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Technology-facilitated coercive control: Mapping women's diverse pathways to safety and justice

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Acknowledgements

Acronyms and abbreviations

AVO	apprehended violence order
DFV	domestic and family violence
DVO	domestic violence order
FVIO	family violence intervention order
IVO	intervention order
MARAM	Multi-Agency Risk Assessment and Management (the risk assessment framework used in Victoria)
TFCC	technology-facilitated coercive control
WESNET	Women's Services Network

Key terms and definitions

Domestic and family violence (DFV) is an umbrella term encompassing intimate partner violence, as implied by 'domestic violence', and violence between family members, as indicated by 'family violence'. Family violence can include intimate partner violence and acts of violence between a parent and a child, between siblings, and more. Family violence is often used in consideration of Aboriginal and Torres Strait Islander understandings of the problem, because it covers the extended family and kinship relationships where violence may occur.

Family violence intervention order (FVIO) refers to a civil protection order—also known as a domestic violence order (DVO), apprehended violence order (AVO), intervention order (IVO), family violence order or restraining order in various jurisdictions.

Frontline worker is used in this report to refer to workers who may be in a position as a 'first responder' to identification or disclosure of DFV because of their role in the community, such as in health (eg GPs, community health, maternal and child health, hospital emergency departments), legal services (eg legal aid or women's legal services, as well as mediation, family lawyers, and other private legal representation), private psychology or counselling services, police and criminal justice system staff (eg Magistrates Court registrars).

Image-based abuse refers to intimate images (photos or video) created, shared, or threatened to be shared without the consent of the person depicted. This includes digitally altered images, such as those using editing software or artificial intelligence ('deepfake') tools and platforms. Image-based abuse is the term used in Australian policy contexts, including by the eSafety Commissioner and in the *National plan to end violence against women and children 2022–2032* (Department of Social Services 2022). However, it is sometimes referred to in the literature as image-based sexual abuse, non-consensual pornography or revenge pornography.

Perpetrator: used in this report to describe a person who engages in harmful, unlawful, or criminal acts, including acts of domestic, family or sexual violence. This term does not indicate that a criminal act has been proven through a criminal justice process.

Specialist worker, or **family violence specialist,** or **DFV support worker:** used in this report to refer to DFV practitioners who undertake a specialised risk assessment, support and case work with victim-survivors of DFV. These workers are most often based at domestic or family violence specific support services.

Stalking, including **cyberstalking:** refers to a pattern of behaviour where a person repeatedly harasses, follows or monitors another person in a way that causes them to feel fearful or apprehensive for their safety. This might include in-person behaviours or, in the case of cyberstalking, might be facilitated by online platforms, digital communications and geolocation tools.

Technology-facilitated coercive control (TFCC): refers to a range of monitoring, stalking, emotionally abusive and controlling behaviours used by perpetrators of coercive control that are enabled through various means of communications, geolocation tools and other technologies.

Victim-survivor: consistent with the *National plan to end violence against women and children 2022–2032*, this refers to people who have experienced TFCC or other forms of gender-based violence. In using this term, we acknowledge the strength and resilience of those who have experienced, or are currently living with, violence and abuse. We recognise that those who have experienced violence and the practitioners working to support them may choose to use 'victim' or 'survivor' separately or another term altogether, and their preferences are retained in quoted material throughout this report. This term does not indicate that a criminal act has been proven through a criminal justice process.

Abstract

Perpetrators of domestic and family violence are increasingly using advancements in communication and surveillance technologies to extend their abuse tactics. Concern is growing particularly about how technologies enable and amplify the coercive controlling behaviours of abusive partners and how prepared frontline workers and support services are to assist people experiencing this form of abuse to achieve safety and justice. This study draws on in-depth interviews with victim-survivors of technology-facilitated coercive control and with frontline and other support service workers who support victim-survivors, and on workshops with domestic and family violence sector stakeholders, to examine pathways to safety and justice for victim-survivors. The analysis identifies gaps, limitations and opportunities for improvement in responses to victim-survivors of this rapidly developing form of domestic and family violence. It presents recommendations directly relevant to policy and practice.

Most victim-survivors and workers interviewed reported significant gaps and areas for improvement in justice and support services. One considerable gap is a lack of understanding of technology-facilitated coercive control among frontline workers, including police, and in the community more broadly. This means that victim-survivors do not always recognise that what is happening to them is a form of domestic and family violence. When victim-survivors do realise that what is occurring is dangerous, police frequently view their reports as isolated incidents, rather than as patterns of behaviour, and diminish or dismiss them, overlooking the risks to women and children. Another significant gap in domestic and family violence services is a lack of funding for specialist suppliers to conduct technology safety scans, with some services relying on local telecommunications stores or students to check devices.

The findings indicate an urgent need for funding for domestic and family violence services, to enable them to provide women and children at risk with technology safety scans and wraparound support. There is an equally urgent need to address the lack of understanding of technology-facilitated coercive control, and the risks associated with patterns of abusive and controlling behaviours generally, particularly within the criminal justice system.

Executive summary

The term technology-facilitated coercive control (TFCC) has received increasing attention in recent years. It defines the ways an abuser uses technology to take and exert control over another person. It often, although not exclusively, occurs in domestic and family violence (DFV) contexts between current or former intimate partners. Coercive control is not a new phenomenon, nor are technology-facilitated forms of coercive control. TFCC is, however, a term that captures some of the patterns of controlling, monitoring, stalking and emotionally abusive behaviours in intimate partner DFV contexts, when technology is used to enable or facilitate that abuse—for example, through monitoring communications, geolocation tracking tools and controlling passwords and access to digital technologies.

Research suggests that perpetrators of DFV are increasingly using advancements in technologies to commit abuse, with higher rates of technology-facilitated abuse in intimate partner contexts (Flynn, Hindes & Powell 2022; Powell & Flynn 2023). Research has further found that rates of DFV, including TFCC, have increased during crises such as the Australian bushfires and the COVID-19 pandemic (Boxall, Morgan & Brown 2020; Flynn, Powell & Hindes 2021; Morgan & Boxall 2020; Pfitzner, Fitz-Gibbon & True 2020). Recent quantitative surveys of Australian DFV and legal service providers have illustrated two critical criminal justice and policy concerns about TFCC (see Flynn, Powell & Hindes 2021; Woodlock et al. 2020a): firstly, technologies are an ever-present feature of contemporary DFV and are constantly advancing in their capacity to cause harm; secondly, many specialist DFV workers rate frontline responders, including police, courts and support services, as ill equipped to respond to increasingly sophisticated forms of TFCC, leaving gaps in service provision for women. This study focuses on these gaps, providing the first national qualitative study to examine women's pathways to safety and justice as they navigate the service system in response to their experiences of TFCC.

Aims

- Identify what pathways to justice and safety exist for women who experience TFCC at the hands of an abusive intimate partner.
- Document the pathways and navigation journeys of those using and providing support services and justice provisions.
- Identify barriers and gaps in response pathways towards justice and safety in cases of TFCC, including in the context of COVID-19.
- Develop recommendations to improve women's journeys towards safety and justice.

Methodology

The study incorporated three qualitative research phases:

- in-depth interviews with 15 DFV and other support service workers from a range of geographical regions across Australia who have supported victim-survivors of TFCC;
- in-depth interviews with 10 victim-survivors of TFCC from across Australia; and
- two national DFV stakeholder workshops with 11 stakeholders from DFV services across Australia.

Results

Key barriers identified in pathways to justice included:

- lack of understanding of TFCC, including minimisation of harms and risks, especially among police;
- inconsistent and poor police responses, including victim-blaming;
- a focus on individual incidents and other evidentiary issues (eg not being able to provide electronic evidence in court); and
- retraumatisation and secondary victimisation through the criminal justice system.

Key barriers and challenges identified in pathways to support included:

- lack of understanding of TFCC;
- complex needs of victim-survivors;
- limited capacity of services to provide support (especially pre-crisis and medium to longer term post-crisis);
- securing women's safety and providing autonomy;
- lack of access within services to technological capability; and
- structural and access barriers.

Key ways to improve pathways to support identified in the research included:

- increase awareness and understanding of TFCC among frontline workers;
- improve consistency and quality of police and justice system responses;
- increase collaboration and integration across response systems;
- improve training and processes in TFCC identification, risk assessment and responses/referrals for frontline responders;
- improve specialist advanced TFCC education and training opportunities and resources for DFV workers, including having more tech support workers;
- increase funding for services for training and specialist technology safety support;
- increase accessibility and availability of early intervention, longer-term recovery and continuity of care; and
- integrate interventions that enhance victim-survivors' safety, confidence and autonomy in technology use after experiencing TFCC.

Recommendations

1. Raise awareness and understanding of coercive control (including TFCC) across the general community.

2. Improve education and primary prevention in school settings focused on technology and safety, including inappropriate online behaviours and challenging gendered stereotypes.

3. Increase funding for services to respond to the growth in TFCC.

4. Improve the quality and consistency of police and justice system responses to victim-survivors of TFCC, including through independent review and monitoring.

5. Improve frontline responder training on how to identify and respond to TFCC and support those experiencing TFCC.

6. Improve availability of early intervention support for victim-survivors of TFCC.

7. Improve advanced TFCC training and resources for all DFV workers supporting victim-survivors, including improved access to specialist technology safety engineers.

8. Increase collaboration, integration and supported transition between services across the system response.

9. Integrate interventions that provide opportunities to enhance victim-survivor safety, confidence and autonomy in their own technology use in the aftermath of TFCC.

10. Increase availability of post-crisis recovery and support, including for ongoing tech safety.

Conclusion

The findings of this study highlight several areas of need in the pathways to safety and justice currently available for women experiencing TFCC. From a widespread lack of understanding of the nature and prevalence of TFCC and the need for more consistent and informed criminal justice system responses, to challenges in early intervention and access to specialist technology safety support, many compounding barriers exist in women's pathways to justice and support. These pathways could be improved in several ways, including increased awareness of TFCC, improved training and processes and a more comprehensive range of technology safety supports. However, these improvements are dependent on increased funding. The findings of this report underscore an urgent need for investment in safety and justice systems to support victim-survivors and mitigate the impacts of the harms being inflicted on women and children.

Introduction

Background

TFCC refers to a pattern of abusive behaviours used by one person against another, with the aid of various communications, geolocation tools and other technologies, that establishes and maintains power and dominance over them. The types of abusive behaviours used in TFCC can include, but are not limited to: monitoring and surveillance, stalking, emotional abuse and threats, financial abuse and image-based abuse. Evan Stark, one of the first to write on the concept of coercive control, called such behaviours 'an offense to liberty', with a cumulative effect on women victim-survivors of DFV over time, with 'consequences they experience as entrapment' (2007: 4).

As technologies have become more cheaply and readily available, so too have they become ubiquitous in women's experiences of DFV. Yet the range of TFCC varies from what can be described as relatively unsophisticated or 'low tech'—such as abusive or threatening messages—through to more sophisticated or 'high tech' behaviours, such as surreptitiously installing malicious software on a victim-survivor's mobile device, monitoring their communications with others or secretly installing hidden wireless cameras throughout the victim-survivor's home (Flynn, Hindes & Powell 2022; Flynn, Powell & Hindes 2021). Recent quantitative surveys of Australian DFV and legal service providers have illustrated two key criminal justice and policy concerns relevant to TFCC (Flynn, Powell & Hindes 2021; Woodlock et al. 2020a): that technologies are an ever-present feature of contemporary DFV; and that many DFV specialists consider police, courts and support services to be ill equipped to respond to the increasingly sophisticated forms of TFCC, leaving gaps in service provision for women. To date, however, no national qualitative study has examined the nature and outcomes of women's pathways to safety and justice as they navigate the service system in response to their experiences of TFCC.

This report addresses this significant knowledge gap by presenting findings from a qualitative, collaborative research project conducted with Australia's peak body for DFV services, the Women's Services Network (WESNET). Through a combination of service provider interviews (Phase I), in-depth interviews with victim-survivors of TFCC (Phase II) and consultative workshops with representatives from DFV peak bodies, women's refuges (including high security and remote refuges) and crisis and counselling services (Phase III), this project sought to map the diverse pathways of women into, through and out of the services system. This report presents the findings from this project, including exploring the gaps, limitations and opportunities to improve Australian safety and justice responses to TFCC.

Aims

- Identify what pathways to justice and safety exist for women who experience TFCC at the hands of an abusive intimate partner.
- Document the pathways and navigation journeys of those using and providing support services and justice provisions.
- Identify barriers and gaps in response pathways towards justice and safety in cases of TFCC, including in the context of COVID-19.
- Develop recommendations to improve women's journeys towards safety and justice.

This report addresses all four aims, although discussion of COVID-19 is presented in a separate paper (see Powell et al. 2024).

Literature review

Rapid advancements in communication and surveillance technologies have, unsurprisingly, become harnessed as tools in the hands of those perpetrating DFV and intimate partner violence. New technologies are providing new tools for old forms of violence and abuse (Cuomo & Dolci 2021; Harvard & Lefevre 2021). DFV services and victim-survivor advocates initially observed this pattern two decades ago, particularly in the United States (see Kranz & Nakamura 2002; Southworth 2003; Southworth et al. 2005). Yet responding to technology-facilitated forms of intimate partner violence and coercive control has arguably remained under-resourced and in need of further development in Australia.

In recent years, a growing focus has been on addressing TFCC through policy, laws, programs and research efforts. The *National plan to end violence against women and children 2022–2032* (Department of Social Services 2022) includes specific mention of technology-facilitated abuse in the context of DFV as a key priority area. Programs such as *Technology Safety Australia*, administered by WESNET, provide training, resources and advice for practitioners responding to TFCC. Additionally, laws specifically focused on coercive control have been introduced or debated in a range of Australian jurisdictions. Meanwhile, Australian research has increasingly identified the extent, nature and impacts of various forms of technology-facilitated abuse, including in the context of DFV (see, for example, Dragiewicz et al. 2019, 2018; Harris & Woodlock 2019; Powell & Flynn 2023; Woodlock et al. 2020b) and image-based abuse (Flynn 2023; Flynn et al. 2022; Henry et al. 2020).

Definitions

TFCC refers to monitoring, stalking, emotionally abusive and controlling behaviours used by perpetrators and enabled through various communications, geolocation tools and other technologies (Dragiewicz et al. 2019, 2018; Harris & Woodlock 2019; Woodlock et al. 2020a). A literature review found 22 different definitions and measures of coercive control (Hamberger, Larsen & Lehrner 2017). The concept emphasises the need to see the holistic pattern of a perpetrator's abusive behaviours rather than adopting the traditional criminal justice focus on discrete incidents of physical or sexual assault—a 'violent incidents' model of DFV (Stark 2012). More broadly, coercive control has been described as a predominantly gendered phenomenon (Anderson 2009; ANROWS 2021; Stark 2007). In explaining the gendered nature of coercive control, Stark (2007) asserts that it is women's structural inequality, relative to men, that makes women more vulnerable to the strategies of coercive control. Anderson (2009) further explains that men are more able to achieve control over women because social and cultural norms continue to define the performance of masculinity as controlling others, while femininity is often characterised by caring work and subservience.

Prevalence

While little empirical research has assessed the prevalence of TFCC, a representative national survey of 4,562 Australians found that one in two (51%, *n*=2,325) adults have experienced technology-facilitated abuse victimisation at least once in their lifetime (Powell, Flynn & Hindes 2022). More than one in three (37%, *n*=852) victim-survivors said that the technology-facilitated abuse occurred in a current or former intimate partner relationship (Powell & Flynn 2023). The same study found that women were significantly more likely to experience technology-facilitated abuse perpetrated by a man (77%, *n*=983) than a woman (18%, *n*=229) in their most recent technology-facilitated abuse experience (Powell, Flynn & Hindes 2022).

Research has further begun to show that, when perpetrators of DFV are cut off from some means of access to, and control over, a former partner, they will turn towards other methods to continue their abuse. Banks and women's services, for example, have reported that abusive ex-partners use the descriptions on small bank transfers to send threatening messages (Grieve 2020). Children's toys have been used to hide tracking devices, listening devices and even video recording devices (Damajanovic 2017). Software applications (apps) to monitor a person's communications and location have also been reported as being installed surreptitiously or through coercion (Harkin & Molnar 2021). Technologies are implicated in workplace disruption through communications used for pestering and harassment, as well as various means of sabotaging a victim-survivor's employment (Showalter 2016). Some researchers have further noted that 'switching off' the technology and blocking abusers' access may inadvertently lead a perpetrator to escalate and seek other avenues to abuse; it cannot be assumed that removing access through technology will make women safer (Flynn, Powell & Hindes 2023a; Woodlock et al. 2020a).

Newly emerging research suggested that COVID-19 increased the rate and harms of DFV (Boxall, Morgan & Brown 2020; Morgan & Boxall 2020; Pfitzner, Fitz-Gibbon & Meyer 2022; Pfitzner, Fitz-Gibbon & True 2022), including specifically through the use of digital technologies (Flynn, Powell & Hindes 2021; Powell, Flynn & Hindes 2022). In an online survey of 15,000 Australian women, Boxall and Morgan (2021) found that one in three respondents (32%) reported having ever experienced emotionally abusive, harassing and controlling behaviours. However, there was clear evidence that, for many women, the pandemic was associated with either escalation or new patterns of abuse; 18 percent of respondents who had been in a relationship longer than 12 months experienced emotionally abusive, harassing and controlling behaviours for the first time after the onset of the pandemic, while 40 percent said that these behaviours had increased in frequency or severity since February 2020 (Boxall & Morgan 2021). Other Australian studies have further indicated that the pandemic and its associated measures impacted either the experience of DFV for women or their capacity for help-seeking and support (Pfitzner, Fitz-Gibbon & Meyer 2022; Powell et al. forthcoming).

Impacts

The impact of TFCC on a victim-survivor's sense of autonomy and mental wellbeing is well documented in the international literature (Harris & Woodlock 2019; Woodlock 2017). Indeed, several studies report that women experience significant psychological and emotional distress, with associated impacts on their mental wellbeing, including anxiety and depression (see Bates 2017; Henry et al. 2020; McGlynn et al. 2021; Patel & Roesch 2022; Powell & Henry 2019; Snaychuk & O'Neill 2020). Harris and Woodlock (2019) describe the 'spacelessness' that characterises the impacts of TFCC: perpetrators achieve an omnipresence for victim-survivors, with the abuse extending into every aspect of their lives at any time. Further, research into image-based abuse has suggested that, for women victim-survivors in particular, the abuse is more likely to co-occur with other abusive behaviours and to cause the victim-survivor to feel fearful for their safety (Henry, Flynn & Powell 2020). Such findings suggest that women's victimisation via technology-facilitated abuse often overlaps with the abusive tactics experienced, effectively exacerbating the impacts of each abusive incident.

Research also reveals that women from marginalised communities, including women with disabilities, Aboriginal and Torres Strait Islander women, migrant women, women living in regional and remote areas and LGBTQI+ people, are at greater risk of TFCC. They are also likely to experience greater consequences, including increased isolation and secondary victimisation through criminal justice systems (Afrouz 2021; Douglas, Harris & Dragiewicz 2019; Woodlock et al. 2020b). Henry et al. (2022) found that immigrant and refugee women can face unique challenges in relation to TFCC; these include language barriers, cultural biases from DFV support services, a lack of financial resources, lack of trust in state institutions, geographic isolation from family and friends, reliance on technology to stay connected, insecure migration status and, in some cases, a sense of shame about female sexuality and a fear of intimate images or information being shared.

Responses

Research about criminal justice responses to TFCC indicates that police often refuse to respond to TFCC, believing that it does not constitute real, physical DFV or is a minor form of DFV (Douglas et al. 2023; Flynn, Powell & Hindes 2023b; Harris & Woodlock 2022; Henry et al. 2022). Studies with victim-survivors reveal that they are frequently frustrated with police responses to TFCC, including a lack of follow-up, being told that there is insufficient evidence and being advised to go offline (Pina et al. 2021). Henry, Flynn and Powell (2018) found that gendered stereotypes and social norms, such as victim-blaming attitudes, were barriers to police treating image-based abuse seriously. Emergent research has also found evidentiary challenges concerning TFCC, including challenges proving allegations because of perpetrators using technologies that hide their identities, the need for forensic technical resources to investigate TFCC and the onus placed on victim-survivors to collect evidence themselves (Gendera, Valentine & Breckenridge 2021; Yardley 2021). Across Australian jurisdictions, new laws specifically focused on coercive control have been introduced or debated, arguably as a way to respond to some of these limitations. These laws are highly contentious, because of their potential to be weaponised against marginalised communities (Buxton-Namisnyk, Gibson & McGillivray 2022), but they are likely to impact on how policing and court systems respond to victim-survivors of TFCC and, potentially, on how support service workers may respond or prioritise TFCC. Ultimately, whether specific laws are in place or not, scholars have identified a clear need for training for criminal justice workforces in the prevention, detection and prosecution of TFCC (Flynn, Powell & Hindes 2023b; Yardley 2021).

International research has revealed that frontline workers report lacking training and appropriate guidelines on TFCC and that DFV workers can lack knowledge of laws related to TFCC (Afrouz 2021; Henry et al. 2022; Tanczer, López-Neira & Parkin 2021). Our responses from support services echoed this. Ultimately, professionals responding to TFCC frequently lack the technical expertise to support and advise victim-survivors adequately (Pina et al. 2021) and an in-depth understanding of TFCC as a pernicious form of coercive control and DFV (Harris & Woodlock 2022).

Method

Phase I: Qualitative TFCC case study interviews

Recruitment and sample

Fifteen in-depth TFCC case study interviews of approximately 60 minutes were conducted via Zoom in June and July 2022 with workers from DFV organisations operating in various geographic regions across Australia, including inner-city/urban, suburban, rural and regional settings. Participants were recruited with assistance from WESNET, which promoted the call for research participants through their social media channels (Twitter, LinkedIn, Facebook and Instagram), emails to DFV organisations and through the WESNET and Australian Women Against Violence Alliance newsletters. WESNET is Australia's peak national body for specialist women's DFV services, working with 350 support services nationwide. WESNET is also responsible for training vulnerability and safety teams for private organisations, including telecommunications, banks and other tech-based companies, to respond to victim-survivor disclosures of technology-facilitated abuse.

Participants received a small honorarium to acknowledge their time. This approach has been found to deliver a methodological advantage: it increases participation and improves the richness of the detail of the information disclosed, offering capacity for elaboration and clarification of responses. Ethical approval for Phase I was received from the Monash University Human Research Ethics Committee (Project Number: 25605).

Demographics

Research participants were aged from 28 to 65 years. They came from a range of self-nominated cultural backgrounds, including Australian (n=6), English/Australian (n=4), European/Australian (n=1), Italian/Australian (n=1), Australian/Persian (n=1), American/Australian (n=1) and Australian/Indian (n=1). Participants came from all states and territories except the Australian Capital Territory; most came from Victoria (n=5) and Queensland (n=4). All participants identified as women and used she/her pronouns.

Interview schedule

The interviews were conducted one on one. Each lasted approximately 60 minutes. The interview questions were designed to investigate the various pathways and stages of support available to women who experience TFCC, from initial calls to crisis centres, referrals and contact made to private organisations for assistance (eg to change phones or set up new bank accounts), through to the support provided when reporting to police and through the court system—as well as the outcomes achieved. The interviews applied a case study lens to document the various pathways of TFCC victim-survivors seeking help as they navigate their way through an often complex and disparate set of services and supports. This meant that, before the interview, participants were asked to identify one or more suitable cases they had worked on involving TFCC. Participants were then asked to walk the interviewers through the steps and pathways available in response to the case study, identifying barriers, gaps and challenges along the way. This included documenting where women sought help and how they entered the support system (eg referrals), as well as identifying: the types of pathways to justice and safety; barriers, gaps and challenges in providing support, service and justice provisions; impacts of COVID-19 on service provision; and recommendations to improve support, service and justice provisions.

Phase II: Qualitative interviews with victim-survivors of TFCC

Recruitment and sample

Ten in-depth, semi-structured interviews were undertaken with victim-survivors via Zoom in June, July and August 2022. The interviews were conducted one on one. Each lasted for approximately 60 minutes. The modest sample size was based on comparable research with a similar target group of victim-survivors (Flynn, Powell & Hindes 2023a) and considering the detail that was contained in each interview.

Victim-survivors were recruited at the same time as DFV workers and using the same channels, although the research team used their professional networks as well as recruiting through WESNET. All participants had 'completed' their pathways through the support systems and were reflecting on their past experiences in a setting where they felt safe and supported to discuss their navigation journeys. Participation was limited to those aged 18 and over.

Participants received a small honorarium as thanks for their time—an approach noted above as offering a methodological advantage by increasing participation and improving the richness of the detail of the information disclosed. Ethical approval for Phase II was received from the Monash University Human Research Ethics Committee (Project No: 25605).

Demographics

Research participants were aged 40 to 55 years, and most described themselves as Australian or Anglo. All participants used she/her pronouns, and most were heterosexual (n=7); two participants described themselves as bisexual and one as pansexual.

Interview schedule

The interviews were conducted according to best practice guidelines in the field (eg Burgess-Proctor 2015), embodying a sensitive, considerate framework that prioritises women's wellbeing and safety. We employed safe communication protocols to ensure women's safety, including providing participants with a plain language explanatory statement about the project. That statement outlined the research aims and benefits, what participation would involve, how participants could withdraw from the research or make a complaint about the research and how participant information would be securely stored. The interview process also followed several steps to allow participants to learn more about the project and their rights as a participant. It also allowed them to control how they wanted the interview to proceed. The interview questions were designed to explore the types of pathways to justice and safety experienced by the participants. This included asking questions about the following:

- barriers, gaps and challenges they experienced in accessing support, service and justice provisions;
- where they sought support;
- how they got into the system;
- what services they accessed;
- any challenges in accessing services;
- outcomes of their pathway; and
- recommendations to improve support, service and justice provisions.

Phase III: Stakeholder workshops

Recruitment and sample

Nineteen stakeholders from across Australia were invited to participate in a 60-minute consultative workshop in October 2023 on the Zoom platform. WESNET nominated the workshop participants, and the research team emailed them to invite their participation and provide an overview of the research project and findings. A total of 11 participants attended across two workshops.

Demographics

Workshop participants represented all states and territories, except the Northern Territory (because of availability issues). This included one representative from the Australian Capital Territory, New South Wales and South Australia and two from Tasmania, Queensland, Victoria and Western Australia. Participants came from organisations in metropolitan, outer metropolitan and regional areas. Most were senior people in the DFV sector or experts in TFCC.

Workshop schedule

The workshop focused on the recommendations arising from the project findings. We discussed the project recommendations individually, inviting participants to contribute verbally and by writing responses to questions and discussion points via the Zoom chat function. Workshop participants' input informed the final recommendations in this report.

Data analysis

All interviews were audio-recorded and transcribed verbatim by an external transcription service. Identifying information (eg real names, specific locations) has been removed to maintain participant anonymity. Throughout the report, we refer to participants by pseudonyms followed by their age and whether they are a victim-survivor or DFV worker in brackets (eg 43 years, victim-survivor). The workshops were audio-recorded on Zoom and transcribed via Dovetail software, a transcription analysis and coding interpretation tool. Workshop participants are not directly quoted or referred to. Instead, their feedback was collated and analysed to inform the recommendations.

The interview data was thematically analysed using NVivo. Two team members were engaged in this process, which involved developing a set of codes relevant to the research aims and analysing data according to these codes. Key trends were then identified. Two team members developed composite case studies by combining the experiences of multiple cases recounted by workers to create hypothetical case examples. The data from the transcripts and Zoom chat of the workshop were de-identified and thematically analysed against this report's recommendations.

Limitations

Like all studies, this one has limitations, including a small sample size and samples that are not representative of the diversity of the Australian population. However, both limitations are common in qualitative studies. Other limitations include that the victim-survivor data reflect the experiences of those who have predominantly completed their journeys, so it may not reflect current practices. This limitation is partly addressed by the case studies provided by the workers, which were based on recent examples, and by the experiences of the DFV stakeholders who participated in the workshops. Another possible limitation is a potential bias, because the recruitment was led by WESNET; however, WESNET has access to 350 services across Australia, and no pressure was applied to encourage people to opt in to the study.

What is TFCC?

Composite case studies

To begin the discussion of our research findings, we present four composite case studies drawn from the cases provided by workers interviewed in our study. These case studies reflect the breadth and depth of pathways that women have experienced in seeking support and justice after experiencing TFCC. They do not represent one story but a collection of similar stories across the participant cohort. Pseudonyms have been used, and details such as ages and locations have been changed to ensure that the cases are not identifiable. In presenting these case studies, we aim to highlight the complexities and different types of pathways that exist and some of the improvements needed in these pathways, which we expand upon across the report.

Case study 1: Jac

Jaclyn ('Jac') is 40 years old and lives in suburban Adelaide with her daughter Lily (aged 15) and her partner, Daniel (aged 41), Lily's dad. Throughout the 16 years of their relationship, Daniel has constantly put Jac down and controlled what she wears, eats and spends and where she goes. He takes her car keys from her, and she can't talk to friends or family. Daniel runs his own successful business and has some good friends in high places, including government. Jac and Lily live in constant fear of Daniel's rages and have been too afraid to talk with police, child protection or anyone connected with the government.

Case study 1: Jac (cont.)

Lily recently purchased a shirt from a social enterprise associated with a domestic violence service and started chatting with the women who run the enterprise and some outreach workers. The workers explained what the service does, the support it provides and that it is a non-government organisation. Sometime later, Lily and her mum come into the service. The caseworker assigned to work with Jac and Lily assessed their case as high risk and worked with them on an extensive exit plan. It took five weeks to prepare them to leave the family home, but the caseworker coordinated everything, from refuge accommodation to a change of school for Lily and a change of workplace for Jac. During that time, Jac was provided with a WESNET phone, which she kept at work to communicate safely with the caseworker and others. Jac also shared the phone with Lily, so the caseworker could speak with her when she was outside the house to provide support. The caseworker explored many avenues for financial aid, because money was a significant barrier to their leaving. Daniel had essentially kept Jac and Lily in poverty to make sure that they could not go anywhere. The caseworker opened a new bank account with Jac and ensured that all the financial support they could access went into that. The caseworker assisted Jac in making all their digital profiles and accounts private, or shut them down, to avoid monitoring by Daniel. Daniel had all the passwords and access to everything from My Health records to the supermarket rewards card. Because of that, and because many membership cards register every transaction, these all needed changing. However, the caseworker ensured that all the fuel benefits already on the supermarket card were transferred to a new card.

Because Daniel had been increasingly physically violent towards Jac, she required a lot of reassurance. She was given a discreet duress alarm ring that she could press, and it would send an alert to people she trusted. She did not want the police called, but she wanted to alert people who could call her and interrupt Daniel's violence. Eventually, one day, Jac and Lily packed everything into the car and drove away. They switched the vehicle in a parking lot and abandoned it, because it was in Daniel's name. Their caseworker met them to accompany them to a refuge with all their new things, their finances, and everything in their control. So far, theirs is a success story.

Jac's story reflects some common features of TFCC, including that it is often experienced as a pattern of abuse and control within a broader context of other forms of DFV, such as physical violence. It highlights the need for timely and appropriate risk assessment and wraparound support by specialist DFV workers to make and implement a safety plan with victim-survivors in crisis or planning to leave. These safety plans and exit strategies require the DFV specialist to have a good general knowledge of tech safety. It also emphasises the need for rapid financial assistance, including funding for new, safe devices.

Case study 2: Isabella

Isabella is 34 years old and was a temporary visa holder living in Tasmania. She is originally from Colombia. Her partner, Ivan (aged 42), brought her to Australia. She had no stable income, and Ivan constantly threatened that he would send her back home if she caused any trouble. Isabella was financially dependent on Ivan and, in the three years she had lived in Australia, she experienced constant physical, psychological, mental and sexual abuse.

Eventually, in response to Ivan's violent behaviour, a neighbour called the police, and Isabella was taken to refuge accommodation. A worker did a risk assessment with Isabella, but TFCC was not identified as part of this process. Within days of arriving at the refuge, Ivan tracked Isabella down, and she had to be immediately moved to another refuge. A refuge worker took Isabella and her car to the local police station and asked them if they could check her car for tracking devices, but the police said that was not part of their job. The worker then took Isabella and her vehicle to a service that charged over $100 to check the car for tracking devices. They found none.

Over the next few months, Isabella had to be moved to three or four different refuges. Every time she entered new accommodation, Ivan would locate her immediately. He was violent and made serious threats but had no fixed address, and the police were unable to locate him. Isabella felt that she would never be safe. The impact on her mental health and general wellbeing was severe. She was extremely nervous and terrified all the time. She felt unsafe and unprotected by the law and police. Eventually, Isabella decided to leave Australia.

Isabella's story highlights the shared barriers to safety and justice for DFV victim-survivors who are temporary visa holders. In the case of TFCC, Isabella's story also emphasises that, when tech safety concerns have not been considered, these can severely impact the support that a victim-survivor receives and cause additional trauma. This case study further illustrates that, while expert technical assistance might be needed to support victim-survivors, this may not address more common factors in technology-facilitated stalking and monitoring, such as GPS tracking or 'Find My Phone' options on an iPhone. The costs associated with such technical assistance can also be too high.

Case study 3: Roxanne

Roxanne is 55 years old and has two adult children, Maddie (aged 34) and Thomas (aged 32), who have both left home. She has lived in a de facto relationship with her partner, Darren (aged 49), in inner suburban Melbourne for six years. Darren is a security guard, and he has committed acts of physical violence against Roxanne when he is drunk, ever since they moved in together. She has left once before, and he promised to change, but recently his drinking and behaviour have been escalating again. Roxanne has been preparing to leave.

Roxanne had contacted her sister in Canberra for help, and her sister insisted that Roxanne stay with her until she could get a new job and afford her own place. But Darren's violence suddenly became drastically worse, and he threatened her with a gun. Darren wouldn't let her sleep and called her constantly at work. He seemed to know that she was in contact with her sister and exactly where she had been. Roxanne realised that Darren had been listening to her conversations, reading her texts and emails and monitoring her movements. One night, when he was out, her sister called, and Roxanne saw one of the security sensors in her home moving. She was convinced that he had installed a camera and was watching her. She became terrified, feeling constantly watched and listened to. She was afraid to do or say anything, but she thought that he was going to kill her unless she left.

Early one morning, after Darren had left for work, Roxanne drove to the local police station. She was so distressed and incoherent that the police took her to the hospital, where a social worker met with her. Eventually, the social worker pieced together what had been going on. When Roxanne was well enough, the social worker went with her to the police. Roxanne made a report and took out an IVO, and the police removed Darren from the house.

To feel safe, Roxanne felt that she had to turn off every bit of technology in the home. She couldn't trust any technology, not even social media. Even then, Roxanne did not feel safe. In some ways, she felt less secure; before, at least she had generally known where he was and what sort of mood he was in.

Roxanne started to find things around the house, like a dead bird in the letterbox and a trail of blood in the hallway, and she knew that Darren had left them to let her know that he had been there. The police would not accept this as a breach of the IVO, because she couldn't prove that it was him. When she rang the police, they asked, 'Is he at your door?' 'No.' 'Have you seen him?' 'No.' 'Have you got him on the camera?' 'Well, no, I don't have the cameras running.' 'Well then we don't have anything.' Every day, Roxanne thought that Darren was going to come and kill her. He knew where she lived. He knew what car she drove. He could access her house.

When Roxanne eventually reached out to a DFV service to get support for a technology sweep and to install her own cameras, she said, 'I feel like I'm being hunted.'

Roxanne's story highlights a common theme in this research about the frequent overlap of TFCC with other forms of DFV, including physical violence. These are not separate forms of abuse; rather, TFCC represents a constellation of tactics involving technologies in the perpetration of controlling and other abusive behaviours towards victim-survivors. Yet when the technical components of the abuse have not been responded to in a trauma-informed and person-centred way, victim-survivors can fall through service system gaps. Poor responses can leave them feeling more unsafe and hypervigilant. Roxanne's case study also illustrates the harm done to victim-survivors when police responses do not take TFCC seriously, causing victim-survivors to think that only physical assaults and injuries matter to police and that they have to deal with other abuse types on their own—even where these may be a breach of an IVO.

Case study 4: Serena

Serena is 31 years old and lived with her partner of over a year, Leon (34 years), in country New South Wales. Serena described Leon as 'very attentive' and 'a bit jealous', and he often contacted her multiple times throughout the day to see how she was. Serena and Leon had often shared passwords to their smartphones and some online platforms with each other and shared locations on their device settings with each other. Serena had never thought of her relationship as abusive, but she had been unhappy for some time and decided she needed to end it and move out.

After the break-up, Leon's messages and calls became increasingly frequent and aggressive. He demanded to know precisely where Serena was and whom she was staying with, and told her to return home with him. Serena started receiving calls to her mobile throughout the night from anonymous numbers, but when she answered, the caller hung up. She was reasonably sure that it was Leon. Leon started messaging her, saying things that made her feel he was watching or following her, such as 'I know you were with so and so,' or 'I know you didn't go to work today.'

Serena hoped that Leon was just having a tough time and that things would soon settle down. But Leon's behaviour continued with frequent messages and calls. Serena would ignore these as much as she could while at work or with her friends, and she started turning her phone off at night to sleep undisturbed. However, the more she ignored Leon's communications, the more she noticed other strange things happening. She was sure she had marked some personal emails as unread to remind herself to go back and pay a bill or reply to something—but when she logged back in, the emails were marked as read. She was also sure some had been deleted from her inbox.

Case study 4: Serena (cont.)

Some nights, she'd be woken up by music playing loudly on her streaming platform from her tablet. She soon took to turning all her devices off at night. Her social platforms were bombarded with friend requests from men she didn't know, and some of her close friends said it had also started happening to them. Serena became increasingly distressed and felt like she was walking on eggshells. She was sure Leon must be behind these strange occurrences—they couldn't just be random. But her friends told her she was 'probably just overthinking it'.

Serena became increasingly hypervigilant and reclusive, disengaging from her devices as much as possible outside work and avoiding socialising with friends and family. She sought support through a private psychologist because of her deteriorating mental wellbeing. The psychologist recommended cognitive behavioural therapy strategies to lessen Serena's distress at receiving communications from Leon. Leon's behaviour continues, and Serena feels that no one can help her; all she can do is learn to live with it.

Serena's story highlights the need for greater prevention education and early intervention to raise community awareness of TFCC and some of the problematic behaviours that might be indicative of a controlling relationship. In this research, many victim-survivors and DFV workers said that there had been signs earlier in the relationship or that there had long been a pattern of TFCC, but that it was not identified until another form of physical or sexual abuse brought things to a crisis point. This case study also emphasises the need for greater awareness and training among frontline workers, such as general practitioners, allied health, psychologists or counsellors, who may be the first responders to a person presenting with mental health impacts resulting from TFCC.

Understanding of TFCC

Some of the above case studies demonstrate a key barrier in seeking support for experiences of TFCC emerging from the interviews with victim-survivors: a lack of understanding by victim-survivors, frontline workers (including police) and the general community of what constitutes TFCC and recognition that TFCC is a form of DFV. Indeed, many of the victim-survivors interviewed acknowledged that they only fully understood that what they had been experiencing was TFCC after they had left the abusive relationship:

It's when somebody actually spoke to me when I'd come out of it [the relationship], and it wasn't straight away, it was maybe a day or two after, my mind had stopped making so much noise … and [they] spelt it out for me. She didn't say it aggressively, she said it very matter-of-factly, not overly kind, but I think I needed to probably hear it in that format for me to actually sit back and say, 'Whoa, yeah, that's actually very true.' (Violet, 52 years, victim-survivor)

As the above quote suggests, victim-survivors commonly realised during their risk assessment that they had experienced various forms of DFV; this would usually occur over several appointments with a DFV service. Johanna (43 years, victim-survivor) explained:

> They did an intake interview and … started asking me a whole lot of questions about my experiences with him in the relationship and that's when it started to dawn on me, all of the different things that actually were classified as abuse and I became much more aware of—I knew that he had been verbally abusive, but I don't think I really comprehended all of the ways in which that had happened. I just was living in it and I wasn't very well educated about what abuse looks like either. In that interview, it became more apparent, even things like punching walls next to me. The guy said to me, 'No, that's physical abuse,' and it hadn't occurred to me in that way before.

This moment of realisation was also identified by workers. They noted that, while it could take time for details to emerge and for victim-survivors to understand the different forms of behaviour that can constitute coercive control, TFCC was usually identified quickly during the risk assessment process:

> It generally comes out pretty quickly in our assessment process. So, if somebody contacts us, we're doing an initial assessment and we're really trying to identify the patterns of behaviours as early as we can. So we're asking all those questions of exactly how does that abusive relationship look? So that we're getting those patterns to help inform our safety planning. So a lot of it does come out early on, but sometimes it happens over time where we're finding some more of that information out as it goes, because obviously, things change if they're separating, they've left the accommodation, and then he's resorting to other forms of control and abuse tactics to get them back, or just to be a problem for her. (Brenda, 42 years, DFV worker)

It was also common for victim-survivors to report that, because they did not realise that what they had been experiencing was DFV, they could not immediately identify the support they needed and what was available:

> I didn't really know specifically what DV was before it all happened. I was living in [state] when I found out. Well, basically when I had my first baby and I was terrified of him [my partner], and then he forced himself on me and I became pregnant again. I knew then I had to get out, and this was in [state]. I grew up in [state], and I knew that at least it'd be easier because there was more, even though I hadn't been there for years, it was easier and there'd be more services and more help. I rang a lawyer … and she said to me, 'Do you know what domestic violence is?' She said, 'I think you're in a very dangerous situation right now.' (Riana, 47 years, victim-survivor)

The lack of understanding among victim-survivors arose from a range of complex and often interrelated reasons. Some were in denial that they could be a victim-survivor of DFV, and they would sometimes identify the perpetrator's or their own mental health or alcohol and other drug use as the problem, as these comments from DFV specialists reflect:

I don't recall any woman having come just for [TFCC], specifically because of [TFCC], or starting off conversations with that. It was more—it started with financial-related abuse, and of course, mental health concerns. (Chanda, 39 years, DFV worker)

In my experience … probably 90 percent of the time, the client is actually coming in understanding that there are substance [abuse] issues, but also coming in as a space to talk about family violence at the initial instance. So they haven't actually reported it to anyone else. (Grace, 28 years, DFV worker)

For others, fear and trauma hampered their understanding or ability to communicate their situation; sometimes it had become almost a normalised part of their relationship. Violet (52 years, victim-survivor) observed:

You don't realise it when you're in the thick of it, and when you've been brought up the way I have to have no self-worth. I mean I have a huge amount of self-worth now and self-love, but at that time, I had no self-worth and I didn't see—I felt very motherly towards my children, protective, but I didn't understand that I'm allowed to eat [without his permission]. I didn't understand little things like that, that I'm allowed to go and buy something to wear [without his permission]. It was very difficult to understand that … But for me to say to myself that I was living in fear, I was living completely in control of how he wanted my life to be, and I really wasn't living. I was just getting by each day. It's [only] when you're away from a situation that you understand the wrongness of it, because your perception of reality is very distorted—it's almost crazy how, looking back now, the things I put up with.

Relatedly, many victim-survivors did not have the language to explain or understand what had been happening. Maya (51 years, victim-survivor), for example, said:

I was trying to explain coercive control when I didn't have that label or know the terms … and so I literally tried to describe behaviours and I remember at one point she [DFV worker] said, 'You need to start documenting.'

Others felt that what they were experiencing didn't constitute DFV, because they thought that DFV had to include physical violence. Maya (51 years, victim-survivor) further explained:

Because I was so scared of him, at the point I discovered his image-based abuse, the family violence had broken me down so much that I was terrified. I knew it's going to get worse … I'm like, 'How do I explain this to people? I don't have photos of bruises.' I kind of knew people wouldn't understand it and his character, how deviant and cunning he was … For a long time, I just plodded along not knowing what to do. Anyone I did speak to, friends and family wise, they just didn't have advice. They knew I was unsafe. Nobody really had any answers … you just feel really alone. It's like, 'There's no one. I've got to do it this on my own.' There's no safety net. There's no real supports [for TFCC].

Across the worker interviews, participants similarly reported differing levels of understanding of TFCC among clients. Victim-survivors who were aware of TFCC were in the minority, and most were surprised to learn that what they were experiencing was a form of DFV:

> Most of the women think that it's just part of the relationship; their partners have the right to check their phones, to know their location, where they are, what they do, most of them they see it as part of the relationship, unfortunately. But when they come to a domestic violence service, when they get to know about the pattern of the perpetrator's behaviour, when they get to know about different forms of abuse and what's recognised as domestic violence, then they come to a realisation that what I've experienced was domestic violence. But regarding the technology-facilitated coercive control, I would say that it's not really recognised by the victim-survivors. (Odette, 30 years, DFV worker)

It has only been in recent years, arguably since coercive control became a more commonly used expression within media and public discourse, that some victim-survivors felt able to acknowledge that the DFV they were experiencing through a pattern of coercive and controlling behaviours fitted into DFV definitions:

> I never described it as abuse. I never described it as coercive control, until the last five odd years when that conversation has become more mainstream. I refer to it as manipulation and as shunning and as religious control. I had a very different vocab—and I still refer to it as those things, but there is a very different mainstream vocabulary now. I always knew it was wrong and I always knew that it was not behaviour that I wanted to participate in and I … didn't want that behaviour in my life and I didn't want that behaviour in the lives of people around me. There was no vocabulary. In lots of cases, a lot of women in my community still don't have the vocabulary to discuss it. (Greta, 42 years, victim-survivor)

Some victim-survivors reported that it could be hard to find anyone who understood what they were experiencing, largely because incidents viewed in isolation, rather than as a pattern of abusive behaviours, can seem minor:

> It was difficult because it was really hard to find somebody who understood, I guess, the implications of it. Then he started doing things, like sending me text messages from public phones. He was sending me five cents in my bank account with messages in the bank saying, 'They're my boys, I'll get them back.' Things that, if you just read it, you wouldn't think it was that bad, but accompanied by climbing on my roof in the middle of the night and calling me 100 times—all the different things that were going on. It made it all worse, and the fact that he'd got into every single part of my life meant that I didn't have any channel of communication that I could trust. (Riana, 47 years, victim-survivor)

This view was also prominent among the workers, who reported that media coverage and high-profile cases had increased awareness (and anxiety) about TFCC among some victim-survivors, but they argued that the way the issue is represented offers a limited definition of what TFCC is, and more 'everyday' types were not recognised. One worker reported that perpetrators rarely use advanced technologies to track and monitor women and children; they use easily purchased, legal technologies:

> I haven't really found anything that would necessarily get through a court of law as an offence, because so often it's things that are being used technically legally or very much on the border or just about illegally, but you couldn't evidence [the] devices that we all have in our homes and in our pockets. (Donna, 35 years, DFV worker)

It can be more complex to identify experiences of TFCC in cases where perpetrators use readily available technologies than in instances (described by our participants) where perpetrators have exceptional technological capabilities and access to advanced technologies (eg through the military or policing). Because of this, some victim-survivors also felt that DFV workers did not fully understand TFCC or its impacts:

> The women's shelter had no resources, so they just didn't have the space to be able to give me the ongoing coaching. But it was very much all shoestring, I mean, fantastic information and excellent coaching, but all very much on a shoestring. And the tricky thing was, they didn't understand. A lot of them were older women, and so therefore did not have the comprehension of what technological abuse and control looks like, because they used pen and paper. (Sarina, 55 years, victim-survivor)

A related issue was that perpetrators had often set up all the technologies in the household and had access to all the passwords and control over how technologies operated:

> Often, it's about the control that he is still having over their emails and their phones. Things are often in his name. He has passwords to everything, whether it's in his name or not. It's usually about being controlled and not being able to have any autonomy [of] their own. (Jemima, 65 years, DFV worker)

Workers reported that the women they supported rarely felt tech-savvy enough to know how to check their own or their children's devices for tracking apps or to wipe devices. Many acknowledged that this lack of tech confidence reflected a broader lack of technological knowledge in the community, particularly among women, which has significant implications for preventing and responding to TFCC:

> Like a lot of us, if we don't love technology, we just hand it over to someone else. I'm an old youth worker, I used to just hand the equipment over to young people and go, 'I need this, I need that, I need something else, you pull it together for me. I don't want to know how.' Obviously, as time has gone on, you understand the danger of letting anybody set anything up for you. But because it was such a huge knowledge leap for everybody, you give it to the most confident person in the house. The role of choosing the equipment, getting it, setting it up, transferring stuff over from one phone to another … because the amount of help that the providers give you is nil. (Margaret, 65 years, DFV worker)

What support is needed

Victim-survivors' support needs were considered quite complex and generally included financial and counselling support, as well as support for children:

> Most families are referred for multiple and complex needs, not just domestic and family violence. So they can come to us wanting to separate, [or] they've recently separated. There could have been police turn up to the property and [a] report has gone through to child safety, and then the home is chaotic. And there could be behavioural issues with the children. So these [are] complex, multiple needs. And if we accept the referral, they get a case worker, a child and family practitioner, [who] is their main worker. And if domestic and family violence is identified at the intake stage when we do allocations, then I'm placed on that case to assist the worker and to support the family. (Frida, 47 years, DFV worker)

Workers reported that women seeking support primarily needed validation and understanding. They also frequently requested or required crisis management, technology sweeps, risk assessments and safety planning. The previous section cited most participants as stating that women rarely asked for assistance specifically with TFCC; it generally only comes up during the risk assessment process:

> That's mainly not the reason why they approach us, because we hear a range of different things, such as that they're experiencing dowry-related abuse, financial abuse in general, and they speak about emotional abuse, sometimes reproductive coercion. But this is something that often pops up somewhere in that whole broader conversation about what they've been going through, and they don't really ask for help, but we make suggestions … Although women do often want a tech sweep because they will be worried that their partner or former partner is tracking or stalking them. (Chanda, 39 years, DFV worker)

In the rare cases where women do go to services seeking support explicitly for TFCC, workers reported that they would often request a 'tech sweep', generally because of concerns around being tracked and having their location monitored:

> I've noted a massive increase in people wanting tech sweeps. I actually think a lot of what has driven that has been press and news articles around that … And I think the issue there is how unskilled and how unknowledgeable people are in understanding their technology and especially case managers as well. The clients are coming to them saying, 'I think my phone might have been hacked,' and people just don't know how to handle it. They don't know at all what questions to be asking, what a vulnerable device actually looks like, where the points of vulnerability are. People feel really worried about that so would just come to [the organisation] to say, 'Can we have a tech sweep? Because we think the phone might be vulnerable.' (Donna, 35 years, DFV worker)

In high-risk cases, service workers reported working with professional security consultants to have women's cars, devices (tablets, phones etc) and homes checked. In some extremely high-risk cases, services will need to help women and children escape and create new, secure identities, even going to the lengths of securing their access to customer loyalty program accounts (such as Flybuys) and providing them with a car and home.

Some services reported that whoever was the tech-savvy person within their organisation (in one service, it was the receptionist) would be tasked with assisting women to check and secure their devices. Several workers even reported using volunteers, students and the 'local Telstra shop' to provide support to ensure phones were safe:

> I do think we need to see increased funding for technology safety solutions, particularly to regional … domestic violence providers so that we aren't reliant on the charity of companies like Telstra to provide safe connections. (Lena, 30 years, DFV worker)

Others discussed working with technology platforms directly to remove abusive or malicious online content:

> Working with the companies themselves, because they're probably inundated by requests all the time, but we were able to [work with them] … They were quite understanding and happy to get rid of these false posts and really—they didn't require any kind of proof or letters or anything, or police report. They didn't ask for anything like that, but we were able to just give them a brief account of what had happened in the relationship. (Chanda, 39 years, DFV worker)

Most workers shared the view that more technology support is required to help ensure women's safety. However, opinions differed about to achieve this. Many felt that there should be more general advanced technology training for all specialist DFV workers, so that everyone can provide basic advice, ensure that phones are safe and take steps like disconnecting from iCloud for people escaping abusive relationships. Some workers also emphasised that some more complex or technical cases may need additional external support from technology specialists—to scan for malware or hidden tracking devices or establish safe security systems. Among the key challenges with such external, and predominantly commercial, private technology security providers is that they often do not have an awareness of the risks of DFV to victim-survivors and can themselves be open to misuse by perpetrators (Harkin 2019).

Diverse pathways to support

Victim-survivors took a range of diverse pathways on their help-seeking journeys for TFCC experiences. Both victim-survivors and workers frequently identified the first point of contact as the police or the courts for a family violence intervention order (FVIO; also known as a domestic violence order (DVO), apprehended violence order (AVO), intervention order (IVO), family violence order, or restraining order). Victim-survivors commonly identified a range of first port of call supports that workers did not, including lawyers, university counselling services, maternal child health services, family members and friends, as these statements reflect:

> I didn't want to go to the police. I only went to seek medical attention—but then they didn't have a choice [but] to notify the police at the time. I was so psychologically traumatised and brainwashed, I didn't even realise how bad things were. (Brook, 45 years, victim-survivor)

> It was a university counselling service. (Greta, 42 years, victim-survivor)

> I remember calling the pastor at the church a couple of times … In the end, I went to a lawyer. (Johanna, 43 years, victim-survivor)

> I did at one point mention something to my maternal child health nurse and she gave me this A4 piece of paper with a bunch of email addresses and phone numbers of organisations. (Maya, 51 years, victim-survivor)

Overwhelmingly, victim-survivors described police as their first support-seeking avenue, as did the support workers:

> Most people come through the police as a police referral. (Jemima, 65 years, DFV worker)

> A large proportion of our referrals are coming from police. (Lena, 30 years, DFV worker)

Support workers also noted that victim-survivors generally only seek support in a crisis; hence, reaching out to the police is a common option. We explore this in more detail below.

The DFV support workers described much variation in the support pathways available for women experiencing TFCC, depending on their needs, including numerous entry points or first points of contact. However, they were also consistent in explaining that most women rarely seek support specifically for TFCC. Generally, TFCC only becomes apparent through the risk assessment process, primarily when workers endeavour to identify safe channels for communicating with women (mobile phone, email, work phone etc).

Workers reported that women go to a broad range of services, as well as police, when first seeking support. Hospitals, medical practitioners, counsellors, psychologists, social workers, child safety, Centrelink and phone services (eg 1800RESPECT) were all identified as first points of assistance. Chanda (39 years, DFV worker) spoke of one victim-survivor:

> She had received an AVO, and I think she had also talked to people at InTouch [a family violence service that works with migrant and refugee women]. Their legal manager as well, I believe, spoke to her. She'd received some advice. And then, for us, it was mainly, it began with the mental health support. She was referred to our executive director by her GP to receive treatment.

Others mentioned that women also seek assistance through social media channels, most notably Facebook. Some of those interviewed also reported that they and the DFV service that they worked for were often the first port of call, with some women self-referring to specialist services:

> They can come from anywhere. They can self-refer. (Jemima, 65 years, DFV worker)

> It really depends on where we've got the referral from. So, if they've come from [a domestic violence court assistance service] who refer directly to us, they've had very little support beforehand and they may have just spoken to a caseworker … about what's going on, and if they are a self-referral, they could have been out of that relationship for years before they come to us. (Helen, 41 years, DFV worker)

However, other interviewees emphasised that, because many women do not recognise that what they are experiencing is DFV, they are unlikely to go to a DFV service. Others described some women as suffering from 'service fatigue' and just needing financial support, not case management or counselling; these women are unlikely to go to a DFV service provider:

> We have people who are exhausted by service, so have service exhaustion, service fatigue, and other people who've not had any connection with service at all. So they may have found out about us just through an ad or potentially connected with 1800RESPECT or a phone service, but not actually had any case management. So it's really varied. I think one of the key things that we noticed … because we're a phone-based service and because there's funding attached, and because there's a degree of anonymity attached to accessing that and less service engagement in terms of them needing to agree to anything in order to get that funding, so it's not like agreeing to long-term counselling or—I mean clearly we have a duty of care around mental health and child protection and risk, but a lot of people really want that funding support and don't want the case management side of it. (Kate, 53 years, DFV worker)

Victim-survivors similarly underscored the importance of financial support as part of their initial pathway, particularly through government agencies such as Centrelink and government programs such as the Rent Choice Start Safely subsidy (a NSW Government program providing short- to medium-term rental assistance for people who do not have a stable and secure place to live because of DFV). Even some of those women who had jobs and incomes spoke about having to flee with nothing and having their savings taken from them by the perpetrator. Some victim-survivors who had experienced financial abuse described having to save small amounts of money from weekly shopping 'allowances' over a long period before they could leave.

In the context of TFCC specifically, some victim-survivors recounted accessing support from WESNET and the Safer in the Home program (funded by the Australian Government and administered by the Salvation Army), which provides safe phones and scans for spyware on mobiles, tablets, computers and social media:

> The hardest point was the way he did things. He used a computer program to ring me, so it was not traceable, so police couldn't trace it. In the end, I was actually charged with [making a] false report because police couldn't prove it was him. So it took me three years to prove to police how he was doing it, all that, because actually [I] got WESNET to help me do it all … So, we were dealing with data trackers, data blockers, GPS tracking, voice recording, cameras, hacking into computers, hacking into security systems, the lot. (Alice, 40 years, victim-survivor)

Steps to ensure safety

The steps taken to ensure women's safety appeared relatively consistent across services, with risk assessments key to identifying the first steps required. One DFV worker explained:

> As we're doing our risk assessment, we're looking at what those behaviours are so that we can identify what is the most important safety aspects that we need to be looking at, and whether that's focusing on tech safety and the need to look at—covering all of our bases with ensuring passwords et cetera, and things like that are all changed and that there's no location services, talking about posts that they might put on Facebook, including pictures of where they are and stuff like that. (Brenda, 42 years, DFV worker)

Workers reported that, following a risk assessment, they may work with women to develop a safety exit plan, which can often include changing passwords and applying for funding to improve their safety:

> We've got a client now who's currently living with the perpetrator, so there's been a lot of safety planning with her, making sure that they have copies of all their documents, preferably the originals hidden somewhere that they can easily grab. We don't generally offer to store them here, but we can if they have nowhere else that they can store them, so getting them to store them with a friend, making sure they have copies of all of those things, making sure they have a safety exit plan so they have a safe way of getting out of the house if they need to, making sure they know that they can trust the police if they need to call them in an emergency. So just reiterating those things with them on a regular basis, and also for us it's about making sure that there are some finances in place if they need to leave tomorrow. (Helen, 41 years, DFV worker)

Workers may also refer victim-survivors to additional services, depending on their needs. Still, several participants stressed that services need to be careful, when contacting women, not to alert the perpetrator and place women and children at increased risk.

Several workers mentioned the importance of women having a safe device, so that they and others can communicate safely with them. Many mentioned WESNET and Telstra's Safe Connections program, which helps women impacted by DFV to stay safely connected through the provision of new phones and prepaid credit. This was particularly critical during COVID-19 lockdowns. Several workers discussed the challenges of trying to support women and children during the pandemic, especially when they were in lockdown with perpetrators (see Powell et al. 2024).

Some workers also stressed the importance of empowering women to understand their options and make choices and decisions themselves. One worker explained:

> We also are realistic in the information and advice we provide about what options are available to her and we use a human rights framework about her right to be safe and her rights to safety, particularly around women who have not had access to choose. It's really important that they have a sense of choice and agency over what happens, and they're not forced into solutions that are because of the limitations of our services and [what] we can offer women experiencing DFV. And we like to acknowledge those because we know that the best option is often not what we can provide. We often have to look at the least worst option for survivors, and work within the limitations of what we've got. (Lena, 30 years, DFV worker)

The importance of empowerment and agency also extended to women being able to ensure that their own devices are safe. Some participants were critical of technology experts, particularly external suppliers (outside services) who check the safety of women's devices but do not show women how to do it themselves:

> The other challenging thing was the fact that there was bug sweeps and things done on her phone and in her house and they found malware on a couple of the phones, but didn't really give her much information around how it got there, how she can [stop that] happen[ing] again. Is there something else she can put on her phone? It seemed to be the sort of, you drop your phone off, it gets swept, yes this is happening we recommend you get a new phone and that's it. So it doesn't sound like there was a lot of support around how to actually protect herself from that tech-facilitated abuse, other than get a new phone. Which I understand is probably the safest that you can do, but if it continued to happen it was like, well, there's got to be something else here. (Grace, 28 years, DFV worker)

Finally, some services have recovery supports in place, including ongoing peer support groups:

> A lot of [victim-survivors] also step down to some of our more long-term recovery supports. So we have a sister service in [suburb] that offers long-term generalist counselling, group work, psychoeducation. Even though they're not working with our crisis team anymore, they might still have a couple of months of work with one of those more recovery-based services. (Elise, 29 years, DFV worker)

This section has explored the support needs and services generally sought by those experiencing TFCC. The following section examines gaps in responses and pathways to support and justice, as well as broader structural gaps and barriers to seeking support for TFCC.

Gaps in responses and pathways to support and justice: Police and courts

Inconsistency in police responses

Research participants from both groups reported mixed experiences with police. Some police officers went to great lengths to help and support victim-survivors, while others seemed to minimise their concerns or focus on constraints and barriers to proceeding (especially in relation to evidence). Some victim-survivors described the support they received from police as positive, but others reported that police were inconsistent in their responses, similar to other studies (Douglas et al. 2023; Flynn, Powell & Hindes 2023a; Henry, Flynn & Powell 2018):

> I just wanted to make sure that my statement was watertight, there was no exaggeration. So I think I got the respect of them [the police] during that time as well. But they knew that this was very serious, and particularly being only six months of violence and how rapidly escalating it had been. They knew that there were grave concerns for my safety. So I found the police fantastic—they were unbelievable. But at times—when I was in hospital, when I was reporting the breach and that officer in charge wasn't on duty, and there were other police who came out—a very different way that they treated me. Particularly being in a psychiatric hospital at the time, there's all that judgement around that. (Brook, 45 years, victim-survivor)

Alice (40 years, victim-survivor) further identified this inconsistency:

> You never get the same police officer, and they never read your paperwork, they never read reports, they just turn up and you've got to tell your whole story again.

Some victim-survivors identified different responses from the same police officer, often in the context where there was some hesitancy at the beginning, but they later became supportive. Lexie (40 years, victim-survivor) reflected:

> I walked in and I had physical injury on my face and I was limping and stuff like that, and I had my mum with me and the police officer came out to the counter and I said, 'Oh, my partner did this to me.' I had a black eye and stuff like that. And he said to me, 'What do you want me to do about it?' Luckily my mum was with me, and she was like, 'Well, we want you to press charges.' And she was like, 'You have to do something.' He did get better as time went on, so he stayed with the case all the way through … It was really interesting to see how his response changed … and at one time he phoned me and he said, 'Your ex has been here, and he's yelling and screaming, and I just don't think you should be alone. I really don't know what's going to happen tonight.'

The inconsistency of responses, depending on which officer you spoke with, was commonly described. Brook (45 years, victim-survivor) explains that this is something police also seem to be aware of:

> After he pleaded guilty and we got the final judgement date, the police rang me and both the detective and the officer in charge called me to thank me for how brave I was to take it through. And the officer in charge said, 'Look I often tell the story to my family— obviously I don't name that it was you—but I say, thank god I was the one that picked up that job. Because if I didn't, this would have ended in a completely different story, you would be dead now.' So even the police [officer] himself acknowledge[d] that there is a difference amongst the ranks of how these things are dealt with.

Minimising the harms and a lack of understanding of TFCC among police

Several women reported that police ignored their requests for assistance, did not take them seriously or minimised the harm they were reporting. Greta (42 years, victim-survivor) described her concern around validation:

> I probably naïvely presumed that the police would help. I had a very naïve understanding about the world outside my community in general but I did seek counselling and I did seek support from various support services and I was always told to go to the police, and nothing would ever happen. I would get told it's a family matter, 'You need to go and sort this out with your family,' or, 'There's not enough evidence. I can't do anything with this.' There was never validation from police that what I was experiencing was real or that anything could be done about it.

Others reported that police minimised their concerns and overlooked the potential risks of further DFV:

> We moved to [state] and not long after that, I had made big steps towards leaving him and I was staying at my parents and had broken things off and he told me that he was going to publish intimate photos and videos of me on the internet … That was really concerning and upsetting and I told my mum and we went to the police, and they said, 'Oh, we can't do anything about it.' And I was really heightened and upset and stuff, and they said, 'We'll phone him and tell him not to do it.' So that's what they did, they phoned. They went out the back and they phoned him and they came back and they said, 'We've told him not to do it. He said that he's only joking, he won't do it,' and that's it. And I guess when I think about that, it was such a missed opportunity, because nobody asked me what's going on and why would he do this, and how did he obtain them … Nobody asked me, 'What's going on in your relationship?' … And I went back to him. (Lexie, 40 years, victim-survivor)

This comment from Lexie is significant in highlighting gaps in responses and pathways to justice, given the potential for early intervention. Johanna (43 years, victim-survivor) similarly reflected on what would have helped her on the pathway to support:

> More clear guidance or advice, or reassurance that I can take a pattern of behaviour to the police … or even just reassurance that they'll understand it. Part of me thinks, every now and then I'm like, 'You know, if someone would have proactively checked in on me on that [intervention] order, then I might be able to communicate some of this stuff', but it's a really big thing for me to go there and go 'well, it might be nothing but' …

We explore this concern in more detail later, where we highlight the importance of early identification and risk assessment of women experiencing TFCC by first responders, including police.

Further to feeling their experiences were minimised, ignored or not validated, women frequently reported feeling that the police did not believe them. Some women said that police brushed off their experiences because they did not think that DFV occurred in their neighbourhoods or to middle-class women:

> The big thing that I found difficult dealing with the police, and I lived in a nice suburb in [state], and I've had 20 years of corporate [employment], and so when I ring the police, I put on my best … even though he'd smashed my front door and I thought he was going to strangle me and kill me in front of the kids, but they were like, 'Well, you sound fine. You just have to get a job, or get better locks on your windows.' They weren't helpful, because they felt that things didn't happen in that postcode … I'd always thought, from a society structure, that the police were people there that would help you and protect you and believe you. I thought people would believe me, and that was hard, because I couldn't understand why people were minimising me. (Riana, 47 years, victim-survivor)

This feeling of minimisation corresponds with much of the research on technology-facilitated abuse and police responses (Afrouz 2021; Douglas et al. 2023; Flynn, Powell & Hindes 2023b; Harris 2018; Harris & Woodlock 2019). Other women felt that police in areas with high rates of DFV were sick of dealing with it and were therefore unsupportive. There was also a sense that coming from a lower socio-economic background meant that the police did not care. Lexie (40 years, victim-survivor) observed:

> I live in [region] and the socio-economic demographics of this area is there's lots of really wealthy people and there's lots of really poor people, and there's a lot of drug abuse … And I think the high rates of DV, they just get sick of it or they don't want to do that work. I was really dishevelled, I was in a singlet and tracksuit pants, I mean I'd just been beaten up, so maybe they just, I don't know, didn't want to know about it.

There was also a commonly expressed view that police were not tech-savvy and would not believe victim-survivors:

> He continued to call my phone, but it was no caller ID and if I answered it, he would not speak or just heavy breathing and stuff like that. And at that time, after he had left, he then would post things online and they were just really awful things and occasionally he would name me, but most of the time he wouldn't. So I had him blocked on social media and … people were sending me things and it was pretty horrific stuff. Yeah, so when I would report that, they were only ever interested in the times that I was specifically named and it had to be my whole name. (Lexie, 40 years, victim-survivor)

This lack of tech-savvy understanding of abuse among police was further complicated by perpetrators deliberately deleting or destroying anything that could be used as evidence. Sarina (55 years, victim-survivor) described it:

> It's difficult because I had nowhere to put any evidence or my notes. He's had control over my mobile phone for a long time, and it was only when I got a new phone, three or four years back, that I was able to put my own password onto it, because he would literally go into my phone and delete anything that he thought was evidence against him.

Focusing on individual incidents of DFV and other evidentiary issues

Another primary concern shared by victim-survivors was the frequent focus of police and the justice system on individual instances of TFCC, as opposed to the pattern of abusive behaviours they had experienced and its compounding effects over time:

> The other thing I find really hard is that so much of what he does appears to be really small. One of my good friends describes it as death by a thousand papercuts. It's constant, but they're these tiny little things and if I go to the police with a tiny little thing, they're going to go 'come on.' So I don't have the confidence half the time to do that. I keep a lot of notes … But I would struggle to go to the police with any of the things that he does. It's very rarely big. (Johanna, 43 years, victim-survivor)

Workers shared these concerns and highlighted the challenge of helping women experiencing TFCC feel safe when police often only consider individual instances of contact made by perpetrators via technology and rarely consider repeated instances of contact as a pattern of abuse or coercive control. In isolation, individual instances can appear innocuous and so are seldom regarded as satisfactory evidence of a breach of an IVO/AVO. One worker explained:

> And he's like, 'Good evening. Blah, blah sent me this, it made me think of you.' And then he writes another message, 'You know I want for nothing in life at the moment but to see my kids and get on with you.' And then another one, 'What a dumb ass am I, you set the date for mediation after court so you can gauge the result and which way to go from there. There'll be a time when you get your comeuppance over and above what you're getting now.' And then he says something about the children. And it's like, that is coercive control and it is abusive. He knows exactly what he's doing. And when she goes and speaks to the police about that they say, 'There's nothing we can do.' And I'm like, 'Then you're not protecting her.' … And it's not because the police can't do anything, it's because the system and the law says, 'That is not harassing and it's not crossing those lines,' when we can all see it is. (Helen, 41 years, DFV worker)

Some women reported being reprimanded by police for collecting evidence of TFCC:

> I did speak [to police] of my concern about him having—he had a history of putting pictures of me in my underwear on his Facebook page and stuff like that. He would always put pictures of me in chat rooms … so I have that fear as well. The police told me that I wasn't allowed to look online to find any of these pictures and report them—they called it trawling—and told me to stop doing that. (Sarina, 55 years, victim-survivor)

Not all police responses recounted by research participants were poor. Many were identified as positive and some lifesaving. Common among these more positive responses was the importance of feeling believed. Sarina (55 years, victim-survivor) explained:

> She believes me, and I believe her when she says that. Her sergeant believes me as well … They know that my story is true. I have recordings though—I have things that back me up to a certain extent, which help my case, but I believe them when they say they know, but the officer is hideously honest [that] the chances of him being convicted of anything are quite slim.

Being believed and having others understand their experience, especially at the point of reporting to the police, was critical in making most victim-survivors feel supported.

(Re)traumatisation through the court system

As with their reflections on the more negative experiences with police, victim-survivors consistently referred to feeling unheard, disbelieved and silenced through the court process. This was often described in the context of plea negotiations, where the state had accepted the perpetrator's guilty plea to fewer charges, consolidated charges or less severe charges. Flynn (2016: 564) describes how plea negotiations may include the prosecution:

> … [r]educing the seriousness of charges; withdrawing charges; omitting or altering facts from the agreed summary (the basis from which the defendant is sentenced); and/or reducing the offence jurisdiction (eg from indictable to summary). Agreements may also include not proceeding with charges against another person, or requiring the defendant to become a prosecution witness.

In short, plea negotiations often result in removal of factual elements of the crime or understating the severity of aspects of the crime (Flynn & Freiberg 2018). For victim-survivors, this not only means that the case facts and charges differ from their lived experience; it limits how much of their victim impact statement the judge can consider before sentencing. This is because judges determining a sentence can only consider the impact of the crime on the victim-survivor for those matters with which the accused is charged (Freiberg & Flynn 2021). If the facts surrounding some aspects of the crime are altered or minimised to allow a guilty plea to a lesser charge (or rolled-up or representative charges; see Flynn & Freiberg 2018 for an explanation), the full victim impact statement cannot be disclosed to the judge. This outcome often fuels the perception that plea negotiations disempower victim-survivors by offering concessions to an accused person at the expense of the victim's interests (Flynn 2012). Victim-survivors in our study identified this experience, recounting their distress around plea negotiations:

> When some of these charges were renegotiated I was really upset about the fact that there was a grievous bodily harm charge that was consolidated. And I said, 'How can you take that away? He broke my neck, this is serious.' And as it happened, the court never got any—weren't allowed to see any evidence around my neck. (Brook, 45 years, victim-survivor)

Brook further reflected on this decision, which led to her victim impact statement not being fully considered:

> When we tabled my victim impact statement, I had 50 pages, and I consolidated it down to 15, I made sure there was no reference to charges that he wasn't charged with, but that [victim impact] statement was not accepted. They challenged and the DPP and Witness Assistance Scheme said they'd never come across this bullshit before in 12 years. They'd never heard of the defence taking the victim's voice away from them. And at that time, I was just completely over it. I'd spent 100 hours plus preparing that, over a three-month period, and I said to the DPP, I said, 'whatever they don't fucking want, redact it, and just submit it as it is.' (Brook, 45 years, victim-survivor)

Further to plea negotiations, victim-survivors also reflected on examples of judges not understanding forms of TFCC as DFV. Maya (51 years, victim-survivor) reported that a judge told her that image-based abuse was not a DFV issue:

> I happened to have a judge who claimed 'Don't air your dirty laundry in this court.' Imagine this—revenge porn is not a family violence issue.

Some victim-survivors reported not being allowed to present technological evidence in court:

> The court wouldn't let me, they said laptops are not permitted in the Magistrates Court, and I couldn't bring the thumb drive because they don't supply a laptop in the court, so therefore I wasn't able to use that [CCTV footage] as evidence, or as part of my affidavit. (Riana, 47 years, victim-survivor)

In reflecting on this experience, Riana described how her trauma and lack of understanding of how to express what was happening to her, combined with a lack of knowledge of TFCC, made it very difficult to get a positive outcome from the formal court process:

> I went through an 18-month magistrate's court, trying to get an intervention order … A big issue was lack of comprehension of technology and the impact, but also my language. When I said, 'He's sending me messages through my bank account,' they said, 'It can't be that bad.' But I needed to give them more context, but I guess when you're in a situation where you think you might not wake up the next day because they might kill you or hurt you, or hurt your children, it's very difficult to explain, especially technology, to somebody who's not technologically savvy.

Concerningly, only those victim-survivors who deliberately set low expectations described getting any sense of justice or satisfaction from the justice process, but even these victim-survivors were determined never to go through it again:

> I had really, really low expectations around what the criminal trial would [be] like and the type of sentencing he would receive … So, I went with that lens and that's what it was. I went to the sentencing hearing and I gave my victim impact statement, and I walked out straight afterwards, so I didn't stay for sentencing, and I guess it was my way of saying, 'Fuck this,' because I knew what was about to happen, and I just wanted that opportunity to front up to him with my people, take my voice back a little bit and be done with it. (Lexie, 40 years, victim-survivor)

Many victim-survivors spoke about the experience of going to court as being both intimidating and traumatising:

> I don't want to go through more court. I don't want to do this. Court's failed me in the past. Why should I put myself through more trauma or repeated trauma for what I've been through for him just to probably, what, get five or 10 years and he's back out on the streets again? (Alice, 40 years, victim-survivor)

> When we got there, because you're in a list of people, there was a whole lot of men standing around that were looking pretty angry and not wanting to be there, and people just like my ex-partner. I just shut down, and because I had to go there in front of those people, and I also didn't know where he was. He knew that the hearing was on, so he could've been there, too. That was a big issue that I had to front up there. And the other thing was, I had to leave my children. Therefore, he knew that my kids were [alone]. (Riana, 47 years, victim-survivor)

In keeping with much of the research on victim-survivors and court processes (eg Burgin & Flynn 2021; Herman 2005; Iliadis & Flynn 2018; Orth 2002), some participants found the court process almost more traumatising than the violence they experienced:

> I was retraumatised through that court process, so many times—in fact sometimes more so through that process than the actual violence itself. Because when the violence was happening I was completely shut down and disassociated from it, so I wasn't even recognising this. (Brook, 45 years, victim-survivor)

The processes of applying for a DVO/IVO and reporting breaches were frequently identified as particularly distressing:

> It's genuinely a horrible experience from beginning to end. The form is hard because it's quite triggering. You have to reflect on all of the things that have happened and put them in there. It's awful because at that point in time—and I think this is a common experience—you've not been believed multiple times … I think that's the most triggering part for me, is the not being believed and then to go before a judge and all of this seems to hinge on whether or not they believe you, [it] is such a vulnerable experience. (Johanna, 43 years, victim-survivor)

These barriers in the legal and justice pathways for women highlight some of the challenges that prevent women from feeling supported after experiencing TFCC. In the next section, we identify some of the critical barriers in support service pathways for women experiencing TFCC before moving onto the final section, which outlines suggestions for improvements to address the obstacles identified.

Gaps in responses and pathways to support and justice: Support service responses

Improving women's safety

Making women who have experienced TFCC feel (and be) safe was frequently identified by the DFV workers interviewed as a significant challenge. The omnipresence that perpetrators can achieve through the use of technologies to track and monitor women and children makes many women feel that they can never escape and be entirely safe, and this creates a barrier on their pathway to support:

> With the tech-facilitated abuse you actually feel like you can't stop him from controlling you, no one can help you, and you get a new phone and you have to download everything from your iCloud, so he's managed to get into it again somehow, however they do it and just it feels like, 'I'm never going to escape him.' (Helen, 41 years, DFV worker)

Workers reported that women are frequently tracked down by perpetrators using technology:

> Women [are] needing to relocate repeatedly, because they are found by perpetrators of violence through technology. So whether it's through their phone, whether it's through internet access, whether it's through the perpetrator just being very savvy about getting the address through the children's school or through somewhere that—I've seen it through lots of different places where you would think privacy and confidentiality would be high, but they've still managed to hack it, or even in medical situations where the client might be in hospital and the perpetrator's turned up and the address is written somewhere. Just all kinds of things where they use all kinds of resources to find the victim-survivor. (Kate, 53 years, DFV worker)

Workers reported that it is challenging to keep women safe when children are involved and perpetrators are permitted to maintain contact with children:

I feel like the options are limited, especially the family law, because they need to be in contact about the children a lot of the time, so that's a thing for them. They're like, 'We're talking about the children,' and it's, you're guilt-tripping her, and it's tricky to show to police as breaches of the DVO and that's the main route or just blocking them from everything and that's tricky with family law … There are options in terms of you can have changeovers at a contact centre and that's all got to be organised and both have to consent to that and perpetrators just love to make things difficult, in my experience. (Nina, 28 years, DFV worker)

Some workers emphasised that, even when everything was done to make women feel safe, it was inevitable that many would never feel entirely safe because of the nature of TFCC. This creates a significant barrier in support pathways:

There's also people who've been in incredibly abusive and controlling situations for many, many years and have been at risk for a very long time and they've left that relationship. They may have changed their phone, they may have changed their password, they may have had a tech sweep, but they're still not feeling safe. And that's an absolutely appropriate trauma response to what you are experiencing. That is just your brain figuring out and processing what has happened. (Donna, 35 years, DFV worker)

Workers also reported that some women's trust in technology itself was impacted:

We had someone who had been drugged and sexually assaulted and the perpetrator filmed that on his phone. So, for her, a phone is a weapon. It's been used in an incredibly invasive, abusive way, and she's like, 'I still think he's monitoring my phone. My phone is unsafe.' We'd already done a tech sweep. 'There's nothing on there, we've swept this phone,' but she was like, 'I still believe he's doing it. I still believe it's unsafe.' It's that long-term impact, isn't it? Even when someone is safe, they don't feel safe, because of how phones have been used abusively and how devices and tech have been used abusively. (Donna, 35 years, DFV worker)

Another related theme to emerge repeatedly from the interviews was that women would often underestimate the amount of work needed to separate from the perpetrator completely and safely:

The big difficulty I often find with people who have separated and they're escaping family violence is for them to really identify, 'Actually I don't just have to leave, I have to block everything. I have to create this huge wall of boundaries. I have to stop using that phone number, stop using all my social media, change my email address, change all my passwords on everything, get the kids' phones and change that.' Every single possible point of contact, and it takes a long time for someone to come round to that and realise, 'Oh, these are all trackable and probably have been all this time,' and they've been unaware of it. So that's one of the things that we notice a lot and that sometimes it's too late, so then they have to move again, and that can be really messy if they're going into refuge. (Kate, 53 years, DFV worker)

Donna (35 years, DFV worker) further emphasised that the work required just to 'be safe' can be overwhelming:

> There's so much to manage and juggle and deal with when you're leaving an abusive situation, such as IVOs, getting to the children's school, going into refuge, changing your address. There's so much packing stuff up, having your important documents. I think the obligation that women are now feeling to also then manage their tech safety and that is just so unbelievably onerous and almost impossible for them actually to manage, alongside all the practical things they're having to do to manage their safety.

In addition, workers were well aware that, to be safe, victim-survivors were very often isolated:

> Women do need access to the internet. As you know, in many countries, access to the internet is a human right. It's recognised as a human right now, just like education and water. (Chanda, 39 years, DFV worker)

This reflects other research on technology-facilitated abuse, where victim-survivors report experiencing isolation as a result of escaping an abusive relationship (Flynn, Hindes & Powell 2022; Flynn, Powell & Hindes 2023a). One victim-survivor said of herself and her child:

> We remain very quiet. We don't post pictures up. We live our lives in the shadows now. (Sarina, 55 years, victim-survivor)

For those victim-survivors who had to leave their homes and communities to be safe, the shortage of medium to longer term services contributed to a sense of isolation, making their journeys hard:

> When we came here we knew no one … The only people we knew was by phone … and it was weird because you come here and you know no one. My son's autistic, social anxiety, me who's PTSD, we're just not social people. We don't go out and say—send a message out, 'You don't know me but you want to catch up?' … It's like now, what do you do, because no one understands. How can you talk to someone that doesn't understand what you've been through? (Alice, 40 years, victim-survivor)

Lack of technology training, knowledge, services and support

Workers identified the most significant gap or barrier to making women feel safe as the lack of technological training and knowledge DFV support workers have. Some participants indicated that this lack of knowledge may even put women and children at risk:

> This is going to sound a bit blunt and a bit possibly not that [positive] around my colleagues—but the issues I'm seeing are some of the stuff actually we should be, as family violence specialists, working on and supporting our clients in recognising and understanding. So, if you're leaving your home and fleeing to a new location where you don't want to be found, make sure you've logged out of your iCloud, make sure MyPhone has been disconnected, put play mode on if you can't safely do that or navigate that. And I think people aren't necessarily doing that because it's just one more thing to have to think about, to have to deal with, and then we're having case workers come to us and say, 'He's found her in refuge because she was logged into the iCloud,' and I'm beside myself thinking, 'Why is she still logged into the iCloud if she's got a family violence specialist worker?' It should be the absolute first question you ask of a woman if she has a smartphone and is moving. But I think it's just getting missed and I think that's because there's lack of knowledge, lack of training in the sector. (Donna, 35 years, DFV worker)

This barrier is highly prominent for services that rely on volunteers or even phone salespeople to check victim-survivors' technologies, because they do not have workers with the capabilities needed at the service itself. Brenda (42 years, DFV worker) said:

> We accessed Phone Assessor through the WESNET Telstra Safe Phone packages and we utilised the support of the Telstra shop locally to provide support around ensuring that phone was safe because she continued to have ongoing issues. I think there was provision of about four or five phones to that client because she was so paranoid and said that she'd left it there with him and things like this, and then Telstra would reset the phone and look at it and they were managing that safety too.

Chanda (39 years, DFV worker), expressed regret for referring a woman to a support service that was unable to provide her with appropriate technological support:

> With [service name], they did connect her to some of their IT. A lot of the time, they have international students doing internships and placements in their office and volunteers, and they talked to some IT students who were able to do a few things, but not everything. And it was probably just too big for them to handle. But I feel, then, just sometimes, for convenience sake, and it's not always possible to then pay up and go to a security consultancy firm and ask for all this help. But looking back, it was probably too serious. It was—and we didn't recognise that.

This example also highlights some of the challenges and trade-offs involved in selecting the appropriate service or services to refer women to. When their needs are complex, they are likely to need several forms of support (eg financial, technological, legal, housing, language/cultural understanding). In this case, the DFV worker chose a service with a solid cultural focus that would avoid language and cultural barriers. However, it could not provide the robust technological expertise the victim-survivor needed.

Workers also identified a lack of confidence in technology among victim-survivors, and women and girls more broadly, as a significant barrier to pathways towards support. This lack of tech-savvy understanding, combined with a lack of awareness of technology-facilitated abuse as a form of DFV, can increase women's vulnerability to TFCC. Margaret (65 years, DFV worker) explained:

> We often find ourselves teaching women how to use their phone properly, how to block, how to stop making their settings public. We do spend a lot of time with women explaining that they've just got to get off social media, stop responding to comments that he's either sending or other relatives. This is the new form. It's when a person is under an AVO and they can't harass the victim, then the mother of the perpetrator and the sister of the perpetrator and whoever, begins the harassment and using technology. This is the new level of stalking and harassment using technology.

Many workers also recounted how gendered stereotypes which can prevent women from embracing technology can mean that men are the ones who have established control over all aspects of technology in the relationship or household from the outset. This includes setting up technology (including mobile phones, Netflix accounts, security cameras etc), creating passwords, receiving bills and maintaining technology. Kate (53 years, DFV worker) reflected:

> I think having access to passwords and being able to track emails and see and identify phone messages, text messages, social media connections, and then the person who's using violence will then be looking at that and going—they create a picture in their own mind about, 'I need to create more social isolation and more barriers,' because they start to feel that level of insecurity in the relationship and want more power and more control over the victims. I don't think we're literate enough in this area. I don't think I even understand it enough. Even talking about it, I feel like there are things that people can do, and I have no idea how they do it, but I know that they do it, and I know that it happens, and I know that they can access information through technology and control through technology.

Participants commonly identified this blurring between victim-survivors' and workers' lack of technological literacy, as these comments reflect:

> One of our caseworkers did some training on it and we were having this discussion about the relevance, and I believe that we are way behind in terms of our understanding of that, and therefore if we in the service industry are way behind in understanding it, I think so are victim-survivors … I think women, because of the gender bias, predominantly aren't aware that this is something that can happen and will happen until it's too late. (Kate, 53 years, DFV worker)

> I've seen so much anxiety and fear in victim-survivors, but also in case managers around—I suppose it goes back to that point around the abilities of tech are increasing at such a rate that we can't keep up with them. And we are not technology specialists in this work. Social workers are not tech specialists. (Donna, 35 years, DFV worker)

Structural and access barriers

Workers also identified structural barriers, such as racism and poverty, as significant challenges for women experiencing TFCC and seeking support and justice:

> If you're not savvy, if you're not articulate, if you don't speak English, if you're Aboriginal, if you're disabled, if you've got any kind of other barrier, you've got buckley's chance of getting past that front counter [at a police station]. (Margaret, 65 years, DFV worker)

Workers also reported that not all women want or need the same support; for example, many women may not want to pursue legal justice or leave their partners. This can be for a range of reasons, including cultural differences:

> A lot of these women, they're coming from cultures where family is very important. Of course, family is important to everyone, but in these cultures, they're not as individualistic. They're very community-focused, and there is that sense of collectivism. So they don't want to be in a situation where they're alienating anyone, be it their ex, their husband, their friends or family. They don't want to go down that legal route. They just want to kind of move on with their lives and—so that can be sometimes tricky, as well. Trying to find out exactly what their needs are and what kind of help can be offered to them. (Chanda, 39 years, DFV worker)

A related structural issue identified across the interviews was that, while many service options are available to victim-survivors in crisis, medium to longer term support is lacking, and little support is available to those not considered 'at crisis point'. Brook (45 years, victim-survivor) explained:

> They connected me with a social worker straight away, then the DV team through courts, then through the hospital. I had lots of support services that were given at the time. But what I realised very quickly is there was lots of services when you were in immediate crisis, but there's nothing to get you from crisis to survival. And very little to get you from surviving to thriving—like there's no—there's a lot at crisis level, but not so much after the fact.

Sarina (55 years, victim-survivor) shared a similar experience:

> It's hard because you still need support, and after that you get cut off. I did have someone at another service who was counselling me through it, and I had to cut that connection because I had to take a local thing up, and it's only 10 weeks at a DV counsellor for just 10 visits, and that's just not enough, because then they get involved with other problems and you're going, 'I want to talk about this,' and they don't, and then you're cut off, and you're like, 'Where do I go now?'

Lexie (40 years, victim-survivor) also felt a sense of abandonment from the support services once her 'physical safety' was considered okay, even though her technological safety was not guaranteed, and there was an ongoing risk. She explained:

> It was a case of once he had left and they saw that my physical safety was okay, then that stuff just didn't matter anymore. And at the time I couldn't feel it like that, I felt constantly scared for my life and I'm not saying that now I can understand that I was probably—well, I was safe, but I just couldn't feel like that. And so, I think that there needs to be some support around the fact and understanding of the effect that things like that have. I think the piece around long-term healing is missing and … that threat around publishing [intimate or explicit photos]—the shame of that, it just doesn't go away and the fear around that doesn't go away either, because I'm still worried that something is going to happen one day and it will just be so awful if that happens. I think that there's not a lot of accountability nor is there a lot of understanding or support in how people navigate life after that [initial support].

This resonated with the workers who also reported only seeing women during a crisis (typically around the time of separation). Alison (54 years, victim-survivor and DFV worker) observed: 'They've hit a brick wall in trying to do what they need to do next.' Workers explained that this situation resulted from the limited resources DFV services have, meaning that access to support services must be triaged and those in crisis prioritised. However, this means that crises are rarely if ever averted, and victim-survivors may be unable to access services at other times unless they are significantly disadvantaged (eg with no income or support networks).

Yet workers identified that the opposite was true in some cases, where those at high risk could not access support because of the risks involved. For example, the Safer in the Home program, delivered by the Salvation Army, helps victim-survivors and their children at low risk of family violence receive the support and resources they need to live in the home of their choice. However, as one worker described, there is a gap concerning high-risk cases:

> They won't deal with high risk. That is the big gap: the high-risk cases. But they will deal with quite a lot of medium-risk, and medium-risk can be extreme cyber [abuse]. (Jemima, 65 years, DFV worker)

Workers in the services that deal with particularly high-risk clients reported being less able to maintain contact with clients once the immediate crisis has been alleviated. They generally needed to refer women to other services as quickly as possible, in case contact was later lost:

> While somebody's a client with our service and we're still managing their risk, we're providing that DV support and counselling. Sometimes we refer that on immediately if we know that they're not going to be open with us for very long, but it's not generally something we can provide on an ongoing basis, because we're really dealing with high risk here, so we do refer that onto another agency to provide that counselling and support that can be ongoing and long term for them, so they can build that rapport up, and that obviously includes the children as well. But once I've secured housing and safety has reduced, we redo a risk assessment at the end of the support period to ensure that the risk has reduced before we're actually closing off that file. (Brenda, 42 years, DFV worker)

Relatedly, many victim-survivors reflected on the trauma of having to retell 'their story' repeatedly and the absence of continuity among support workers:

> That's a big issue as well, just from a trauma perspective, and I've had it with my son, telling your story over and over and over again. It's really hard, and it's something that you get to a point to where you just bang it out, and so it doesn't sound that bad. They go, well, she seems fine. But it's because I've told that story hundreds and hundreds of times. (Riana, 47 years, victim-survivor)

This lack of continuity was considered a prominent barrier on the support pathway, particularly when caseworkers and the main point of contact changed. Violet (52 years, victim-survivor) reflected on her experience:

> I ended up with about four different caseworkers over a period of three or four months, which doesn't enable you to have any consistency. And also, when you've got a young child, he's not going to speak out to people that are constantly changing, so that was difficult … I felt they weren't very interested, the new people that would come along, or you had to describe it all the way from the beginning, which is upsetting to go back over and over [your story] again. I would say, 'Can you please read up about it?' and they would say, 'Well, it's better to hear it from you,' and I'd think, well, not really. Or they would say, 'Are you okay now?' which really is an irritating thing for people to ask me. Not now, because I am okay, but at the time, no, I'm not okay. You're not over 23 years of domestic violence in a week.

This continuity of care and medium to long-term care was also identified as being very important for children, particularly to establish trust:

> Children should be seen by a psychologist, a child psychologist, trauma informed and one who's got proper and adequate training with children, because they often just tick them— these professionals out there tick themselves off as being self-qualified for things that they're not qualified to do and they're dangerous. Children should be seen by a consistent psychologist throughout their childhood and so disclosures that they make, which will take time because children don't just open up to anyone. They've got to trust that person. (Maya, 51 years, victim-survivor)

This is quite a challenging barrier, because there can be a lot of movement within the sector, given the trauma, workloads and type of work involved. However, there may be scope for the DFV sector to explore ways in which processes could be put in place to avoid the retelling of stories and how to manage advising victim-survivors of changes to their contact points and caseworkers. The benefits of this were identified by Maya (51 years, victim-survivor) in describing the wraparound support she experienced from one service:

> They came out and again, I retold my story and [support service] wasn't just like, 'Oh yeah, we can let you do this course,' but they identified, 'Okay, so you're dealing with this and this and this and this.' And then they said, 'We've got people who can help you with this and this and this.' … They couldn't do everything, but they did a lot. It's like almost a one stop shop, which was really helpful. So they ended up helping me navigate Centrelink and eventually when the family home sold, getting a removalist and assistance with bond and rent in advance, all that sort of stuff. But until I really spoke to [support service], which was after I had separated, I didn't really know what services were out there or what they could do and, of course, once I did start becoming aware of services and did start finding some support online from other victims, sometimes you get—this person will go, 'Oh, go to this organisation. They helped me with this.' And you'd contact them and they'd go, 'Oh, you're outside our zone.' So lots of that went on. So then you start to go, 'Okay, maybe there's more out there.'… [Support service] support was the most helpful because it was the most practical … [support service] actually got my consent to do things for me, so, I mean, I had to sign an authority that they could be given information about me and share information about me, but they actually did things and that was enormous to me.

Jemima (65 years, DFV worker) had a similar perspective, reflecting on her service's 'open door' policy:

> By the time we have finished, we have referred them to everybody. They have the counselling in place, the community legal or legal aid. They will have specialists who can help with the cyberstalking if that's a major issue. We would have referred them to everybody. But what we do is we always welcome them back. It's like an open door. You can come back if you need us. Call us if you need us. So if things happen again, which they do, we simply reopen the case, or just give them the help that they need. We do home visits. We do security checks. We do lots of office visits.

This section has reflected on the potentials and barriers of pathways to support. The next section outlines ways to improve supports for women experiencing TFCC.

Improving pathways

Increased awareness of coercive control, including TFCC

Both victim-survivors and workers identified increasing awareness and understanding of coercive control, including TFCC, among victim-survivors, DFV workers, police, court workers, GPs and the general community as the most effective way to improve responses and outcomes for those experiencing TFCC. Violet (52 years, victim-survivor) explained:

> Awareness is the key to everything in my opinion … because the more people that know about these things, the more people will be receptive to signs of abuse, and they can then say to that person, 'Are you okay?' Because that's all I needed people at work to ask me, and they knew, but they would ignore it … If you don't do something about it, you're as much a part of the problem not the solution, so choose which side you want to stand on. You can't be in between and say that you're helping people but you're not really doing anything … The initial thing is awareness and for someone to come up to you, because if someone had come up to me whilst I was dropping the children to school or at work or the shop even, the supermarket, there were three main places I went, even the doctors and said, 'Are you okay? What can I do to help you?' I would probably at some point have broken down and cried and said, 'Please help me. I don't know what to do,' because you don't know what to do yourself, you're so scared.

Workers further emphasised the need for a greater understanding of the role technology plays in DFV, including how it can help perpetrators maintain control over victim-survivors before, during and after separation:

> They [those in the criminal justice system] don't get abuse at all, they don't get coercive control. They need to understand. If we talk about it from a criminal justice point of view, the one thing that drives me insane is that we have AVOs in place and we have the basic AVO, and the perpetrator continues to text the person, the protected person [victim-survivor] and they don't text them 20 messages a day, so it's not harassing, and they don't threaten them, but we know it's the coercive control. And I've got a client that has an AVO in place currently, it's about to go for a final hearing to make that decision. And he messages her—I'm just going to give an example, he sends her a picture of a woman and a man in bed and the man's asleep and the woman's watching him sleep, so it's a loving picture, and the meme above it says, 'How will I drive him to the brink of insanity, then play the victim today'. (Helen, 41 years, DFV worker)

Workers also underscored the importance of police and the courts, particularly judges making decisions on IVO/AVOs, understanding the cumulative impact of coercive control on victim-survivors and how it can affect how they appear. The earlier section *What is TFCC?* flagged that many workers described how TFCC can make victim-survivors feel unable to escape and sometimes paranoid. Workers stated that perpetrators can use this to undermine women's credibility, especially in court, and there needs to be more awareness and training in the court system for judges to be able to detect this behaviour:

> They'll do it through the courts, they'll try and paint this picture of the victim-survivor being crazy. I know occasionally magistrates will say, 'Well that would be a reason not to be committing family violence because if this person has a psychiatric disorder that's a disability, it's not a reason to commit violence.' So you might get a really positive result, but you might get the opposite, which is they'll then not believe them because they've got this history and they'll say, 'Well you're clearly unwell and you've created this story or this fiction, you've had a psychosis' and it's like no, no, this is actually happening and it's triggering off the psychosis or it's triggering off behaviours or it's sending them to a trauma spiral psychosis because they've been stalked, because they've got people talking to them through cameras, because things are happening around them that makes them feel crazy. (Kate, 53 years, DFV worker)

Participants also highlighted the need for police to understand the different forms that coercive control can take, particularly in different communities (eg cultural and religious communities). This was seen as especially important in communities where victim-survivors may be isolated because of the DFV and may be being threatened by their ex-partner or other family members (eg through the distribution of 'nudes' to family or community members):

> From a medical perspective and from a professional support perspective, there really needs to be highly trained professionals that understand coercive control, religious control, financial control, in the way it plays out in different communities. In the context of multicultural communities, you'll hear a lot of noise from people from culturally and linguistically diverse communities about how there's only one view of what coercive control can play out like … That there is only one very narrow view of how this stuff plays out and we need to be better at understanding the complexities from a cultural and a racial and a language perspective. (Greta, 42 years, victim-survivor)

Investment in public information and awareness raising through targeted information and advice on what constitutes TFCC was considered vital to help address gaps in pathways to support. However, DFV stakeholders also made the point that improved awareness and support pathways require appropriate funding to enable services to meet increased demand. Participants also commonly identified education and primary prevention strategies focused on challenging gender stereotypes (eg around women and technology), teaching children and young people to avoid problematic behaviours (such as constantly monitoring someone's whereabouts) and primary prevention programs as critical to preventing TFCC. There was a particular focus on primary prevention in school curricula, illustrated by these comments:

> The only way is to educate teenagers, starting at pre-school actually, on what is a healthy relationship, what are the red flags, so that you can protect yourself. If I'd known what I know now when I was 18, I wouldn't have suffered for 32 years. (Alison, 54 years, victim-survivor and DFV worker)

> I know they do relationship education in schools, but potentially thinking about how would you bring that in as something about teaching appropriate boundaries and anonymity, and safety for someone in terms of their own identity online, and really educating young women particularly around that, and also around what is appropriate behaviour in terms of someone else's phones or accounts or all those things. I think that needs to happen, and technologically just being more educated generally. (Kate, 53 years, DFV worker)

Additional education and awareness at the broader community level, beyond school-age people—and again including frontline responders—was also recognised as vital to both preventing TFCC and improving pathways to support:

> Training and education in the legal systems, in youth justice as well, probably adolescence. Also for frontline responders, the police that attend. (Frida, 47 years, DFV worker)

This education was considered particularly useful because it would enhance awareness of the existence of tech-based DFV and its harms:

> Something along those lines will have to be done to educate more and more people about what is technology-facilitated abuse … Many women … just feel it might be something that's happening just to them, and not to many other people. But it's increasingly common, so there needs to be some education around it, really, and perhaps doing a program like that, like this three-year program to raise awareness about dowry-related abuse, it includes service providers. So we've been working with the police, judiciary and—it's not just for victims. So we need something like that, I think, to address technology-facilitated abuse and how various service providers are dealing with it. (Chanda, 39 years, DFV worker)

Improved training, processes and accountability

One of the primary ways participants identified that this could be achieved for frontline responders was through substantive training and improved education in coercive control across the justice and support systems. Workers frequently reported that, as forms of technology-facilitated abuse are constantly developing, they need regular, updated training to keep abreast. This was identified in relation to understanding the harms and risks associated with technology-facilitated abuse, including in risk assessments, through improved information for those in rural and remote areas, where workers anecdotally reported an increase in TFCC emerging. Brenda (42 years, DFV worker) explained:

> The ongoing development of IT is the biggest issue, because it's moved so rapidly and we're probably starting to more see now the high use of tracking and stuff like that in the country because we have a bit of a delay in the country than the metro, but that sort of stuff makes people pretty nervous because we've also—being in the country—we don't have as much knowledge about that tech as people in the city.

Kate (53 years, DFV worker) similarly reflected that more training about the impacts and harms of technology-facilitated abuse would be helpful for workers and other frontline responders:

> I don't feel like services talk enough about technology in terms of both the way it's used to perpetrate family violence, the level of control, the stalking, and the control that happens post separation and the fear that that induces in that person and how that immobilises their capacity to act.

Some workers thought that further training, specifically related to TFCC, is required for those undertaking risk assessments—such as the Multi-Agency Risk Assessment and Management Framework (MARAM), which is used in Victoria to ensure that services are effectively identifying, assessing and managing family violence risk. It would also be useful for those who are helping women to develop safety plans:

> I do think the family violence specialist sector needs some upskilling in this area. People who are case managers and working at the [support service] should know how to do a safety plan, really, around tech and how to ask them screening questions to understand, 'is this device vulnerable or not?' Because I'm just seeing people be really, really caring for their clients and be absolutely wanting to do their best and coming at it with the best of intentions, but not necessarily having the strong knowledge base themselves to support that client. (Donna, 35 years, DFV worker)

Others identified the need for a broader range of workers across sectors such as general practice, mental health and child protection services, all of whom support women and children experiencing TFCC, to receive mandatory training. Grace (28 years, DFV worker) observed:

> The other thing that would be really helpful is more education around what it [TFCC] actually is for clinicians. I do feel like yes, we're doing so much better in the family violence context and there's so many platforms and trainings available, but none of them are really focused on tech-facilitated abuse and I think that would be something that would be really helpful to learn more about as a clinician on how to respond. But also, like tangible things that we can do. If it's understanding as the clinician, I know how to check your phone for malware on a basic level. But at least if you come in and we do a MARAM, at least I could check that for you there and then, instead of going, 'Let's refer you out to a WESNET service and you're going to wait three weeks to get an appointment with them for them to check your phone.' A lot can happen in three weeks in the context of family violence and there's a lot of risk that can be held in that space.

The benefit of having more frontline workers trained in understanding and identifying TFCC was also linked to the notion that many DFV workers are already stretched with their workloads and their training requirements. Having additional specialists and technology staff trained and available to women experiencing TFCC would be highly beneficial for addressing gaps in support. Helen (41 years, DFV worker) reflected:

> My caseworkers do enough already, they shouldn't have to be experts in that field, that's someone else's expertise. I used to be a teacher, that's my expertise. I don't need to be an expert in law as well. We all have our own expertise based on what we've studied and we enjoy or are passionate about, we need to find a way that our clients can access these services when they don't have the affordability.

Brenda (42 years, DFV worker) similarly observed that, while it would be ideal to have more training:

> We can't actually do it all … I think it's probably more relevant to have available services out there that can be referred to and accessed in the events of those more serious tech needs.

This combination of having more specialist tech support services available for victim-survivors and more frontline workers trained in recognising and understanding TFCC was a key finding towards improving women's pathways to support. Related to this was a clear need identified by both workers and victim-survivors themselves: to upskill women generally and victim-survivors particularly in how to check and maintain their own tech safety, to boost their confidence and autonomy while not diminishing perpetrators' accountability. Chanda (39 years, DFV worker) explained:

> The onus is still very much on victims taking steps to protect themselves or removing things, but probably we need more and more emphasis on trying to deter perpetrators and just have probably more education and awareness around this as well. Have more workshops and other kinds of interactive assistance provided to these women … Having some interactive websites, chat boxes, et cetera, that would be really helpful.

A broader benefit of this kind of training or support for victim-survivors could extend to improving their understanding of what constitutes TFCC—that is, what is and is not acceptable behaviour from an intimate or former partner:

> With support services, I think maybe victims, to be honest, should have to do some technology-facilitated workshops. Instead of sitting down and just doing the counselling, make them do some technology-facilitated workshops, get them some skills, digital skills and stuff. Maybe make them more aware of scams and put them through some DV counselling. I've done some DV counselling over the years and I'm at the stage now, where someone's only got to raise a hand to me, make me feel uncomfortable or even yell at me and I'm like, relationship's over, finished, you're gone. And I'm that tough on it, that I don't give a second chance. I'm like, 'See you later, goodbye, you're gone.' (Keira, 49 years, victim-survivor)

Increased funding

The prospect of having more tech support available for women experiencing TFCC and increasing training for victim-survivors to improve their safety and awareness of technology was well supported by research participants, but this linked to the need for increased funding to enhance response pathways. Across the sector, there was a sense that, in TFCC cases, there is a tendency to rely on volunteers and charity donations to help support women in completing safety checks of their technologies, securing safe technologies or replacing old technologies (eg providing new mobile phones). Lena (30 years, DFV worker) observed:

> We need to see increased funding for technology safety solutions, particularly to regional domestic violence providers so that we aren't reliant on a charity of companies like Telstra to provide safe connections. It's a brilliant program, but I think that if we're serious about addressing technology-facilitated abuse, we should be able to help women replace devices that have been compromised and not be financially limited by what we're able to provide through a donation-based program.

Increased funding was also identified as being crucial to provide appropriate training for DFV workers so that everyone can be properly trained, rather than providing funding for one or two people to be trained who then have to find time to pass on their knowledge to others:

> We need something … funded on a much better level. We need to be able to give women more other phones, alternative phones. We need training. We have to pay for this training. We don't have money to even go to conferences anymore. It's well enough to go and get—usually it's one or two of us get trained and then we have to train everyone else, which is not a perfect model. (Margaret, 65 years, DFV worker)

Given the types of abuse committed, workers also identified another funding need: for secure data management. There was some concern that, with the recent ransomware attacks and hacks occurring on large-scale Australian companies (such as Medibank and Optus), there was potential for DFV services to have their data hacked and information on victim-survivors leaked. More funding was considered essential to protect the secure management and storage of such data. Helen (41 years, DFV worker) noted:

> If we were talking about what the government could do to support services for tech-facilitated abuse, I think they could have—they could invest through specialist grants that are specifically for protecting the data of DV services. So they're not to be used for other things, but they're specifically an investment to say, 'Okay, we are going to give you this money, or we are going to provide the experts that will come in and do this for your service.' Because I think we're DV services, we're not experts in IT. You might have an IT expert on your board or you might have some volunteers or a local IT service that can come and help you, but what if you don't?

Some funding for research on TFCC was also identified as necessary. More information, education and awareness of DFV generally is needed by the community broadly and victim-survivors in particular. Chanda (39 years, DFV worker) explained:

> There don't seem to be that many initiatives, programs, where governments are looking to fund research or action on helping women who are facing technology-facilitated abuse. So it's something that seems to be an emerging area of concern for us, because technology use and dependence has increased … Everybody's life is being lived more and more online, and so we need to definitely be more aware of cyber safety in general terms … It would be good if we can do a lot more research and have more investment in this area, because we can foresee that it's going to become a bigger and bigger problem, especially image-based abuse and blackmail.

The potential benefit of more information, including through behaviour change programs that hold 'people's behaviour to account' (Greta, 42 years, victim-survivor), was also flagged as offering a form of prevention for perpetrators.

Early intervention, longer-term recovery and continuity of care: Moving beyond crisis point service delivery

Access is key to improving women's pathways to justice and support, particularly to service delivery. Victim-survivors noted a lack of availability and accessibility of services at the early intervention stage of their DFV experiences and post-crisis point. Addressing this barrier is closely linked to improved training, education and funding across the service and justice sector more broadly. If awareness and identification of TFCC are improved, early intervention and risk assessment are also likely to improve. Improving access to tech support services and training, with increased funding for these services, is also expected to have ongoing positive impacts on women's pathways to support, in the sense that they can better understand how to be 'tech safe' and identify risky behaviours. It is also essential that there be medium and longer term trauma and healing support available to victim-survivors beyond that crisis point. This is particularly relevant in the context of TFCC, given the omnipresence of abuse experienced and the ongoing trauma and trust-related issues that victim-survivors report as a result of feeling constantly monitored, tracked and surveilled.

The next and final section examines the 10 recommendations from the study in detail, drawing on the interviews and the workshops, and concludes the report.

Conclusion and recommendations

This report has documented the pathways to support and justice for women who have experienced TFCC and identified gaps and barriers in these journeys. In this section, we discuss the 10 recommendations from the study and summarise the key findings.

Recommendations

1. Raise awareness and understanding of coercive control (including TFCC) across the general community.

2. Improve education and primary prevention in school settings focused on technology and safety, including inappropriate online behaviours and challenging gendered stereotypes.

3. Increase funding for services to respond to the growth in TFCC.

4. Improve the quality and consistency of police and justice system responses to victim-survivors of TFCC, including through independent review and monitoring.

5. Improve frontline responder training on how to identify and respond to TFCC and support those experiencing TFCC.

6. Improve availability of early intervention support for victim-survivors of TFCC.

7. Improve advanced TFCC training and resources for all DFV workers supporting victim-survivors, including improved access to specialist technology safety engineers.

8. Increase collaboration, integration and supported transition between services across the system response.

9. Integrate interventions that provide opportunities to enhance victim-survivor safety, confidence and autonomy in their own technology use in the aftermath of TFCC.

10. Increase availability of post-crisis recovery and support, including for ongoing tech safety.

Recommendation 1: Raise awareness and understanding of coercive control (including TFCC) across the general community

Interview participants from both groups emphasised that victim-survivors are often unaware that what they have been experiencing is part of a pattern of coercive and controlling behaviours which constitute DFV. It can take several risk assessment meetings for victim-survivors to be able to identify and define their TFCC experiences. Workers commonly recognised this as a reflection of a broader lack of community awareness of non-physical forms of DFV, particularly those involving technology, and their prevalence. Targeted public information and education is required, to increase awareness and understanding.

Tailored education in specific settings and communities on what constitutes coercive control and inappropriate behaviours would improve awareness of TFCC. These interventions could be implemented in settings such as schools, workplaces and the broader community, through social media, television and print campaigns. Improving awareness and understanding of TFCC in the general community is critical to improving responses to, and outcomes for, those experiencing TFCC. It will ultimately contribute to the prevention of TFCC. However, as DFV stakeholders emphasised, DFV services must have adequate capacity to meet the increased demand which will inevitably come from increased awareness.

Recommendation 2: Improve education and primary prevention in school settings focused on technology and safety, including inappropriate online behaviours and challenging gendered stereotypes

Interview participants from both groups highlighted the need for greater community understanding about technology and safety. This was recognised as particularly important for women and girls, given gendered stereotypes about technological proficiency, which can affect women's confidence with technology and make them vulnerable to tech-savvy perpetrators.

A dedicated investment in technology literacy and appropriate online behaviours (including bystander action to call out inappropriate behaviour) should be considered in the Respectful Relationships curriculum at the secondary school level, specifically about appropriate online behaviours in intimate partner relationships, including the sharing of nudes and online monitoring. The broader benefit of this would also extend to improving understanding of what constitutes TFCC—including what is and is not acceptable behaviour from a current or former intimate partner. The addition of content about online safety to the IT curriculum should also be considered—specifically, content using case studies to illustrate the risks and impacts of online violence and abuse.

Ultimately, there is a need for social change and primary prevention interventions to challenge social norms about violence supportive attitudes and victim-blaming.

Recommendation 3: Increase funding for services to respond to the growth in TFCC

The success of many of the recommendations in this report depends on additional investment in DFV support services. Many of the gaps and barriers identified in pathways to safety for victim-survivors of TFCC were a direct result of services being stretched beyond capacity and having to meet growing demand, without a commensurate increase in funding. Indeed, most of the recommendations arising from the report share the common need for greater financial investment. More significant investment in specialist training (recommendation 7), interventions to build victim-survivor confidence and autonomy in their technology safety (recommendation 9), having more early intervention support available for women experiencing TFCC and more long-term recovery support (recommendations 6 and 10) and increasing collaboration and integration across services (recommendation 8) is needed to improve pathways to support for women experiencing TFCC. Another area where services may need increased investment is in secure data management to protect data storage related to women and their pathways to support and justice. However, further research is required to determine the degree of risk and assess current security arrangements.

Recommendation 4: Improve the quality and consistency of police and justice system responses to victim-survivors of TFCC, including through independent review and monitoring

Victim-survivors frequently reported feeling that their experiences of TFCC were dismissed and they were judged, particularly by police and courts, for how they appeared or behaved. Some said that they had felt like the wrong sort of victim-survivor (eg too middle class or too heightened or distressed). Workers also underscored the importance of police and the courts, particularly judges making decisions in DFV cases, understanding the cumulative effects of TFCC on victim-survivors over time. Ultimately, victim-survivors highlighted the need for police to understand TFCC as a dangerous pattern of behaviour, not as isolated incidents, and to recognise the associated risks of such conduct to women and children.

The research revealed the need for increased knowledge, among police and others involved in the criminal justice system, of the risks and impacts of TFCC on women and children. This includes the need for guidance on treating victim-survivors with respect and acknowledging that what has happened to them is unacceptable, by taking a trauma-aware approach and understanding the impacts of trauma and coercive control. This would help ensure that police and court workers better understand that victim-survivors will probably appear distressed and agitated and that it is likely to take time and support to unpack what has been occurring.

There is also an acute need for those working in the criminal justice system to understand the intersecting challenges women may be facing (eg poverty, disability, racism) and to ensure appropriate, culturally safe and effective ways of interacting with diverse communities, including LGBTQI+, Aboriginal and Torres Strait Islander, refugee and migrant communities. Understanding the different forms of TFCC and how they can work in different ways in different communities and cultural and religious contexts will also help address some of the trauma associated with women's pathways to justice.

There is a need to reduce the retraumatisation of victim-survivors through the court process and to explore opportunities to embed an intermediary or advocate for victim-survivors. Trauma-aware training for criminal justice practitioners is vital. Increased judicial training is needed across all states and territories, to improve understanding of coercive control and technology-facilitated abuse and to dispel presumptions and myths. The criminal justice system should be cognisant of avoiding harmful stereotypes and social norms, including victim-blaming and notions about good or ideal and non-ideal victim-survivors (see Flynn et al. 2023; Wheildon et al. 2023, 2022).

A more trauma-aware, culturally safe response to TFCC by police and justice system workers will go some way towards addressing the retraumatisation or secondary victimisation that victim-survivors reported experiencing through policing and court processes. However, while training for police and those working in courts is essential, training alone is insufficient to improve response consistency. Embedding reforms in processes and procedures and holding people to account were seen as crucial to driving institutional change and overcoming resistance. Thus, the need for independent review and monitoring of police responses to coercive control was identified as key by DFV stakeholders.

Recommendation 5: Improve frontline responder training on how to identify and respond to TFCC and support those experiencing TFCC

Given the diverse pathways victim-survivors of TFCC can take in the pursuit of safety and justice, interview participants identified the need for a greater understanding of coercive control (including TFCC) among a range of potential frontline responders, including legal practitioners, schools, primary healthcare, mental health and social and children's services. Training for these cohorts would need to be consistent and should focus on identifying coercive control (including TFCC), assessing the risks and providing appropriate referrals, as well as dispelling common myths and perceptions around victim-blaming.

One of the primary ways to achieve this is through targeted training and improved education about TFCC across support systems—including risk assessment, safety plan development, regular updates on technological advances and understanding the harms of TFCC. This would include specific training and adding questions to risk assessments to include forms of TFCC. It is also essential that a broader range of workers across sectors such as general practice, mental health, maternal and child health and child protection services receive training on identifying TFCC. This would create additional opportunities to develop a shared language and to identify and prevent TFCC, ideally before behaviour escalates. However, DFV stakeholders emphasised that, particularly in regions where there is considerable population growth, it is critical that systems such as police, child safety, health workers and hospitals receive increased funding. Stretched systems cannot manage this work effectively without sufficient capacity.

Recommendation 6: Improve availability of early intervention support for victim-survivors of TFCC

This recommendation links to the training recommendations. Victim-survivors reported a lack of help from support services outside the crisis stage, while workers asserted that they want to prevent violence from happening and escalating, but they are not resourced to meet the needs of the community appropriately. Across both interview participant groups, the need for early intervention on TFCC from specialist support services was a significant recommendation. This recommendation was often linked to the need for a range of frontline services to be trained in the early identification of, and responses to, coercive control (see recommendation 5), so that women can be referred to specialist DFV services for support and guidance as early as possible.

However, for women to get the early intervention support they need, specialist DFV support services must have the capacity to take them on. Currently, because of high demand and the need to triage cases and prioritise high-risk cases, this is not happening. This is a source of frustration for workers; they know that they can prevent harm if they work with women earlier, but they rarely get this opportunity. Further, stakeholders were critical of moves to fund phone service responses as a solution to growing demand, highlighting how inappropriate this avenue would be for victim-survivors of TFCC who do not have access to safe devices and do not trust technology. Thus, increased capacity for face-to-face DFV services is essential to ensure early intervention support. This is especially important in the context of TFCC, given the omnipresence of abuse experienced and the ongoing trauma and trust-related issues that victim-survivors face because of feeling constantly monitored, tracked and surveilled.

Recommendation 7: Improve advanced TFCC training and resources for all DFV workers supporting victim-survivors, including improved access to specialist technology safety engineers

Workers emphasised that providing training, including annual refresher training, on technology safety for all DFV support workers—rather than relying on volunteers, outside (often expensive) tech support services or a handful of people within a service to provide the tech support— would have significant benefits. Training should also address evidentiary issues, including the types of evidence courts are likely to consider acceptable in TFCC cases and in cases of coercive control involving technological elements. This would help DFV workers feel more confident in advising victim-survivors about their potential criminal justice and legal options.

Research participants further suggested creating specific positions for technology experts within DFV support services, especially in rural and remote locations, because of a lack of access to other technology safety services. Funding for, and access to, specialist technology safety services was also viewed as critical by participants in particularly complex cases that require thorough assessments. However, at least one victim-survivor and DFV stakeholder raised concerns about private safety services' security processes and sometimes aggressive sales tactics, which indicates that further research is required about the need for training and accreditation of such services.

Recommendation 8: Increase collaboration, integration and supported transition between services across the system response

Victim-survivors highlighted the benefits of having continuity of care and a case manager who helped them navigate services and systems and contacted other services for or with the client, rather than simply providing contact information and recommending that they contact the service directly. DFV stakeholders also underscored the importance of being able to walk alongside a victim-survivor, really get to understand their story and work with them. However, not all victim-survivors received such support. Several DFV stakeholders explained that not all state and territory governments fund case management work, and federal government funding is limited. The provision of wraparound services is highly variable across Australian jurisdictions.

Interview participants across both groups also spoke about the need for improved coordination and information sharing between systems, including police, child protection and specialist DFV services, emphasising that a lack of integration means that information about risk is not always shared. More positively, DFV stakeholders emphasised that, in regions where funding has been provided for integrated service provision, there has been a significant improvement, including reductions in DFV-related fatalities. Related to this point was the recognised need to mitigate siloed service responses between primary health, alcohol and other drugs and mental health services, and the importance of sharing learnings across jurisdictions and resolving issues around information exchange.

DFV stakeholders emphasised that this work can still happen in areas where integrated service provision is not funded, but it relies on relationships and requires workers to work against systems which are not victim-centric or trauma informed. Stakeholders also emphasised the complex needs of victim-survivors; when some services in the system are not adequately resourced and have long waiting lists, this can be a significant barrier for workers and a system failure for victim-survivors. This was identified as a frequent source of fatigue and burnout for DFV workers. Opportunities for improved systems integration and wraparound services should be explored, including national minimum response standards and reforms to prioritise safety at all points of the system and reduce secondary victimisation.

Recommendation 9: Integrate interventions that provide opportunities to enhance victim-survivor safety, confidence and autonomy in their own technology use in the aftermath of TFCC

DFV workers identified the importance of assisting women to rebuild their confidence in technology, to help them feel safe and restore their independence. This was seen as necessary to ensure that women and children are not technologically isolated and to restore the sense of safety and autonomy that perpetrators of TFCC undermine.

One step towards building this capacity and capability is to provide substantive training to victim-survivors. This should be developed in collaboration with experts in coercive control and victim-survivors and would, for example, show victim-survivors what they can do to ensure that their devices are safe (ie not being monitored or tracked). Another step would be to provide straightforward information to women when a technology sweep has been undertaken, to ensure that they know what has happened and to direct them to information about how to protect and maintain the security of their devices in the future.

Recommendation 10: Increase availability of post-crisis recovery and support, including for ongoing tech safety

Victim-survivors of TFCC reported a lack of post-crisis trauma recovery support. This was most acute for those high-risk cases where women and children were forced to relocate and establish new lives, often experiencing acute isolation. Further, some of the available post-trauma care is phone based, which can be unsuitable for victim-survivors of TFCC. This lack of appropriate, longer term therapeutic support services does not recognise that perpetrators will frequently continue to maintain control over victim-survivors long after separation, particularly when children are involved. It also means that women and children are often struggling to survive, let alone thrive, for many years after separation.

Conclusion

As technologies have become more readily available, so too have they become ubiquitous in women's experiences of coercive control in the context of DFV. Yet the range of technology-facilitated abuse varies from what can be described as relatively unsophisticated or 'low tech', such as abusive or threatening messages, through to more sophisticated or 'high-tech' behaviours, such as surreptitiously installing malicious software on a victim-survivor's mobile device to monitor their communications with others or secretly installing hidden wireless cameras throughout the victim-survivor's home (Burton et al. 2021; Flynn, Powell & Hindes 2023a, 2021). Regardless of the technical tools used in TFCC, this research highlights significant gaps and areas for improvement in justice and support services in response to these harms. Among the significant gaps is a lack of understanding of the nature and prevalence of TFCC among frontline workers, including police, and the community more broadly, meaning that victim-survivors do not always recognise that what is happening to them is a form of DFV. When victim-survivors do identify that what is occurring is dangerous, their reports to police are frequently viewed as isolated incidents, rather than as patterns of coercive and controlling behaviour, and are diminished or dismissed, overlooking the risks to women and children. A further critical gap is a lack of funding and development for specialist DFV workers, to ensure that they have the skills and resources to identify and implement e-safety responses to victim-survivors of TFCC.

The findings of this study highlight several areas of need in the pathways to safety and justice currently available for women experiencing TFCC. From a widespread lack of understanding of TFCC and the need for more consistent and informed criminal justice system responses, to challenges in early intervention and access to specialist technology safety support, a range of compounding barriers exist in women's pathways to justice and support. These pathways could be improved in several ways, including increased awareness of TFCC, improved training and processes and a more comprehensive range of technology safety supports. However, all these improvements are dependent on increased funding. The findings of this report underscore an urgent need for investment in safety and justice systems to support victim-survivors and mitigate the impacts of the harms being inflicted on women and children.

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