taylor, 2020). Margy said, "She has no reason to make this up". Her words about how the coercive control impacts a woman's sense of her own self are also key:

Help your clients reconnect to themselves so that they can entrust their internal guide so that they can connect to their intuition and their gut and believe it, because they have been told and manipulated upside down to the fact where they've lost complete connection to the beautiful, incredible part of their essence.

Her insights around the coercive partner's attitude towards the therapist encourage the therapist not to waste too much energy and focus on attempting to get the abusive partner to change. Whilst it could be seen as a goal of therapy, and certainly what the woman would ultimately want, as therapists we know we are limited in what we can do to help those who are not interested in changing.

Shelly and Sheila both recommend a therapist to speak to the female partner alone and to give them the book *When Love Hurts*. Shelly also suggests therapists read the book and attend the *When Love Hurts* training for professionals so they understand the fullness of what constitutes abuse and the dynamics around why a woman cannot simply leave. She also recommends referring a woman to a *When Love Hurts* support group where she can explore what is happening in a woman-centered environment and have her experiences validated. Sheila also made the point that we live in a society that promotes rape culture and abuse of women. She said that therapists need to learn about what true equality is and about feminism.

These recommendations from the women, along with the six signs and the eight key learnings, provide counsellors with much needed information to assist them in understanding and spotting coercive control when they are working with their clients. Coercive control is a massive problem, and it is essential that counsellors get educated and start to see it as a potential differential diagnosis.

Limitations and Implications for Further Research

There are a number of limitations to the present study which I will discuss before outlining my suggestions for further research. Firstly, my own lack of experience as a researcher means I likely missed some of the data from these rich interviews. There was a large amount of information to absorb and analyze and the process was somewhat daunting. Secondly, the small sample size, which is part of the methodology of IPA, limits the transferability of the findings. With further studies of this kind more and more data will be added to the literature enabling inferences to be drawn but caution must be taken when drawing conclusions from this study until more data can be gathered. A third limitation, and another aspect of employing the IPA methodology, is that the sample is homogenous by definition. This again limits the generalizability of the findings. Lastly, and arguably the biggest limitation, is that the study does not provide any clinical guidance for counsellors as to how to respond to coercive control. Clearly further research is needed to explore ways that counsellors could mitigate the harms of coercive control in relationships.

In the light of the limitations of my study, I have some suggestions for further research. The first implication for further research is to conduct more interviews to see if the signs and key learnings of this study are supported or challenged in a larger pool of data. Not only would this potentially increase the generalizability of the results, it would also likely add further signs

and further learnings to this important area of study, expanding our understanding of coercive control.

Another crucial area of further research is to investigate what therapists can safely do when they recognize coercive control is happening. Whilst it is important to understand and spot coercive control it is then necessary to know what to do next. Russell and Frohberg's (1995) work described how men's belief systems drive their coercively controlling actions. Where men became aware of this belief system, it was possible to engender change. The question of how aware a coercively controlling man is of his attitudes and behaviour is an important area for further exploration. Understanding this more may provide insight into ways to tackle this pervasive issue. If men who use coercive control can recognize and take ownership of their attitudes and behaviours, this could lead to meaningful outcomes.

Since internalized gender biases, sexism, patriarchal and misogynistic attitudes play such a pivotal role in the use of coercive control it is key that therapists examine their own propensity towards these attitudes. Research into how this can be done could be very helpful for addressing the issue of therapists inadvertently adding to the harms caused by coercively controlling partners. Without each counsellor doing the work on their own beliefs they will be part of the problem. It stands to reason that these types of beliefs could be measured, perhaps by creating a patriarchal and misogynist belief inventory. It could then become a standard part of counsellor training that student counsellors examine and challenge their own beliefs.

Recommendations for Further Professional and Scholarly Action

My first recommendation is that therapists adopt a socioculturally attuned practice, ensuring they are paying close attention to the wider sociopolitical contexts that are part of their clients lived realities. Using the ANVIET framework (Knudson Martin et al., 2019) would provide a way for therapists to address wider systemic issues. In the context of family and

couples counselling ANVIET could be very helpful for addressing power imbalances and drawing attention to who is able to influence who in the relationship. It also has the potential to tap into elements of self that men who choose to use power and control in relationships have kept well hidden, or have shut off, due to patriarchal conditioning. If those parts could be accessed and nurtured it may be possible to engender change in the abusive man. He may discover parts of himself that, if nurtured, could lead towards growth in empathy for himself and his partner, shifting the balance of power from dominance to equality.

Secondly, teaching about men's use of coercive control to gain and maintain power over women must become part of the core curriculum for counselling programs. It must be taught as standard and become a core competency. The history of work in the field of family violence, typologies of violence, and coercive control must all be taught, as well as prevalence of coercively controlling relationships, and gender prevalence. Our field needs to move away from understanding abuse in intimate relationships as discreet incidents of physical assault and adopt the new framework of coercive control, understanding it as stemming from historic and continued patriarchal dominance. Until coercive control is part of the standard core training of counselling professionals, therapists must take it upon themselves to get informed and develop competency in coercive control. It is an ethical imperative since so much harm can be done when counsellors are unaware of this phenomenon.

Finally, I recommend that coercive control be seen as a differential diagnosis. Many of the symptoms of depression, anxiety and even personality disorders, such as borderline personality disorder, could be the result of being coercively controlled by an intimate partner (Taylor, 2020). Just as trauma informed therapy is now widely understood and accepted across the counselling field, coercive control-informed therapy needs to be accepted as standard.

Reflexive Comment

I came into this research because of my own personal experience of being in a coercively controlling relationship and seeking couples counselling. Like the women in my study, I did not know I was being abused. I believed I was in a loving, mutually respectful relationship; I also knew something about the relationship wasn't quite right. I wondered about the experience of other women like me, and I knew I wanted to talk with them about their experience. I wondered how it would be similar or different to mine. It was such a privilege to hear these women's stories and learn from their experiences. I feel honoured to have been trusted to engage in an interpretative phenomenological analysis of the data that emerged and make recommendations for the counselling field to address the pervasive issue of men's coercive control of women. I hope my work will help counsellors to understand the true nature of abuse as a human rights issue and potentially be able to spot it in their work with their clients.

As a woman with these experiences, much of what I found was not a surprise to me. However, there were some unexpected findings. In particular, the finding that neither partner was being their authentic self in the room was eye opening. I had expected the abusive partner to be hiding the extent of his attitude and behaviour, but I was shocked by how restricted the women were in what they said to the counsellor. They had to be so careful to mitigate the harm that would inevitably be done to them by their partner should he be unhappy with their words or behaviour.

Another surprise was the extent to which the abusive partner controlled the entire dynamic. This has led me to conclude that counselling in these situations is completely futile at best and highly dangerous at worst. As a counsellor I am entering this field knowing I will meet clients who are being abused by their partners and I will need to know how I am going to deal

with this issue. Because my research does not answer the question of how to deal with coercive control, I feel ill equipped despite all my knowledge about the issue. I am drawn to keep learning and find answers so that men stop this behaviour and women can lead autonomous lives, no longer subjugated by men with patriarchal attitudes and beliefs.

Conclusion and Summary

This study explored how the stories of women with experiences of abuse could assist counsellors in understanding and spotting coercive control in the clients that they see. Six observable signs were identified as well as eight key learnings and finally some recommendations from the women themselves were presented. This study adds to the growing literature on coercive control and specifically brings it into the realm of the counselling field. This is a much-needed area for coercive control work to start to take effect. Counsellors are key people who will see many clients who will be dealing with coercive control as the victim attempts to figure out what is happening. Counsellors can help by understanding that coercive control is the underlying mechanism of domestic abuse, by recognizing that it keeps women trapped in domestic life, by seeing it as a human rights issue even if it's not yet a criminal offence in Canada, and by recognizing their own internalized gender biases, patriarchy and misogyny.

References

- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9–19.
- Australian Association Social Workers. (2020, November 1). *Presentation on conversational control and its links to coercive control* [Video]. YouTube. <https://youtu.be/4Ma53joLZjs>
- Bograd, M., & Mederos, F. (1999). Battering and couple's therapy: Universal screening and selection of treatment modality. *Journal of Marital and Family Therapy*, 25(3), 291–312. <http://dx.doi.org.proxy.cityu.edu/10.1111/j.1752-0606.1999.tb00249.x>
- Bradford, K. (2010). Screening couples for intimate partner violence. *Journal of Family Psychotherapy*, 21(1), 76–82. <https://doi.org/10.1080/08975351003618650>
- Brennan, I. R., Burton, V., Gormally, S., & O'Leary, N. (2018). Service provider difficulties in operationalizing coercive control. *Violence against Women*, 25(6), 635–653. <https://doi.org/10.1177/1077801218797478>
- Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, 38(2), 217–230. <https://doi.org/10.1037/0022-3514.38.2.217>
- Cambridge Dictionary (n.d.). Abuse. In *Cambridge dictionary*. Retrieved July 1, 2021, from <https://dictionary.cambridge.org/dictionary/english/abuse>
- Carlson, R. G., & Dayle Jones, K. (2010). Continuum of conflict and control: A conceptualization of intimate partner violence typologies. *The Family Journal*, 18(3), 248–254. <https://doi.org/10.1177/1066480710371795>
- Creswell, J. W., & Creswell, J. D. (2018) *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.

- Cory, J. & McAndless-Davis, K. (2016). *When love hurts: A woman's guide to understanding abuse in relationships*. Penguin Random House
- Eisenstat, S. A., & Bancroft, L. (1999). Domestic violence. *The New England Journal of Medicine*, 341(12), 886–892. <https://doi.org/10.1056/NEJM199909163411206>
- Engender Equality (2020, August 10). *Coercive control: The stages - Episode 7* [Video]. Youtube. <https://www.youtube.com/watch?v=OC99xS4mYw0&list=PLXrH0IW0vtxrc4TD4rziNu89UWxE3Jvzo&index=9>
- Goldner, V. (2004). When love hurts: Treating abusive relationships. *Psychoanalytic Inquiry*, 24(3), 346-372.
- Government of Canada. (2017). *Rights of women*. <https://www.canada.ca/en/canadian-heritage/services/rights-women.html>
- Government of Canada. (2021). *Person's Day*. <https://women-gender-equality.canada.ca/en/commemorations-celebrations/womens-history-month/persons-day.html>
- Hodes, C., & Mennicke, A. (2018). Is it conflict or abuse? A practice note for furthering differential assessment and response. *Clinical Social Work Journal*, 47(2), 176–184. <https://doi.org/10.1007/s10615-018-0655-8>
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family; Minneapolis*, 57(2), 283. <http://dx.doi.org.proxy.cityu.edu/10.2307/353683>
- Johnson, M. P. (2008). *Typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Northeastern University Press.

- Khalid, I. (2021). *The shadow pandemic: Stopping coercive and controlling behaviour in intimate relationships*. Canada House of Commons, Standing Committee on Justice and Human Rights.
- <https://www.ourcommons.ca/Content/Committee/432/JUST/Reports/RP11257780/justrp09/justrp09-e.pdf>
- Knudson-Martin, C., McDowell, T., & Bermudez, J. M. (2019). From knowing to doing: Guidelines for socioculturally attuned family therapy. *Journal of Marital and Family Therapy, 45*(1), 47–60. <https://doi.org/10.1111/jmft.12299>
- McAndless-Davis, K., & Cory, J. (2020). *When love hurts: A best practices guide and curriculum for supporting Women with experiences of abuse*. Womenkind Press.
- Miller, E. & McCaw Brigid. (2019). Intimate partner violence. *The New England Journal of Medicine, 380*(9), 850–857.
- Pietkiewicz, I., & Smith, J. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *CPPJ, 20*, 7–14.
- <https://doi.org/10.14691/CPJ.20.1.7>
- Pitman, T. (2017). Living with coercive control: Trapped within a complex web of double standards, double binds and boundary violations. *British Journal of Social Work, 47*(1), 143–161. <https://doi.org/10.1093/bjsw/bcw002>
- Roddy, J. K., & Gabriel, L. (2019). A competency framework for domestic violence counselling. *British Journal of Guidance & Counselling, 47*(6), 669–681.
- <https://doi.org/10.1080/03069885.2019.1599322>
- Ruggles, S. (2015). Patriarchy, power, and pay: The transformation of American families, 1800-2015. *Demography, 52*(6), 1797-1823.

- Russell, M. N., & Frohberg, J. (1995) *Comparison of confronting abusive beliefs and anger management treatments for assaultive males*. University of British Columbia.
- Schacht, R. L., Dimidjian, S., George, W. H., & Berns, S. B. (2009). Domestic violence assessment procedures among couple therapists. *Journal of Marital and Family Therapy*, 35(1), 47–59. <http://dx.doi.org/10.1111/j.1752-0606.2008.00095.x>
- Smith, J. A., Flowers, P, and Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE
- Stark, E. (n.d.) *Evan Stark, PhD, MSW*. Retrieved July 1, 2021, from <https://evanstark.weebly.com>
- Stark, E. (2009). *Coercive control: How men entrap women in personal life*. Oxford University Press.
- Stark, E. (2012). *Re-presenting battered women: Coercive control and the defense of liberty*. Les Presses de l'Université du Québec
- Stark, E. (2013). The dangers of dangerousness assessment. *Family and intimate partner violence quarterly* 13-22
- Snyder, R. L. (2019). *No visible bruises*. Bloomsbury Publishing.
- Taylor, J. (2020). *Why women are blamed for everything*. Little Brown Book Group.
- UK Home Office (2021). *Review of the controlling or coercive behaviour offence*. Government of the United Kingdom. Retrieved June 1, 2021 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachm ent_data/file/982825/review-of-the-controlling-or-coercive-behaviour-offence.pdf
- WHO (2018). *Violence against women prevalence estimates*. Retrieved September 20, 2021, from <https://www.who.int/publications-detail-redirect/9789240022256>

WHO (2021). *Violence prevention alliance*. Retrieved on Sept 28, 2021, from

<https://www.who.int/violenceprevention/approach/definition/en/>

WHO (2014). *Global status report on violence prevention*. Retrieved September 28, 2021, from

<https://www.who.int/publications-detail-redirect/9789241564793>

Appendix A: Review Board Approval



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Institutional Review Board Certificate of Approval

IRB ID# Neill_Kinman061121

Principal Investigator (if faculty research):
 Student Researcher: Joanna Neill
 Faculty Advisor: Dr Christopher Kinman
 Department: SHSS

Title: Making the invisible visible. Assisting counsellors to understand and spot coercive control.

Approved on: June 11, 2021

- Full Board Review
- Expedited Review (US)
- Delegated Review (Can)
- Exempt (US)

CERTIFICATION

City University of Seattle has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The Faculty Advisor Dr Christopher Kinman and the student researcher Joanna Neill have the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original Ethical Review Protocol submitted for ethics review.

This **Certificate of Approval** is valid provided there is no change in experimental protocol, consent process, or documents. Any significant changes to your proposed method, or your consent and recruitment procedures are required to be reported to the Chair of the Institutional Review Board in advance of its implementation.

A handwritten signature in black ink that reads "Brian Guthrie".

Brian Guthrie Ph D, RSW, RCSW
 Chair, IRB City University of Seattle