Life Course Centre

Gender Trap

The gender structure, violence, and women's unfreedom

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Research Summary

Why was the research done?

The aim of this research was to deepen our understanding of how gender-based violence functions as a mechanism of disadvantage in women's lives. Through improving this understanding, we aim to help draw attention to key sites and opportunities for disrupting this process.

What were the key findings?

Our study found strong evidence for the existence of a "gender trap", whereby violence victimization increases women's risks of being in deep multidimensional disadvantage, and deep disadvantage increases the risk of further victimization. For some women, exposure to gender-based violence begins in childhood, and can lead to women getting caught in the gender trap in adulthood.

What does this mean for policy and practice?

Our findings indicate that a concerted and systemic approach is needed to eradicate gender-based violence. Further research is needed to identify the most effective policy and practice solutions for achieving this.

Citation

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Gender Trap: The gender structure, violence, and women's unfreedom

In this paper, we outline our Gender Trap framework of gender-based violence (GBV). The Gender Trap incorporates a feminist sociological approach (e.g., Brush 2011; DeKeseredy 2021; Risman 2004, 2018) with insights from the multidimensional poverty (MDP) literature (e.g., Alkire 2007; Sen 2001) and a life course perspective (e.g., Bjornholt 2019; Elder Jr 1995). We start from the position that GBV is a material process of an inequitable gender structure. In turn, we argue that the perpetration of GBV reproduces the gender structure (Armstrong, Gleckman-Krut and Johnson 2018; Hattery 2022), and hence the ongoing perpetration of GBV, via men's privilege and women's unfreedom.

We define unfreedom as a state of limited agentic power; that is, an inability to take actions based on one's values, desires, and best interests independently of the constraining power of social structure (Campbell 2009). We argue that while unfreedom is experienced subjectively it also has a clear material basis. It can thus be operationalized using the MDP framework, which captures the clustering of deprivations across multiple domains of women's lives. In addition, the life course perspective motivates us to consider the longitudinal dynamics of GBV, women's unfreedom, and the associations between the two. Drawing all these strands together, we propose our Gender Trap framework of GBV.

Our theoretical framework resonates strongly with the findings of previous qualitative studies (e.g., Bell 2003; Brush 2011; Farber and Miller-Cribbs 2014; Miller 2014; Richie 1996, 2003). In contrast, most prior quantitative studies of GBV have focused on discrete outcomes or life course stages. This compartmentalization has arguably hindered our understanding of the true scope of the problem and the development of effective solutions as a result (Herrenkohl et al. 2022).

In this study, we provide a partial quantitative test of our Gender Trap framework, generating robust and generalizable evidence on the longitudinal associations between GBV and unfreedom in the lives of individual women. In our discussion, we theorize how our findings can we extrapolated to understand the role of GBV in the reproduction of the gender structure as a whole. We describe the implications of our findings for efforts to prevent GBV and suggest how our Gender Trap framework might be refined and applied in future research to keep the field moving forward.

THE GENDER TRAP FRAMEWORK

The gender structure and women's unfreedom

The theoretical foundation for this study is our Gender Trap framework, which delineates the relationship between GBV and women's unfreedom. Central to the Gender Trap is Risman's (2004 2018) conceptualization of gender as social structure. The gender structure is a system of social stratification involving the unequal distribution of power, status, resources, and opportunities to men at the expense of women. It comprises material (involving bodies, objects, resources, and spaces) and cultural processes (ideologies, meanings, and norms) operating at the individual, interactional, and macro levels of society. These processes are mutually reinforcing and synergistically (re)produce the gender hierarchy of men's privilege and women's subjugation—what we refer to as women's unfreedom.

We use the term unfreedom to refer to a state of limited agentic power. According to Campbell (2009), agency comes in two distinct forms: the power of agency and agentic power. The first refers to a person's ability to take willed action that has subjective meaning. The second refers to a person's ability to take willed action "independently of the constraining power of social structure" (Campbell 2009: page 407). The difference between the two appears subtle but is substantial. Most people retain some power of agency in the face of structural constraints. This includes everyday acts of survival and resistance—what Lister (2021: page 129) refers to as "getting by" and "getting (back) at". In contrast, agentic power is the ability to act from one's values, needs, interests, and/or desires, rather than as an adaptation to structural constraints. At its epitome, agentic power takes the form of collective action aimed at transforming a social structure (Campbell 2009)—what Lister (2021) calls "getting organized".

Arguably, no one is completely free of structural constraints. We all experience some limitations on our agentic power just as we all retain some power of agency in even the most oppressive circumstances. Thus, it would be inaccurate to view unfreedom as a binary construct whereby people are either wholly free or unfree. Rather, unfreedom is experienced in degrees. Crucially, intersecting social structures such as gender, race, sexual orientation, and class distribute agentic power disproportionately to members of certain groups at the expense of others. Within this "matrix of domination" (Collins 1990), "every privilege that is received is a direct result of an act of oppression" (Hattery and Smith 2019: page 8). Members of the dominant groups benefit from the unfreedom of the oppressed in material ways. First, through their monopolization of resources, spaces, social networks, institutions, laws, and regulations. Second, through access to the bodies of the oppressed and exploitation of their physical, sexual, emotional, and reproductive labor. Thus,

while unfreedom is undoubtedly experienced subjectively (e.g., feeling blocked/trapped, limited autonomy, or a lack of control over one's life), it is also firmly rooted in the material.

Gender-based violence

Hattery (2022: page 791) describes GBV as "a *tool* for ensuring gender segregation and thus perpetuating gender inequality". Consistent with this, we view GBV as a material process of the gender structure—enabled and reinforced by cultural and material processes at the individual, interactional, and macro levels, all with the aim of reproducing women's unfreedom to secure men's privilege. The most pervasive forms of GBV are sexual and intimate partner violence perpetrated by men against women (Hattery 2022). This gendered patterning of perpetrator and victim is neither coincidence nor biological inevitability. Rather, it reflects the intimate relationship between these forms of violence and the gender structure. One of the most conspicuous examples of this is the form of IPV known as coercive control.

Coercive control

Until recently, IPV was viewed as "discrete episodes of assault whose seriousness is measured by the degree of injury or other harm inflicted or intended" (Stark 2012: page 6). Stark (2012) calls this the "violence model", and it has dominated both public understandings of IPV as well as criminal justice responses. Yet, the violence model is fundamentally flawed. In many cases IPV is not a discrete occurrence but a chronic pattern of behaviors. This pattern of behaviors includes non-injurious assaults and other forms of abuse, such as sexual degradation, threats and intimidation, social isolation, economic abuse, stalking, harassment, and public humiliation. It is the repetitive perpetration of these abuses, often in the presence of physical violence but sometimes without, that Stark (2007) refers to as "coercive control". Coercive control is a highly gendered crime, with women comprising 95% of victims and men comprising 92% of perpetrators (Barlow and Walklate 2021). Coercively controlled women report very high levels of fear and distress, and this is not misplaced. Men who perpetrate coercive control are also the most likely to commit femicide (Johnson et al. 2019).

Scholars have described the ways in which coercive control is enabled by the cultural and material processes of the gender structure. Coercively controlling men report high levels of hostile sexism (Loveland and Raghavan 2017). They draw on patriarchal gender ideologies and rape myths to control and exploit their partners, for example by forbidding them to work outside the home, implementing arbitrary and harshly punished rules for their performance of domestic labor, demanding they participate in painful and degrading sex acts, and forcing them to administer abusive discipline to their children (Stark 2007, 2012). At the macro level, the gender pay gap and

feminization of care increases women's economic dependence on their partners, making it harder for them to escape abusive relationships (Anderson 2007; Cameron and Tedds 2021; Johnson, Leone, and Xu 2014). As Brush (2011: page 32) contends, IPV "'takes two': an abusive man and a system of inequality and disadvantage that reinforces a woman's vulnerability and limits her options for resistance and escape once he has 'reeled her in'."

Stark (2007) describes coercive control as a "liberty crime" designed to trap women in a condition of unfreedom. For Stark, unfreedom is both a subjective experience of entrapment as well as an objective condition of subjugation in which women are unable to pursue their "life projects" free of the constraints imposed by their partners. Of course, many women in abusive relationships continue to exercise their agency through open acts of resistance, refusal, and survival (Stark 2007). As Stark (2007: page 387) notes, these women "are living in conscious and self-determining relation to domination, albeit a relation that is severely constrained by objective limits on their choice and action". While Stark (2007: page 387) describes this as a seeming paradox— "control in the context of no control"—Campbell's (2009) typology shows that this is not the case. Women can retain the power of agency even as their agentic power is extremely limited. Of course, without access to agentic power it is difficult for women to take their place as equal citizens in political and public life (Stark 2007) and thus to disrupt the reproduction of the gender structure that oppresses them. As such, GBV not only limits the freedom of individual victim-survivors, it also plays a crucial role in reproducing the collective unfreedom of all women.

A life course perspective

To deepen our understanding of the relationship between GBV and women's unfreedom at the individual level, we incorporate a life course perspective. Consistent with other sociogenic perspectives, life course theory posits that human lives unfold (and therefore must be studied) in social, historical, and institutional context (Bjornholt 2019; Elder Jr 1995). This makes it highly compatible with our feminist sociological approach, with its focus on the gender structure as both cause and consequence of GBV. Further, the life course perspective prompts us to consider the longitudinal dynamics of violence and unfreedom in individual women's lives. Exposure to the cultural and material processes of the gender structure begins in childhood. For some girls, this will include being sexually abused and/or witnessing the perpetration of IPV against their mothers. For example, recent estimates from the US suggest that girls are three times more likely than boys to be sexually abused before the age of 18 (5.6% vs 1.9%), and in 88% of cases girls are abused by a male (Gewirtz-Meydan and Finkelhor 2020). Prior research shows that these early experiences increase women's subsequent risks of violence victimization in adulthood, a phenomenon

sometimes referred to as "cycles of violence" (Butler, Quigg, and Bellis 2020; Cervantes and Sherman 2021).

We propose that unfreedom is the crucial link in these cycles of violence in women's lives. As previously described, unfreedom manifests materially as reduced access to resources, spaces, social networks, institutions, laws, and regulations, reduced autonomy over one's own body, and the appropriation and exploitation of one's labor. The result is a state of limited agentic power that makes it difficult for women to get out (Lister 2021)—that is, to avoid or escape violent men, and to take actions in their own best interests to improve their material conditions. In this way, unfreedom functions as a gendered trap. For some women, mutually reinforcing cycles of violence and unfreedom can ensue: GBV begets unfreedom, which begets further GBV and unfreedom. Indeed, this is exactly how coercively controlling relationships function by design (Stark 2007): perpetrators use violence of increasing breadth and severity to keep their partner in a perpetual state of unfreedom for their own benefit.

Operationalizing unfreedom as multidimensional poverty

We propose that the MDP literature (e.g., Alkire and Foster 2011) provides a useful framework for operationalizing unfreedom. This literature is largely inspired by the work of Amartya Sen (e.g., 1992, 2001), whose capability approach shares many similarities with the sociological literature just discussed. Sen describes freedom as the opportunity to do and be what we value and to live minimally decent lives (Sen 2001). He emphasizes the importance of agentic power—of being free to act from our own interests and values rather than being constrained by social structures—for achieving the "good life". He further argues that "individual freedom is quintessentially a social product" (2001: page 31), and that the equitable distribution of freedom among individuals and groups is the standard against which all social arrangements should be evaluated (1992).

Measures of MDP capture the broad material basis for individual freedom and unfreedom. They start from the proposition that income and wealth are powerful enablers of agentic power, but not the full picture. Other factors are important for shaping a person's ability to be free, including education, attachment to the labor market, physical and mental health, safety, and social connectedness and support. As such, these domains represent the core material preconditions for agentic power specific to our historical time and place (Ibrahim and Alkire 2007). It has been noted that MDP indices would ideally include subjective measures of a person's unfreedom, such as perceived lack of autonomy or control over one's life (Ibrahim and Alkire 2007). Unfortunately, these data are not often collected in large survey studies making them a common omission from MDP indices (Alkire 2007).

EMPIRICAL EVIDENCE

Qualitative evidence

Existing qualitative evidence provides strong support for the core tenets of our Gender Trap framework. Drawing on ethnographic analyses informed by women's life histories, a robust body of qualitative literature has documented how women's experiences of violence and unfreedom are mutually reinforcing and situated within broader structural contexts (e.g., Bell 2003; Brush 2011; Farber and Miller-Cribbs 2014; Miller 2014; Richie 1996, 2003). For example, Farber and Miller-Cribbs (2014) conducted life history interviews with 32 poor, white single mothers living in rural South Carolina. Growing up, most of these women had witnessed their mothers being physically victimized and/or coercively controlled by their male partners. Many of the women had also survived childhood physical and/or sexual abuse. They described how these early life experiences led to life course trajectories marked by the accumulation of vulnerabilities and "ever greater difficulty in achieving financial, social, and physical security" (Farber and Miller-Cribbs 2014). School disengagement and drop out, leaving home at a young age, early sexual debut, teen pregnancy, and IPV in adult relationships were salient experiences for many. The authors noted that these "stacked vulnerabilities" functioned to "reduce the women's abilities to develop human and social capital and accumulate assets" (Farber and Miller-Cribbs 2014: page 532).

Similar themes emerged from a mixed-methods study of the longitudinal associations between violence and poverty among women receiving welfare in the US (Brush 2011). Drawing on administrative data, interviews, and women's written stories, Brush (2011: page 32) examined how women became "trapped by poverty, trapped by abuse". She described the mutually reinforcing relationship between the two: "Truncated education, limited work, low wages, and the resulting economic dependency contribute to abuse, *and* (as I show in this book) abusers often interrupt women's learning, earning…" (Brush 2011: page 11). In a community literacy project, women wrote of their desire for increased agentic power in the form of more options to "determine and strive towards their own life projects" (Brush 2011: page 124). To achieve this, women stated that both cultural and material constraints needed to shift. They called for changes in traditional gender norms that socialize women to feel dependent on and responsible for men. They wanted care work to be better supported and more equitably distributed, enhanced access to education and employment options, more control over their reproductive choices, support for their physical and mental health, and a criminal justice system that protects women from violent and controlling men.

In another example, Richie (1996, 2003) documented the "dynamic process of cumulative experiences" leading to a condition of "gender entrapment" among low-income black women

awaiting trial in a large urban jail (Richie 2003: page 209). This process began with women encountering gender-, race- and class-based structural constraints on their agentic power as they moved out of their childhood homes and entered the public sphere. These experiences thwarted women's aspirations and damaged their identities as capable individuals worthy of respect. This, combined with their strong fidelity to heteronormative ideals and protectiveness towards the marginalized black men in their lives, left women vulnerable to becoming trapped in abusive relationships. Loyal to the men who were abusing them, and wary of the police, the women felt unable to reach out for help. As the violence escalated and women felt increasingly powerless and afraid, they were lured into illegal activities. This led to their arrest and detainment in jail—a severe form of unfreedom. Comparative analyses with a sample of white women experiencing IPV showed that this specific process of gender entrapment was unique to black women experiencing IPV. This highlights the importance of intersectionality-informed research that accounts for women's diverse social locations, which are informed not only by gender, but also race, ethnicity, sexual orientation, disability status, and class.

Quantitative evidence

In contrast to the qualitative literature, quantitative research on GBV has tended to take a siloed approach whereby outcome variables are examined separately and, in most cases, cross-sectionally. Only a small number of quantitative studies have taken a holistic approach and examined the clustering of deprivations across multiple domains following violence victimization. In one such example, ven der Velden et al (2021) analyzed data from two Dutch population-based surveys. They compared IPV victim-survivors to a matched sample of non-victims across twelve negative outcomes, including poor physical and mental health, unemployment, financial and legal problems, and a lack of social and emotional support. Almost half (47%) of IPV victim-survivors reported six or more negative outcomes compared to just 5% of matched non-victims. In another example, Ford-Gilboe at al (2009) analyzed data from a community sample of Canadian women who had left an abusive partner. Using structural equation modelling, they found that the severity of women's past experiences of IPV were negatively related to their current physical and mental health—both directly, and indirectly via deficits in women's combined personal, social, and economic resources. The authors noted that no specific type of resource emerged as a significant mediator on its own; rather, it was the combination of resource deficits that proved important. The authors interpreted this as reflecting "the coherence of women's lives, reminding us that distinguishing among types of resources is largely an analytic exercise given that, in real life, they are experienced as intertwined" (Ford-Gilboe at al. 2009: page 1027).

We are aware of just one example in the literature that has examined the material basis for unfreedom in conjunction with subjective measures among victim-survivors of IPV. To achieve this, Sharp-Jeffs et al (2018) created the Space for Action Scale, which aims to capture the impacts of coercive control across seven domains of women's lives: psychological, efficacy, economic, physical, social support and relationships, wider community, and parenting. As such, it shares much in common with measures of MDP. Where it differs is its inclusion of women's subjective appraisals of their self-efficacy, self-esteem, and agency. As previously discussed, such items are not often included in measures of MDP for reasons that are mostly data-driven rather than theoretical (Alkire 2007). Sharp-Jeffs et al (2018) administered their scale to a sample of 100 women who had accessed domestic violence services and agreed to take part in the longitudinal study. At baseline, a strong cross-sectional association was found between women's total scores on the scale and their scores on a coercive control scale. Specifically, higher coercive control victimization in their current relationship was related to lower space for action. However, once women left their abusive partners their space for action increased and the association with past IPV severity was no longer significant. The authors concluded that their space for action scale represents a first step in measuring the extent to which women "are able to restore agency and freedom" after leaving a violent relationship (Sharp-Jeffs et al. 2018: page 183).

Last, we are aware of just one prior quantitative study that has examined cumulative violence victimization and deprivations across multiple domains longitudinally. Kaufman and Walsh (2022) analyzed Add Health data using structural equation modelling. They identified indirect pathways leading from teen dating violence victimization to financial hardship, job instability, and lower income 12 years later via sexual coercion and IPV victimization in early adulthood, poor health, depressive affect, and lower educational attainment. While the authors' approach is not synonymous with our own, their findings go some way in demonstrating the intertwined, longitudinal processes that our theoretical framework suggests.

The current study

The aim of the current study is to provide a partial quantitative test of our Gender Trap framework. We focus on the Gender Trap as it manifests in the lives of individual women and aim to provide robust and generalizable evidence on the longitudinal relationships between GBV and unfreedom. To achieve this, we draw on a rich set of longitudinal data collected from a large sample of Australian women. Specifically, we examine longitudinal associations between women's experiences of GBV from childhood through young adulthood with their unfreedom, operationalized using a measure of MDP. Consistent with previous evidence and our Gender Trap framework, we expect to find evidence of mutually reinforcing cycles of GBV and MDP across

young women's lives. As such, we expect to find that GBV victimization and MDP are positively associated with both themselves *and* each other over time.

METHODS

Data and sample

To achieve our study aim, we analyzed six waves of data from the 1989-1995 birth cohort of the Australian Longitudinal Study on Women's Health (ALSWH). In 2012-13, 17,011 women born in the years 1989-1995 were recruited into the study via promotions in traditional and online/social media (e.g., Facebook), in person, snowballing, and peer referral. To be eligible to participate, women needed to be born in the target years and eligible for Medicare, which is the Australian health insurance scheme covering all citizens and permanent residents (i.e., approximately 96% of the Australian population). The first wave of data was collected from the women in 2013 (Wave 1), with subsequent waves of data collection in 2014 (Wave 2), 2015 (Wave 3), 2016 (Wave 4), 2017 (Wave 5), and 2019 (Wave 6). All data were collected via online surveys.

In Wave 1, the women were aged 18-23 years. The sample was found to be broadly representative of the population of Australian women born at the same time, with the exception that tertiary-educated women were somewhat overrepresented and women from a non-English speaking background were underrepresented (Loxton et al. 2018). In our final analytic sample, 44.7% of person-year observations came from women with a university qualification, and 73.8% came from women living in a metropolitan area. Meanwhile, 91.9% of women in our sample were born in Australia, 5.0% were born in another English-speaking country, and 3.1% were born in a non-English-speaking country. The mean age across person-year observations was 23 years ($SD = 2.7$).

Consistent with other large cohort studies (Watson and Wooden 2009), there has been significant attrition from the ALSWH over time. This was especially pronounced between Waves 1 and 2, with the sample remaining relatively stable since Wave 3 at around 8,000–9,000 women. For each wave, sample size (and response rates based on Wave 1 sample) were as follows: Wave 1, $n = 17,010$ (100%); Wave 2, $n = 11,344$ (66.7%); Wave 3 $n = 8,961$ (52.7%), Wave 4 $n = 9,007$ (52.9%), Wave 5 $n = 8,495$ (49.9%), Wave 6 $n = 8,346$ (49.1%). A previous analysis of this sample found that attrition was more likely among women reporting higher financial stress, poorer health, and lower educational attainment (Campbell, Perales and Baxter 2020). While non-random attrition can bias estimates of population prevalences, there is evidence that it does not bias estimates of associations between variables (e.g., Gustavson et al. 2012; Saiepour et al. 2019). This is reassuring given that our study is focused on the latter rather than the former.

Measures

Gender-based violence in childhood

Consistent with other scholars (McCloskey 2013; Whittier 2016), we consider childhood GBV to include both sexual abuse and exposure to perpetration of IPV against their mothers. These experiences were measured using 8 binary-response items adapted from the Adverse Childhood Experiences (ACEs) study (Felitti et al. 1998). Four of these items capture sexual abuse during the first 18 years of life (e.g., "While you were growing up during your first 18 years of life, did an adult or person at least 5 years older ever attempt oral, anal, or vaginal intercourse with you?"), and the other four capture exposure to violence perpetrated against mothers (e.g., "While you were growing up during your first 18 years of life, was your mother (or stepmother) sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?"). These questions were asked in Wave 3 of the survey, and again in Waves 5 and 6 for those missing from Wave 3. We used responses to these items to create a time-invariant indicator variable for childhood GBV. Participants scored 1 on this variable if they responded "yes" to any of the 8 items and 0 otherwise.

Gender-based violence in adulthood

To capture GBV in adulthood, we used responses to questions about IPV from each of the six waves. Women were asked if they had experienced 11 different types of violent behavior at the hands of a current or former partner in the previous 12 months. These questions were taken from an abbreviated form of the Community Composite Abuse Scale (CCAS: Loxton et al. 2013), which was derived from the Composite Abuse Scale (CAS: Hegarty, Sheehan, and Schonfeld 1999). Although coercive control was not widely recognized when the CAS was developed, the CAS does include measures of common coercively controlling behaviors. This includes sexual violence, verbal abuse and intimidation, harassment, stalking, social isolation, and economic abuse. In total, 7 of the 11 IPV behaviors measured in the survey were non-physical, one was sexual assault, and the other three were forms of physical assault (e.g., being hit, kicked, thrown, beat up, or attacked with a weapon).

Using these items, we created a time-varying ordinal variable capturing the presence and severity of intimate partner violence in the previous 12 months. We considered IPV to be more severe if the probability of coercive control was higher. Coercively controlling behaviors come in many different forms, and it's possible that women were experiencing behaviors not asked about in the survey. We therefore felt it was important to frame the variable in terms of the probability of coercive control, rather than its definite presence or absence. In deciding on cut-offs for the levels of our IPV variable, we drew on the broad approach taken by Johnson, Leone, and Xu (2014) who created a

measure of coercive control using secondary data from the US National Violence Against Women Survey. We created the following categories: (0) No IPV (0 of the 11 items reported), (1) IPV with low probability of coercive control (1-2 of the 11 items reported), (2) IPV with a moderate probability of coercive control (3-5 of the 11 items reported), and (3) IPV with a high probability of coercive control (6+ of the 11 items reported).

Table A1 in the Appendix shows the proportions of women from the low-, moderate- and high coercive control categories reporting each of the 11 IPV items. Across the three categories, the most reported items were verbal abuse (reported by 49.0%, 76.1%, and 93.8% of women respectively), being harassed over phone/email/online (18.3%, 51.9%, and 91.9%), being blamed for causing their partner's violent behavior (11.6%, 55.3%, and 89.2%), being kept from seeing or talking to their family/friends/children (13.5%, 40.8%, and 82.7%), and being pushed, grabbed, shoved, shook, or thrown (12.3%, 46.9%, and 82.5%). The least reported IPV items across the three groups were being forced to take part in unwanted sexual activity (12.6%, 25.6%, and 53.3%), being kept from working outside the home or having their wallet taken from them (.8%, 4.3%, 32.1%), and being assaulted with a knife/gun/other weapon or beaten up (.1%, 1.0%, and 14.0%).

Multidimensional poverty

As previously discussed, we operationalized unfreedom using a measure of MDP. To create our MDP variable, we followed the broad approach taken by Scutella, Wilkins, and Kostenko (2013). Their measure comprises seven domains: material, employment, education, health, social, community, and safety. Unfortunately, the ALSWH surveys did not contain repeated measures relevant to the "community" domain, which includes constructs such as neighborhood quality and civic participation. Further, we did not include the "safety" domain in our measure of multidimensional poverty given that violence victimization was to be our predictor (i.e., we did not want to have violence victimization on both sides of the equation), and the dataset did not contain any other measures of safety such as perceived safety or fear. This left us with five domains: material, employment, education, health, and social.

Ideally, we would have added to this with measures capturing subjective unfreedom. For example, Ibrahim and Alkire (2007) suggest that MDP indices should include items capturing perceived control over personal and household decisions, and perceived power to change aspects of one's life and engage in collective change efforts. In a similar vein, we contend that feeling trapped or blocked is also relevant. Unfortunately, none of these variables were in the ALSWH dataset.

For each of the five MDP domains, we were able to identify between one and three variables that were available in every wave (see Table 1). Following Scutella, Wilkins, and Kostenko's (2013)

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sum-score approach, we used these variables to create a categorical measure of multidimensional poverty assigning equal weight to each domain. First, we transformed all variables into binary indicators (see Table 1). Next, we calculated the proportion of indicators present within each domain. For example, a woman who scored 1 for both low-income healthcare card and financial stress, and 0 for ability to manage on current income, would have a score of 0.66 (i.e., 2/3) for the "material" domain. We then added women's scores across the five domains, resulting in a total score with a possible range of 0-5. Last, we created our categories of unfreedom using the following cut-offs: 0-0.99 = "No MDP", 1-1.99 = "Marginal MDP", 2-2.99 = "Deep MDP", 3-5 = "Very deep MDP".

Table A2 in the Appendix shows the proportion of women from the four MDP categories reporting each of the 10 items used to construct the MDP index. Among the women in deep or very deep MDP, the most reported items were feeling very/extremely stressed about money (78.9% and 93.5% respectively), working zero hours of paid employment in a typical week (61.9% and 86.3%), and having very high levels of psychological distress (62% and 85.4%). Two factors that appeared to strongly differentiate women in the "No MDP" category" from those in the "Very Deep MDP" category were educational attainment and long term unemployment. The proportion of women who had been unemployed for 6 months or more was 1.2% in the "No MDP" group compared to 63.6% in the "Very Deep MDP" group. Meanwhile, none of the women in the "No MDP" were disadvantaged in terms of educational attainment (Year 12 or less and not currently studying), compared to 63.6% of women in the "Very Deep MDP" group. Poor self-rated health was the least reported indicator across all four groups, yet it still showed a clear gradient across levels of MDP. Only .5% of women in the "No MDP" category reported poor health, compared to 13.8% of women in deep MDP and 29.7% of women in very deep MDP.

Covariates

We controlled for country of birth (Australia/other English-speaking country/non-English-speaking country)[1] and location of residence (major city/inner regional/outer regional or remote/overseas) in our statistical models. These controls were selected due to their possible confounding effects on the relationship between IPV and women's unfreedom. Country of birth was only asked in Wave 2 of the study. Women who were missing from Wave 2 were therefore recoded into a fourth category on the country of birth variable: "Missing from Wave 2 (not asked)". To increase confidence that our

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[1] While it is standard for US studies to collect data on race, this is not the case in Australia where cultural and linguistic diversity is more often the focus and is captured via country of birth. However, Australia is not unlike the US in having serious problems with racism, which especially affects First Nations (Aboriginal and Torres Strait Islander), Asian, and Muslim peoples. As we state in our discussion, investigating violence and unfreedom in the lives of these women is an important avenue for future research.

model was capturing the unique effects of childhood GBV rather than adversity more generally, we also controlled for household economic disadvantage and psychological and physical abuse growing up[2].

Statistical analyses

To address our research aims, we estimated a path model in Stata 17. Path analysis is a useful method for analyzing longitudinal data to model the temporally ordered associations between variables (Finkel 1995). Importantly, path analysis can simultaneously test for autoregressive effects (also known as stability effects: i.e., the degree to which variables at one time point predict themselves at the next time point) and cross-lagged effects (i.e., the degree to which different variables at one time point predict each other at the next time point). Each path in the model shows the direct association between two variables controlling for all other paths in the model. We identified path analysis as the most appropriate method for our study as it allowed us to test for mutually reinforcing processes of accumulation. That is, it allowed us to simultaneously test whether current MDP severity predicts future MDP severity, current IPV severity predicts future IPV severity (autoregressive effects), and current severity of either one predicts the future severity of the other (cross-lagged effects). Due to the ordinal nature of our outcome variables, we estimated our path analysis using generalized structural equation modeling (*gsem* command) with ordered logit models. Generalized structural equation modeling in Stata uses equation-wise deletion. As such, it does not automatically drop cases that have some missing data, but rather uses all available data to estimate each parameter. The initial dataset comprised 63,163 observations from 17,010 women, while our final analytic sample comprised 52,762 observations from 11,088 women (median of four observations per woman). The most common source of missing data was the childhood GBV variable, which was only asked in Waves 3, 5, and 6 of the study. In total, 5,471 women (32% of the Wave 1 sample) were not present in any of these waves—in most cases, because they exited the study after Wave 1 or 2. As previously discussed, there is no evidence that this attrition would have biased our estimates of associations between variables (Gustavson et al. 2012; Saiepour et al. 2019).

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[2] We do not include physical and psychological abuse in our measure of childhood GBV, as perpetration is more evenly spread between men and women. For example, while males make up roughly 90% of child sexual assault perpetrators, they are implicated in around 60% of child physical and psychological abuse cases (Australian Institute of Family Studies, 2014).

Table 1. Variables used in measure of multidimensional poverty

Domain	Variable	Binary categorization
1. Material resources	1. Has a low-income healthcare card	1 = Yes 0 = No
	2. Ability to manage on income: "How do you manage on the income you have available?"	1 = Impossible/difficult all the time 0 = Difficult some of the time/not too bad/easy
	3. Financial stress: "Over the last 12 months, how stressed have you felt about the following areas of your life? Money"	1 = Extremely/very stressed 0 = Moderately/somewhat/not at all stressed
2. Employment	4. Unemployed >6 months	1 = Yes 0 = No
	5. Usual hours of work: "In a usual week, how many hours do you spend doing paid work?"	1 = 0 hours 0 = 1+ hours
3. Education	6. Highest educational qualification obtained	1 = Year 12 or less and not currently studying 0 = Tertiary qualification
4. Health	7. General health: "In general, would you say your health is:"	1 = Poor 0 = Fair/(very/extremely) good
	8. Mental health: Total score on 10-item Kessler Psychological Distress Scale (K10: range = 10-50)	1 = 30+ 0 = 10-29
5. Social	9. Relationship with family: "Over the last 12 months, how stressed have you felt about the following areas of your life? (1) Relationship with parents; (2) Relationship with other family members."*	1 = Extremely/very stressed 0 = Moderately/somewhat/not at all stressed
	10. Relationship with friends: "Over the last 12 months, how stressed have you felt about the following areas of your life? Relationship with friends."	1 = Extremely/very stressed 0 = Moderately/somewhat/not at all stressed

Notes. To create categorical measure: calculate the proportion of indicators present for each domain (possible range 0-1); calculate the sum of scores across the 5 domains (possible range: 0-5). Cut-offs for categorical measure: 0-0.99 = "not disadvantaged", 1-1.99 = "marginally disadvantaged", 2-2.99 = "deeply disadvantaged", 3-5 = "very deeply disadvantaged". *Highest score across these two items used. AQF = Australian Qualifications Framework.

RESULTS

Frequencies of childhood GBV and associations with IPV and MDP

Of the 11,088 women in our analytic sample, 2,266 (20.4%) reported experiencing GBV during childhood (1,083 women reported childhood sexual abuse, 841 witnessed violence against their mother or stepmother, and 342 reported both). To explore the bivariate associations between GBV in childhood and each of our outcome variables in young adulthood (IPV and MDP), we conducted cross-tabulations for each wave. Results are displayed in Table 2. In every wave, young women who had experienced GBV in childhood were 2–3 times as likely to report IPV with a moderate or high probability of coercive control compared to those who had not experienced GBV growing up. Similarly, a strong bivariate association was evident between GBV victimization in childhood and very deep MDP in young adulthood. In every wave, young women who experienced GBV growing up were 3–4 times as likely to be in very deep MDP as those who did not experience GBV during childhood.

Table 2. Wave specific frequencies for IPV and MDP groups by childhood GBV group

| | Childhood GBV | | | |
| | No | | Yes | |
	n	%	n	%
Wave 1 total	8,744	79.5%	2,253	20.5%
IPV				
No IPV	7,573	86.6%	1,725	76.6%
IPV – low CC	810	9.3%	302	13.4%
IPV – moderate CC	263	3.0%	157	7.0%
IPV – high CC	98	1.1%	69	3.1%
MDP				
No MDP	5,589	63.9%	987	43.8%
Marginal MDP	2,354	26.9%	762	33.8%
Deep MDP	641	7.3%	352	15.6%
Very deep MDP	160	1.8%	152	6.8%
Wave 2 total	7,423	80.7%	1,773	19.3%
IPV				
No IPV	6,639	89.4%	1,421	80.2%
IPV – low CC	512	6.9%	181	10.2%
IPV – moderate CC	205	2.8%	112	6.3%
IPV – high CC	67	.9%	59	3.3%
MDP				
No MDP	5,128	69.1%	857	48.3%
Marginal MDP	1,720	23.2%	569	32.1%
Deep MDP	462	6.2%	235	13.3%
Very deep MDP	113	1.5%	112	6.3%

Wave 3 total	6,957	81.2%	1,616	18.9%
IPV				
No IPV	6,246	89.8%	1,269	78.5%
IPV – low CC	466	6.7%	212	13.1%
IPV – moderate CC	181	2.6%	90	5.6%
IPV – high CC	64	.9%	45	2.8%
MDP				
No MDP	5,164	74.2%	856	53.0%
Marginal MDP	1,379	19.8%	463	28.7%
Deep MDP	328	4.7%	206	12.8%
Very deep MDP	86	1.2%	91	5.6%
Wave 4 total	6,452	80.9%	1,525	19.1%
IPV				
No IPV	5,760	89.3%	1,226	80.4%
IPV – low CC	485	7.5%	166	10.9%
IPV – moderate CC	162	2.5%	89	5.8%
IPV – high CC	45	.7%	44	2.9%
MDP				
No MDP	5,033	78.0%	890	58.4%
Marginal MDP	1,098	17.0%	428	28.1%
Deep MDP	254	3.9%	142	9.3%
Very deep MDP	67	1.0%	65	4.3%
Wave 5 total	6,553	80.3%	1,607	19.7%
IPV				
No IPV	5,880	89.7%	1,284	79.9%
IPV – low CC	440	6.7%	192	12.0%
IPV – moderate CC	185	2.8%	93	5.8%
IPV – high CC	48	.7%	38	2.4%
MDP				
No MDP	5,151	78.6%	986	61.4%
Marginal MDP	1,100	16.8%	420	26.1%
Deep MDP	239	3.7%	143	8.9%
Very deep MDP	63	1.0%	58	3.6%
Wave 6 total	6,330	80.5%	1,529	19.5%
IPV				
No IPV	5,732	90.6%	1,269	83.0%
IPV – low CC	409	6.5%	156	10.2%
IPV – moderate CC	138	2.2%	70	4.6%
IPV – high CC	51	.8%	34	2.2%
MDP				
No MDP	5,046	79.7%	972	63.6%
Marginal MDP	985	15.6%	355	23.2%
Deep MDP	234	3.7%	135	8.8%
Very deep MDP	65	1.0%	67	4.4%

Notes. Australian Longitudinal Study on Women's Health. Women born 1989-1995. Waves 1-6 (2013-2019). Total of 42,877 observations from 8,540 women. GBV = Gender-based violence, IPV = Intimate partner violence, CC = Coercive control, MDP = Multidimensional poverty.

Frequencies and bivariate associations between IPV and MDP

To explore the distributions of and cross-sectional associations between IPV and MDP, we tabulated and cross-tabulated the two variables in each wave. Results are displayed in Table 3. The rows labelled "Total" show the distribution of the MDP variable in each wave. Across the six waves, 4.7–9.0% of all women were in deep MDP, and 1.5–2.8% were in very deep MDP. The column on the far right of Table 3 labelled "Total" shows the distribution of the IPV variable in each wave. The proportion of all women reporting IPV with a high probability of coercive control was fairly constant across waves at 1.1–1.5%, while the proportion of women reporting IPV with a moderate probability of coercive control ranged from 2.7–3.8% across the six waves.

Results of the cross-tabulations of IPV and MDP indicated a cross-sectional association between the two variables in the direction expected. In all waves, women reporting IPV with a high probability of coercive control were the most likely to be in deep or very deep MDP, while women who did not report IPV were the least likely to be in deep or very deep MDP. In Wave 1, for example, 7.8% of women in the "No IPV" group were in deep MDP and 2.1% were in very deep MDP. In contrast, the comparable proportions for women reporting IPV with a high probability of coercive control were 28.5% and 12.0% respectively.

Table 3. Wave-specific frequencies for MDP groups by IPV group

	No MDP		Marginal MDP		Deep MDP		Very Deep MDP		Total	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Wave 1										
No IPV	5,829	62.7%	2,541	27.3%	729	7.8%	199	2.1%	9,298	84.6%
IPV – no/low CC	527	47.4%	393	35.3%	137	12.3%	55	5.0%	1,112	10.1%
IPV – moderate CC	170	40.5%	128	30.5%	84	20.0%	38	9.1%	420	3.8%
IPV – high CC	50	29.9%	54	32.3%	43	25.8%	20	12.0%	167	1.5%
Total	6,576	59.8%	3,116	28.3%	993	9.0%	312	2.8%	10,997	100%
Wave 2										
No IPV	5,450	67.6%	1,925	23.9%	532	6.6%	153	1.9%	8,060	87.7%
IPV – no/low CC	356	51.4%	233	33.6%	72	10.4%	32	4.6%	693	7.5%
IPV – moderate CC	144	45.4%	93	29.3%	64	20.2%	16	5.1%	317	3.5%
IPV – high CC	35	27.8%	38	30.2%	29	23.0%	24	19.1%	126	1.4%
Total	5,985	65.1%	2,289	24.9%	697	7.6%	177	2.5%	9,196	100%
Wave 3										
No IPV	5,445	72.5%	1,540	20.5%	410	5.5%	120	1.6%	7,515	87.7%
IPV – no/low CC	406	59.9%	180	26.6%	70	10.3%	22	3.2%	678	7.9%
IPV – moderate CC	127	46.9%	89	32.8%	37	13.7%	18	6.6%	271	3.2%
IPV – high CC	42	38.5%	33	30.3%	17	15.6%	17	15.6%	109	1.3%
Total	6,020	70.2%	1,842	21.5%	534	6.2%	177	2.1%	8,573	100%
Wave 4										
No IPV	5,322	76.2%	1,274	18.2%	304	4.4%	86	1.2%	6,986	87.6%
IPV – no/low CC	431	66.2%	158	24.3%	45	6.9%	17	2.6%	651	8.2%
IPV – moderate CC	136	54.2%	70	27.9%	29	11.6%	16	6.4%	251	3.2%
IPV – high CC	34	38.2%	24	27.0%	18	20.2%	13	14.6%	89	1.1%
Total	5,923	74.3%	1,526	19.1%	396	5.0%	132	1.7%	7,977	100%
Wave 5										
No IPV	5,557	77.5%	1,244	17.4%	290	4.1%	79	1.1%	7,164	87.8%
IPV – no/low CC	415	65.7%	161	25.5%	41	6.5%	15	2.4%	632	7.8%
IPV – moderate CC	139	50.0%	82	29.5%	37	13.3%	20	7.2%	278	3.4%
IPV – high CC	32	37.2%	33	38.4%	14	16.3%	7	8.1%	86	1.1%

Total	6,137	75.2%	1,520	18.6%	382	4.7%	121	1.5%	8,160	100%
Wave 6										
No IPV	5,473	78.2%	1,151	16.4%	292	4.2%	85	1.2%	7,001	89.1%
IPV – no/low CC	394	69.7%	107	18.9%	39	6.9%	25	4.4%	565	7.2%
IPV – moderate CC	121	58.2%	50	24.0%	26	12.5%	11	5.3%	208	2.7%
IPV – high CC	30	35.3%	32	37.7%	12	14.1%	11	12.9%	85	1.1%
Total	6,018	76.6%	1,340	17.1%	369	4.7%	132	1.7%	7,859	100%

Notes. Australian Longitudinal Study on Women's Health. Women born 1989-1995. Waves 1-6 (2013-2019). Total of 42,877 observations from 8,540 women. MDP = Multidimensional Poverty; IPV = Intimate Partner Violence; CC = Coercive Control.

Path analysis

While cross-sectional analyses suggest a strong association between IPV and MDP, they do not shed light on the direction of this relationship. In contrast, path analysis allows us to estimate cross-lagged associations and hence test the direction of associations between variables. The results of our path analysis are displayed in Figure 1. The black arrows accompanied by coefficients show the associations between variables that met the 5% threshold for statistical significance. Paths in light gray with no coefficient are those that did not meet the 5% threshold for statistical significance. All coefficients are presented in exponentiated form as proportional odds ratios. Coefficients show the association between variables controlling for all other paths in the model.

The curved arrows at the top and bottom of the figure show the direct associations between GBV victimization in childhood and women's risks of experiencing more severe IPV and deeper MDP in young adulthood. Experiencing GBV as a child was directly associated with increased odds of being in deeper MDP in each of the six waves by a factor between 1.32 and 1.57. Childhood GBV victimization was also directly associated with the severity of IPV in all waves except Wave 4. In Waves 1, 2, 3, 5 and 6, the odds of reporting more severe IPV were increased by a factor between 1.23 and 1.52 for women who experienced GBV growing up compared to those who did not. This is consistent with prior research documenting links between women's experiences of GBV in childhood and adulthood (Cervantes and Sherman 2021; Farber and Miller-Cribbs 2014).

The straight arrows running diagonally between the boxes show the cross-lagged associations between IPV and MDP in young adulthood. As expected, we found positive, bidirectional links between the two variables over time. A one-level increase in MDP severity in any given wave was associated with an increase in the odds of reporting a more severe level of IPV victimization in the next wave by a factor of 1.17–1.28. Likewise, a one-level increase in IPV severity in any given wave was associated with an increase in the odds of being in deeper MDP in the next wave by a factor of 1.12–1.19. The only exception to this was the association between IPV in Wave 2 and MDP in Wave 3, which did not meet the 5% threshold for statistical significance ($OR = 1.08$, $p = .14$).

As expected, we found very strong autoregressive effects for MDP. Looking at the boxes across the bottom of Figure 1, we can see that a one-level increase in MDP in any given wave

was associated with an increase in the odds of being in deeper MDP in the next wave by a factor of 4.91–7.64. We also found strong autoregressive effects for IPV. Looking across the boxes at the top of Figure 1, we can see that a one-level increase in IPV severity in any given wave is associated with increased odds of more severe IPV in the next wave by a factor of 2.71–3.67. These results are consistent with the concept of cycles of violence (Cervantes and Sherman 2021), as well as the escalation of violence that can occur within coercively controlling relationships (Stark 2007).
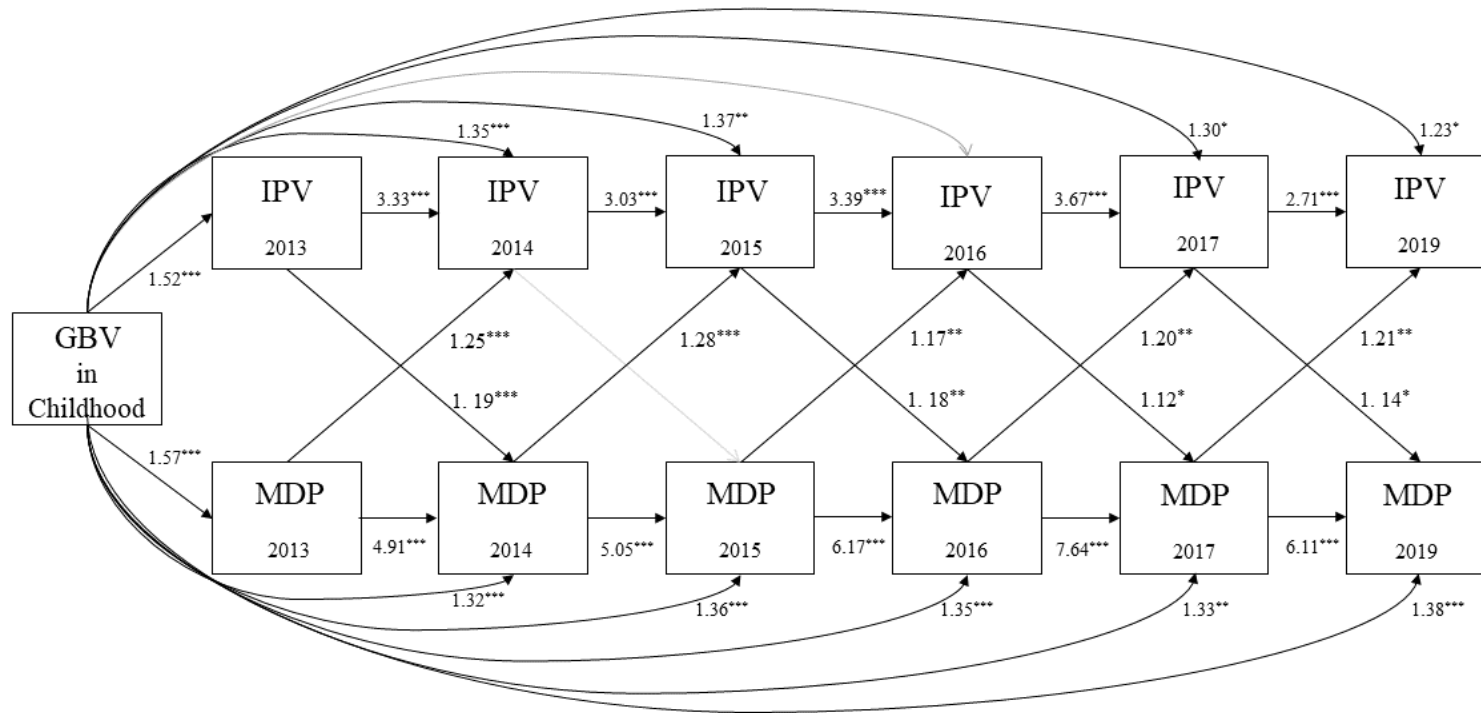
Figure 1.

Path analysis showing bidirectional relationships between gender-based violence victimization and multidimensional poverty from childhood through young adulthood.

Note. GBV = Gender-based violence, IPV = Intimate partner violence, MDP = Multidimensional poverty.

Robustness checks

We conducted a series of checks to test whether our results were robust to changes in model specification. In our first check, we re-estimated our path model treating MDP and IPV as continuous rather than ordinal variables. As previously described, the original MDP variable ranged from 0–5 (sum of scores across the five domains), while the original IPV variable ranged from 0–11 (count of types of IPV reported). We used these versions of the variables to estimate a path model using the *sem* command in Stata. Missing data were handled using full information maximum likelihood, which is an alternative to multiple imputation. This advanced missing data method allowed observations from all 17,010 women who enrolled in Wave 1 of the study to be used in estimating model parameters, even in the presence of missing data. The results of this first robustness check are displayed in Figure A1 in the Appendix. Results are highly consistent with those from our main model. All cross-lagged associations between IPV and MDP were positive and significantly different to zero. Strong autoregressive effects were observed for both MDP and IPV, and childhood exposure to violence was positively associated with IPV and MDP in every wave.

In our second robustness check, we collapsed the smaller categories of the MDP and IPV variables. As seen in Table 3, some cell sizes were very small when MDP and IPV were cross tabulated. In total, 14 out of 96 cells in Table 3 (i.e., 15%) contained fewer than 20 women, with the smallest containing just seven. There is a small risk that parameter estimates in our main model are less reliable as a result. We therefore conducted a robustness check in which we collapsed the "deep" and "very deep" categories of our MDP variable and the "moderate coercive control" and "high coercive control" categories of our IPV variable. This left each of our key variables with three ordered categories. We re-estimated our path model using these new versions of the variables. Results were very similar to our main model and are presented in full in Figure A2 in the Appendix.

Last, to test if different patterns emerged depending on which form of childhood GBV was experienced, we re-estimated our main model with a new version of the variable comprising the following four categories: (1) No childhood GBV, (2) Witnessed violence against mother only, (3) Sexually abused only, (4) Witnessed violence against mother and sexually abused. Coefficients for this variable as a predictor of MDP and IPV in each wave are presented in Table A3 in the Appendix. Overall, women who experienced either form of childhood GBV had increased odds of more severe MDP and IPV in each wave compared to women who had not experienced childhood GBV. However, for women who witnessed violence against their

mothers only, the proportional odds for MDP and IPV were statistically significant in Wave 1 only. The largest proportional odds for both outcomes were found for women who had experienced both forms of GBV growing up. In all waves, the odds of being in deeper MDP were increased by a factor of 1.5–2 for women who reported both forms of childhood GBV compared to women who reported neither. This was also the case in four of the six waves for IPV severity. Childhood sexual abuse on its own was a significant predictor of MDP severity in all six waves, and a significant predictor of IPV severity in four of six waves.

DISCUSSION

In this paper we presented the Gender Trap, our feminist sociological framework of GBV. Delineating the relationships between the gender structure, GBV and women's unfreedom, the Gender Trap links the lives of individual women to the broader social context in which they unfold. According to our framework, cultural and material processes of the gender structure facilitate men's perpetration of violence against women. In turn, GBV (re)produces women's unfreedom and the gender structure as a whole. We defined unfreedom as an inability to act from one's own desires and best interests independently of structural constraints, and we operationalized it using a measure of MDP. According to our framework, unfreedom acts as a trap that makes violence victimization more difficult for women to escape or avoid. As a result, violence victimization and unfreedom can accumulate in mutually reinforcing cycles across women's lives. This proposition is supported by ethnographic analyses informed by women's life histories (e.g., Bell 2003; Brush 2011; Farber and Miller-Cribbs 2014; Miller 2014; Richie 1996, 2003). In this study, we generated what we believe to be the first quantitative evidence of these mutually reinforcing cycles in young women's lives.

Bidirectional relationships

Consistent with our framework, we found evidence of cross-lagged effects between GBV and women's unfreedom. In all six study waves, young women who had experienced GBV growing up were more likely than their peers to be experiencing deprivations across multiple life domains including education, employment, economic resources, social relationships, and physical and mental health. Furthermore, young women who reported (more severe) intimate partner violence in any one study wave (with the exception of Wave 2) were at an increased risk of being in a deeper MDP in the next wave controlling for the impacts of childhood experiences. This is consistent with prior qualitative (Farber and Miller-Cribbs 2014) and

quantitative (ven der Velden et al 2021) evidence of GBV's multidimensional impacts on women. This multidimensionality is partly attributable to cascading effects across life domains, as documented by Kaufman and Walsh (2022) and Ford-Gilboe et al (2009). In addition, it reflects the multidimensional tactics used by perpetrators to achieve total domination of their partners; tactics that can include, for example, social isolation and economic abuse in addition to verbal and physical assaults (Stark 2007).

In the other direction, we found that greater unfreedom led to more severe violence victimization among young women. This pattern is typical of coercively controlling relationships as reflected in the case-studies described by Stark (2007). Once a perpetrator has trapped his partner in an initial state of unfreedom, he then escalates his abuse to move "from control to domination" until his partner's resistance has been "circumscribed by her complete material and psychological entrapment" (Stark 2007: page 580). It's likely that, in some cases, our data were capturing this type of escalation. In other cases, the relationship we observed leading from women's unfreedom to (more severe) violence victimization may reflect the predatory behavior of some perpetrators. While IPV affects women from all social and economic strata, some abusers seek to establish "dynamics of provision and reliance" and thus deliberately target women in a vulnerable position (Cameron and Tedds 2021: page 19). Not only are abusive men more likely to prey on women with limited agentic power, but for women in this position it is harder to get out and stay out once the abuse has commenced (Anderson 2007; Cameron and Tedds 2021).

Cycles of GBV and cycles of unfreedom

In addition to the bidirectional effects just described, we found strong stability effects for both violence victimization and unfreedom. Greater unfreedom in any one wave led to greater unfreedom in the next wave, controlling for the simultaneous effects of GBV on unfreedom. This was unsurprising as we view unfreedom as self-perpetuating by nature. Being unfree means being constrained from taking actions based on one's own values, desires, and best interests. Thus, someone in a state of unfreedom will find it more difficult to accrue the various forms of capital that comprise the material preconditions for increased freedom. We also found that more severe violence victimization reported in any one wave led to more severe violence victimization being reported in the next wave, controlling for the simultaneous effects of unfreedom on violence victimization. On the one hand, this finding was unsurprising given existing evidence on cycles of violence (Cervantes and Sherman

2021). On the other hand, our Gender Trap framework proposes that women's unfreedom is the crucial link in these cycles of violence. Given that our path analysis accounted for the simultaneous effects of unfreedom on violence victimization, we were surprised to see that the stability effects of violence victimization remained so strong. Upon reflection, we surmise that this can be explained by the limitations of our measure of unfreedom, which we discuss in the next section. With a more comprehensive measure of unfreedom, we hypothesize that the stability effects of violence victimization would be weaker.

Measuring unfreedom

Our measure of unfreedom suffered some data-driven limitations that should be kept in mind when interpreting our results. The only items consistently available in our dataset for the social domain of MDP measured stress about relationships with family and friends. While relevant, these measures do not capture every important aspect of the social domain. Perceived social support—knowing that one has people to turn to for emotional and practical help when needed—is arguably an important material precondition for human freedom. Further, measures of unfreedom should not only include support available through interpersonal relationships, but from the community and state more broadly. For example, a woman's degree of unfreedom will be heightened if she perceives that she will not receive adequate physical protection from the police, financial support from the state, and justice through the legal system upon leaving a violent relationship. The laws and policies that shape the availability of such supports (or lack thereof) are material processes of the gender structure, and they clearly play a key role in reproducing women's unfreedom and facilitating men's ongoing perpetration of GBV.

In addition to the above, a lack of appropriate data meant we were unable to capture the subjective elements of unfreedom—what Stark (2007) refers to as women's psychological entrapment. Feeling blocked or trapped (including by fear), a lack of autonomy over one's day to day activities and decisions, and a perceived lack of control over one's life—all of these are important inclusions. Further, there may be other crucial aspects of women's psychological entrapment that the MDP framework has not identified. Arguably, the gender structure not only distributes material resources inequitably between women and men, but also psychological resources such self-perceived entitlement and responsibility. For example, as Campbell (2022: page 182) argued, the gender structure "assigns the *right* to aggressively pursue the fulfilment of one's sexual needs to men, and the *responsibility* to meet these needs

or to otherwise behave "appropriately" (e.g., stay home, wear modest clothing, don't get drunk or flirt) to women". Likewise, men are socially constructed as *entitled* to pursue career success at all costs, while women are constructed as *responsible* for providing the necessary support, making the necessary sacrifices, and caring for children while they do. Internalised sexism, shame, lack of self-esteem and feelings of dependency: these are other possible psychological yet structurally induced elements of unfreedom that future research might explore.

Future directions

Beyond improvements to our conceptualization and operationalization of unfreedom, there are several ways that future research can build on the work we have presented here. Intersectionality theory (Collins 1990; Crenshaw 1991) highlights racism and colonization as powerful sources of oppression that intersect with sexism to shape women's experiences of violence and disadvantage. As is the case in the United States (Rosay 2016), First Nations women experience some of the highest rates of violence victimization in Australia. While they make up approximately 3.3% of the nation's population, Indigenous Australians accounted for 28% of hospitalizations due to domestic and family violence between 2010 and 2019 (AIHW 2021). The ALSWH dataset does not contain detailed information on race or First Nations status—a deliberate decision by the study's custodians to protect women's privacy and respect the wishes of First Nations communities. In addition, women born in a non-English speaking country are underrepresented in the study. Future research should address this limitation of our study by adapting our Gender Trap framework to account for individual's unique locations in the matrix of domination, considering not only their race or ethnicity, but also their sexual orientation, social class, and gender diversity (e.g., trans women and gender nonbinary people).

Another fruitful avenue for future research is to apply our Gender Trap framework to other forms of GBV, such as workplace sexual harassment. The impacts of workplace sexual harassment may differ substantially from intimate partner violence. Yet, both are forms of GBV, enabled by the material and cultural processes of the gender structure and designed to (re)produce women's unfreedom. Thus, they can be understood and empirically studied by drawing on our Gender Trap framework. Last, our focus in this paper has been on women's violence victimization and unfreedom. Yet, there is another side of the Gender Trap that we have not explored here: men's privilege and freedom. Over the past few years, the #MeToo

movement has exposed an array of advantaged men perpetrating GBV to further their own best interests and satisfy their desires free from any structural constraints. We have no doubt that the agentic power of these men facilitated their abuses, while their abuses helped them secure their privileges and reinforce their agentic power. We are again reminded that in the gender structure, as per every other system of domination, "every privilege that is received is a direct result of an act of oppression" (Hattery and Smith 2019: page 8). It is therefore just as important to theorize and empirically examine mutually reinforcing cycles of privilege, freedom, and GBV perpetration among men as it is to document cycles of GBV victimization and unfreedom among women, as we have done here.

CONCLUSION

The Gender Trap framework highlights the systemic nature of GBV, while the evidence we have presented here underlines its destructive impacts on women. Preventing GBV and ameliorating its effects therefore requires a concerted and systemic approach. As the victim-survivors in Brush's (2011) study themselves identified, numerous cultural and material processes of the gender structure must shift if we are to ever eradicate this scourge. As Sen (1992) articulated, human freedom is quintessentially a social product, and it is a human rights imperative that the preconditions for human freedom be equitably distributed to all. This does not mean that women require any special favors. As they have been saying for centuries (Grimké 1838), all they need is to have the metaphorical and literal feet of men taken off their necks—for the violence to stop and the constraints of the gender structure to be removed so they can get on with their lives.

Appendix material available form the authors on request.

Data Availability

The data underlying this article were provided by the Australian Longitudinal Study on Women's Health (ALSWH) by permission. Data can only be shared or accessed upon direct application to the ALSWH Data Access Committee: https://alswh.org.au/full-dataset-and-linked-data/

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