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Surviving strangulation: Exploring the narratives of victim survivors lived experiences

A thesis presented in partial fulfilment of the requirements of a
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Abstract

A growing body of research supports the standing of strangulation as dangerous form of intimate partner violence (IPV) which can result in serious physical, neuropsychological and psychological consequences for surviving victims. While informative, existing research has not yet examined how strangulation within IPV can impact victim survivors' wider wellbeing and functioning beyond the immediate pain, suffering and fear experienced within the initial act. The purpose of this research was to explore victim survivors' lived experiences to gain understanding of the potential consequences of strangulation beyond a one-dimensional list of signs, symptoms, and impairments. In particular, the impact strangulation had on victim survivors' understandings of violence, their relationships, and their identities, along with the meanings attached to those experiences, was of interest in this research. In recognising that decisions in clinical practice are shaped by the nuances of an individual's context and experiences, a case-based narrative approach was used with the aim to generate practical clinical knowledge and responses to what is a complex social issue. The use of a case-based narrative approach also aimed to produce findings that both honoured and humanised the complexities, idiosyncrasies and nuances of the lived experiences of victim survivors. Two victim survivors, Sarah and Ria, participated in in-depth semi structured interviews. Strangulation was storied by these women as an escalation in the level of violence experienced and had complex, dynamic and interrelated consequences which rippled throughout their lives. For Sarah and Ria, strangulation was storied as a transgression of the ideals that framed their relationships and conceptualisations of family. Strangulation became not just a mechanism of coercive control but an embodied experience of loss of power, agency, and identity. Moreover, the act of strangulation was revealed to have escalated in intensity, frequency, and the context in which it is used - an important finding for the assessment and management of IPV risk. In response to the escalation of strangulation Sarah and Ria's dynamic efforts to survive and perform acts of resistance emerged, which

challenged characterisations of victimhood. Deepening the understanding of how strangulation impacts victim survivors has important implications for clinical practice, such as highlighting potential areas to focus therapeutic interventions on like identity, autonomy and bodily connection. Furthermore, this research highlights how professionals can support victim survivors through introducing and enabling alternative narratives which challenge dominant narratives of victimhood.

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A Brief Note on Language

So I had to go through a lot of like internal work to come to terms with the fact that it had happened to me and people always, you know, say that you're a victim of something. But in my head, I've had to change that cos if you're a victim of something – the word victim has this negative connotation attached to it, you just don't want to be attached to anything negative like that, you don't want to feel like oh that has happened to you and there is a stigma. And then with counselling, my counsellor that has told me that there is a different word, a word that will help me feel empowered instead of saying that you are a victim start saying you are a survivor because you're going to make it out, you know, you're going to get out of this, which is really motivating. (Ria)

Based on this reflective account from Ria, one of the research participants, the term victim survivor is used to refer to the research participants and when describing living individuals. However, as not all survive intimate partner violence the word victim is used at times to encompass those who lost their lives.

Relatedly, existing literature predominantly makes a distinction between strangulation and non-fatal strangulation based on whether death has occurred as a result of the violence. When discussing this research with a specialist family violence service practitioner, she queried this distinction. She argued that distinguishing strangulation based on whether it is fatal or not waters down the harm and impact. As I argue, regardless of lethality, strangulation can have a significant impact on a victim. Upon reflection, I decided to use strangulation as a blanket term to encompass both fatal and non-fatal strangulation.

Chapter One: Introduction

Strangulation is an extreme form of violence that causes serious injury and, sometimes, death. As conceptualised by Pritchard et al. (2017), strangulation “is the external compression of a person’s neck and/or upper torso in a manner that inhibits that person’s airway or the flow of blood into or out of the head” (p. 410). Not all incidents of strangulation are fatal, with the focus of this research being on instances of non-fatal strangulation specifically within the context of intimate partner violence (IPV). Strangulation within IPV is thought to occur within a pattern of escalating violence, as opposed to an isolated incident (Brady et al., 2022; Messing et al., 2024; Shields et al., 2010; Strack et al., 2001; Wilbur et al., 2001). This stance is supported by studies using police data commonly identifying a history of IPV occurring before the reported strangulation (Shields et al., 2010) and descriptive statistics suggesting the average duration of relationships prior to strangulation occurring being approximately three to four years (Strack et al., 2001; Wilbur et al., 2001).

Victim survivors have described strangulation as the perpetrator’s demonstration of their ability to kill, a form of torture, and a near-death experience (Bendlin & Sheridan, 2019; Joshi et al., 2012; Messing et al., 2018; Patch et al., 2018). The act of strangulation is thought to be a tool of coercive control, a way the perpetrator can elicit intense fear, assert dominance and ensure compliance in the victim survivor (Bendlin & Sheridan, 2019; Douglas & Fitzgerald, 2022; Stansfield & Williams, 2021; Thomas et al., 2014). Moreover, strangulation is a tool that can be used repeatedly with minimal visible injury (Bauer et al., 2024; Delwiche, 2019; Di Paolo et al., 2009; Matusz et al., 2020; Reckdenwald et al., 2022; Shields et al., 2010; Taliaferro et al., 2001). Compared to other victim survivors of IPV, those who had been strangled are more likely to report feeling powerless and to hold the belief that the perpetrator is capable of killing them, which Messing et al. (2018) postulate is demonstrative of the impact of the act of strangulation. As detailed by McQuown et al. (2016), it is a

personal way to harm someone as “during frontal manual strangulation, the assailant is facing the survivor (eye-to-eye) while literally squeezing the very life and breath out of the survivor” (p.1283). Strangulation is seen as an indicator of risk of further IPV and death (Bendlin & Sheridan, 2019; Campbell et al., 2007; Glass et al., 2008). It is estimated that victim survivors who had been previously strangled by a partner are 7.48 times more likely to become a homicide victim than victim survivors of other forms of IPV (Glass et al., 2008). Other factors associated with strangulation are also considered high-risk indicators of fatal IPV, including the perpetrator making threats to kill, losing consciousness as a result of violence experienced, and the victim survivor’s belief that the perpetrator can kill them (Campbell et al., 2007; Messing et al., 2018).

Before the seminal study of 300 cases of strangulation in San Diego (Hawley et al., 2001; McClane et al., 2001; Strack et al., 2001), there was little academic attention in this area, with existing research predominantly including strangulation within more general studies of traumatic brain injury (K. Monahan et al., 2022; Patch et al., 2018; Pritchard et al., 2018). Pritchard et al. (2017) argue that as a result, knowledge embedded within specialist family violence services about the impacts of strangulation on victim survivors has so far outpaced academic research on this topic. Pritchard et al. (2017), among others, have called for the need for further research on this topic, particularly in light of the interaction of physical, neuropsychological and psychological harm produced through traumatic experiences that strangulation can cause.

Similarly, the collective conclusion across IPV literature is for the development of better responses to strangulation (Bichard et al., 2022; de Lautour et al., 2024; Joshi et al., 2012; Patch et al., 2018; Pritchard et al., 2017; Vella et al., 2017). Fanslow and colleagues (2010) call for a ‘whole-of-system’ approach when responding to victim survivors of family violence. Pritchard et al. (2017) argue that high-quality research on strangulation can inform

integrated service responses and training and development for services providers.

Specifically, knowing the complex interplay of factors that may be impacting a victim survivor of strangulation can have important clinical implications (Mittal et al., 2018; Valera et al., 2022). Therefore, understanding the complex nature of IPV-related strangulation and the lived experiences of victim survivors warrants further investigation to understand better and inform service responses.

An Overview of the Thesis

The overall aim of this research is to extend beyond academia's current understanding of how strangulation in the context of IPV impacts victim survivors in physical, neurological and psychological ways and produce insight into victim survivors' lived experiences of strangulation and its detrimental impacts. To build further understanding in this area, this research provides some background information to contextualise strangulation within IPV, and then critically reviews the existing literature in this area, focusing on the impacts of strangulation. What this research argues is that academic knowledge of the impacts of strangulation is currently limited to offering lists of injuries, symptoms and impairments without further consideration of the impact on victim survivor's day-to-day lives, relationships and functioning. Therefore, this research aims to understand how strangulation has impacted victim survivors and the meanings attached to those experiences to generate a more nuanced, in-depth understanding. Two cases are presented in Chapters four and five to achieve this goal: Ria and Sarah. Methodologically, a case-based approach and narrative analysis was used to explore these cases. Lastly, the clinical implications of this research are discussed.

Chapter Two: Literature Review

This chapter provides a critical review of the existing literature on strangulation within the context of IPV, examining from a psychological perspective the impact strangulation may have on a victim survivor. Due to the nature of the topic, which has both medical and forensic repercussions, a transdisciplinary literature search was conducted using various databases, including Google Scholar, PubMed, PsycINFO, ScienceDirect, ProQuest, and Connected Papers. Keywords to describe strangulation within IPV – "strangulation", "non-fatal strangulation", "choking", "throttling", "domestic violence", "family violence" and "intimate partner violence" – were used in the search. The resulting literature, which was read and summarised using an Excel table, were consistent with systematic reviews on this topic (Bichard et al., 2022; Braamcamp, 2021; K. Monahan et al., 2022; Pritchard et al., 2017). Literature was then manually annotated in NVivo to synthesise key findings and patterns, which reflect the key sections of this chapter. Literature examining strangulation in the context of IPV was included; however, as a critical literature review, wider literature was also considered and explicitly discussed due to gaps in current research. This critical review of literature was previously published – see de Lautour et al. (2024) – then updated when completing this research.

The following section provides additional background information for the chapter, including descriptive statistics, followed by an examination of the mechanisms of strangulation and its distinctiveness from other IPV-related injuries. This is followed by an examination of previous studies that have explored the neuropsychological consequences of strangulation. Following is a focus on research into the psychological consequences of strangulation, highlighting, in particular, the need for research that extends beyond diagnostic criteria. The review concludes that while existing research evidences the harm that can be

caused by strangulation, there is a gap in understanding how this may potentially impact victim survivors. The focus of this research project is then outlined.

The Context of Strangulation in Intimate Partner Violence

Intimate partner violence, as defined by the World Health Organisation (2005), is physical and non-physical acts of violence used by a current or former intimate partner, irrespective of relationship duration or marital status. Operationalising this definition, the World Health Organisation (2021) undertook the immense task of estimating the prevalence of IPV experienced by women globally. Systematic analysis of prevalence data across 161 countries over 18 years suggests the global lifetime prevalence of ever-partnered women experiencing physical or sexual IPV is 27%. However, “the iceberg-like nature of family violence” (Gabbe et al., 2018) means the vast amount of violence remains unreported or unseen, making prevalence estimates remarkably difficult.

The Prevalence of Strangulation within Intimate Partner Violence

Similar challenges are faced when attempting to estimate the prevalence of strangulation within IPV. An early study found that 42 of the 62 victim survivors surveyed in a family violence shelter reported having experienced strangulation (Wilbur et al., 2001). Further attempts to estimate the prevalence of strangulation have been made using vastly different sample sizes, populations, and methods, resulting in varying estimates (McQuown et al., 2016; Messing et al., 2018; White et al., 2021). Sorenson et al.’s (2014) systematic review of the epidemiology of strangulation attempts to reconcile these varying results, estimating the lifetime prevalence as between 3% and 9.7%. However, Sorenson and colleagues (2014) highlight that these results are derived from 11 studies representing nine countries that are

predominantly located in North America or Europe, thus lacking low- to middle-income regions of the world that historically report higher rates of IPV as a whole. Within the New Zealand context, a retrospective analysis of hospital data found that of the 660 IPV reports over a four-year span, 328 of the victim survivors reported being strangled (King et al., 2023). While it would be easy to conclude from this data that approximately half of IPV victims experience strangulation, it is important to consider that only a portion of victims present for medical support. Therefore, estimates of strangulation prevalence rates also face the same challenges as prevalence estimates for wider IPV.

Demographic Information

Recent studies using police data provide demographic information on strangulation within IPV. Wilson et al., (2021) analysed 6,955 Australian-based police records of IPV-related strangulation found 91.7% of reports stated the perpetrator as male and the victim survivor as female, female perpetrator and male victim survivor in 4.7% of reports, male same-sex couples in 2.5% and female same-sex in 1.1% of cases. Analysing American-based police reports of IPV-related strangulation, Messing, et al. (2021) report similar demographic distribution across different-sex couples, female same-sex and male same-sex couples. However, Messing et al. (2021) do not distinguish between male and female perpetrators in the different sex statistics – an area for future research. These findings echo earlier work by Strack et al. (2001), who found 99% of victims were female and only two cases where the perpetrator was female out of 300. These findings suggest that strangulation occurs predominantly in heterosexual relationships, where women are predominantly the victims and men are the perpetrators. Like patterns regarding the gendered nature of strangulation, researchers have also focused attention on precipitating events that may lead to such violence.

Precipitating Events to Strangulation

Other researchers have reported on the diverse range of precipitating events to strangulation, including: emotionally charged arguments, underlying relationship stressors, jealousy, accusations of infidelity, the victim survivor attempting to end the relationship, substance and alcohol misuse, and the victim survivor's perceived non-compliance (Bendlin & Sheridan, 2019; Brady et al., 2022; Nemeth et al., 2012; Reckdenwald et al., 2019; Thomas et al., 2014; Wilbur et al., 2001; Wilson et al., 2021). Notably, as described by Thomas et al. (2014), 'mundane demands', such as dinner not being ready or buying the wrong brand of cigarettes, were also described as catalysts for the perpetrator to strangle the research participants.

Researchers who have conducted qualitative interviews with victim survivors have argued that strangulation occurs when victim survivors are particularly vulnerable (Joshi et al., 2012; Strack et al., 2001; Thomas et al., 2014; White et al., 2021). For example, research participants have reported being strangled by perpetrators when they were sleeping, grabbed from behind, and during pregnancy (Joshi et al., 2012). Other researchers have recounted participants' children witnessing them being strangled, describing being fearful for not only their lives but also of how to protect their children (Strack et al., 2001; Thomas et al., 2014; White et al., 2021). Strack et al. (2001) found 41% of 300 cases of strangulation reported that children were present. They also concluded that these figures are likely understated due to the victim survivors' fear of negative consequences (such as the children being uplifted) or the failure of the reporting police officer to record the presence of children. Victim survivors also appear to be predominantly strangled in their own homes, which supports the feminist view that family and the home are not always a safe place for women (Shields et al., 2010; White et al., 2021; Wilbur et al., 2001).

Another context in which strangulation is reported to occur is during sexual practices. There is a growing body of literature on strangulation in the context of sexual relations, suggesting that as a practice strangulation is becoming normalised and therefore increasing in prevalence (Bichard et al., 2022; Herbenick et al., 2022). Strangulation within sexual relations is aimed to enhance sexual arousal or to engage in adventurous sexual practices (Bichard et al., 2022; Herbenick et al., 2022). Bichard and colleagues (2022) argue this is worrying, as outlined in their systematic review that strangulation during sex is often unwanted and a result of pressure, coercion, or sexual violence. Further, it is argued that strangulation during sex cannot be consented to given the mechanics of strangulation impacting one's cognitive capacity to withdraw consent (Bichard et al., 2022). This is particularly problematic given the rise of the 'rough sex gone wrong' legal defence which has been observed in cases where a perpetrator's legal team has argued that the victim consented to strangulation in the context of sex and therefore her death was accidental (Bichard et al., 2022).

The Consequences of Strangulation

While studies begin to describe the occurrence of strangulation within IPV, the larger part of the academic focus has been on the consequences that strangulation may have. Strangulation can cause a wide array of consequences, with numerous signs, symptoms, injuries and impairments following strangulation have been documented by investigators. As illustrated in Table 1, there are many consequences reported by victim survivors that can be categorised as physical, neuropsychological and psychological. Consequences within each category can range from mild (e.g., headaches) to severe (e.g., stroke). It is important to note here that large variations in the severity of symptoms following strangulation are thought to

be the result of the method, location, force and duration of the strangulation event (Funk & Schuppel, 2003).

Table 1.

Reported impairments and injuries following strangulation.

Physical		
abrasions (Joshi et al., 2012; Scarlett 2023; Strack et al., 2001; Panagides et al., 2025; Patch et al., 2023)	hemiplegia (Le Blanc Louvry et al., 2013; Milligan & Anderson 1980)	ptosis (Funk & Schuppel 2003; Milligan & Anderson 1980; Smith et al., 2001; Wilbur et al., 2001)
bradykinesia (Miao et al., 2009)	horner's syndrome (Milligan & Anderson 1980)	redness (Panagides et al., 2025)
carotid artery dissection (Clarot et al., 2005; Milligan & Anderson 1980; Shields et al., 2010)	hyperreflexia (Milligan & Anderson 1980)	resting tremor (Miao et al., 2009; Scarlett 2023)
contusions (Strack et al., 2001)	loss of bowel/bladder function (Berishaj et al., 2024; Brady et al., 2023; Jordan et al., 2020; Joshi et al., 2012; McQuown et al., 2016; Plattner et al., 2015; Ralston et al., 2019; Shields et al., 2010; Strack et al., 2001; Wilbur et al., 2001; Zilkens et al., 2016)	rigidity of extremities (Miao et al., 2009)
coughing up blood (Berishaj et al., 2024; Scarlett 2023; Wilkes 2023)	miscarriage/premature birth (Douglas & Fitzgerald 2014; Messing et al., 2018; Shields et al. 2010; Strack et al. 2001; Wilbur et al. 2001)	scratches (Panagides et al., 2025)
dysarthria (Berishaj et al., 2024; Brady et al., 2023; Joshi et al., 2012; Malek et al., 2000; Miao et al., 2009; Patch et al., 2023; Pritchard et al., 2018; Ralston et al., 2019; Shields et al., 2010)	nausea (Berishaj et al., 2024; De Boos 2019; Ralston et al., 2019; Scarlett 2023; Strack et al., 2001; Wilkes 2023)	throat pain (Ralston et al., 2019; Scarlett 2023)

dysphagia (Berishaj et al., 2024; Brady et al., 2023; De Boos 2019; Funk & Schuppel 2003; Joshi et al., 2012; Malek et al. 2000; Matusz et al., 2020; McQuown et al., 2016; Milligan & Anderson 1980; Patch et al., 2023; Pritchard et al., 2018; Scarlett 2023; Shields et al., 2010; Strack et al., 2001; Wilbur et al., 2001; Zilkens et al., 2016)

dysphonia (Berishaj et al., 2024; Brady et al., 2023; De Boos 2019; Jordan et al., 2020; Joshi et al., 2012; Matusz et al., 2020; McQuown et al., 2016; Patch et al., 2023; Pritchard et al., 2018; Strack et al., 2001; Wilbur et al., 2001; Zilkens et al., 2016)

dyspnoea (Berishaj et al., 2024; Brady et al., 2023; Funk & Schuppel 2003; Joshi et al., 2012; Matusz et al., 2020; McQuown et al., 2016; Plattner et al., 2015; Patch et al., 2023; Pritchard et al., 2018; Ralston et al., 2019; Scarlett 2023; Shields et al., 2010; Strack et al., 2001; Wilbur et al., 2001; Wilkes 2023)

ecchymosis (Panagides, Kafadar & Laughon 2025)

facial paralysis / droop (Le Blanc Louvry et al., 2013; Smith et al., 2001; Wilbur et al., 2001)

neck swelling (Joshi et al., 2012; Panagides, Kafadar & Laughon 2025)

pain (Berishaj et al., 2024; Funk & Schuppel 2003; Joshi et al., 2012; Matusz et al., 2020; Patch et al., 2023; Ralston et al., 2019; Scarlett 2023; Smith et al., 2001; Strack et al. 2001; Thomas et al., 2014; Wilbur et al., 2001; Wilkes 2023; Zilkens et al., 2016)

paresis / unilateral weakness (Berishaj et al., 2024; Joshi et al., 2012; Malek et al., 2000; Milligan & Anderson 1980; Smith et al., 2001; Wilbur et al., 2001)

parkinsonism (Miao et al., 2009)

petechiae (Brady et al., 2023; Matusz et al., 2020; Panagides et al., 2025; Patch et al., 2023; Plattner et al., 2015; Pritchard et al., 2018; Scarlett 2023; Shields et al., 2010; Strack et al., 2001; Zilkens et al., 2016)

thyroid fracture (Patch et al., 2023)

tracheal perforation (De Boos 2019)

vomiting (Berishaj et al., 2024; Joshi et al., 2012; Ralston et al., 2019; Scarlett 2023; Strack et al., 2001; Wilkes 2023)

Neuropsychological

broca-like aphasia (Le Blanc Louvry et al., 2013)	loss of consciousness / post-concussion syndrome (Berishaj et al., 2024; Campbell et al., 2018; De Boos 2019; Douglas & Fitzgerald 2020; Dugan et al., 2024; Funk & Schuppel 2003; Jordan et al., 2020; Joshi et al., 2012; Matusz et al., 2020; McQuown et al., 2016; Messing et al., 2018; Shields et al., 2010; Patch et al., 2023; Pebole et al., 2024; Plattner et al., 2015; Ralston et al., 2019; Strack et al., 2001; Thomas et al., 2014; Vella et al., 2017; Wilbur et al., 2001; Zilkens et al., 2016)	subconjunctival haemorrhage (Laaksonen et al., 2024; Scarlett 2023; Strack et al., 2001; Vella et al., 2017; Zilkens et al., 2016)
coma (Ali et al., 2024; Malek et al., 2000; Shields et al., 2010)	loss of hearing / tinnitus (Berishaj et al., 2024; Brady et al., 2023; Joshi et al., 2012; Ralston et al., 2019; Smith et al., 2001; Wilbur et al., 2001)	vascular axonal injury (Laaksonen et al., 2024)
confusion/disorientation (Brady et al., 2023; De Boos 2019, Milligan & Anderson 1980; Ralston et al., 2019; Wilkes 2023)	loss of sensation / sensory deficit (Berishaj et al., 2024; Matusz et al., 2020; Milligan & Anderson 1980; Smith et al., 2001; Wilbur et al., 2001)	vision problems/changes (Ali et al., 2024; Berishaj et al., 2024; Brady et al., 2023; Campbell et al., 2018; Jordan et al., 2020; Joshi et al., 2012; Le Blanc Louvry et al., 2013; Matusz et al., 2020; Patch et al., 2023; Ralston et al., 2019; Scarlett 2023; Smith et al., 2001; Strack et al., 2001; Wilbur et al., 2001; Zilkens et al., 2016)
depersonalization/derealization (Ali et al., 2024)	memory loss / amnesia (Ali et al., 2024; Berishaj et al., 2024; Campbell et al., 2018; De Boos 2019; Douglas & Fitzgerald 2020; Dugan et al., 2024; Patch et al., 2023; Pritchard et al., 2018; Scarlett 2023; Shields et al., 2010; Smith et al., 2001; Strack et al., 2001; Wilbur et al., 2001; Valera et al., 2022)	

dizziness/light headedness (Ali et al., 2024; Berishaj et al., 2024; Brady et al., 2023; Campbell et al., 2018; Douglas & Fitzgerald 2020; Funk & Schuppel 2003; Joshi et al., 2012; Matusz et al., 2020; Patch et al., 2023; Ralston et al., 2019; Shields et al., 2010; Scarlett 2023; Smith et al., 2001; Strack et al., 2001; Vella et al., 2017; Wilbur et al., 2001; Wilkes 2023; Zilkens et al., 2016)	seizures (Le Blanc Louvry et al., 2013)
dysesthesia (Le Blanc Louvry et al., 2013)	sleepiness (Ralston et al., 2019)
headaches (Ali et al., 2024; Berishaj et al., 2024; Brady et al., 2023; Campbell et al., 2018; Clarot et al., 2005; Funk & Schuppel 2003; Jordan et al., 2020; Joshi et al., 2012; Le Blanc Louvry et al., 2013; Milligan & Anderson 1980; Patch et al., 2023; Ralston et al., 2019; Scarlett 2023; Smith et al., 2001; Strack et al., 2001; Wilkes 2023)	slow information processing (Ali et al., 2024)
hypoxic-ischaemic neuronal injury (Laaksonen et al., 2024)	stroke (Joshi et al., 2012; Malek et al., 2000; Milligan & Anderson 1980; Shields et al., 2010)

Psychological

anxiety (Joshi et al., 2012; Smith et al., 2001; Wilbur et al., 2001)	hypervigilance (Joshi et al., 2012)	personality changes (Smith et al., 2001)
depression (Adhikari et al., 2024; Campbell et al., 2018; Joshi et al., 2012; Mittal et al., 2018; Smith et al., 2001; Valera et al., 2022; Wilbur et al., 2001)	insomnia or sleep disturbances (Joshi et al., 2012; Patch et al., 2023; Smith et al., 2001; Wilbur et al., 2001)	PTSD (Adhikari et al., 2024; Campbell et al., 2018; Lowik et al., 2023; Pebole et al., 2024; Smith et al., 2001; Valera et al., 2022; Vella et al., 2017; Wilbur et al., 2001)
dissociation (Joshi et al., 2012)	mood disturbance (unspecified) (Joshi et al., 2012)	shock (Thomas et al., 2014)

feelings of worthlessness & helplessness (Joshi et al., 2012)	nightmares (Joshi et al., 2012; Patch et al., 2023; Smith et al., 2001; Wilbur et al., 2001)	suicidal ideation (Joshi et al., 2012; Smith et al., 2001; Wilbur et al., 2001)
heightened & persistent fear (Joshi et al., 2012)	panic attacks (Joshi et al., 2012)	traumatic immobility (Farr 2002)

In regard to physical outcomes of strangulation within IPV, Table 1 demonstrates difficulties with speech, breathing and swallowing (dysarthria, dysphagia, dysphonia and dyspnoea) are cited most frequently by researchers. However, not all signs and symptoms of strangulation are visible (Brady et al., 2023). Neuropsychologically, commonly recorded consequences include dizziness, headaches, memory loss and loss of consciousness. With regard to psychological outcomes, researchers have most frequently reported on depression, posttraumatic stress disorder (PTSD) and suicidal ideation. Other researchers have considered how strangulation can impact long-term physical health status and vulnerability to disease. For example, in a pilot study, Pebole et al. (2024) explored the biomarkers and cardiometabolic health in victim survivors of IPV, finding correlations between those who had experienced strangulation and increased cholesterol levels. However, as our current interest is in understanding strangulation from a psychological standpoint, only the neuropsychological and psychological consequences will be further discussed.

The Pathophysiology of Strangulation

The pathophysiological processes of strangulation – that is, how strangulation causes harm - provide the basis for understanding the neuropsychological consequences of strangulation. Anatomically, the neck is structurally vulnerable to injury due to its vital role in blood and oxygen flow to the brain and body, its relatively small size, and lack of skeletal protection (Strack et al., 2001). There are multiple ways that strangulation can cause

significant injury and death; however, most medical and forensic attention has been on hypoxia and anoxia, where the brain is starved of oxygen (Dugan et al., 2024; Schoenberg & Scott, 2011). Without oxygen, cell death within the brain occurs in minutes and can result in transient symptoms and permanent damage, as noted in Table 1, to brain death and death (C. A. Anderson & Arciniegas, 2010; Dugan et al., 2024; Schoenberg & Scott, 2011).

The amount of pressure required to cause injury through strangulation has been compared to the amount of pressure required to open a can of soda or a male's handshake (De Boos, 2019; Strack et al., 2001). Moreover, as detailed by B. A. Smith et al. (2011), loss of consciousness can occur within 6.8 seconds of strangulation starting and can progress to death within one to six minutes. Even after the strangulation has stopped, there is still the risk of brain damage or death with delayed death as a result of carotid artery dissection - tears in the carotid artery – which have been reported in case studies in the weeks following a reported strangulation (see Table 1). Strangulation can not only become a lethal act with relative ease, but due to the susceptibility of the neck area to injury and the vulnerability of the brain, even minimal force applied through strangulation can have significant non-lethal consequences for victim survivors (Bichard et al., 2022; Clarot et al., 2005; McClane et al., 2001; Pritchard et al., 2017; Shields et al., 2010).

The pathophysiological process in which strangulation causes injury is primarily a result of the brain being deprived of oxygen or blood. This is distinct from traumatic brain injuries (TBI), which are a result of blunt force trauma (Schoenberg & Scott, 2011); however, the distinction between injuries as a result of strangulation and TBI has not always been observed in the literature. Some researchers include strangulation in their definitions of TBI or 'brain injuries' (Adhikari et al., 2023; Adhikari, Maldonado-Rodriguez, et al., 2024; Banks, 2007; Campbell et al., 2018; Clarke et al., 2024; Esopenko et al., 2019; Hunnicutt et al., 2017; Kwako et al., 2011) while others do not clearly distinguish between the two (Iverson et

al., 2017; King et al., 2023; Maldonado-Rodriguez et al., 2021). This may be due to some defining TBI as any injury to the head which results in loss of consciousness (e.g., Hunnicutt et al., 2017), or in a similar vein, including strangulation in their data due to having injuries comparable to TBI (Haag et al., 2019). Others have instead used varying terms such as anoxic brain injury (Dugan et al., 2024), strangulation-related alterations in consciousness (Adhikari, Daugherty, et al., 2024) or hypoxic-ischemic brain injury (Karr et al., 2024) to guide their research specifically looking at brain injuries caused by strangulation.

A key issue with this inconsistency in terminology distinction is that the rates of those who are impacted as a result of blunt force trauma or strangulation become indistinguishable. Furthermore, different injuries have different impacts, even though some of the consequences of strangulation outlined in Table 1 overlap with TBI. Thus, echoing Pritchard et al.'s (2017) argument, to produce useful data regarding brain injury in IPV because of the pathophysiological differences, standardised, transdisciplinary definitions of strangulation and TBI would be beneficial. This inconsistency in definitions across existing literature remains problematic to understanding the relationship between strangulation and neuropsychological consequences. Arguably, however, this flaw may reflect how victim survivors of IPV rarely experience physical violence limited to just blunt force trauma or strangulation (Adhikari, Daugherty, et al., 2024; Ralston et al., 2019; Raskin et al., 2023; Shields et al., 2010; Wilbur et al., 2001). In a study representing four countries (Canada, USA, Spain and Colombia), it was found that only 2% of the 120 victim survivors with a brain injury as a result of IPV had experienced strangulation without TBI. In contrast, 37% had both been strangled and been victims of blunt force trauma to the head (Adhikari, Daugherty, et al., 2024).

Due to the pathophysiological differences, recent research appears to be moving towards separating strangulation from TBI. For example, Valera and colleagues have

reanalysed data collected from a previous study, which included strangulation in its definition of TBI, to examine the effects of strangulation independent of TBI (Valera et al., 2022; Valera & Berenbaum, 2003). In a similar vein, Daugherty et al. (2022) examined different structural changes observed in the brain from trauma, TBI and strangulation.

Neuropsychological Consequences of Strangulation

Key areas of neuropsychological impairment as a result of hypoxic or anoxic injuries are thought to include executive function, especially attention and processing speed, and memory impairment (C. A. Anderson & Arciniegas, 2010; K. Monahan et al., 2019). This is thought to be a result of different brain regions varying in susceptibility to damage from hypoxic and anoxic injury, as demonstrated in post-mortem studies (Laaksonen et al., 2024; K. Monahan et al., 2019). In particular, the hippocampus - a key brain structure involved in memory formation, learning, spatial navigation, and the regulation of emotions - appears to show greater vulnerability to short periods of hypoxia compared to other brain (C. A. Anderson & Arciniegas, 2010; Dugan et al., 2024). C. A. Anderson and Arciniegas (2010) provide an in-depth account of the neurocognitive consequences of what they term hypoxic-ischemic brain injury. However, C. A. Anderson and Arciniegas (2010) focus primarily on hypoxic-ischemic brain injury following cardiac arrest, respiratory failure or carbon monoxide poisoning, with no mention of strangulation in their article. This is of particular relevance because the cause of hypoxic-ischemic injury plays an essential role in the pathophysiology and, by extension, the cognitive impacts. Therefore, while C. A. Anderson and Arciniegas' (2010) research may inform hypotheses on the brain regions impacted by strangulation, further research is required to explore strangulation-specific hypoxic-ischemic brain injury, as strangulation in the context of IPV is typically a repeated event, unlike cardiac arrests.

In an attempt to examine structural brain alterations in victim survivors of IPV in an exploratory study, Daugherty and colleagues (2022) used structural magnetic resonance imaging and a variety of psychometric measures. A relationship between observed structural changes in the horizontal ramus of the anterior segment of the lateral sulcus and participants who had experienced strangulation (Daugherty et al., 2022). Daugherty et al.'s (2022) study offers support for the notion that strangulation may lead to structural brain alterations, albeit direct causal claims cannot be made.

Focusing specifically on strangulation, Bichard et al. (2022) found that 23 of the 30 studies included in their systematic review suggested participants had potentially serious neuropsychological outcomes. Bichard et al. (2022) also commented on the lack of data on the long-term impact of strangulation, noting that existing research is inconsistent in the timeframes of consequences examined. The bulk of quantitative data reports on the initial outcomes of strangulation, while qualitative studies are overly reliant on participants' memories and therefore prone to recall bias.

Supporting the idea that strangulation may have neuropsychological consequences, Valera et al. (2022) found participants who had experienced what researchers termed 'alterations in consciousness' following strangulation, performed more poorly compared to the control sample on long-term and working memory, as measured by The California Verbal Learning Test (Delis et al., 1987) and Digit Span, of the Wechsler Adult Intelligence Scale–Revised (Wechsler, 1981). Other measures of neuropsychological functioning, including learning, visuomotor speed, cognitive flexibility, and nonverbal cognitive fluency, were also included; however, no statistically significant differences between groups were observed. To support the methodological rigour of this study, Valera et al. (2022) attempted to control for what they termed "complex histories" victim survivors may have through employing strict

inclusion criteria, such as excluding participants who had recent histories of substance dependence. However, attempting to control for confounds and using retrospective data from a previous study resulted in a small sample size of participants ($n = 52$), meaning the study provided only preliminary evidence of a relationship between strangulation and memory impairment. Despite this, findings are supported by other studies on the relationship between strangulation and memory loss (see Table 1). Valera et al. (2022) hypothesise that larger sample sizes in replication studies may reveal further common neuropsychological impairments in victim survivors of strangulation.

One approach to understanding the potential neuropsychological impact of strangulation that is prominent within the medical and forensic literature is through single cases. Such cases offer in-depth details regarding victim survivor presentation, initial and progression of symptoms that have been useful in extending knowledge of the potential consequences of strangulation (A. M. Ali et al., 2025; Clarot et al., 2005; Funk & Schuppel, 2003; Jordan et al., 2020; Le Blanc-Louvry et al., 2013; Malek et al., 2000; Miao et al., 2009; Milligan & Anderson, 1980; Scarlett, 2023). For example, Le Blanc-Louvry et al. (2013) provide details of a victim survivor of strangulation who, on presentation to medical services, experienced dysesthesia, headache and facial paralysis. These initial symptoms later developed into ongoing hemiplegia, aphasia, apraxia, lateral homonymous hemianopsia, and epileptic seizures. Case studies like this are useful in providing idiosyncratic conceptualisations of the outcomes of strangulation within IPV and are reflective of the heterogeneous nature of the consequences of strangulation.

Alternatively, other researchers have documented the accounts of victim survivors of IPV and strangulation, which detail neuropsychological impairment experienced as a result (Douglas & Fitzgerald, 2021, 2022; Farr, 2002; Joshi et al., 2012; Vella et al., 2017). These primarily qualitative studies offer unique first-person descriptions of neuropsychological

changes they have experienced following being a victim of strangulation. Vella and colleagues (2017) summarise one participant's experience:

Jennifer was strangled to unconsciousness, and when she was conscious, she could not concentrate, felt dizzy, and had no appetite. Jennifer suffered severe trauma and had subconjunctival haemorrhages in both eyes (eyes filled up with blood). Memory loss was also severe, as she had to relearn how to read. (p. 180).

Such accounts are applicable in contextualising experiences of the neuropsychological consequences and how the conditions listed in Table 1 can manifest differently in various individuals. As highlighted by Sorenson and colleagues (2014), a challenge unique to data generated through self-reports from victim survivors of strangulation is that the potential of impaired memory further compounds typical questions around the accuracy of recall as a result of the strangulation. Similarly, Douglas and Fitzgerald (2022) and Joshi et al. (2012) observe that victim survivors may also not connect the injuries and symptoms they are experiencing to strangulation specifically as a result of the multiple forms of violence experienced. As highlighted in Patch et al.'s (2018) systematic review, another challenge facing experiential accounts is that a causal relationship cannot be established. Furthermore, not all victim survivors of strangulation hold knowledge of the long-term health impacts of strangulation (Patch et al., 2023). Interviews with eight victim survivors in a medical setting concluded that, as most sought assistance from police after being strangled prior to seeking medical assistance, these victim survivors perceived strangulation more as a legal issue than a medical one (Patch et al., 2023).

Another method used to generate knowledge of the neuropsychological consequences of strangulation has been using either existing medical or forensic data (Berishaj et al., 2024; Hawley et al., 2001; Matusz et al., 2020; McClane et al., 2001; Mittal et al., 2018; Panagides

et al., 2025; Plattner et al., 2005; Pritchard et al., 2018; Ralston et al., 2019; Shields et al., 2010; Strack et al., 2001; Wilkes, 2023; Zilkens et al., 2016). This research has been useful in identifying commonalities of presenting symptoms of strangulation victim survivors as detailed in Table 1, such as loss of consciousness, headaches, dizziness/light-headedness and memory loss. Reliance on medical and forensic data has been critiqued, however, because not all victim survivors access medical or forensic services following strangulation and forensic or medical identification of symptoms – such as slurred speech - being misidentified as being due to distress or substance use (K. Monahan et al., 2022; Pritchard et al., 2018; Vella et al., 2017; Wilson et al., 2021). As a result of the range of methods used to document the neuropsychological impacts of strangulation, it is difficult to conclude what neuropsychological changes are most likely to be associated with strangulation.

Adding further complication, strangulation can be experienced by victim survivors multiple times and in multiple instances (Joshi et al., 2012; Messing et al., 2022; Nemeth et al., 2019; Patch et al., 2023; Vella et al., 2017; White et al., 2021; Wilbur et al., 2001). Qualitative interviews provide striking descriptions of these histories, such as one of Joshi et al.'s (2012) participants recalling that if the perpetrator "could not black me out, he'd let me go for a little bit, then turn around and do the same shit all over again" (p.804). In what Messing et al. (2018) name the 'dosage effect', it is hypothesised that there may be a relationship between the number of strangulation events experienced by a victim survivor and reported neuropsychological symptoms; finding that victim survivors who had experienced multiple strangulations were more likely to have experienced a loss of consciousness. At a neurological level, Monahan et al. (2019) outline how multiple strangulation events may result in compounding damage, hypothesising that epigenetic (non-genetic influences on gene expression) changes may occur as a result of damage to DNA, causing irregular protein production. Monahan and colleagues (2019) hypothesise that the brain attempts to repair

functional neuronal circuitry through inflammatory mechanisms. If repetitive injury occurs, chronic inflammation hinders cellular repair, particularly when the brain does not have sufficient time to repair itself. This may prevent the brain's neuroplastic processes, leading to further structural damage and decreased brain function. Similarly, while a connection between repetitive head injuries in the sporting world and resulting chronic traumatic encephalopathy neuropathologic change (indicative of neurodegenerative disease or colloquially known as being 'punch drunk') has been made, research in this area for victim survivors of strangulation IPV is in its infancy and results are inconclusive (Dams-O'Connor et al., 2023).

Although focused on medical causes of cognitive impairment rather than strangulation, C. A. Anderson and Arciniegas (2010) argue that the consequences of hypoxic-ischemic brain injury can result in significant functional disability or reduction in quality of life for those affected. What is lacking in the literature on strangulation is how these "... sometimes persistent, and occasionally permanent, disorders with complex medical, social, and legal considerations..." (C. A. Anderson & Arciniegas, 2010 p.59) affect the victim survivors and how people address the challenges they face.

Psychological Consequences of Strangulation

Research on psychological injury and impairment from strangulation within IPV is in its relative infancy. Evidence supports the idea that the relationship between mental illness and, more widely, IPV may be bidirectional (Clements et al., 2024). That is, mental illness may act as a risk factor for becoming a victim of IPV and/or being a victim of IPV may increase the risk of developing a mental illness (Clements et al., 2024). For example, Mittal et al. (2018) proposed that there could be a multitude of ways that experiencing strangulation

could act as a risk factor for depression, such as being strangled, creating ongoing feelings of helplessness and anticipatory anxiety.

Both D. J. Smith et al.'s (2001) and Wilbur et al.'s (2001) formative studies detail participants reporting experiencing personality changes, depression, nightmares, insomnia, suicidal ideation, anxiety and PTSD following experiencing strangulation. Adhikari, Daugherty, et al. (2024) furthermore found that IPV victim survivors who had been strangled by a partner reported higher levels of PTSD and depression when compared with IPV victim survivors who had not been strangled. D. J. Smith et al. (2001) also note that 50% of participants reported developing one or more symptoms related to their psychological health within two weeks following experiencing strangulation. Sharing similar results to these, Joshi et al. (2012) highlighted the exacerbation of existing mental health concerns post-strangulation, particularly depression, anxiety, and suicidal ideation. This is of notable concern as IPV victim survivors tend to report higher levels of mental distress than the general population (Esopenko et al., 2019; Krug et al., 2002). These studies are useful in connecting the issues of strangulation and psychological consequences. However, Joshi et al.'s (2012), D. J. Smith et al.'s (2001) and Wilbur et al.'s (2001) reliance on data generated through self-reports means diagnostic claims about specific types of psychological disorders are limited and alternative explanations for their experiences of mental distress have not been explored. On the other hand, the findings of these studies do offer some indication of the occurrence of mental distress being perceived by victim survivors as resulting from their experiences of strangulation.

Valera et al. (2022) and Mittal et al. (2018) employed psychometric measures to examine specific psychological disorders as a consequence of strangulation. Performing a secondary analysis of data derived from an HIV-IPV prevention intervention clinical trial and using The Centre for Epidemiologic Studies Depression Scale (Radloff, 1977), Mittal et al.

(2018) did find high numbers of both strangulation and depressive symptoms in the sample of victim survivors. The bivariate analysis performed by Mittal et al. (2018) found that experiencing strangulation correlated with the participant's likelihood of depressive symptoms by 2.4 times. The multivariate logistic regression conducted by Mittal et al. (2018) with sociodemographic variables (age, race, education, and income) and mitigating factors (social support and self-esteem) found social support to be a significant protective factor against depression. While Mittal et al. (2018) acknowledge that the small sample size may have impacted the ability to detect significance in this study, they have established a relationship between strangulation and subsequently increased likelihood of depression, whilst highlighting the importance of social support as a protective factor.

Also conducting a secondary analysis, Valera and colleagues (2022) examined the relationship between participants who had experienced 'alterations in consciousness' following strangulation and psychological functioning. Psychological functioning was defined in this study as anhedonic depression, anxious arousal, general distress, PTSD symptoms and worry, measured by The Penn State Worry Questionnaire (Meyer et al., 1990), The Mood and Anxiety Symptom Questionnaire— Short Form (Casillas & Clark, 2000) and The Clinician-Administered Posttraumatic Stress Disorder Scale for Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM-IV) - One Week Symptom Status Version (Weathers et al., 1999). Valera et al. (2022) reported higher levels of anhedonic depression and PTSD symptoms in participants who had experienced alterations in consciousness following strangulation in comparison to the control sample. Valera et al. (2022) hypothesise that the small sample size may have resulted in no relationship being established between strangulation and anxiety, general distress, or worry. As highlighted in Table 1, only a handful of other researchers have identified anxiety as a reported consequence following strangulation.

Vella et al.'s (2017) qualitative interviews with victim survivors of strangulation in a community-based family justice centre found that participants described experiencing symptoms, such as flashbacks, hypervigilance and avoidance, which were consistent with the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5 American Psychiatric Association, 2013) diagnostic criteria for PTSD. It is essential to note that the purpose of the interviews conducted by Vella and colleagues (2017) was not diagnostic in nature, and participant histories of IPV were not considered as potential explanations for the symptoms experienced. Despite these limitations, qualitative studies, such as Vella et al.'s (2017), extend our understanding of the possible psychological impacts of strangulation beyond diagnostic criteria. For example, a participant in Thomas et al.'s (2014) study is quoted speaking to the emotional pain of such experiences: "On top of all of it, it is painful to watch the man who so-called loves you try to kill you." (p.38).

What Vella et al. (2017) argue was most salient across their interviews with 13 victim survivors was that victim survivors of strangulation experienced ongoing, persistent fear that caused them to be vigilant in everyday life or altered their cognitions, including how they perceived themselves, others, and the world. Although not the focus of their study, Joshi et al. (2012) identified persistent fear as a psychological consequence of strangulation for the 17 victim-survivor interviewees. Moreover, victim survivors' feelings of betrayal, distrust and fear impacted relationships with friends, family and other intimate partners after experiencing IPV-related strangulation (Joshi et al., 2012; Vella et al., 2017). Another reported consequence of strangulation is the disempowerment of victim survivors. Messing et al. (2018) found that victim survivors of strangulation were more likely to feel powerless than other victim survivors of IPV. Similarly, following strangulation, the majority of Thomas et al.'s (2014) participants reported feeling an intense sense of vulnerability and powerlessness

and altered their behaviour as a survival strategy, for example, by increasing their compliant and submissive actions, self-isolating, and not leaving the house.

Taking a more holistic approach to understanding the ongoing impacts of strangulation for victim survivors of IPV, Lowik et al. (2023) examined the lived experiences of victim survivors following leaving the relationship. Interviews with 16 participants noted themes of ongoing fear for their safety, unemployment, unstable housing and finances, impacts on their mothering, as well as impacts on their psychological, neuropsychological and physical health. The cumulative effect of these themes was summarised by Lowik et al. (2023) as limiting the victim survivor's daily lives even following leaving the perpetrator of violence. The enormity of this reality is outlined by Lowik et al. (2023) as follows:

Survivors in this study were often navigating their children's contact with an ex-partner, while trying to establish safety for themselves and their children, negotiate financial insecurity and housing instability, and manage physical and psychological health concerns – with all these points of crises exacerbated by the emotional distress of having contact with the person who strangled them. (p.8).

The complex, dynamic and interrelated impacts of strangulation on victim survivors post-relationship highlight that the impacts of this form of violence extend beyond the initial impact of the strangulation itself. The psychological impact of strangulation within IPV is still a developing area. Studies thus far indicate a link between experiences of strangulation and various psychological consequences, including depression, PTSD, anxiety and suicidal ideation. The research outlined here also suggests that the psychological impact of strangulation extend beyond specific disorders, with persistent fear, emotional pain, and disempowerment being reported by victim survivors. Overall, strangulation is shown to have

far-reaching psychological effects that extend beyond clinical diagnoses, with more research needed to understand its impacts fully.

Survival Strategies, Coercive Control and Silencing After Strangulation

Victim survivors' attempts to survive strangulation are described throughout the literature. This may be through violent resistance, trying to break free, and verbal protests (Brady et al., 2022; Douglas & Fitzgerald, 2014, 2022; Thomas et al., 2014; White et al., 2021). Attempts to placate the perpetrator have also been described, for example, the victim survivor apologising and saying she loved him (Brady et al., 2022). Although different, these attempts to stop the strangulation demonstrate the victim survivor's efforts to survive, indicative that they held real concerns for the gravity of their situation (Thomas et al., 2014).

Strangulation as a Form of Coercive Control

A common thread across the literature is the sentiment that "most abusers do not strangle to kill—they strangle to show they can kill" (Busby, 2012, p. 341). Therefore, strangulation is considered an act of coercive control. Dutton and Goodman (2005) conceptualise coercive control as the perpetrator using threats in conjunction with violent behaviour to give credibility to those threats, empowering the perpetrator and disempowering the victim survivor.

Examining strangulation through the lens of Dutton and Goodman's (2005) conceptualisation of coercive control, Stansfield and Williams (2021) perceive strangulation as an action used by the perpetrator to give credibility to threats of violence. Supporting this claim, Stansfield and Williams (2021) found a correlation between the perpetrator's use of death threats and subsequent strangulation events at a later time. Stansfield and Williams

(2021) suggest that the perpetrator's desired outcome of strangulation is to make the victim believe that the perpetrator can kill them and establish power and therefore coercive control over the victim. Victim survivors reporting multiple strangulations also adds weight to this claim, suggesting death may not be the aim of the perpetrator's use of strangulation but rather it is intended to establish and maintain coercive control (Douglas & Fitzgerald, 2022; Joshi et al., 2012; Messing et al., 2018; K. Monahan et al., 2019; White et al., 2021; Wilbur et al., 2001). Thus, strangulation should not be conceptualised as a single act of violence but as a tool in a pattern of behaviour.

Through the act of strangulation, the perpetrator has made the threats credible, potentially caused the victim potential emotional, psychological and physical harm and created a climate where the victim is fearful of the perpetrator (Stansfield & Williams, 2021). As a result of strangulation, it has been described that victim survivors may experience ongoing, persistent fear, which can cause them to be vigilant in everyday life (Vella et al., 2017). Messing et al.'s (2018) research concluded that victims of strangulation were more likely to feel powerless and hold the belief their partner would kill them than other victims of IPV. Similarly, following strangulation, the majority of Thomas et al.'s (2014) participants reported being more fearful of the perpetrator, feeling an intense sense of vulnerability and powerlessness. Thomas et al.'s (2014) participants described within focus groups their beliefs that the perpetrator had strangled them to send a warning about compliance and to establish their role, as defined by the perpetrator, within the relationship. Participants also reported altering their behaviour to avoid further violence, for example, increasing their compliant and submissive actions, self-isolating and not leaving the house (Thomas et al., 2014). This further supports the notion of strangulation being a mechanism of coercive control, demonstrating the tangible actions of compliance victim survivors took in response to violent acts.

Victim Survivor's Minimisation

Another response to strangulation identified in qualitative literature, although less prevalent, was the victim survivor minimising their experiences (Brady et al., 2022; Joshi et al., 2012). Statements such as saying "it only happened once", "I did not need to go to the hospital" or "I knew he would let me go eventually" were interpreted as participants minimising strangulation by researchers (Brady et al., 2022; Joshi et al., 2012). Brady et al. (2022) hypothesise this observed minimisation of strangulation as a result of the victim survivor being unaware of the full dangers of strangulation. Others suggest that there is a societal minimisation of strangulation that victim survivors have internalised (Vella et al., 2017), reflecting feminist theorists' arguments that harmful gender-based norms become internalised and shape individuals' beliefs (Piedalue et al., 2020). Other arguments to explain this observed minimisation could be the normalisation of severe levels of violence within the relationship or the use of self-reassurance to cope with distress. There are multiple ways to interpret victim responses, demonstrating the complexity of understanding how strangulation impacts victim survivors.

Victim Survivor's Help Seeking

Several barriers exist in victim survivors' seeking support following strangulation, and as a result, low rates of victim survivors seeking help following strangulation are an observed trend in existing research (Joshi et al., 2012; Pritchard et al., 2018; Ralston et al., 2019; D. J. Smith et al., 2001; Strack et al., 2001), in consequence strangulation is often "shrouded in silence" (Dotson, 2011, p. 244). Not recognising or minimising the severity of injuries appears to be a factor in victim survivors not seeking medical care following strangulation (Brady et al., 2022; Joshi et al., 2012). Furthermore, cognitive or neuropsychological injury as a result of IPV could factor as a barrier to seeking support due to impairment in

functioning (Gabbe et al., 2018). Participants in Joshi et al.'s (2012) interviews reported prioritising their safety before seeking medical help, as well as hesitancy to disclose intimate details or the perception that medical staff could not assist them with their IPV-related needs, as factors preventing them from accessing medical attention. Similarly, victim survivors' concerns regarding safety, the perpetrator's repercussions, and shame all factor into victim survivors' decision-making regarding taking legal action (Pritchard et al., 2018; Reckdenwald et al., 2020; Roberts & Kim, 2005; Strack et al., 2001). It appears, however, that experiencing multiple strangulation events and loss of consciousness due to strangulation are associated with higher rates of victim survivors seeking assistance, although this could be explained by an increase in the severity of symptoms due to the loss of consciousness or multiple strangulations (Patch et al., 2018).

For those who do come into contact with services, disclosure of strangulation does not always occur (Douglas & Fitzgerald, 2022; Joshi et al., 2012; Pritchard et al., 2018). In Joshi et al.'s (2012) interviews, it was revealed that half of the participants who sought medical care did not disclose how they obtained their injuries, which resulted in misdiagnosis or mismanagement of injuries. Wider literature on traumatic brain injury and brain injury hypothesise that victim survivors may not disclose the true nature of injuries due to the potential impairment of their memory as a result of their injuries, lack of awareness of seriousness of their injuries, preoccupation with other injuries, fear of repercussions of disclosing IPV, shame and stigmatisation of being an IPV victim survivor and self-blame for the IPV related injuries (Baxter & Hellewell, 2019; Fanslow & Robinson, 2011; Jordan et al., 2020; Towns & Adams, 2016).

Chapter Discussion

Strangulation is a severe form of intimate partner violence. Growing evidence from analyses of medical and forensic data, convenience surveys and case studies suggest that strangulation is highly traumatic and likely results in serious physical, neuropsychological and psychological consequences for surviving victims. Accumulated evidence also suggests the consequences of strangulation can vary from mild (e.g., headaches) to severe (e.g., stroke). Common neuropsychological consequences include loss of consciousness, headaches, dizziness/light-headedness and memory loss. It is also hypothesised that the neuropsychological harm may be compounded by multiple strangulations; however, this remains important for further investigation.

In regards to psychological consequences, PTSD and depression are forms of mental distress most strongly evidenced as outcomes of strangulation, followed by insomnia, anxiety and suicidal ideation. Qualitative investigations have begun to consider what the psychological consequences of strangulation may be beyond diagnosable disorders. For example, are there particular psychological consequences from an intimate partner enacting such extreme life-threatening violence on you, in heightening feelings of powerlessness, vulnerability and fear?

Existing literature on the consequences of strangulation within the context of IPV has been critiqued on orthodox methodological grounds. In response, it can be conceded that previous research has been limited methodologically, but given the complexities of researching strangulation in this context, methodological compromises are necessary. In terms of further criticisms, while existing literature has detailed the harms associated with strangulation, the consequences of strangulation are often reduced to a one-dimensional list of signs, symptoms and impairments. Similarly, other approaches to understanding the consequences of strangulation have been critiqued for decontextualising victim survivors

lived experiences into thematic categories that are populated by snippets of the accounts of various participants. Although such aggregating approaches can reveal general trends from participant accounts, they do risk losing the complex and nuanced personal aspects at play for woman victim survivors (Pritchard et al., 2017; Vella et al., 2017). When considering wider literature on mental health and brain injury, the ripple effect on an individual's well-being and functioning is well established. Therefore, this critical review concludes that there is a need for more context-oriented research that captures the nuanced details of the experiences and impacts of victim survivors to explore potential life and dynamic consequences.

Chapter Three: Methodology

In this chapter, I begin with discussing the aim of this research. Following this, I outline my positioning of this research within the narrative orientation. Next, I consider case-based research and its application within this study. The ethical considerations that are taken into account when conducting this research are then outlined. I then discuss the inclusion criteria and participant identification, followed by an outline of the interview process. How I applied a narrative approach for the analysis of interview transcripts is then discussed. Finally, I reflect on my position as a researcher and the influence this therefore has on this research.

Research Aim

Scholars have identified a general lack of research addressing the psychological complexities of victim survivors' lived experiences of strangulation and its detrimental impacts (Daugherty et al., 2022; Vella et al., 2017). However, when examining the broader, more comprehensive brain injury-focused literature, it is evident that even mild brain injuries can impact employment, financial stress, parenting, relationships, housing, mental health, physical health, and day-to-day living (Gabbe et al., 2018; Haag et al., 2022). As well as initial injury from the act of IPV itself, the detrimental impact of IPV on the victim survivor's well-being is also a well-documented phenomenon internationally, including higher rates of self-reported poor health, mental health symptoms, substance misuse and exacerbation of existing medical problems (Campbell et al., 2002; Coker et al., 2002; Ellsberg et al., 2008; Mellar et al., 2023; World Health Organization, 2005).

Given the multitude of consequences strangulation can have, the victim survivors' lives need to be considered to understand the true impact of strangulation beyond what is

currently known and in terms of implications for practice in clinical psychology. This research seeks to explore how strangulation may have impacted victim survivors' experiences of intimate partner violence, their relationships, and their everyday lives, and the meanings attached to those experiences from the victim survivors' point of view. Through generating a more in-depth understanding of how strangulation impacts victim survivors and those around them, I hope that this study will inform the work of professionals who work with victims of strangulation in IPV.

Secondly, the methodological rigour of existing research attempts to measure outcomes of strangulation for victim survivors has been critiqued (Bichard et al., 2022; de Lautour et al., 2024; K. Monahan et al., 2022; Patch et al., 2018; Pritchard et al., 2017; Sorenson et al., 2014). Investigating the impact of strangulation on victim survivors requires researchers to consider significant practical and ethical issues when designing such research. I hope that applying a narrative case-based approach to this study can demonstrate a way in which research on strangulation within IPV can produce clinically relevant findings that appreciate both the sensitive nature, nuances, and complexity of first-hand experiences.

Narrative Orientation

Methodological decisions influence the kind of knowledge that can be produced in research (Willig, 2013). A methodology that would value and give precedence to the victim survivors themselves as the experts in their process was therefore sought for this research. Narrative orientation was employed in this research due to, as outlined by Riessman (2005), its focus on nuances, subtlety, and context in making sense of the complexity of human lives. Flyvbjerg (2006) discusses how a focus on narrativity or storytelling provides an organic opportunity to explore how people make sense and give meaning to their experiences, while

preserving the complexities and contradictions of real-life events. Narrative inquiry provides a framework that can offer an understanding of a person's experiences by contextualising meaningful events and how these are represented, framed, and explained as people make sense of or tell stories about events in their lives (Cortazzi, 1994; Pitre et al., 2013; Riessman, 2005; Sparkes, 2005). Collecting and interpreting personal storytelling is central to narrative research. By exploring personal stories we can see how participants come to understand their experiences through telling their story and explains "how this event turned out, why it happened this way, what sort of self they were, and now are, in relation to the events and why they behaved in certain ways." (Stephens, 2011, p. 64).

Conceptualisations of what constitutes a narrative vary, but it is thought that while a story is a description of an event, a narrative draws upon social context to tell the story (Esin, 2011; Wong & Breheny, 2018). Storytelling is a germane human process via which people not only produce information about themselves as storytellers or storied beings, but also about their identities and place in the social world, often in relation to others (Pitre et al., 2013; Radley & Billig, 1996; Sparkes, 2005). In psychological research, Kirkman (2006) suggests that given narrative theory's focus on the richness and complexity of the lives of victim survivors, understanding can move beyond reductive or diagnostic models. Importantly, using a narrative approach enabled me to move beyond viewing the impact of strangulation as a list of symptoms and move towards a nuanced understanding of how women made sense of their experiences of strangulation and its consequences within the context of their everyday lives.

As storytelling is an ingrained social process, it is thought that through sharing experiences through storytelling as social practice, people do not only share part of their inner world but also their identities, intentions and feelings that are also shaped by key tropes and group narratives in society (Kirkman, 2006; Sparkes, 2005; Wong & Breheny, 2018).

Therefore, stories are important for gaining insight into the social world through the experiences of individuals as they make sense of events and share and warrant their understandings (Radley & Billig, 1996). Narrative inquiry extends beyond the description of experiences by situating the narratives within the social meaning systems or public narratives that participants are embedded in (Etherington & Bridges, 2011; Pitre et al., 2013; Stephens, 2011).

Narrative inquiry assumes that, in the process of retelling their stories, participants interpret rather than reproduce the past (Riessman, 2005). As stories are retold to audiences, it is thought that the context of the retelling mediates the stories that are produced (Esin, 2011). Participants often draw on various resources, such as analogies, tropes, metaphors, and broader public narratives available in their communities and societies, to construct and work through their experiences (Esin, 2011). As such, participant stories are at once personal and social. The context in which the story was produced and the resources used to create these accounts became essential for my interpretation (Esin, 2011).

Radley and Billig (1996) hold that personal narratives can be disrupted through significant events such as being strangled by an intimate partner. As such, disruptions do not fit conventional narratives – for example, the idealised romantic relationship – it is theorised that this leads to a struggle which can threaten identity, sense of control, and social roles (Frank, 1997; Radley, 1997). Stories are a window into people making sense of their experiences by constructing, reconstructing, or repairing their narratives within the broader context of their lives. In this way, stories serve as a response to narrative disruptions, functioning to restore order, make meaning of their experiences, and re-establish a sense of self by integrating their experiences of violence with their broader identity (Radley, 1997; Radley & Billig, 1996). Applying this to the practice of clinical psychology, considering the disruption of personal narratives and the processes of story repair is directly related to the

processes undertaken in narrative therapy, a therapeutic modality that focuses on how dominant narratives affect well-being (Rice, 2015).

Correspondingly, I adopted a general social constructionist ontological position in this study with the view that language is central to participants' storying practices and my interpretation of their experiences as socially mediated (Chamberlain et al., 1997). In contrast to a normative realist scientific approach to knowledge production, social constructionists assume that knowledge is not a singular, objective truth, but rather is comprised dialectically of a plurality of knowledges, each embedded in its own historical and social contexts - thus, what is known to be true, right, or "real" can vary across time and place (Burr, 2015). As such, the narrative approach to this research enabled me to look beyond each participant's account or case and to consider the sociocultural construction of the stories and how personal narratives were shaped by contemporary culturally available ways of being and understanding intimate partner violence in the context of evolving gendered relations (Sparkes, 2005; Stephens, 2011).

Case-Based Approach

As Small (2009), Radley and Chamberlain (2012) argue, methods of knowledge production should also be informed by the questions being asked about the particular topic and its intent. Keeping this in mind, a case-based approach was deemed appropriate for this research, as case studies are often employed by researchers when aiming to develop more profound, more holistic understandings of the phenomena of interest (Baškarada, 2014). Moreover, as Flyvbjerg (2006) states, the human case at its core is a story; thus, case-based research is highly compatible with narrative inquiry. I am also a trainee in clinical psychology who is familiar with case formulation and reporting, given that casing is foundational to clinical work.

Cases, for simplicity, can be thought of a research method use to learn about a complex phenomenon through extensive exploration of a particular person's experiences – such as a worked exemplar of the broader phenomenon of strangulation within intimate relationships (Baškarada, 2014; Flyvbjerg, 2006; Radley & Chamberlain, 2012; Swanborn, 2010; Yin, 2014). That is, rather than seeking data to quantitatively describe the phenomenon, a focus on a few cases enabled me to engage with cases as exemplars of the social system within which strangulation occurs. I could focus on what it is like for participating women in more depth and considered how their situations and experiences unfolded and occurred as part of the articulation of the social worlds within which participating women often act agentively in conditions of restraint (Baškarada, 2014; Swanborn, 2010; Yin, 2014). Flyvbjerg (2006) argues that the wealth of details provided by cases more accurately resembles live actualities.

Cases seek to answer '*how*' and '*why*' questions of issues related to social phenomena, typically broad and geared towards producing nuanced knowledge about specific contexts rather than universal truths (Baškarada, 2014; Hodgetts & Stolte, 2012; Swanborn, 2010). Cases explored can demonstrate different perspectives of the phenomenon of interest or, in other cases, may seek to exemplify the ordinary or the unusual (Creswell, 2007). Rather than seeking to produce knowledge that is representative of the phenomenon, cases were deployed in this research to provide knowledge that deepened understanding of survivor experiences of strangulation within the context of intimate partner violence (Hodgetts & Stolte, 2012).

In terms of clinical value and implications, my case-based approach aided me in engaging with the lives of the participating victim survivors more holistically (Groot & Hodgetts, 2015), rather than reducing the impacts of their experiences of being strangled to a laundry list of symptoms devoid of broader context. The resulting thesis is richer, nuanced, and at times contradictory, retaining a focus on human beings rather than reducing their being

to a list of generic themes or variables (Flyvbjerg, 2006). Through prioritising depth of knowledge and sharing with the participating women so they would frame and share their stories with me, as proposed by Flyvbjerg (2006), engaging in cased dialogue enabled me to move from more rudimentary understandings of generic experiential patterns to extending our understandings of the experiences of women in such situations. Flyvbjerg (2006), Hodges and Stolte (2012) also propose that such cases offer substantive or actionable knowledge that practitioners can draw on to hone their responses to the therapeutic needs of survivors.

When victim survivors of IPV access support or engage with legal and/or medical services, often their stories are presented and communicated as a 'case' (Radley & Chamberlain, 2012). Similarly, much of clinical psychological practice involves working with cases. Here, I drew on the tradition of casing as a basis for generating practical or substantive clinical knowledge and responses to complex social issues, which can be applied by others and inform action regarding how we respond effectively to women who have survived such trauma (Hodgetts & Stolte, 2012; Lee & Chavis, 2012; Radley & Chamberlain, 2012). Accordingly, my thesis is an exercise in using cases to understand how strangulation can impact victim survivors, given that in practice, decisions are made based on the nuances of their particular story, within their particular context.

To recap, my case-based narrative approach enabled detailed knowledge of participant experiences and insights into the social structures and meaning systems from within which their experiences were framed or storied (Flyvbjerg, 2006; Groot & Hodgetts, 2015; Hodgetts & Stolte, 2012). The cases presented were crafted to provide both micro and macro-level observations through my attention to both personally storied experiences and the social significance of context in shaping these stories (Bartlett & Vavrus, 2017; Hodgetts & Stolte, 2012; Swanborn, 2010). In this regard, the cases provide the basis for my social commentary in the form of what I hope is a humanising thesis on intimate partner violence

strangulation as a pressing societal and clinical issue (Groot & Hodgetts, 2015; Hodgetts & Stolte, 2012). In this regard, I draw on the power of the case as an effective method for communicating complex phenomena to stakeholders, both within and outside academia (Hodgetts & Stolte, 2012; Lee & Chavis, 2012).

Ethical Considerations

Ethical approval by the Massey University Human Ethics Committee: Northern was granted on the 24th of November 2022 (see Appendix 1). Ethical considerations were discussed at length with my supervision team – Associate Professor Richard Fletcher, Professor Darrin Hodgetts and Dr Robyn Vertongen – who collectively hold vast research and clinical expertise. Furthermore, this research took into consideration the World Health Organisation's (2001) Ethical and Safety Recommendations for Research on Domestic Violence Against Women, the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (Massey University, 2017) and The Code of Ethics for Psychologists Working in Aotearoa / New Zealand (New Zealand Psychologists Board, 2002). Ethical considerations were at the forefront throughout the planning of this research and informed the research aims, design, and methodological approach, which are discussed further below.

As Brinkmann and Kvale (2005) highlight, researching private and intimate accounts of traumatic experiences and making these public comes with complexity. One such complexity is whether victim survivors have sufficient capacity to consent to engaging in research, given the lack of autonomy they are presumed to have experienced. Intimate partner violence and feminist literature support including victim survivors in research, arguing that by not including victim survivors in research on the premise that they have experienced a lack of

autonomy acts to remove their autonomy further and silence them (Hewitt, 2007). Moreover, this underestimates victim survivors' resilience, strengths and coping mechanisms already employed throughout their experiences of intimate partner violence. Furthermore, it was assumed that as participants were engaged with specialist family violence services that they would have already discussed their experiences of intimate partner violence with professionals.

With regard to social responsibility, this study aimed to understand the experiences of victim survivors, so that these insights can inform interventions in a way that is relevant to them. While victim survivors have historically been silenced, methodological approaches that gave precedence to the participants were selected (Alessi & Kahn, 2023). Moreover, in an effort to ensure this knowledge is shared, I have been committed to publishing the findings. For example, the preliminary findings were presented at the European Conference on Domestic Violence (de Lautour et al., 2023b). Additionally, throughout the research process I have disseminated practice relevant information based on the literature review findings at a local level - through short presentations to family violence support services which participated in this research and a poster presentation at a national conference (de Lautour et al., 2023a) - as well as internationally through publication, see de Lautour et al. (2024).

As IPV and strangulation are extremely personal and sensitive experiences, and the risk of ongoing violence, a comprehensive risk mitigation plan was developed, as per Appendix 2. The risk mitigation plan was devised to address the 'what if' scenarios that were considered with my supervision team and guided by Sullivan and Cain's (2004) basic safety protocol when conducting research with victim survivors of family violence. The risk mitigation plan was then reviewed and approved by a specialist family violence service participating in the study, as experts in working with victim survivors of intimate partner

violence. The risk mitigation plan aimed to protect and care for participating women, as well as recognising their resilience, strengths and coping mechanisms they had employed throughout their experiences of intimate partner violence. The areas of focus in the risk mitigation plan included my suitability to conduct interviews, the safe recruitment of participants, contact methods, and the safety of both participants and the researchers.

Avoidance of harm also encompasses the risk of distress or discomfort that may be experienced by participants when retelling stories of IPV. A certain level of distress was expected and considered a normal response given the subject matter. Distress was not perceived as a risk, but rather expected, normalised, and validated. Some have argued that, in addition to the risk of harm, research interviews also hold the potential to be cathartic for the participant due to the similarities between research interview techniques and therapeutic techniques, such as active listening and reflection (Hewitt, 2007; Rossetto, 2014).

Participating Cases

Before I engaged with the participating women, I planned to recruit two to four victim survivors from specialist family violence services. This recruitment strategy was informed by Malterud et al.'s (2016) concept of information power – the argument that the strength of the information within a sample should inform the number of participants. As this study's sample required highly specific characteristics of having experienced strangulation within IPV and being engaged in a specialist family violence service, sampling did not need to be extensive. Furthermore, as the chosen methodological approach was case-based narrative inquiry, which featured deeper and nuanced engagements, fewer participants were needed to produce an adequate level of information or explanatory power (Baškarada, 2014; Small, 2009).

The inclusion criteria for the study required participants to be:

- Victim survivors who had experienced strangulation within IPV
- Female
- At least 18 years of age at the time of their participation
- Fluent in English
- Engaged with a specialist family violence service at the time of their participation in interviews
- Had a family violence safety plan known to the specialist family violence service
- The specialist family violence service had assessed the potential participant as suitable, capable, and safe to engage in research, based on their expertise and knowledge of their clients.

These requirements were based on the commonly applied criteria observed throughout existing literature on strangulation in IPV (Douglas & Fitzgerald, 2022; Sullivan & Cain, 2004; Valera & Berenbaum, 2003; Wilbur et al., 2001). It is noted that some researchers have criticised the use of convenience sampling from specialist family violence services for studies on strangulation (Bichard et al., 2022; K. Monahan et al., 2022; Pritchard et al., 2017; Sorenson et al., 2014). Within the New Zealand context, specialist family violence services provide support, advocacy, psychoeducation and safe housing for women and children who are victim survivors of family violence. As participant safety concerns were paramount in this research, convenience sampling through specialist family violence services offered access to participants who had established support in place to mitigate safety concerns. This was particularly important for conducting this research ethically.

Nine specialist family violence services were contacted to consider their clients as potential participants in this study. Three agreed to partake in the study, two declined, and four others did not respond to contact attempts. One of the specialist family violence services

that agreed to participate in this study was a regional service. The other specialist family violence services were located in urban geographical areas and were contacted based on geographical proximity to me.

Specialist family violence services were provided with an information sheet targeted to their staff, see Appendix 3, and a short summary about the research. Specialist family violence services were requested to identify potential participants who met the inclusion criteria among their current clients, based on their knowledge of these clients and their professional expertise. As asking a victim survivor whether they have been strangled by an intimate partner is a routine question in standard risk assessment completed by specialist family violence services, I felt confident that services would be able to identify potential participating women without asking for any further information from clients. The specialist family violence services were asked to make the initial approach to potential participants due to the confidential nature of client information, which cannot be shared without the client's consent. If potential participants were interested in participating in the study, specialist family violence services were asked to provide the client with the participant information sheet (see Appendix 4). This included what participation would entail, the research aims, risks and benefits of the study, their rights as participants and ensured that participation or non-participation in the study would not impact the support received or their relationship with the service.

Ria, when approached by a specialist family violence service, agreed to an information sharing and gathering session at the service with the service provider and me. Following this first meeting, Ria agreed to the interviews. Sarah, was identified by a regional specialist family violence service. After being provided with the participant information sheet, Sarah agreed to participate in the study and consented to her contact number being

provided to me. I then called Sarah directly and discussed the study in more detail, answering any questions she had; Sarah agreed to take part.

As suggested by Malterud et al. (2016), a preliminary analysis of the interview transcripts was conducted after the interviews concluded with two participants. It became apparent in the initial analysis sweep through the interviews that the information generated was relevant to the research aims, with some initial interpretive ideas emerging that spoke to the richness and depth of the participant accounts. However, in discussions with my supervisors, it was suggested that the inclusion of additional participants could strengthen the stories of these two participants. Following this, I approached the specialist family violence services requesting support to find participants. I attended two of the specialist family violence services to provide a presentation on the known impacts of strangulation on victim survivors (as outlined in the literature review) in an effort to gain interest for participant recruitment as well as to give back to services for their time and effort. Further attempts at recruiting participants were unsuccessful; however, it was discussed with the supervision team that, given the depth and uniqueness of Sarah and Ria's stories alongside the personal and sensitive nature of the topic, two participants were sufficient.

Semi-structured Interview Process

It was planned that this study would be anchored in multiple semi-structured interviews with participants, and that I was well-suited to conduct these sensitive interviews due to my previous academic and professional experiences. As my case-based approach to participant storying was designed to give priority to participant's stories with minimal interviewer input (Baškarada, 2014; Esin, 2011; Swanborn, 2010; Yin, 2014) interviews were designed to be conversational in nature and participant led through my use of open questioning techniques

and my following the conversation flow whereby participants raised issues of interest to them (Etherington & Bridges, 2011). Following Butina's (2015) approach, interview topics were also prepared as a kind of safety blanket for me going into the interviews, informed by my professional experience in conversing with women experiencing IPV in the past (see Appendix 5). Using this semi-structured approach to interviews allowed for flexibility to follow anything novel or unanticipated (Baškarada, 2014) whilst ensured that we covered the discussion topics of interest that I had derived from my previous experiences and the research aims.

Due to the level of depth sought in this study to gain a nuanced, contextualised understanding of the participants' experiences, the number and length of interviews was not predetermined. Moreover, developing a safe and trusting relationship where the participant could engage in interviews about their private accounts of traumatic experiences also required time (Alessi & Kahn, 2023). This also aligned with the idea that, as interviews are a relational process, the relationship needs to be prioritised, much like in clinical practice (Baškarada, 2014). Ria participated in four interviews, varying in length from 40 minutes to 70 minutes, and Sarah participated in three interviews, ranging in length from 30 minutes to 75 minutes.

The first point of the meeting was an information-sharing and gathering session. Both participants chose to hold this meeting where they were living at the time of the interviews. As this research asked participants to share stories about their lives that were both intimate and sensitive, the information-sharing and gathering session was designed in part to begin building rapport and gaining the trust of participants. The focus of the information-sharing and gathering session was also to discuss with the participants the nature, purpose, and overview of the interviews. This was to support the participants in making an informed choice to participate and consent to the research. Confidentiality and informed consent were

then discussed and signed, see Appendix 6. Field notes were taken in reflection of these meetings.

Further interviews were conducted both in person and over the phone. Phone calls were primarily used because the participants had busy lives, both working full time and were single parents. Both in-person and phone interviews were audio recorded using a digital voice recorder. I transcribed the interviews verbatim prior to the next interview with each participant. This was to identify any areas that required clarification or further discussion in the upcoming interviews. To preserve the confidentiality of participants' identifiable information, including name, age, and location, was removed. Pseudonyms were also assigned to participants and any names they mentioned to preserve anonymity. The specialist family violence services involved in the study were also not named.

Analysis Process

As noted by Stephens (2011), a narrative analysis approach to research does not lend itself to a formulaic process or 'cookbook' stepped guide. Moreover, in keeping with methodological norms for narrative inquiry (Etherington & Bridges, 2011) the analysis process was evident throughout the research process – even within the interviews the questions I asked and how I responded to the participants was a process of analysis. I took notes continuously, within and following the interviews. Analysis continued as I transcribed the interviews, revisited key literature, and engaged in discussion with my supervisors. I began a more structured form of analysis by reading, reflecting, and familiarising myself with my notes, the interview recordings, and transcripts. I noted what surprised me and what confirmed my assumptions based on the participants' accounts and existing research (Esin, 2011; Pietkiewicz & Smith, 2014). The choice of manual transcription was made to support

this familiarisation process further. The transcripts were examined to determine which story aspects or plotlines participants emphasised for inclusion in addressing the research aims (Esin, 2011; Wong & Breheny, 2018). This process drew together my theoretical knowledge, practical understanding of IPV and professional experiences, adding another layer of shared meaning-making and required reflexivity (Etherington & Bridges, 2011).

Once stories had been selected, the analysis process shifted toward systematically identifying specific features in the stories within the transcripts, as guided by insights from other narrative analytic researchers (Esin, 2011; Wong & Breheny, 2018). These features included;

- *Structural features* - how the story was told and why the story was shaped the way it was?
- *Stage and setting* – what physical, social and psychological settings featured, what was the context of the story?
- *Characters* – who appeared in the story, their roles and responsibilities, what socially available narratives and identities were employed?
- *Content* – what were the themes in the stories, was there tension, discomfort, humour or refrains in the stories, and what function did these serve?

This process reflected what Wong and Breheny (2018) label the descriptive stage of analysis. Moving on to the interpretative stage, how participant stories functioned at four intersecting levels of analysis was explored in line with the work of Murray (2000), Wong and Breheny's (2018):

- *The personal level* - the content of the individual's story and their expressions of their lived experiences

- *The interpersonal level* – the co-creation of accounts and how stories were shaped to fit the interaction of the interview and the potential audience
- *The positional level* - the differences in social position that existed between partners in a social interaction, where the story was told as the narrative is a joint account
- *The ideological level* - the broader sociocultural context in which the stories exist, including the ways of being made available, and socially embedded practices or socially shared stories that were characteristic of particular populations. This level also reflected on the assumptions the interviewer and interviewee may have held and how these assumptions had influenced what was shared.

As summarised by Murray (2000), "It is not fully the narrator's story: its structure is conditioned by both the immediate presence of others and the dominant plot lines in society" (p.344). Therefore, the focus then shifted to making connections across these different levels of analysis to develop a nuanced understanding of what was being said (Murray, 2000). The integration of observations made through abductive reasoning (logical inference) across these levels of analysis was used to deepen my interpretive understanding of not only the participants' experiences but also the social context in which they exist and the influence of this context (Murray, 2000). Following this, the cases as a whole were considered (Etherington & Bridges, 2011). The differences, similarities and contradictions were noted and connected across the cases (Small, 2009).

Myself as a Researcher

Unlike the victim survivors who are interviewed and the focus of this research, I have not experienced IPV in my lifetime. Instead, my passion and closeness to the topic of strangulation in IPV have come from working and volunteering in the field of family violence and forensic psychology. While I can still claim experience within the realm of IPV, it is

limited to my role as a professional. From conception, to the design of the research, through to the interviews and analysis of the cases, I have drawn upon the many hours I have spent talking to victim survivors and their families, drafting safety plans, sitting in courtrooms, advocating at police stations, and more recently treating perpetrators of violence. These experiences have given me some understanding of the complexities that face victim survivors, the problems they may encounter and some of the beliefs they may hold. Furthermore, it is through this previous work, alongside clinical psychology training, that I have gained credibility and prepared myself to conduct this research safely and ethically.

Despite this familiarity, I still do not *know* what it is to be a victim of IPV. Moreover, I am Pakeha, well-educated, and middle-class, taking on the role of the researcher. Therefore, an inherent power differential existed between me and the participating women that needed to be considered throughout this research. Sharing small personal details, such as the trials and tribulations of motherhood, was a way I attempted to bridge some of the social differences while building a relationship with Sarah and Ria. In this research, I saw my role in the interviews as listening to their stories, holding space for them, validating their experiences, and providing emotional support in difficult moments. The role I wanted to create for the participating women in the interviews was that of an expert. Throughout the analysis and writing of the cases, I aimed to maintain Sarah and Ria's stance as experts and validate their experiences.

Chapter Four: Sarah

Case Overview

At 22 years of age, Sarah was a single mother to Kayla whilst engaged in work and tertiary study. She subsequently met Brad and felt that it was love at first sight. Brad also had a child from a previous relationship. Three months into the relationship, Sarah found out she was pregnant with Emily. Sarah left her studies and relocated to a small rural community to begin a new life with Brad. Not long after, Brad decided he did not want to have the baby and cheated on Sarah with his previous partner. Sarah loved Brad so dearly that she did whatever she could to make him happy. While they moved on from this turmoil, Brad was in control of the relationship from this point onwards.

Sarah described Brad's emotional abuse starting about four years into the relationship, after their second child, Leo, was born. Brad never allowed Sarah to have a day off work and would compare her to other working wives they knew – suggesting she was not good enough. During this time, occasions arose where Brad would push and shove Sarah, but he had never hit her. Sarah would make sure the kids weren't around when this happened; she felt as though she hid the abuse well. They would take the kids out and do fun things together, they were still a happy family.

Seven years into the relationship, the unthinkable happened when Leo was sexually assaulted by Brad's child from a previous relationship. Following this, Brad began to beat Sarah, primarily aimed towards her head. Sarah believed Brad used the sexual assault as an excuse to beat her. While Brad had never strangled her before, Sarah was not surprised when it happened because he was already being violent towards her. Generally, it was the same each time— he would get her on the ground and sit on top to strangle her. When this first started happening, Sarah would freeze and take it. She never blacked out, but the blood vessels in her eyes would pop, and she would have bruising on her neck. Afterwards, Brad

would apologise, cry, and tell her that he loved her. The same pattern of behaviour would repeat the next day.

Sarah and Brad's relationship had deteriorated. Sarah described being severely depressed and living day by day. She felt she no longer had a husband who loved her. No matter what Sarah thought she did, Brad would come home and attack her – physically through blows to the head and strangulation and verbally through saying she was a useless mother, and her children do not love her in front of the kids. Strangulation became Brad's first instinct; it was constant. If he got her down and strangled, she couldn't do anything, she was powerless. Brad started strangling her for longer, stopping at a certain point, repeating it again and again. Sarah would have to wait until Brad was done strangling her to be able to move to get away from him. Blows to the head were easier for Sarah to protect herself from, strangulation was scarier because she never knew if he was going to stop. At this point, Sarah began to think her kids were going to come home to her dead.

The children saw a lot. Sarah would feel terrified for the kids - they would scream in the background and throw things at Brad trying to stop him from strangling her. Brad would say to the children afterwards that Sarah deserved it. One daughter was too scared to go to school because she thought she would come home to Sarah dead. Another would lock herself in her room because she could no longer emotionally deal with trying to intervene when Brad was hurting Sarah.

As Brad's violence continued to escalate, Sarah described their relationship as turning increasingly toxic and poisonous. Sarah hated him. And this was used against Sarah, it was her fault she was being strangled because she was being like that. Sarah would try to prepare for it. Sarah became staunch, standing her ground. But if she fought back, then it was worse for her. To cope, Sarah turned to online gambling to distract her mind. When Brad found out

she was gambling, the violence got worse. Sarah's migraines intensified, she felt confused, and her mind was always fuzzy. She attributed this to the head injuries. Sarah lacked the energy to parent the children. She sank into such a depression and felt like she was in robot mode because of what Brad was doing to her. Brad threatened that if she left the relationship, she would lose her children, and they would lose their livelihood. Sarah began to feel like she had no other options other than to try to kill herself to escape the violence.

Sarah left the relationship when one of her daughters refused to go home and a friend of Sarah's threatened to call either the police or Sarah's mother. Sarah's friend forced her to get her family's support and plan to extract the children from the situation, leaving with just the clothes on their backs. Sarah felt sick, nervous and guilty for leaving, but her friend gave her no choice. Everyone else made decisions for Sarah because she could not. She still felt that she needed to protect Brad. She never said anything about the violence when her friend forced her to speak to a specialist family violence service.

For months after, Sarah was skittish, constantly shaking, and her anxiety was in overdrive. Sarah reported feeling like a zombie, exhausted, sleeping all day long and all night long. She went to a doctor and was prescribed antidepressants. The doctor did talk to her about doing scans for the strangulation and head injuries. Sarah said she should do this because she still had headaches, but felt it was frightening and daunting to think there might be long-term damage and what that would do to her mentally. She just wanted to forget about everything that happened to her.

Sarah still held guilt for what the kids witnessed; she feels her kids are ruined. She wondered how she can help her kids overcome this and wondered if time will heal it. One child lashed out at her because their pet dog was left behind. Another paced at night, unable to sleep. The youngest was hurt further because Brad tried to talk to Sarah during the phone

contact, rather than to him. Sarah felt she was still walking on egg shells, looking around constantly for Brad, as he still emailed her things like "if I can't have you no one can". Sarah still felt the mental hold of Brad a year out of the relationship. She thinks this was why she has never pressed charges: the fear that she will destroy his life. Sarah had a protection order following Brad turning up at her parents' house, but this was also forced by others.

Sarah has the support of a handful of people, including her family. Sarah had tried a peer support group but found it depressing and felt it was more straightforward to try and forget about everything that had happened to her. Sarah just focuses on the kids. Sarah wondered if she will ever have another healthy relationship. Sarah also mourns that she will never have a good co-parenting relationship with Brad – she never wants to be in the same room with him, so how will that work for birthdays and weddings? Sarah still struggles, feeling mentally tired a lot of the time. But Sarah says life for her now is great. She is feeling happier with herself, and she has noticed the same with the kids. Sarah feels more confident, stronger, and that she has grown.

Sarah's story is explored below through using extracts, accounts and plots to gain understanding on how being strangled by an intimate partner impacted her. How Sarah's stories of Brad's use of violence are explored first, in which two distinct stages of Brad's violence emerge. Earlier experiences of violence were storied in a way that reflected societal narratives that normalised IPV. As Brad's violence escalated to the point at which strangulation occurred, Sarah's narrative is disrupted and led her to reframe her story to be one of survival. In the following section Sarah's storying of the relationship and characterisation of Brad are discussed. Here, efforts to preserve parts of the relationship were seen in Sarah's accounts, initially characterising Brad as disembodied from his use of strangulation. Idealised relationship narratives that previously scaffolded Sarah's storying of their relationship were transgressed through acts of extreme violence, including strangulation.

Plotlines of betrayal and being haunted by violence continued following Sarah leaving the relationship. The impact of Brad's use of strangulation on Sarah's sense of self is then explored in the next section. Her sense of self appeared to embody idealised narratives of the wife and mother roles, and seemingly reinforced through Brad's earlier acts of violence. As his violence escalated to strangulation, however, Sarah's internalisation of victim-blaming narratives, becomes apparent and further erodes her sense of self. Sarah goes on to story her reclamation of self through acts of resistance within the relationship and later re-storying of the mother role. The final section considers how Brad's use of strangulation disrupted the family system. As his violence becomes a routine feature of their family, Sarah re-stories his violence as a pattern of coercive control which holds him accountable for victimising the family unit.

Brad's Violence

Mirroring my summary of the case above, Sarah storied her experiences of violence perpetrated by Brad over the 10-year relationship by juxtaposing two different stages. In doing so, Sarah staged Brad's use of strangulation as an escalation in violence distinct from other forms of IPV. First, in the earlier stages of the relationship, Brad's violence was characterised as rare, low-level, and non-threatening to their relationship. This appeared to reflect rhetoric that minimises, normalises and justifies men's use of violence towards intimate partners (Adams et al., 1995; K. L. Anderson & Umberson, 2001; Fitzgerald & Douglas, 2025). Second, the violence escalated to the point that she could no longer hide Brad's violence from the children or remain in the relationship. This was exemplified by Sarah in the following account:

There was violence in some instances, but it was [pause] it turned the worst for the last two years, where it was a constant, violent relationship and emotionally violent; it was horrible. But before then, it did happen, but it was once in a blue moon [pause], it could've just been simple fighting that turned violent, but it never, ever happened in front of the kids at that point, and I hid it well. And we would move forward from it.

The subtext of this extract shared by Sarah suggests IPV is tolerable if it is occasional, as a result of fighting and therefore explainable, and is kept private. Sarah's framing of her experience of Brad's use of violence in earlier stages of the relationship inferred a common societal trope in which men's relational violence is storied by some traditionally as routine and private behaviour – a part of the 'ups and down' of relationships (Adams et al., 1995; K. L. Anderson & Umberson, 2001; Gordon, 1988; Piedalue et al., 2020). Overall, the engagement in these tropes makes it appear that Sarah experienced a certain level of violence perpetrated by Brad, which seemed acceptable, tolerable and even normative within such relationships. Engagement in such tropes can be viewed as a reproduction of internalised hegemonic¹ patriarchal narratives which uphold practices of IPV (Adams et al., 1995; K. L. Anderson & Umberson, 2001; Evteeva et al., 2024; Forbes, 2002). This exemplifies that even though society is re-storying in the sense that many public narratives now state that 'violence is not ok' (another trope), such gendered norms can live on in public discourse and personal storying practices.

When re-storying her experiences, the reproduction of hegemonic narratives likely served as the preservation of the earlier stages of Sarah's relationship with Brad. By using hegemonic narratives to structure her story, the characterisation of the relationship remained cohesive i.e., if pushing and shoving is acceptable in a relationship then the relationship

¹ Hegemonic can be defined as strong and powerful, therefore able to control others. This can be the social, cultural, ideological, or economic influence exerted by a dominant group.

acceptable. This reproduction of hegemonic narratives could be seen as an act of denial, which Cohen (2013) theorises allows people to live with contradictions (i.e., accepting being pushed by your husband) while still preserving moral frameworks (i.e., the belief IPV is wrong). Maintaining these moral frameworks creates an opportunity to see the characterisation of the relationship in a different light when Sarah's narrative is disrupted by Brad's violence escalating, while still enabling her to reconcile how Brad's earlier use of violence was inherently different from his later use of violence, including strangulation.

The distinct point in time where Sarah felt that the violence perpetrated by Brad escalated beyond the *simple fighting* was when their son Leo had been sexually assaulted. Employing Radley and Billig's (1996) concept of narrative disruption, we see in this extract that Sarah marks Leo's being sexually assaulted as a significant disruption to the continuity of her life narrative. Brad's ensuing violence, furthermore, did not fit conventional relationship narratives, leading to Sarah staging this episode as a turning point in her life story. Going back to Cohen's (2013) work on states of denial and Radley and Billig's (1996) narrative disruptions, in response to disruptions in her life story, Sarah began to engage in alternative narratives that moved away from denial towards characterising Brad's use of violence as unacceptable. Sarah then re-stories the relationship as characterised and defined by Brad's violence rather than violence as something that occurred within the relationship.

The key difference between the stages of Brad's violence that Sarah storied in this extract is that his violence in the earlier stage was present but not consuming. Sarah identified this narrative disruption as being *when the violence got bad*, implying that the violence reached a threshold that was beyond what should be accepted. This threshold, for Sarah, appeared to be when Brad's violence became a constant. The *constant, violent relationship* positioned the level of violence as excessive due to both the frequency and severity of the violence, the violence becoming what shaped the relationship. Scholars suggest that instead

of viewing violence as a collection of events, that IPV can become so routine in daily life that it becomes embedded in everyday practices of being a women subject to abuse in a society that historically tolerated and sanctioned such behaviour from men (Black et al., 2020; Dobash & Dobash, 1979; Gordon, 1988; Pleck, 1987; Stark, 2007).

From Sarah's accounts of Brad's violence, we see strangulation emerged as a repeat event that disrupted her early storying of Brad's violence as perhaps nothing too out of the ordinary:

I mean, yeah, him hitting my head hurt but when he strangled me it was a lot more scarier cos I, you know, with my head I could have my eyes closed and brace myself while when he was strangling me I could see him on top of me doing it and you just never knew if he was ever going to stop, if that makes sense. So, it was a lot more scarier, I could see his eyes, I could see his facials, I could see everything, while when he went for my head, I always had my eyes closed and just tried to protect myself.

Sarah's account conveyed the sense that when Brad used strangulation against her, it completely immobilised her in a way that differed from other forms of violence. When she was hit in the head, she felt as though she could take some action, albeit limited, which still gave her some sense of being able to protect herself. In the previous extract, Sarah presented herself as being able to move forward from Brad's use of violence. Yet strangulation disrupted Sarah's self-presentation of being able to handle or protect herself from Brad's violence. With no apparent end point to his strangulation, she is left stuck and immobilised. Applying Wetherell's (2013) understanding of embodiment here, Sarah's description of Brad's use of strangulation caused her to feel immobilised, acted as a physical representation of power differentials within their relationship, and spoke to her embodied experience of strangulation as rendering her powerless. That is to say that the experience of being strangled

by an intimate partner caused her to feel, not just physically powerless, but also psychologically powerless. This reflected the trajectory of Sarah's narrative, shifting from violence being a minor feature in her relationship with Brad to her narrative being defined by violence, which immobilised Sarah in the relationship and shifted her self-presentation to one characterised by powerlessness.

Sarah distinguished strangulation from other forms of violence as being scarier due to the visibility, proximity, and uncertainty of when it was going to stop – a further embodiment of the power differential between herself and Brad. To re-quote McQuown et al. (2016), Sarah's account of Brad's use of strangulation also reinforced the notion that strangulation is an intensely personal, intimate way to harm someone as "during frontal manual strangulation, the assailant is facing the survivor (eye-to-eye) while squeezing the very life and breath out of the survivor" (p.1283). Sarah's storying from above brings to life this quote, demonstrating that for Sarah, being strangled heightened her vulnerability not only through rendering her powerless but also forcing her to bear witness to the act being done to her. Sarah's account of Brad strangling her resembles an out-of-body, near-death experience where she was almost narrating from a third-person perspective. In detaching herself from her experience, Sarah presents this account of strangulation as if not even she can quite believe that it was happening to her. This extended Sarah's self-presentation as powerless as her body was taken out of her control through Brad's use of strangulation.

Not only did the severity of the violence she experienced escalate, but Sarah storied the intensity and the frequency of the strangulation also increasing, leading her to believe that she was at risk of being killed by Brad:

Yep, and that's when I was like I'm never going to get out of this, I'm going to die. Cos it [strangulation] was becoming so consistent. And more and more violent as time went

on, and that's when I got that fear of him, and I thought my kids are truly going to come home to me dead.

Sarah's fear of being killed was not baseless, given existing literature has categorised strangulation as a modality of IPV which represents an escalation of violence as well as indicates a 7.48 increase in likelihood that the victim will be killed by the perpetrator (Bendlin & Sheridan, 2019; Campbell et al., 2007; Glass et al., 2008). This extract also aligns with other scholars' findings which conceptualises strangulation as a perpetrator demonstrating their capacity to kill and the act of strangulation causing the victim to fear being killed (Bendlin & Sheridan, 2019; Douglas & Fitzgerald, 2022; Joshi et al., 2012; Messing et al., 2018; Patch et al., 2018; Stansfield & Williams, 2021). However, this extract touches on something that has not been reported in the literature – that is, the use of strangulation can also escalate. Strangulation, in and of itself, appears in the literature as a crescendo of violence. While Brad's use of strangulation was a turning point in Sarah's narrative, it was not the climax – an important consideration in the assessment and management of IPV risk. Sarah plotted the violence in Brad's strangulation as ever-increasing and drew a direct connection to this escalation and her assessment of her safety. As Sarah told her story, we see her narrative shift in response to strangulation as a narrative disruptor towards reintegrating her experiences into a cohesive narrative (Radley & Billig, 1996). As Brad's violence became increasingly life threatening and immobilising, Sarah began to rework her narrative's trajectory towards a story of survival.

Although Sarah's relationship with Brad had since ended, his continued use of violence was evident in Sarah's accounts. The following extract details the kinds of violence Sarah was still experiencing:

Yeah well, the breaches were because the police were worried that he was going to turn up here and do something, cos you know I was getting emails saying "if I can't have you no one will" and safety came in to where the police said we think he might try to kill you and take these children and do something stupid to the kids because he is that mentally far gone and [pause] so it's been a bit walking on egg shells at the moment, I'm like looking around constantly thinking is he around here and things like that.

In this extract she storied the ongoing threat of Brad as assuming an omnipresence in Sarah's and her children's lives, but the plot shifted away from being immobilised by Brad's violence. Instead, Sarah plotted herself as performing acts of survival and protection as she reworked her life story. Sarah used another familiar trope - *it's been a bit walking on egg shells* – to reduce the social distance by invoking shared understanding of situations that require careful navigation and by extension survival. This trope is intrinsically linked to narratives of IPV, seen used by victim survivors both in academic literature, for example, Black et al. (2020), and within my practice. Sarah used this trope to convey the precarious nature and fragility of her situation after leaving Brad. Survival is pertinent here, as through Brad's previous acts of violence, like strangulation, his threats to kill her were very real. The threat elicited a conditioned fear of repercussions due to his prior use of strangulation, which Dutton and Goodman (2005) conceptualise as the power of coercive control. In this way, the ongoing threats can be viewed as a continuation of the act of strangulation; that is, these threats had power over Sarah because Brad had strangled her before. The impact of strangulation, therefore, is not limited to the discrete incident of the act itself; instead, strangulation becomes a mechanism that underpins coercive control because of the level of harm and fear the act incites.

Summary

When storying Brad's use of violence across their 10-year relationship, Sarah contrasted two distinct stages of violence. Sarah framed Brad's violence earlier in relationship as rare, explainable, and manageable, aligning with societal narratives that normalise IPV. This framing reflected internalised hegemonic patriarchal discourses. The escalation in Brad's use of violence, particularly marked by his use of strangulation, disrupted Sarah's narrative. Strangulation, for Sarah, represented both a physical and psychological loss of control, symbolic of broader gendered dynamics of coercive control and the embodied experiences of IPV. In response to Brad's use of strangulation, Sarah's narrative was reframed toward a survival-oriented account. Sarah's account of how strangulation as an act also escalated is an important finding given the consequences of strangulation documented throughout this research. Her ongoing fear after leaving Brad, contextualised within recognisable IPV narratives, reinforced that the coercive power of strangulation endures beyond the physical act itself. The impact of Brad's perpetration of violence towards Sarah was also seen in how she stories their relationship.

Sarah's Storying of the Relationship and Characterisation of Brad's Violence

Within the first few minutes of the first interview with Sarah, she shared the following account of Brad's childhood:

He grew up where his mum committed suicide, he went through – his parents were violent towards each other. So, he's had that kind of background. [pause] But he was also aware of the violence and how bad it was, so he can't justify it when he was quite aware of how bad it was for him, if that makes sense? [pause] But he has a lot of mental issues.

In starting her story in Brad's childhood rather than her own, Sarah appeared to be working through and making sense of Brad's use of violence, seeking a cohesive narrative of why he was violent towards her. Sharing this account at the beginning of the interviews reads like a disclosure statement – i.e., this is the kind of person we are dealing with here. Brad was characterised as flawed or broken as a result of the trauma he experienced as a child. Such characterisations draw on familiar societal narratives in which men perpetrate violence because they have witnessed their fathers do the same, pulling on fatalistic theories to explain the use of violence within intimate partner relationships, such as Bandura and Walters' (1977) social learning theory. Drawing on this narrative, Brad's use of violence was packaged as understandable. Sarah's characterisation of Brad, however, was more nuanced than viewing him as innately violent.

Despite drawing on societal narratives that seek to explain men's use of violence, in this extract, Sarah did not exonerate Brad from his use of violence. Sarah attempted to resolve this tension in the storying of his violence in relation to two familiar narrative tropes – 'it's all he knows' versus 'he should've known better'. On the one hand, Brad was characterised as flawed and therefore prone to repeat intergenerational patterns of violence – violence was all he knew. On the other hand, Sarah presented the trope 'he should've known better' as Brad's lived experiences of trauma meant he was a victim in his own right and therefore cannot justify his perpetration of violence as he understood what it is to be a victim. Sarah checked in with me and, by extension, the reader - *if that makes sense?* - suggesting she was still working through how to make sense of Brad's use of violence towards her in the context of his victimisation.

The conclusion Sarah draws on when seeking a cohesive characterisation which still maintained both narrative tropes (it's all he knows vs. he should've known better) was that Brad's childhood trauma had essentially made him damaged goods: *he has a lot of mental*

issues. This plotted Brad's violence in broader public narratives regarding the cause of men's IPV as individual pathology, a narrative which has long been critiqued for ignoring the social and gendered context in which IPV occurs (K. L. Anderson & Umberson, 2001; Dobash & Dobash, 1979; Piedalue et al., 2020). Yet for Sarah, drawing on these public narratives in her characterisation of Brad helped her make sense of why he is violent. Ultimately, this characterisation of Brad from the outset set the tone of how Sarah conceptualised his violence as something that began prior to their relationship.

In a similar vein, through re-storying her experiences of Brad strangling her, Sarah appeared to attempt to build a more cohesive narrative that enabled her to advance her understanding of the violence in her relationship with him. In the extract below the *I don't know* clauses suggested the coherence reached in this account was still tentative and subject to further working through. Also emerging in the humanising characterisation of Brad was a 'it's not him doing it' trope where rage takes over and his subjectivity goes missing:

I don't know, all I know is it's like [pause] when he got on top of me and strangled me, you can see in his eyes that it wasn't him and it was just blackness. Which [pause] I learnt now is not an excuse because I understand that it wasn't him necessarily, and I knew he always felt sorry, but there is only so many times that you can use that as an excuse. But it was like every time that he strangled me, I would look in his eyes and he was never present - if that makes sense - it wasn't him. It was just rage. Complete and utter rage, and that's - when it was always my fault, and it took me leaving to realise that - uh, how to explain it - um, that it's not okay. Like he'd say sorry all the time, but it's like, how can he say he loves me and how sorry he is and then come back the next day and do it over again?

In this extract, Sarah called into question how Brad can perpetrate violence like strangulation on her yet still claim to love her. This extract exemplifies the simplistic, one-dimensional understandings of the relational characteristic of romance or fairy tale narratives dominant in Western society. The romantic narrative is a salient and powerful cultural narrative, holding that a women's role in a relationship should be centred on practices of love and care (Donovan & Hester, 2010; Towns & Adams, 2000; Wesely et al., 2000). Sarah grounded her description of her relationship with Brad in a conceptualisation of love and romantic relationships, noting that *it began with love at first sight*. Yet Brad's use of strangulation was an act of violence that transgressed this idealised narrative. This left Sarah working through new ways to narrate her relationship in an effort to make sense of why she was strangled by someone who claimed to love her – also seen in Wood's (2001) work. Sarah's storying of the relationship, therefore, became disrupted and shifted towards a narrative of betrayal.

As Sarah told this story, she switched between past and present, retrospectively anchoring her interpretations in IPV psychoeducation (*I learnt now is not an excuse*) to make sense of her experiences of strangulation. This demonstrates how Sarah's understanding of the violence used by Brad was incomplete and shifting, seemingly influenced by the support she had received. The tensions continued to be articulated as Sarah described Brad as becoming disembodied from the act of strangulation: *you can see in his eyes that it wasn't him and it was just blackness*. Through Brad becoming disembodied from the violence, he took on an invisible role behind the violence or as an irrational character subsumed by rage replicating what Christie (2018) calls the ideal offender. Sarah appeared to struggle to reconcile feminist-based narratives, likely informed through her support of the specialist family violence service, which holds men accountable for their use of violence, with her experiences of Brad not being present. This polyvocal characterisation of Brad then shifted again when Sarah describes the aftermath of the strangulation, where he became humanised

once more as he apologised, *i.e., like he'd say sorry all the time*. What appeared to exist for Sarah was a compartmentalisation between the Brad who strangled her and the Brad in their love. This compartmentalisation, or dual characterisation, acts to separate the 'good man' from the 'bad moments' (Towns & Adams, 2000; Wood, 2001). This enabled Sarah to engage in the preservation of the relationship despite the violence she had experienced. Furthermore, although Sarah began to assign responsibility for the violence to Brad, experiencing him as not being present at the time of the violence allowed hope for a different outcome and resolution of his violence. This is not an uncommon response, with scholars explaining that victims' decisions to stay in a relationship are a result of some victims appraising their relationships in a way which minimises the salience or disconnects the violence to retain the positive aspects of the relationship (Herbert et al., 1991; Towns & Adams, 2000; Wood, 2001).

Compartmentalisation was also evident in Sarah's storying the dichotomy of emotions she felt towards Brad:

I hated him. [pause] Not just for the physical side of it, but the emotional side of it too, where he would put me down massively to the kids, and to me and things, and I just hated this man more than anything. But I still loved him enough where I couldn't bring myself to phone the police, but that was also the fear of that I believed him that if I did that, I would lose my children and all that kind of crap.

Here she spoke of her hate for Brad due to his perpetration of violence, yet her love for him was still enough to protect him from the legal consequences of his violence. This dichotomy of emotions she felt towards Brad is the crux of this extract. It feels counterintuitive that someone would still feel love towards a romantic partner when they had inflicted such extreme levels of violence towards them. Donovan and Hester's (2010) model of relationship

rules and practices of love and care can help make sense of Sarah's account, which holds that relationships are entered based on love and hope for the future. As a result, the victim may stay in a relationship despite their partner perpetrating violence towards them due to loyalty and feelings of responsibility to care for the perpetrator and the relationship (Donovan & Hester, 2010; Wood, 2001). As Kearney (2001) comments, it makes sense that within a cultural context which upholds the idealised love narrative as well as normalises men's violence within relationships, Sarah dealt with the incongruity within her relationship by creating a more cohesive narrative through conceptualising the relationship through the lens of love and care.

Instances or scenes shared by Sarah, however, also reveals a sense of betrayal she experienced because of her relationship not fitting within dominant romantic narratives:

And I got to the point where I woke up and realised I was depressed, and instead of having a husband there for me when I needed it, he didn't care. Yeah, that's the way I started looking at it. Cos I had tried to kill myself, cos I got to a point where he actually grabbed a weapon and hit me over the head and I bled everywhere all over Leo and things, and I felt my only way to escape was to kill myself, and then it was also in my mind of am I willing to leave my children because of this person? I had all of this going through my mind the last few months before I left.

In this scene, Sarah used dominant romantic narratives as a yardstick in re-storying her experiences of her relationship. By drawing on the trope *of having a husband there for me*, this scene was framed in understandings of what relationships should be like. By naming his role of 'husband', Sarah further deployed dominant romantic narratives to characterise Brad by this role, which emerge in society as tropes like marriage vows - "for better, for worse, for richer, for poorer, in sickness and in health". These idealised relationship narratives work to

bind Sarah to the relationship, as observed in the previous paragraph. However, when Sarah re-storied her experiences within the same framework, Brad's actions did not fit the character of 'husband'. Sarah described this disruption of the relationship narrative as 'waking up'. Signalling a shift in her storying of the relationship, Brad, later in the extract, was reduced to *this person*, stripped of his husband role.

This account also exemplifies the level of entrapment Sarah felt within the relationship at the stage in the escalation of violence where Brad was strangling her. Sarah presented her only choice to escape the relationship as ending of her own life. This account shared by Sarah gives insight into the level of power imbalance within the relationship as a result of Brad's perpetration of violence, to the point of complete disempowerment. Sarah storied Brad as having an authoritarian role within the relationship, *and he made me feel like I had no options*. As Black et al. (2020) highlight, power inequity within IPV problematises narratives regarding victims having the choice to leave relationships in which violence is being perpetrated. Traditionally, the narrative shrouding victims of IPV is shaped by the fundamental questions of "why didn't she leave?" (Duggan, 2018). However, the leave narrative is flawed in assuming that the victim has both the opportunity and ability to leave, shifts the blame for the violence onto the victim and fails to acknowledge that leaving is the most lethal time in IPV (Duggan, 2018; Krug et al., 2002). This account shared by Sarah serves to problematise the "why didn't she leave?" narrative, demonstrating through Brad's violence that disempowered and entrapped her, the only feasible option she had was to commit suicide or survive.

This entrapment and disempowerment plotline, as well as the complexity of feeling towards Brad, continued for Sarah and was storied as impacting her even after leaving the relationship. Brad, in a way, still had an omnipresence within her life. Although the

relationship had ended and her contact with him was limited, Sarah presented a tale of haunting:

And that still affects me to this day, and I think that is probably why I haven't pressed charges because of that mental hold he has on me of like if I do that I'm going to destroy his life and that whole thing [pause] and I hate him [laughs].

In this extract, Sarah storied Brad's presence as influencing the decisions she makes, such as pressing charges for his use of violence towards her. The *hold* Sarah described could be interpreted as driven by fear of the repercussions of taking action against Brad as a result of his violence, such as strangling her. Using the plotline of haunting to frame this extract, Brad continued to have an authoritarian role in Sarah's life story, which acted to disempower and entrap her – even after the relationship has ended. This plotline of being haunted echoes Sarah's account of Brad being disembodied whilst strangling her – he was a man possessed by violence, violence which continued to threaten Sarah. The haunting plotline subtly nods to hegemonic patriarchal narratives through legitimising continued subordination by weighing the consequences of taking action (Connell & Messerschmidt, 2005). Yet the identification of possible actions Sarah could take represents a subtle shift away from immobilisation. The tentative language and use of laughter in this extract suggests Sarah was still working through reconstructing her storying of the relationship to one in which she holds a sliver of power, even if she felt as though she could not yet remove herself from the haunting plotline.

Sarah also drew upon familiar tropes that spoke to relationship break-ups to make sense of her experiences following the end of the relationship:

I haven't seen Brad since I left, despite him begging. I don't want to see him, I don't want to talk to him, I want no contact with him, which I've surprised myself with; I literally want nothing to do with him. Um, he's tried to do the whole "how could you not want to see me,

you're my wife" yardy yardy yada, but yeah, I just don't want to see him. Which I think has helped me not let him get in my head, and what's kept me stronger.

Sarah paraphrased well-worn stereotypical plots for describing break-ups, such as *he's tried to do the whole thing*. Storying Brad's actions in this way characterised him as re-enacting the potential of the 'winning the girl back' scene from a romantic drama. However, Sarah's use of interjections *yardy yardy yada* reflected how she experienced the emptiness of Brad's words. It is interesting to consider whether Sarah experienced these words as shallow or empty at the time, or whether it is demonstrative of her overall shifting attitude in the re-working of her story. In line with this, Sarah paraphrased Brad, invoking a husband/wife trope of what those roles entail: *how could you not want to see me, you're my wife*. Again, this statement is grounded in hegemonic public narratives of love and romance. Drawing on these dominant cultural narratives framed the relationship as normative and, by extension, served to minimise or deny Brad's perpetration of violence (Adams et al., 1995). This trope positioned Sarah's role as a wife as surpassing her victimisation. Yet through paraphrasing and the use of interjections, Sarah engaged in the process of narrative repair (Radley & Billig, 1996) and instead dismissed Brad's claim to sovereignty over her as his wife.

Sarah not only storied how the violence, including strangulation, perpetrated by Brad had impacted her relationship with him, but also how she perceived it impacting her future relationships:

I don't know if I will ever have another healthy relationship. Because, you know, it is always going to be a fear in my mind the whole strangulation side of it - well, everything, you know [pause] it's - I think it shaped me where I don't know if I will ever be able to trust anyone else again.

At points, Sarah's account was fragmented, perhaps reflective of how she was still trying to make sense of and work through a cohesive narrative of how Brad's use of violence haunted and continued to impact her. She named strangulation as an act of Brad's violence which had disrupted how Sarah saw herself as a romantic partner, both in the present and in the future. Sarah further connected strangulation with the capacity to trust future partners, as found in previous studies (Joshi et al., 2012; Vella et al., 2017). In trying to make sense of her experiences, Sarah appeared unable to reconcile her experience of fear within her relationship with the idea of trusting someone romantically again. This was reflective of how Brad's use of strangulation had transgressed and disrupted Sarah's understanding of relationships, which was informed by dominant societal narratives. Her experiences of being strangled by her husband had seen her subordinated and entrapped, a betrayal of the husband role. It appears that Brad's use of strangulation not only disrupted Sarah's narrative of their relationship, but the sense of betrayal extended into her belief in the idealised relationship narrative. Sarah seemed to reject romantic relationships on the grounds that the narratives she once engaged in delineated hierarchical power imbalances on the grounds of gender, which led to her victimisation (Connell & Messerschmidt, 2005; Evteeva et al., 2024).

It was not only her capacity to trust partners and romantic relationships that Sarah storied as impacting her future. Mirroring her earlier characterisation of Brad, Sarah characterised herself as flawed as a result of the violence he perpetrated towards her. Moreover, mirroring this characterisation, Sarah foreshadowed that Brad's use of violence towards her would continue an intergenerational pattern and negatively impact her children's capacity for healthy relationships too:

I still hate him and I will never forgive him and then I realise that you know that maybe I will never have a nice partner and things because of what he has done to me, I hold a

lot of resentment to him because of that – the effects that it might have on my own children, you know, if they think this is okay if they enter a relationship like that.

Although she had left the relationship, Sarah saw herself as branded by Brad's violence. Sarah characterised herself as tarnished or damaged goods, not worthy of a *nice partner*. This characterisation suggests, in a sense, Sarah remained somewhat captured by how Brad storied her as part of his violence. Sarah appeared to have internalised and integrated Brad's taunts, denigration, and blame shifting, including the notion that Sarah's children did not love her and, therefore, no one will. As Stark (2007) argues, verbal abuse acts in conjunction with physical abuse to erode a victim's internal self-narrative over time to maintain dominance. This is evident in Sarah's portrayal of herself as no longer deserving of healthy relationships, now that she is perceived as a flawed character. Brad's threat of "if I can't have you, no one can" ultimately becomes a self-fulfilling prophecy.

Sarah extended her resentment of Brad as not only stripping her of her right to healthy relationships, but also the potential to have shaped their children's understandings of relationships. This appears to be a nod to the dominant societal narratives that Sarah had employed in storying her relationship with Brad: that violence was a normal part of relationships and that men perpetrate violence because they witnessed their fathers do the same. This extended Sarah's narrative into the future, creating the possibility of her children finding themselves in an intergenerational loop where the violence is the defining feature of romantic relationships.

Summary

In this section Sarah engaged in multiple and sometimes contradictory societal narratives when characterising Brad, as she worked towards a cohesive narrative of why he used

violence within their relationship. The resulting characterisation of Brad is one where he was flawed and his use of violence was understood within his own victimisation. However, Sarah grappled with holding Brad responsible for strangling her when he appeared disembodied from the act itself. We see Sarah initially plot Brad's use of strangulation through engaging in compartmentalisation in an effort to preserve aspects of their relationship. This plot, however, was disrupted when Brad's escalating violence extended beyond public narratives of relationships. His use of strangulation disrupted the romance-based narratives that supported the relationship, transgressing ideals of love. This betrayal sees Sarah rework her narrative, highlighting the complexity and duality of feelings experienced by victim survivors following the end of relationships. Despite leaving the relationship, Sarah plotted how Brad continued to haunt her. This appeared as a repetition of hegemonic patriarchal narratives, which framed the relationship where Sarah was still bound and Brad holding power. Her experiences of betrayal within the relationship narrative appeared to have had a ripple effect for Sarah into future relationships. Furthermore, Brad's verbal and physical violence appeared to have been internalised by Sarah, leading her to see herself as a flawed character and therefore not worthy of healthy relationships. This internalisation of Brad's violence was also seen impacting Sarah's sense of self.

Sarah's Sense of Self

Within her relationship with Brad, Sarah storied significant shifts in her sense of self, emerging through the plot line of being a good enough mother and a good enough wife. The emergence of this plot line was observed prior to the violence escalating to the point of strangulation:

Umm, but I just sucked it up and [pause] he would always say that I wasn't good enough and things and why can't I be good like this other married couple that both worked on the farm and things. And so, I just took that and thought I have to better myself, and I pushed and pushed and did the best I could. And worked really hard.

Sarah's self-worth seemed to be tied to fulfilling the expectations of a good wife or mother, as defined by Brad's patriarchal norms. The expectations Sarah experienced being placed on her by Brad reflect legacy characterisations which reinforce gendered power imbalances, such as the idea that a woman's worth is tied to her ability to maintain relationships and fulfil the needs of her husband (Wesely et al., 2000). Sarah's sense of self appeared to be defined by the distinct roles and functions she performed within the family and relationship unit –the 'wife' and the 'mother' – demonstrative of an internalisation of public narratives. The dyadic between Brad's perceived disapproval and her approval-seeking behaviours in response suggested emotional abuse and gaslighting. This could have created a climate in which Sarah felt inadequate and power is unequal within the relationship. It was also suggestive of the beginning of a fragmentation and loss of identity as a result of losing touch with personal identity outside of Brad's control. This undermining of a victim survivor's core sense of identity through IPV has been seen in other research (Crawford et al., 2009; Matheson et al., 2015; Stark, 2007; Wesely et al., 2000).

As the violence perpetrated by Brad escalated to the point where he was using strangulation, Sarah's characterisation of self shifts from dutifully fulfilling the wife and mother role to the best of her ability to mechanically going through the motions:

It wasn't like I didn't want to parent the kids, I just didn't have the energy. I would sink into such depression because of what he was doing to me that I would cook dinner in robot mode, or you know, it was me always having to work, so I was still taking care of them, but

the emotions were not there for the kids. [pause] I just couldn't function, and I would just go into robot mode and every day mechanical of I have to be at work, I need to cook dinner, I would never ask my kids how their day was or ask what was new in their lives or anything. I never did any of that.

The overall tone of this extract suggested Sarah's perceived failures as a mother have led her to self-stigmatise and negatively alter her self-concept. Sarah characterised herself as depressed, emotionless and uncaring rather than being an active participant in her life, drawing on the metaphor of being a robot to make sense of her changing sense of self. Characterising herself as a robot reduced her to serving only a function to the family unit. This is not dissimilar from what Matheson et al. (2015) and Crawford et al. (2009) describe as a transformation in identity, where the victim of IPV faces the existential crisis of their identities disintegrating or disappearing. Sarah's robot metaphor also suggests she experienced a disconnection from her physical self. This is reflective of the body becoming a site of both trauma and control (Wesely et al., 2000; Wetherell, 2013).

Characterising herself as a robot could be read as Sarah being compliant; however, similar to Black et al.'s (2020) findings, this extract can also be understood as a tale of survival. As previously discussed, Brad's use of strangulation disrupted the trajectory of Sarah's life story, and in response, she began to rework her narrative to be a tale of survival. The performance of daily practices of life and retreating from psychological commitment or energy can be viewed as imperfect tactics of survival (Black et al., 2020). In the face of Brad's escalating violence, it was safer to be a robot and perform the functions she was programmed to fulfil based on his expectations and legacy patriarchal norms. Extending this reading, as her body became a site of trauma and control, Sarah's disconnection from her physical self may resemble dissociation – an adaptive response to extreme trauma, like a natural defence from an unbearable experience like strangulation (Schauer & Elbert, 2010).

As Sarah employed imperfect strategies to survive and therefore struggled to live up to the hegemonic ideals of mothering, Brad's physical violence threatens her sense of self (M. Morgan & Coombes, 2016).

Further, Sarah storied how Brad's use of strangulation affected and continued to affect her identity through blame and guilt. Sarah can be seen working through and engaging in narrative repair in the following extract as she shifted towards naming Brad's tactics as victim blaming; however, she still characterised herself as guilt ridden, suggesting she was still assigning herself some of the blame:

Um, I was terrified more so for the kids – you know, when it [strangulation] did happen when the kids weren't at home it wasn't bad but – well it was still violent and still just as bad – but having them there screaming in the background and things makes everything worse and then for him to turn around afterwards and say to the kids “oh well your mum deserved it” or that “your mum pushed me” or “your mum did this” – he would put all of the blame onto me. But my ten-year-old Emily, I can recall times where she is sitting there with my phone threatening her dad to call the police if he didn't stop, or my older daughter running in with a hairbrush and throwing it at his head and things like that, trying to get him off me and things, you know? And I hold a shit load of guilt for that, I think.

Brad's dialogue, as reproduced by Sarah, resembled discursive tactics men use to obscure personal responsibility for the violence and tropes which trivialise the use of strangulation (Adams et al., 1995; Fitzgerald & Douglas, 2025; Towns & Adams, 2016). Victim-blaming narratives of women provoking men's violence towards them act to justify and enable acts of IPV (Evtееva et al., 2024), and further reinforced Brad's dominance within the relationship. Casting Sarah as the instigator of the violence, her credibility as a victim was undermined.

She was no longer, as Christie (2018) labels, the 'ideal victim'. Assuming the authoritarian character within this extract, strangulation was not storied by Brad as a potentially life-threatening act of violence but as a mechanism of punishment that was deserved and just. Sarah countered Brad's storying of strangulation as trivial through including the children reacting by screaming to the scenes unfolding in front of them – suggesting his violence was terrifying. This reworking of her narrative appeared tentative, as Sarah still removed herself from the 'ideal victim' character as she assumed the responsibility for not being able to protect her children from what they witnessed.

When Sarah storied being strangled in front of her children, she characterised herself as assuming a 'mother' role rather than the 'victim' role. Yet in assuming the mother role, Sarah storied herself as rendered even more powerless. Societal narratives often place the utmost importance on a mother's capacity to care for and protect their children (M. Morgan & Coombes, 2016). Storying her children as witnesses to Brad's use of strangulation, Sarah positioned herself as failing to fulfil the ideal mother role (M. Morgan & Coombes, 2016). In this way, Brad's use of strangulation was therefore storied as not only a physical assault on Sarah, but an assault on identity as it detracted from the roles in which she formed her identity. This assault on Sarah's mother identity through the use of strangulation acted to legitimise Brad's rhetoric that she was a bad mother (Matheson et al., 2015). This appeared as intentional as Sarah's storying of Brad's dialogue suggested he was aware of the impact of the children's presence during strangulation, as it heightened the terror for her.

As she moved through her narrative, Sarah began to story herself as having an active role within the violence. Considering acts of resistance, we see a reclamation of agency and a shifting in how Sarah storied herself:

Um, when it [strangulation] first started happening to me, I would freeze, and I would take it. Towards the end, I would also try and run away. But towards the end, it got to a point where I would fight. I would, as soon as he walked into the house. No matter what I did, he would just lunge at me, so I was always prepared for it and I would always sort of stand my ground which of course didn't result in anything, but I had gotten to a point where I guess I was more staunch, and if I saw him coming at me I would just call him names and scream at him and then he would just do what he did. Whereas earlier on I would run away, and if I couldn't I would freeze.

Sarah storied herself as moving through well-established fear responses in the face of danger: fight, flight, and freeze. Drawing on this trope, Sarah delineated strangulation as a real threat – a narrative which countered Brad's rhetoric in the previous account. Sarah's characterisation of self, however, transitioned in this extract from immobilisation to survival as she storied herself as breaking away from the subservient wife role she had assumed earlier in the relationship. As Black et al. (2020) theorise, even the act of surviving can be viewed as an agentic act – even if, as Sarah storied, her acts of resistance *didn't result in anything*. The physical act of standing her ground speaks to Wesely et al.'s (2000) observation that the body is not just where violence like strangulation is enacted, but also where resistance and agency can be expressed. Working through the stages of fight, flight, and freeze, we see Sarah actively engaged in narrative repair by reclaiming her story as one of survival.

As the core plotline of her story evolved, Sarah positioned herself as beginning to reclaim her mothering role again now that she had left the relationship with Brad:

As soon as I left home, I started like - I was emotionally not okay, and I was sleeping non-stop, but I had the support of my parents and they were helping me so much, and

so I was able to slowly start asking the kids how their day was, I started taking them to school, I started being Mum again. And it's, I mean, definitely not easy, they frustrate me [laughs], but I am now more involved than what I was.

Matheson et al. (2015) speak of victim survivors going through a process of rediscovery following leaving their violent partners, as Sarah storied in this extract. In putting together a cohesive narrative, Sarah described this rediscovery as reclaiming the mother role. However, the mother role she reclaimed was one that was imperfect and flawed, distinct from the idealised mother. In reworking the mother narrative, she moved away from hegemonic ideals of motherhood, which saw her as a failure. Instead, through storying her new identity as imperfect and flawed, she incorporated and acknowledged the effect of the trauma she had experienced. Moreover, she shifted out of solely performing the functions of motherhood towards becoming interested and involved in the emotional lives of her children. Sarah's laughter also appeared as a shift in the plot line from a tale of survival, towards a tale of posttraumatic growth (Tedeschi & Calhoun, 2004).

Summary

At the beginning of Sarah's story, her sense of self hinged on embodying the perfect wife and mother, informed by legacy patriarchal norms and enforced by Brad's use of violence. As Brad's violence increased to the point of strangulation, Sarah's sense of self disintegrated to the point where she was reduced to performing only the functional aspects of the mother and wife roles she assumed. Strangulation disrupted the narrative of ideal mothering, and in the face of escalating violence, Sarah withdrew from psychological commitment in daily life in an effort to survive. As she engaged in processes of narrative repair in making sense of her experiences, Sarah began to counter Brad's storying of his violence as justified to acts of abject horror. Yet this was complicated by his use of strangulation in front of their children,

seeing Sarah engage in victim-blaming narratives. Furthermore, Sarah storied Brad strangling her in front of the children as an intentional tactic to heighten her terror and to confirm that she was a bad mother. Storying the later stages of their relationship, however, Sarah's engagement in narrative repair became evident in the emergence of her reclamation of agency through acts of resistance. Through processes of narrative repair, we see Sarah did not just reclaim the mother role but engaged in posttraumatic growth as she moved away from the idealised mother role. This sense of motherhood was also related to how she storied her family into her narrative.

Sarah Storying Herself Within Family

Throughout the interviews, Sarah embedded her narrative within familial contexts. In doing so, Sarah provided insight into how violent acts, such as strangulation, served to disrupt the harmony of ideal family-based narratives. This began with Sarah contrasting her upbringing with Brad's:

I came from the perfect family where my parents are still together, never violent, you know, I had the best upbringing, whereas he didn't.

This extract gave insight into Sarah's perception of what she believed a perfect family is and therefore what families resemble, function and behave like. These ideal family-based narratives appear entrenched in Sarah's storying of not just her family of origin, but in making sense of Brad's use of violence:

We were a happy family where we would take the kids out and do fun things and stuff like that, but then when all the fighting started, all of that stopped. We, me and him, we literally, I guess, in a way neglected the kids because our fighting was so severe that it was our main focus and the kids, yeah, we didn't parent them really. It's the easiest way to say it. Yeah,

they – we went from a time where we were a happy family and we went and did lots of things, like we still had our issues and we would argue and things but at that time I was [pause] more in control where I wouldn't do anything to upset him or if things were more unsettled I would keep the kids away, you know, I would avoid situations to make sure everyone was happy, but then it got to a point where that wasn't working anymore and things um [pause] yeah.

Sarah started this extract storying her experiences as fitting the ideal family narrative mould. Yet Brad's use of violence was quickly storied as at first threatening this narrative, with Sarah attempting to keep Brad's violence contained. Radley and Billig's (1996) understanding of private and public narratives can help make sense of this contradiction. Radley and Billig (1996) describe public narratives as dominant societal stories that set expectations, as seen in this account. Sarah drew on public narratives to make sense of what a *happy family* is – an idyllic image of doing fun things together. Private narratives, according to Radley and Billig (1996), are personal stories framed in a way that makes sense to the storyteller. For example, in Sarah's private narrative of a happy family, violence still occurred but felt controlled, contained and was hidden from the children. Dilemmas arise when private narratives do not align with public narratives, such as when Sarah articulated having a happy family whilst highlighting her active strategies to mitigate the risk of Brad perpetrating violence. As Brad's violence becomes the focal point of the family unit, the happy family narrative was disrupted. Following this disruption, Sarah was still forming a cohesive narrative that made sense of her experiences, as evidenced by her use of filler words in the extract's ending- *and things um [pause] yeah* – which signalled uncertainty. This reads as Sarah mourning the loss of the past and the potential of her family unit, grounded in beliefs of the ideal family narrative.

Family life became the context in which violence, including strangulation, is storied. Through naming the children's presence when Brad was strangling her and their inclusion in Brad's emotional abuse, family life was not only the setting in which his violence occurred but his violence became storied as a routine aspect of family life:

And they witnessed a lot of the violence. Like my daughter Emily [pause], [she] was too scared to go to school because she thought she would come home to me dead. Um, my oldest, Kayla she got to the point when she would just lock herself in her room, she had stepped in so many times when he was hurting me but it got to the point where she emotionally couldn't deal with it anymore. And Leo, cos I left him a few times, cos I was never allowed to take the kids, so he was scared that he'd hop off the bus and I wouldn't be there.

What emerged in this extract is a tale of terror, in which the children held genuine fear that their mother would die as a result of their father's violence. This emulated the narratives which conceptualise family violence as a form of intimate terrorism, which, similar to the concept of coercive control, argues that it is through the demonstration of violence that acts devoid of physical violence take on violent meaning (Johnson & Leone, 2005; Pain, 2014; Stark, 2007). Although Sarah did not story her children being physically harmed by Brad, through perpetrating acts of extreme violence like strangulation in front of the children, he created a regime of terror within the family. This storied the children as victims in their own right, with the threat of Brad's violence infiltrating the day-to-day activities of family life. This disrupted the ideal family narrative; instead, Brad's violence became storied as a routine and embedded in daily life, apparent in Kayla's self-exclusion from witnessing the violence. This again supported the emergence of the narrative of coercive control, moving beyond conceptualising Brad's violence as disembodied act to viewing it as a chronic pattern of routinised domination (Pain, 2014; Stark, 2007). Moreover, this re-storying of Brad's

violence counters his storying of his violence as trivial and justified. This comes out in Sarah's storying the children's responses; Sarah moved towards a narrative where Brad was held accountable for his violence.

Yet after leaving the relationship, public narratives such as traditional family narratives made it difficult for Sarah to make safety-based decisions. In the following extract, Sarah worked through the process of unlearning and shifting past ingrained hegemonic family narratives in an effort to protect her children:

Cos, you know, I was a firm believer in equal rights for fathers and mothers, and I don't believe in taking the kids away, and I still had that mind frame, and I didn't want to do that to him. But it was [pause] I couldn't see past that and see that I was actually trying to protect these kids and [pause] what father does that to the mother of his children, especially in front of the children. It took a lot for me to work through that.

Sarah used tropes such as *taking the kids away* and *equal rights for fathers and mothers* to story her previous endorsement of dominant societal narratives of the ideal family. These narratives stipulate that a good family is a whole family, complete with a patriarchal head of the family. Eerily, these tropes resemble the rhetoric of men's rights movement, which "argues that men, as partners and fathers, are unfairly targeted and marginalised" (Fitzgerald & Douglas, 2025, p. 10). From this position, Sarah storied herself as previously holding compassion for Brad, not wanting to victimise him through cutting his connection with his children. Sarah, however, was seen to engage in narrative repair, re-storying Brad as accountable for his violence. Building on her re-storying of his violence as a regime of terror which victimised not only her but their children, Sarah storied her decision to limit Brad's contact with their children as a necessity to protect them. Sarah endorsed a new trope: *what father does that to the mother of his children?* This trope has roots in specialist family

violence services, used to challenge hegemonic narratives that serve to protect perpetrators of violence. In a way, this trope holds a mirror to the idealised family narrative through asking whether violence is accepted in the ideal family.

Looking towards the future, Sarah still questioned the integrity of the family context given the disruption of ideal family narratives. The loss of the ideal family narrative as a guiding framework was one that Sarah spoke to in the following account:

We're never going to have that good co-parenting relationship. I never want to be in the same room as this guy, and you think of weddings and birthdays that are going to be happening that are going to be big, it's like, how are we going to make this work?

This account came as a response to a question I asked about the present impact of Brad's use of strangulation, but Sarah answered with reference to the future. She storied the impacts of Brad's violence rippling throughout her lifespan, without a clear ending. Without the framework of the ideal family narrative to make sense of milestone family events, Sarah lacked a cohesive narrative to predict her future. Brad's violence is storied as continuing to haunt her, and in return, we see Sarah mourn the loss of the perfect family through her storying of symbolic events.

Summary

In this section, Sarah began her story with a strong belief in the ideal, harmonious family narrative which she linked to her own upbringing. In turn, these narratives shaped Sarah's storying of Brad's use of violence. Tension appeared when Sarah's private narratives of a happy family were at first disturbed and then disrupted by Brad's perpetration of violence – particularly strangulation. Her story reflected a tension between public and private narratives as she tried to maintain an image of a "happy family" while privately managing

fear and risk. As Brad's violence escalated to the point it was storied as a routine aspect of daily family life, collapsing the ideal family narrative, Sarah moved away from seeing his violence as disembodied acts to storying a pattern of coercive control where Brad was held accountable for victimising his children. After leaving the relationship, Sarah worked through dominant societal narratives of the ideal family, instead reworking these narratives through questioning *what the father does to the mother of his children*. Here, she was able to form a cohesive narrative in which Brad was seen as accountable for his violence and Sarah was able to take action to protect her children. However, without the guiding structure of the ideal family narrative, Sarah expressed grief and disorientation. As a result of the loss of a coherent narrative, she simultaneously mourns the loss of a future she once imagined and is still haunted by Brad's violence.

Case Conclusion

Sarah's earlier chapters of her relationship with Brad were made sense of through hegemonic patriarchal narratives. These narratives set out the parameters of Sarah's role within her relationship with Brad from early on - characterised and constrained by the role of wife and mother. Such characterisations of women reinforce gendered power imbalances, leading to the enabling and legitimisation of IPV as a form of discipline (Connell & Messerschmidt, 2005; Dobash & Dobash, 1979; Wesely et al., 2000). In failing to live up to the idealised mother and wife, Brad's rhetoric – as storied by Sarah – can be read as emotionally abusive and targeted to erode her sense of self. This storying of the earlier stages of her relationship with Brad fits into theoretical explanations of how IPV escalates from more subtler forms, such as gaslighting, towards extreme acts of physical violence (P. A. Ali & Naylor, 2013; Glass et al., 2008; Towns & Adams, 2000; Wood, 2001). It is unsurprising that when Brad perpetrates violence in this earlier stage Sarah uses tropes that reproduce

hegemonic patriarchal narratives to explain and dismiss the violence as part of the fabric of intimate partner relationships. This echoes society's historical toleration and sanctioning of IPV as a private matter within relationships and suggests that, despite recent narratives which declare violence within relationships as wrong, older narratives are still evident in the social fabric (Dobash & Dobash, 1979; Gordon, 1988; Pleck, 1987; Stark, 2007). For Sarah this engagement and internalisation of patriarchal narratives appear to act to preserve a coherent story about her, Brad, their relationship and their family. This offers the potential of a different outcome, one in which Sarah is able to love 'better' in order to stop the violence (Towns & Adams, 2000). Yet as her story moves through Brad's violence escalating to the point of strangulation, the coherence of her narrative is disrupted.

Sarah stories strangulation as distinct from other forms of intimate partner violence Brad perpetrated towards her, disrupting the continuity of her life story in a way the other violence she experienced did not. As previously outlined in existing literature, Brad's use of strangulation took the shape of a very real threat to Sarah's life (Bendlin & Sheridan, 2019; Douglas & Fitzgerald, 2022; Joshi et al., 2012; Messing et al., 2018; Patch et al., 2018; Stansfield & Williams, 2021). This threat is not only physical, but an embodied experience of immobilisation through gendered power dynamics. This is a departure from Sarah's storying Brad's violence as something she could handle or protect herself from, to a lethal threat with no apparent endpoint. Importantly, Sarah's accounts of Brad's violence highlight that the act of strangulation can also escalate. While strangulation is marked in Sarah's accounts as a turning point in her life story, her storying practices at times are tentative and not always consistent, suggesting she is still working through and making sense of her experiences. This resembles Towns and Adams' (2000) explorations of how victim survivors of IPV narrate the escalation of violence alongside their shifting interpretations of the partner and relationship.

Sarah's accounts inform us that her shifting storying of Brad and the relationship delineates her assessment of her safety in response to the escalating strangulation.

The key plotlines that emerge from Sarah's accounts are reflective of her oscillating between new ways of sense making and narratives she previously used to make sense of her identity, Brad, his violence and their family. Cohen (2013) stipulates this as a state of "half-knowing" which allows space for contradictions, preserving the possibility for different interpretations to emerge. On one hand, Sarah humanises Brad through storying him as disembodied from the act of strangulation - a dual characterisation which sees the 'good man' as exempt from the 'bad moments' (Towns & Adams, 2000; Wood, 2001). However, as Sarah's experiences become less tolerable, through reconstructing her story, she begins to reframe Brad's use of strangulation as destabilising and transgressing her ideals of love, relationships and family. Although these ideals function as narratives that are still entrenched in patriarchal norms, Sarah uses them as a yardstick to critically assess Brad's use of strangulation as incongruent and untenable (Kearney, 2001). For example, Brad's use of strangulation is plotted as the betrayal of Sarah's own practices of love and care and perpetuating a regime of terror within the family, functioning not only as a physical act but a mechanism of coercive control which reaches beyond the original victim into the family unit (Johnson & Leone, 2005; Pain, 2014; Stark, 2007). Yet using these dominant narratives as a resource, Sarah starts to story new possibilities for herself (Rappaport, 2000).

In response to Brad's strangulation, Sarah's narrative is reframed as one of survival, reintegrating her experiences of violence into her life story in a meaningful way (Radley & Billig, 1996). Through surviving, she is enacting resistance. But survival, as storied by Sarah, is not without costs. As she survives the physical impact of Brad's strangulation, a psychological assault occurs on her identity. Her accounts demonstrate that it is not solely verbal abuse that is internalised by victim survivors as narratives of personal failure (Towns

& Adams, 2000; Wood, 2001), as Sarah stories Brad's perpetration of strangulation as legitimatising his claim that Sarah is a bad mother. Sarah stories Brad's use of strangulation as perpetuating a cycle of helplessness, guilt, and self-blame as she attempts to be the ideal mother in less-than-ideal circumstances (M. Morgan & Coombes, 2016). Strangulation, as a visceral and controlling act, becomes the apex of Brad's domination in Sarah's life story, permeating her sense of self, her relationship, and her sense of family. Sarah then engages in narrative repair, re-storying accounts of Brad's violence, the relationship, the family and her sense of self, working towards making sense of her experiences.

As theorised by Rappaport (2000), identity development and transformation involve both the integration of shared cultural narratives into one's personal life story and the creation or adaptation of narratives to reflect social change. This is evident in Sarah's accounts following leaving her relationship with Brad, where she grapples between dominant hegemonic narratives which serve to explain and justify IPV and counter narratives embedded in feminist literature and the practices of specialist family violence services which serve to hold perpetrators of violence accountable. Although incomplete, in the reworking of her story, Sarah shows us she is no longer as constrained by and at times problematises the hegemonic patriarchal narratives. This is particularly evident in Sarah's accounts of reclaiming a mother role which is not defined in hegemonic ideals of motherhood, speaking to the possibility of rebuilding identity beyond the confines of IPV, producing a counter-narrative based in resilience and the capacity for self-reclamation. Here, Sarah moves beyond a plot of surviving, creating a sense of growth in Sarah's narrative despite still being faced with threat (Tedeschi & Calhoun, 2004).

Sarah remains haunted by Brad's use of strangulation, challenging reductionist narratives like "why didn't she leave?" through illustrating how coercion, psychological entrapment, and fear persist long after physical violence ends. Sarah stories her ongoing fear

of Brad following the end of the relationship within recognisable IPV narratives, reinforcing that the coercive power of strangulation endures beyond the physical act itself (Bendlin & Sheridan, 2019; Dutton & Goodman, 2005; Stansfield & Williams, 2021; Stark, 2007; Thomas et al., 2014). A dominant plot in Sarah's story continues to be one of surviving, at times precarious and fragile. In this way, strangulation is not only an intense moment of physical danger but also signals a profound narrative disruption, one that continues to reverberate and haunt Sarah into the imagined future of her family's life course. As Sarah makes sense of her experiences, a distinct sense of loss and a mourning for how things could have been and the narratives she once engaged in, which led to her victimisation (Connell & Messerschmidt, 2005; Evteeva et al., 2024).

Chapter Five: Ria

Case Overview

Ria grew up in an Indian family in South Africa. She storied her upbringing as sheltered by referring to key practices such as her not even being allowed to use public transport. Her father was characterised as the 'protector' who gave her anything she wanted, and her mother as the 'nurturer'. Ria characterised herself in childhood as the good, obedient daughter who produced good grades, had lots of friends and followed the rules. Ria didn't feel she had a say in her own life, since her dad made all the decisions for her. Ria highlighted that she felt a lot of pressure in her final year of high school because her family had great expectations for her – she was the first in her family even to have the chance of attending university.

At 18 years of age, in her final year of high school, Ria met her Dev, a work associate of her father who was 10 years older than her. After exchanging numbers, they became friends on Facebook. Dev would like her posts on Facebook, call and message her. They connected over a shared taste in music. After six months of friendship, things between Ria and Dev developed into her first relationship. She fell pregnant a month later, during her first semester of university. Ria described being in denial. She did not tell her parents because she had always been the good, obedient daughter. Her parents did not even know she had a boyfriend. She had always envisioned that she would get married and end up with the person with whom she was first sexually intimate.

After telling Dev she was pregnant, Ria felt as though he had changed. He became distant, he stopped talking to her except for random phone calls and emails once in a blue moon. The day after their first child was born prematurely at 28 weeks, Dev told Ria that he had married someone else. She was angry, but she had an infant in intensive care she needed to focus on. When Ria got out of the hospital, Dev called her a while after apologising

profusely and wanting to fix their relationship. She did not want her child growing up without a father, and so she decided to give things a go with Dev, whilst she continued to live with her parents without him.

When their first child was six months old, Dev wanted Ria to get a tattoo of his name to prove her loyalty to him. When she refused, Dev slapped Ria for the first time. That slap, as storied by Ria, declared it was okay for Dev to put his hands on her. A few more slaps happened, then it was being restrained against the wall. Her parents were aware of what was going on and did not want Ria to be with Dev. Dev wanted Ria to live with him, so when their first child was nine months old she ran away in the middle of the night to live with him. The violence began to get worse. Dev was now smashing Ria into the wall, restricting her from leaving the room, and he started strangling her.

Over the next nine years of their relationship, Dev's violence towards Ria grew - punching, slapping, pulling her hair, shoving, breaking her phone, locking her in the bedroom, suffocating her, restricting her access to food and money. Dev was physically fit and massive compared to Ria, so he would always overpower her. Ria would try to push him off her, but she noticed that when she tried to defend herself, he would hit harder, hit more times, apply more pressure. Dev was violent to Ria in front of their children. He would even hit her in front of his family, who would not do anything to help her. Many times, Ria felt she needed medical attention, but Dev would not take her. Dev took her to all of her appointments, so she could never ask for help. Dev restricted Ria's access to her friends; there was a time when he even removed Ria's father from her Facebook. Dev did not let Ria go back to university out of fear that she would meet someone else. Dev would not let Ria get a job. Ria tried different ways to make money at home, but Dev would sabotage them. Dev would also frequently have affairs outside of their relationship. Ria would find out, tell him to stop and try to move on.

In the ninth year of their relationship, they decided to move to New Zealand to get a fresh start following another of Dev's affairs. They left their children in South Africa, planning to move them over once they were settled. Ria fell pregnant again shortly after moving. Dev would not give her the money for an abortion. Four months pregnant, Ria confronted Dev about sending pictures to other women. Dev picked her up by the neck, threw her to the ground, kicked her in the belly and strangled her. And from then on, Dev's violence increased further.

Twenty-six days after delivering their last child by C-section, Dev punched Ria in the stomach, raped her and strangled her to the point she was seeing stars. Ria tried to fight as hard as she could, but Dev was so much larger than her, and he applied more pressure, threatening that he was going to kill her. That night, Ria thought Dev was going to kill her. After the violence stopped, Dev went to sleep. As Ria sat feeding her newborn and contacted a specialist family violence service for the first time.

Police who attended the night Ria left pressed 12 charges against Dev, including strangulation. Initially, Ria did not want to make a statement and was worried that Dev would lose his job. With the support of the specialist family violence service, Ria made a formal statement about only the violence on that one night, worried about the repercussions if she told the police about all of the previous violence that Dev had perpetrated. Ria got counselling and a lawyer. Ria was still shocked when Dev was found not guilty of all charges by a jury, despite the team of people working on her behalf.

After leaving the relationship, Ria had no friends, no formal education after secondary school, no job, living in a different country from her family and two of her children, and was living in a refuge. In the months following leaving Dev, Ria decided to start living her life – making friends, listening to music she loved, and preferring to socialise online. Now Ria felt

like she was truly living; she could give a gift to someone if she wanted to. If she wanted to buy her daughter a snack while they are out, she could.

There are hard days when Ria missed the idea of still having her family together, but she did not miss Dev. Ria still tried to protect her kids from knowing the truth about Dev because it would be devastating for them. Sometimes she struggled to explain to her sons why Mum and Dad lived in different houses and cannot be friends. Through counselling, Ria was trying to re-remember some of the things that Dev had done to her. Ria experienced brain fog and struggled to remember things; she had become so forgetful. She was not sure if it is due to stress or being postpartum, but she thought trauma and strangulation had something to do with it. She felt paranoid a lot of the time. When she was out in public, she was hypervigilant because Ria might see somebody who looked like Dev or a car that looked like his.

The remainder of this case follows the same narrative structure as case one. The following section focuses on Dev's violence and how hegemonic patriarchal narratives are storied by Ria as making way for the normalisation of IPV and men's entitlement to control women's bodies. Strangulation was storied by Ria as a mechanism Dev used to ensure compliance and silence her into submission. As her narrative was disrupted as a result of Dev's perpetration of strangulation, Ria began to employ acts of resistance and assertion of agency. The following section considers how strangulation impacted Ria's storying of Dev and their relationship. From the outset Dev was characterised as flawed and holding more power within the relationship. The relationship itself was storied by Ria as fitting postmodernist narratives of relationships. As Dev's violence progressed into the use of strangulation, a polyvocal characterisation was used to compartmentalise him from the violence. Ria resisted idealised relationship narratives as her practices of love, care and compassion were responded to by Dev through further violence and therefore betrayal. The

case then moves to look at how Ria's sense of self was influenced by Dev's use of strangulation. Autonomy and agency within relationships informed by patriarchal narratives is pertinent in this section, stemming from Ria's family of origin into her relationship with Dev. The tension Ria storied regarding her autonomy and agency was predominantly embodied and later reclaimed through voice as well. Alternative narratives of femininity were employed by Ria as she engaged in the reconstruction of self following the end of the relationship. The final section considers how Dev's violence impacted Ria's sense making of her family. Here, the narratives of the 'good enough' father and partner were observed as influencing Ria's decision making.

Dev's Violence

Ria storied the first time Dev perpetrated violence towards her as symbolic of him making a claim to her physical body. The following account occurred in the context of Ria declining to tattoo Dev's name on her body:

So that was the first time he had slapped me. And that slap said okay, yeah, you can put your hands on me.

In this account, Dev exerted his ownership over Ria's physical body. Although she rejected Dev's request to brand herself with his name, she storied Dev's use of violence as having the same effect as branding. His violence was storied as a punishment for Ria failing to conform to his expectations of access and servitude, an expectation embedded in hegemonic patriarchal narratives which see men as entitled to the bodies of their female counterparts (Connell & Messerschmidt, 2005; Manne, 2017). Wetherell (2013) argues that patriarchal narratives construct women's bodies as objects to be controlled, possessed, regulated, or violated by men, resulting in male ownership of female bodies. It is through patterns of

embodied action – such as a slap in response to perceived non-compliance - that bodily ownership narratives are reinforced (Wetherell, 2013). These narratives are both historically and socially situated, perpetuating inherent gender-based power inequalities within heterosexual relationships (Dobash & Dobash, 1979; Ebert, 1988; Gordon, 1988; Pleck, 1987; Stark, 2007). This gives context to Ria's storying herself as surrendering to this assertion of Dev's ownership over her body, his use of violence in the early stages of their relationship as colonising her body and asserting coercive control (Stark, 2007).

It is in the context of Ria's body being storied as a site of Dev's control and ownership that Ria attempted to make sense of his escalating use of violence:

I remember the first couple of times it was maybe just a couple of slaps around, um, a bit of restraint against the wall, but I could still speak to him and I could still answer him. Um, yeah, it wasn't as bad. And because I think it wasn't as bad, I think I thought it was okay.

Ria used the trope *it wasn't as bad* which reproduced hegemonic patriarchal narratives that minimise and explain Dev's escalating use of IPV as a routine aspect of romantic relationships (Adams et al., 1995; K. L. Anderson & Umberson, 2001; Gordon, 1988; Piedalue et al., 2020). This is further seen in Ria's use of language in this account as softening the severity of the acts Dev was perpetrating. Although she does not name his restraint as strangulation, speaking to her capacity to still speak during this act suggested that Dev was restraining her in a way that compressed her throat. Of note, Ria reaffirms that, as she was not silenced by Dev's use of suffocation, his violence was somewhat tolerable. This also reads, however, as Ria seeing her capacity to still have a voice at this stage of the violence as still maintaining a thread of agency. It was when she begins to be silenced by Dev's use of

violence that her story became one of not just being controlled, but one of being overpowered.

Ria storied strangulation as occurring within a raft of violence Dev would perpetrate against her, conspiring to strip her of her agency. Strangulation, as storied by Ria, had the distinct function to overpower and silence her:

[He would] *just overpower me; it was his way of keeping me quiet. Cos when I was being strangled, I couldn't speak or scream, I couldn't alert anyone or any of that.* [pause] *He would do it all the time, he'd start doing stuff and I'd be screaming, like, "what the hell is wrong with you, stop it now" and that's when he would get upset further because I would be loud.* [pause] *Sometimes just because I was crying and not getting all of my words out, you know. He'd get frustrated that I was crying, and he'd strangle me to make me stop crying.*

This account spoke to how Ria felt Dev was able to use his physicality to overpower her through strangulation. Taking Dutton and Goodman's (2005) conceptualisation of coercive control, Dev's use of strangulation in Ria's account became a mechanism to not only physically silence Ria but also to metaphorically silence her into compliance and therefore maintain dominance. Whereas her response to Dev's earlier use of violence was surrendering to his claims over her body, Ria's use of noise in response to his strangulation was an act of protest and resistance against her subjective and embodied subordination. The refusal to be silent – also seen in Brady et al.'s (2022) findings - counters perpetrators' storying of violence and strangulation as an easy way to silence and subdue their unruly victims (Adams et al., 1995; Fitzgerald & Douglas, 2025). Through questioning the use of strangulation – “*what the hell is wrong with you*” – she storied Dev's use of strangulation as no longer fitting the patriarchal narratives previously used to make sense of her experiences as being a routine part

of relationships. As strangulation disrupts the cohesiveness of her narrative, Ria's question - *what the hell is wrong with you* – enacts as a direct challenge to Dev's authority over her body and positions noise as an act of resistance.

As Ria engaged in narrative repair, she began to characterise herself as an active agent in her story, as seen in the previous account. Ria plotted her acts of resistance as a sequence, moving from attempting to defend herself to becoming compliant to stop Dev's violence:

My go-to would be not to get physical, I'd try to defend myself by trying to push him off or whatever. But it just got worse, I noticed when I tried to defend myself, he'd hit harder and he'd hit more times, he'd grab me and slap me more times. He would twist my arm and [pause] apply more pressure than he would normally do to me. [pause] I felt rage and would just do what he was telling me to do. There was nothing else I can do. And I'd start to get really hot in my face, so if I was holding something, I would let go of it, I'd be scratching him to try and defend myself or to stop it. And he'd keep doing it, and he'd ask me "Are you going to stop screaming now?" and I couldn't speak, so I'd have to go like this with my eyes [looks side to side].

This extract can be interpreted as Ria became the embodiment of a victim as Dev's use of strangulation rendered her immobilised. The trope - *there was nothing else I can do* – characterised Ria based on the helpless victim narrative, assuming total passivity in her victimhood (Paterson, 2010). But another way Ria's account can be interpreted is that this act of giving in to Dev's violence in itself can be thought of as an act of resistance. As Black and colleagues (2020) state surviving IPV requires considerable strength and resilience, suggesting victim survivors hold expert knowledge in ways to survive their partner's violence. Ria stories overt acts of resistance are met with further violence. Therefore, to survive and resist Dev's assertion of dominance, Ria portrayed her compliance as a covert act

of resistance. Through describing covert acts of resistance, Ria engaged in narrative repair, countering the helpless victim narrative (Paterson, 2010).

Despite her acts of resistance, Ria storied Dev's use of strangulation continuing to escalate. This is seen in the previous account where Ria refers to Dev increasing the pressure of his strangulation in an attempt to gain compliance. But in the following extract, the context of Dev's use of strangulation also impacted Ria's perception of severity:

And it just got worse. At the worst point, he was hitting me in front of his family, and his family did nothing. Um [pause] even during my pregnancies, he would hit me and strangle me.

Ria indicated that she believed pregnancy should've been an exception from experiencing violence. This fits with public narratives which hold pregnancy as a sacred, protected time in a woman's life (Duden, 1993; L. M. Morgan & Michaels, 1999). In line with this narrative, Ria's account implied that even if Ria is not spared from Dev's strangulation, her unborn child should be. Duden (1993) argues that this narrative holds that the foetus is somewhat more deserving of protection than the pregnant person. However, it is well documented in existing IPV literature that characteristically violence and strangulation continues during pregnancy (Alhusen et al., 2015; Bailey, 2010; Chisholm et al., 2017; Douglas & Fitzgerald, 2022; Hawley et al., 2001; Hill et al., 2016; McClane et al., 2001; Messing et al., 2018; Shields et al., 2010; Strack et al., 2001; Wilbur et al., 2001). Yet Ria's storying of Dev strangling her during her pregnancies highlights a discrepancy between IPV literature and public narratives. For Ria, as framed by public narratives, Dev's use of strangulation during pregnancy was an escalation due to transgressing the sacred.

Summary

In this section, Ria storied Dev's first use of violence as being a form of punishment for perceived non-compliance. Here, bodily ownership narratives are interwoven in Ria's account, implying that men are entitled to own and control women's bodies, which sees her no longer in control of the body she occupies. Dev's violence was then storied as commonplace within the relationship, reproducing a hegemonic patriarchal narrative which normalises IPV. As Dev's violence graduates to the use of restraint and suffocation, Ria positioned herself as still having some agency through the use of her voice. However, Ria storied strangulation as a purposeful and intentional way for Dev to silence her and ensure her compliance. These attempts at silencing disrupted Ria's narrative, and in response, she resists her subjective and embodied subordination, countering hegemonic patriarchal narratives which serve to perpetuate silence and violence. Through a process of narrative repair, Ria began to story her acts of resistance as a characterisation of her agency, countering the helpless victim narrative. However, Dev's use of strangulation continued to escalate, as storied by Ria through not only the amount of physical pressure he used but also the context in which he strangled her. In particular, Ria storied being strangled during pregnancy as a transgression of a sacred time where her body as a vessel for her unborn child should have been protected. This speaks to Ria's feeling of betrayal in response to his use of strangulation within their relationship.

Ria's Storying of the Relationship and Characterisation of Dev's Violence

In working through her life story, Ria struggled to make sense of her relationship with Dev from the outset. The language she used to story the relationship - *a sort of in a relationship* - alludes to a vagueness and a tentativeness to the quality of her relationship with

Dev. Pregnancy exacerbated the ambiguity of the relationship, as storied by Ria in the following extract:

So as soon as I told him I think I'm pregnant, and he sorta [pause] changed, you know, and became distant. [pause] It was just like random phone calls and emails, once in a blue moon. So it was hard for me like understand what was I meant to do with this relationship, what am I supposed to tell my parents that I – I think I'm in a relationship but this person is not talking to me – like WHAT? This doesn't make any sense!

Disbelief was used in this extract by Ria as a narrative device to invoke absurdity and, as theorised by Cvetkovich (2003), in protest of being silenced. In re-storying her experiences, Ria appeared to break the fourth wall² to pre-empt the reader's shock. In doing so, Ria appeared acutely aware of the tension between the ideal relationship narratives which shape what a 'good' relationship is perceived to be and her relationship with Dev. In place of the ideal relationship narrative, Ria appeared to draw on postmodernist narratives of relationships. Within these narratives, romance is no longer seen as a grand, unifying narrative but instead contingent and fragile, with technology reshaping how intimacy is initiated, sustained, and understood (Bauman, 2003; Hobbs et al., 2017). Through the use of the trope *once in a blue moon* and stating *you know*, Ria signalled a shared understanding with the reader and/or me of postmodernist narratives of relationships. Yet Ria appeared to be still working towards a cohesive narrative when storytelling the beginnings of her relationship with Dev.

² The fourth wall can be defined as an imaginary, invisible barrier —traditionally at the front of a stage, screen, or within a narrative—that separates the performers or characters from the audience. Breaking the fourth wall occurs when this barrier is breached.

As Ria re-stories her relationship with Dev, she nodded to inherent power differentials within the relationship:

It was my first ever relationship. [pause] And I didn't know what to expect from it. [pause] He was much older than me, so there was 10 years between us.

In this account, Ria characterised herself as naïve, inexperienced, uncertain of the world and vulnerable. Ria created her characterisation by emphasising her inexperience in relationships, which was further exacerbated by the age gap. Stating that she did not know what to expect from the relationship in juxtaposition with someone 10 years older than her, the assumption is made that Dev had much more experience in relationships than she. This leans on narratives that portray the older, typically male partner in an age-discrepant heterosexual relationship as assuming more power (Tarrant, 2018). The power differential was further enhanced with Ria's characterisation of Dev in the previous account as being elusive and evasive. Through taking stock of the power differential between herself and Dev, Ria appeared to be working through how she ended up in the relationship and her role within it.

As the violence Dev perpetrated increased to the point of strangulation, Ria storied her subjectivity within the relationship as reduced to that of an object. In the following account, Ria storied how Dev's violence stripped her of her humanness:

As it [the violence] got further down the line, it got to the point where it is now, and it's like he has zero regard as me as a human being, it's just like I'm this object that he possessed and that was it.

The extract is an example of embodied subjectivity, illustrating how Ria's sense of self and bodily experience was shaped by Dev's dehumanising violence (Wetherell, 2013). Ria storied Dev's violence as asserting his ownership of her, denying her subjectivity – the recognition of her as a person with feelings, thoughts, and agency. The exertion of Dev's ownership over

Ria's physical body, as seen in her earlier accounts of his violence, was then extended to the point where Ria storied the objectification and alienation of her body (Connell & Messerschmidt, 2005; Manne, 2017; Stark, 2007; Wetherell, 2013). Dev's violence radically altered Ria's sense of self in the world, her body becoming an objectified site of control – experienced from the outside rather than from within. Ria's use of the trope *further down the line* storied this denial of subjectivity as the cumulative impact of Dev's violence that manifested in and through her body. Furthermore, in this extract, Ria used the trope *he has zero regard for me as a human being* to story how Dev's violence was not only transgressing narratives of relationships, but narratives of decency. Through the decency narrative, Ria positioned Dev's violence, including strangulation, as immoral and unethical and made a claim to her humanity in an inhuman situation (Das, 2006). This mirrors Frank's (2013) analogy of the 'wounded storyteller' – someone who has experienced serious illness and chooses to share their story not just to heal themselves but to engage others ethically. In storying Dev's attempts to objectify and dehumanise her, Ria reinforced the narrative in which she and other IPV victim survivors are deserving of their humanity.

As Ria re-storied the inhumanity of being strangled by Dev, she began to characterise him as the villain:

Ria - Even the look in his eyes when he was doing that, it didn't feel like it was him [pause] I don't know if you can understand what I'm saying, I promise I'm not crazy, but even at the time it didn't feel like it was him.

Interviewer - Yeah, and I've heard this before, so it doesn't sound crazy at all, some women talk as though it's almost like their eyes black over and its –

Ria - I promise you, yes, that's exactly what it looks like, it looked like something so evil and so in the depths of hell, that's what he looked like!

As Dev's subjectivity goes missing, Ria drew on the trope *so in the depths of hell* to characterise him as embodying the villain. As seen in Sarah's storying of being strangled by an intimate partner, the villain who strangled Ria was separated from Dev himself (Christie, 2018; Towns & Adams, 2000; Wood, 2001). However, Ria appeared conscious of being met with scepticism or even with criticism when storying Dev as being disembodied when strangling her. This may be connected to broader societal narratives that downplay or question the legitimacy of victims' experiences of IPV. Ria's statement, *I promise I'm not crazy*, may be an attempt to caveat this narrative and to legitimise her account (Radley, 1997; Radley & Billig, 1996). As an interviewer, I join Ria in the co-construction of the account through drawing on other victim survivor's account to help Ria make sense of her experiences. Here I am interpreting within the interview in effort to legitimise her experiences.

Despite characterising Dev as the villain whilst strangling her, Ria still engaged in narratives which humanise him when storying her accounts of the relationship:

Yep, and a lot of things that we would discuss, you know, as a couple, when we'd spend quality time together, he would tell me about his past, and he only had negative things to say about his parents and his siblings. Um, and it just kinda puts the puzzle pieces together of why he is the way he is. Which is sad, and I'm also kind of sad that I'm not part of the journey any longer because I truly thought I could make him feel loved or fill the void that was there.

Ria made meaning of the relationship through the sense of compassion she had for Dev, which in turn humanised her characterisation of him. This was apparent in her use of the trope, *it just kinda puts the puzzle pieces together*, a common societal narrative in which men perpetrate violence because they have witnessed their fathers do the same, to make sense of

Dev's use of violence. This reflected the perspective that a victim's decision to remain in a relationship where IPV is occurring may be based on beliefs that the positive elements of the relationship may outweigh the negative (Herbert et al., 1991). This was in contrast to the previous account where Dev was characterised as the villain, whereas in this account Ria drew on narratives of idealised relationships to position herself as his confidant, his support and someone who tried to heal his wounds from earlier in life (Kearney, 2001). As Donovan (2014) highlights, within relationships where IPV occurs, the victim is often assigned the role of caring for both of partner and the relationship. These narratives are rooted in hegemonic gender roles, associating femininity with caregiving and subordination (Donovan, 2014; Ebert, 1988). While Ria leant on this narrative to make sense of her relationship with Dev, at the same time, she rejected narratives of idealised relationships when she storied her love and compassion as not enough to resolve Dev's use of violence.

Strangulation, as storied by Ria, disrupted her sense-making of the relationship, becoming an act of betrayal of her love and compassion. Yet the following account portrayed Ria as still holding love and compassion for Dev, leaving her story fractured:

I don't know if that [strangulation] situation changed my opinion of him, but I know that [pause] I [pause] don't quite love him the same way. Like the love that I had for him was more than what I had for myself, and I decided to stop. And I, I don't think that there will ever be a day where somebody has asked me do you love him and I'm going to say no, cos some part of me still acknowledges that he is the father of my children and [pause] my feelings for this person doesn't just go away, like you don't just stop caring about this person. [pause] But it's not the same, I don't know how to tell you, how do I put these things into words, like I don't feel the need to speak to him or to care where he is or if he's eaten food or if he is unwell, I don't care about that. But of course, if he's passed away or something, I'm going to care, I'm going to think about our

memories, I'm going to think about my kids. Like I can love him from a distance, but I don't want to be with him. Look, I don't know if that makes any sense!

In this account, Ria holds two things as accurate: Dev's strangulation had disrupted the relationship leading to Ria withdrawing from everyday practices of love and care, and secondly that although his use of strangulation had complicated Ria's feelings towards Dev, she did still hold love and care for him. This could read as contradictory or conflicting within narratives of idealised relationships, which see love as uncomplicated and without flaws (Towns & Adams, 2000; Wood, 2001). Yet her story is one where emotions and experiences were complex and complicated, as we see in this account where Ria was at times failed by language when trying to convey this complexity when re-storying her experiences. Through the use of the trope, *the love that I had for him was more than what I had for myself*, Ria starts to problematise idealised relationship narratives as her adherence to practices prescribed by these narratives had seen her betrayed through Dev's strangulation (Radley & Billig, 1996; Towns & Adams, 2000; Wood, 2001). Through storying how Dev's use of strangulation acts as a betrayal of idealised relationship narratives, Ria worked towards a more cohesive narrative of her own where she still practiced love and care but *from a distance*. Due to Dev's use of strangulation, the relationship was redefined as unacceptable (Kearney, 2001). In this re-working of her narrative, Ria still held a connection to Dev, particularly to the role he played as the father to her children. This storying also enabled the possibility for Ria to make sense of the relationship as a loss, missing the characterisation of a husband or father to her children, without missing the man or her experiences within the relationship.

Summary

In this section, Ria storied her relationship with Dev as a rejection of the ideal love narrative from the outset, and instead looked to postmodernist narratives of relationships to make sense of the fragility and tentativeness of her experiences. Here, inherent power differentials within the relationship emerged through Ria's characterisation of Dev and herself. As Dev's violence escalated to the use of strangulation, Ria storied his violence as dehumanising and displacing her subjectivity. Yet in re-storying these experiences, Ria drew on narratives of decency to position herself as deserving her humanity. Moving through the relationship, Dev was characterised as disembodied and villainised as a result of what Ria storied as his inhumane violence. In characterising Dev as the villain, Ria also worked to legitimise her experiences – and by extension, other victim survivors. Although Dev was villainised through his perpetration of strangulation, Ria storied herself as engaging in practices of love and care within the relationship, occupying a role deeply ingrained in hegemonic gender narratives as Wesely et al. (2000) also argue. From this stance, Ria made sense of the relationship as she engaged in compassion for Dev and why he perpetrated violence. However, Ria goes on to reject these narratives of the idealised relationship as she re-storied her experiences, concluding that her compassion, love and care were not enough to resolve Dev's use of violence. Dev's continuation of violence and escalation into strangulation therefore became a betrayal of Ria's compassion, love and care. Ria, in response, storied herself as withdrawing from idealised relationship narratives. Instead, she re-storied the relationship as untenable while maintaining a connection with Dev through the roles he occupied in her life story.

Ria's Sense of Self

During the interviews, Ria storied her expected life trajectory as ingrained within her wider family's beliefs and values.

My family had a lot of expectations of me, and I had these expectations of myself. I didn't even have to have any desire to have children, like in my teen years, and I was always making jokes to my grandmother too, like I'll wait to have an arranged marriage, like traditional.

Here, Ria acknowledged cultural traditions yet uses humour and ambivalence to gloss over ideological power relations that were reproduced in this extract. These ideological power relations stem from patriarchal narratives that reduce a woman's life purpose to marriage and children. This extract suggests that the internalisation of patriarchal narratives, reinforced through Ria's family, became the foundation for her sense of self. Similarly, within her family, Ria storied herself as the good daughter:

So, that was a big deal in my life, because before this relationship [with Dev], I was always in my parents' eyes a good, obedient daughter. So I always followed what they said. Growing up, I don't know why, but I felt like I didn't really have an opinion - it was whatever my parents said. Especially with my Dad, what my Dad had to say, and he kinda made the final decisions. Life was [pause] it was very sheltered.

She is valued within her family as she was obedient, reflective of the good girl narrative. The narrative of the good girl is deeply ingrained in patriarchal norms, often revolving around themes of obedience, virtue and expectations of conformity to tradition and morality (Ringrose, 2012). Patriarchal norms were further reinforced through Ria's characterisation of her father as the authoritarian head of the family. This aligns with Connell and Messerschmidt's (2005) examination of patriarchal family structures as reproducing

dominant forms of masculinity that reinforce men's authority over women and children. Through storying her family of origin's structures and value systems, it appeared Ria was attempting to make sense of how this had influenced her self-identity. At the same time, Ria problematises these patriarchal narratives through storying that she was without autonomy. In this regard, this account served to foreshadow the ongoing tension of autonomy and navigating identity within patriarchal narratives, which Ria then goes on to experience.

Ria drew from her childhood experiences to make sense of Dev's assertion of authority over her selfhood. The following extract comes shortly after the birth of their first child, early within their relationship:

Ria - And I was always [pause] really confused myself, it was like I said growing up [pause] like I hadn't made decisions before, so I didn't know what it was like to have the ability to make decisions. And I ended up with the person that kept it away from me too.

Interviewer - So it was like the decision-making was passed onto Dev?

Ria - Yeah, because he forcefully took it. It was not like I gave it to him. I would be like "hey, what do you think about this" and he would be like "no, you can't do that".

Ria corrected me here, demonstrating the importance of and the power of language and the co-construction of accounts. Through Ria's correction of my language, she storied Dev taking over her autonomy as an intentional act. The setting of this extract was also important, as Ria was still living within the context of her family of origin, where tension with exerting autonomy would be developmentally expected. Ria's characterisation of her father, however, was situated within gendered narratives which shape the role of father-child relationships as the father holding an authoritarian role and the child one of obedience (Connell & Messerschmidt, 2005). However, Ria storied the function of Dev's assertion of the male

authoritarian role in her life as different from her father's. In contrast, Dev's use of patriarchal authority was portrayed by Ria as a form of ownership that deprived her of autonomy (Dobash & Dobash, 1979). Wetherell (2013) speaks to the self being formed through embodied experiences, identity emerging through the ways people feel within contexts. As patriarchal narratives construct women's bodies as objects to be controlled, possessed, regulated or violated by men, Ria's subjective self then became captured by Dev's assertion of control. Although at this stage she was not calling Dev's actions violence, her subjective experience fits within Stark's (2007) descriptions of coercive control in which acts to entrap the victim in a relationship through micro-regulation of their everyday lives, body, time and autonomy through seemingly arbitrary rules and mundane acts.

When Dev's use of violence escalated to the point of using strangulation, Ria experienced a conflict in her self-identity. As the following extract outlines, Ria experienced a tension in the expectations of her life trajectory as prescribed by the good girl narrative and the violence Dev subjected to her:

It was news to me what had happened, like experiencing strangulation, but you sort of just think that that sort of stuff wouldn't happen to me, you know? You always think, oh my God, that would never happen to me, I'm too careful, I would never get myself into a fist fight with somebody or anything, you know, for that to happen.

Looking back on Ria's conceptualisation of self as being shaped by the narrative of a good girl, it fits that she did not expect to become a victim survivor of IPV. The good girl narrative holds that women are protected and sheltered as a reward for obedience and compliance (Ringrose, 2012), reflected in Ria's use of the trope *that sort of stuff wouldn't happen to me*. A sense of betrayal was present in her re-storying of Dev's use of violence, as it is unjust that she was being punished when she adhered to the good girl narrative. Being strangled by Dev,

therefore, did not fit into the narratives that had provided the basis for her identity.

Furthermore, this trope of disbelief - *that sort of stuff wouldn't happen to me* - also reflected public narratives that serve to other victim survivors of IPV. Victim survivors are often positioned as different, deficient or somehow deserving of the violence they endure (Berns, 2001; M. Monahan & Meyers, 1999; Paterson, 2010). Through othering, victim survivors' stories become obscured and delegitimised, and as we see in Ria's account, ultimately limited her capacity to recognise her own experiences as IPV (Towns & Adams, 2016). This extract spoke to Ria internalising the stigma of being a victim survivor, isolating her from her identity.

As Ria re-storied her experiences, she also reflected on the other ways Dev's use of violence, including strangulation, had impacted her identity. As her identity became fragmented within her relationship, Ria storied focus on survival:

Yeah, cos in my relationship, it just felt like trying to make it through the day. There was nothing that I was planning for, there was nothing that I was hoping for, you know, as a woman, you'd randomly see like you know this is a new make-up tool or whatever and you'd think oh, I want to buy that – that was not me. I didn't even use make-up, I didn't bother about getting dressed or whatever.

In this account, as a result of Dev's violence, including strangulation, the future became inaccessible for Ria, leaving her stuck without a sense of hope or progression in her story (Frank, 2013). Ria looked to idealised femininity narratives – such as adherence to beauty norms - as the benchmark for perceived normalcy to make sense of her loss of agency, identity and desire. Gill (2007) examines how narratives of idealised femininity, as seen in media representations, present women as autonomous agents through their choices in self-presentation and consumption, the body becoming a key source of value and identity to be

worked on and improved through aesthetic labour. Again, in applying the lens of embodied experiences (Wesely et al., 2000; Wetherell, 2013) in this account, Ria was storying how Dev's infliction of violence altered how she inhabited her physical body – it was no longer a site to be celebrated and adorned. Her body becomes absent, in what Wetherell (2013) names as embodied affective practice – where emotional states such as apathy are expressed through bodily inaction or disengagement. In place of idealised femininity narratives, Ria's account turned to survival narratives through the use of the trope of *trying to make it through the day*. As Ria's body becomes a site of survival and endurance, her sense of self was disrupted and disappearing (Crawford et al., 2009; Matheson et al., 2015).

It was only when Ria shifted how she characterised herself that she decided to leave the relationship. This is not to dismiss the enormity or the risk that comes with deciding to leave a violent relationship (Duggan, 2018; Krug et al., 2002), but to examine how Ria storied the shifting of her identity that enabled her to take those courageous steps:

I've got to thank my daughter for that, because I [pause] one of the things that put all of this in motion that night when I was sitting and feeding her and he was still going on, the physical assault had already stopped but the he was still saying verbal abuse and I was feeding the baby and he was going on and on. And I was like shut up, like, in my mind, and I just looked at her and said to myself "God, this is the example I am setting for another girl? HELL NO!"

Ria's daughter being present as a witness to the violence appeared to disrupt her story, set against the contrast of the nurturing act of breastfeeding and Dev's continued verbal abuse – and led to a turning point. In this moment, Ria storied herself as re-evaluating the meaning of his use of violence, leading to a shift in the trajectory of her story. Drawing on the concepts of turning points as outlined by Crawford et al. (2009), this can be understood as a critical

realisation that sparks a move towards Ria reclaiming her autonomy and identity. While within this turning point, there is an undercurrent of internalisation of blame where Ria was held herself responsible for exposing her daughter to Dev's perpetration of violence, reflecting hegemonic narratives which disempower victim survivors through individualising blame (Matheson et al., 2015), Ria resisted this framing. Instead, she repositioned herself as a role model for her daughter and engaged in narrative repair by voicing previously unspoken internal dialogue. This reclamation of voice contrasts with Dev's silencing and signalled a shift in Ria's characterisation of self from the disempowered subject to a mother actively resisting violence (Cvetkovich, 2003), working towards a more coherent and agentic self-narrative (Radley & Billig, 1996).

After leaving her relationship with Dev, Ria storied continuing to reclaim agency and autonomy through everyday practices like dressing herself:

And now, it's just different. I buy clothes whenever I want to, like all the time, whatever I like. And I plan stuff, like oh yeah, let me try this kind of look today, and the next day I'll try a different look, and I'm doing different things. I'm actually living like a normal person.

This extract reads as an account of liberation through Ria's storying of celebrating the mundane and the possibility of choice through the trope *whatever I like*, only made possible through a sense of safety following the end of the relationship. Ria rejected Dev's assertion of the male authoritarian role and claim to her body by emphasising choice and decision-making, thereby storying new possibilities for herself outside the framework of coercive control that had regulated her everyday life, body, and autonomy (Stark, 2007). Her liberation was embodied, a distinct departure from her body being storied as a site of survival and Dev's assertion of the male authoritarian role (Crawford et al., 2009; Matheson et al., 2015;

Wetherell, 2013). Ria's account suggested she was extending beyond reclaiming previously held identities – still bound within patriarchal family narratives - but instead, as Crawford et al. (2009) postulate, she was engaging in a reconstruction of her sense of self. This could be interpreted as Ria moving towards posttraumatic growth (Tedeschi & Calhoun, 2004). As storied as her experimentation in bodily expression and exercising of choice (Gill, 2007), Ria was reconstructing a sense of self within narratives of idealised femininity to make sense of who she was following leaving the relationship.

As part of making sense of who she was following leaving the relationship, Ria re-stories responsibility and blame for Dev's violence with the support of her counsellor:

Now, going back to my counsellor, she has taught me how to change my mindset, so she basically taught me this quote that says "I did the best with what I knew, but now that I know better, I do the best I can now". So, it has helped me understand that I didn't just allow those things to happen, but I just did what I needed to do at the time because that is all I knew at the time.

Like many victims of IPV, Ria storied herself as having internalised the blame for the violence that Dev perpetrated towards her (Towns & Adams, 2000). Victim-blaming narratives serve to legitimise and exonerate men's use of violence (Adams et al., 1995, 1995; K. L. Anderson & Umberson, 2001; Evteeva et al., 2024; Fitzgerald & Douglas, 2025; Forbes, 2002), yet for Ria again highlights the incongruity she had storied between her sense of self and public narratives of victimhood. In response to the tension of asking herself how she came into this position, she moved towards a more coherent sense of self with the support of her counsellor. This appeared in the extract as Ria challenging victim-blaming narratives and the othering of victims, storying the role of external professional support in introducing and enabling alternative narratives to counter these dominant narratives of victimhood. She

drew on a Maya Angelou quote to story this alternative narrative, at the same time invoking shared affinity to ideas of learning and possibility of change in response to trauma. This also echoed therapeutic practices such as Dialectical Behaviour Therapy, which holds that change is possible through learning new behaviours and skills when the current approach is not effective. Therefore, Ria storied herself as working towards a coherent narrative of self through change, resisting public narratives of victimhood.

In the making of her identity and sense of self post relationship, Ria continued to engage in processes of narrative repair, making meaning out of her experiences of violence, including strangulation:

So I had to go through a lot of like internal work to come to terms with the fact that it had happened to me and people always, you know, say that you're a victim of something. But, in my head I've had to change that cos if you're a victim of something – the word victim has this negative connotation attached to it, you just don't want to be attached to anything negative like that, you don't want to feel like oh that has happened to you and there is a stigma. And then with counselling, my counsellor that has told me that there is a different word, a word that will help me feel empowered instead of saying that you are a victim start saying you are a survivor because you're going to make it out, you know, you're going to get out of this, which is motivating.

In this extract, Ria worked to integrate her experiences into a coherent sense of self, echoing her earlier disbelief: *that sort of stuff wouldn't happen to me*. Language holds weight and power for Ria as she engaged in re-storying, resisting her identity being defined and reduced to acts of violence that were done to her. Furthermore, she resisted dominant narratives surrounding victimhood, which are shrouded in shame and stigma. Ria used her reclamation of voice and language to both assert her agency and protest against her experiences of

silencing through violence (Cvetkovich, 2003). As seen in the previous account, the role of external professional support was pivotal for Ria in introducing and enabling alternative narratives. Ria's account appeared to mirror narrative therapy, where practitioners help the client re-author their lives by making space for preferred identity stories (Rice, 2015). In re-storying her narrative in a way that reconstructs her identity, Ria's future became accessible for Ria again (Frank, 2013).

Summary

In this section, the exploration of how Ria's upbringing within traditional family structures led her to centre much of her sense of self and identity in patriarchal narratives, which constrain women to set roles, is explored. In particular, the narrative of the good girl was integral in Ria's sense of self going into her relationship with Dev. This is not without some resistance, however, as Ria storied a discomfort with her lack of autonomy within her family of origin. This tension is exacerbated within her relationship with Dev. Ria storied Dev's occupation of her autonomy as an embodied assertion of ownership, founded in patriarchal narratives and enacting coercive control. Becoming a victim of strangulation was storied by Ria as a disruption of her sense of self, as through her compliance with patriarchal narratives she believed she was protected from violence. She used idealised femininity narratives to make sense of her state of being as Dev's use of violence escalated, and storied loss of identity and connection with her physical self. Her account was shaped by the plot line of survival as her sense of self was storied as disrupted and disappearing.

Engaging in practices of narrative repair, Ria repositioned herself as a role model for her daughter. In doing so, Ria storied herself as claiming her autonomy and identity, such as through giving voice to her internal dialogue. Following the breakup, the plot became one of liberation. Ria storied herself holding power to make choices in everyday practices of

femininity as she reclaimed her agency and autonomy. Yet as she shifted away from patriarchal narratives which had defined her identity on her behalf, towards narratives of femininity, Ria engaged in reconstructing a sense of self. Ria then storied moving towards challenging public narratives of victimhood, seeing these as incongruent with her sense of self. With the support of external professional support, Ria worked towards producing a more coherent sense of self where she was not defined or constrained by victimhood. Part of this move towards a cohesive narrative was enacted through Ria's conscious choice of language and assertion of voice. Here, Ria storied the identity of being a survivor of IPV as empowering and making possible a future with hope.

Ria Storying Herself Within Family

Throughout the interviews, Ria spoke of strong beliefs regarding family, marriage, sexual intimacy and children, which in turn influenced her decision-making about her relationship with Dev. The following account was at the beginning of Ria and Dev's 10-year relationship, after the birth of their first child:

But I got out of hospital he called me and just like apologised profusely and that he just wanted to fix everything. And of course, in that stage I wanted that, cos in my mind I have always envisioned that I'd get married and end up being with the person I was first intimate with. My idea was that you'd lose your virginity to the man you're going to marry. So that was sort of what I wanted, and I did it, but it was not the right thing to do. Like, even by my own social standards of what I thought my life should've been, it clouded my judgement of this person. Because of this mindset I had for myself, I found myself in this situation, like I didn't want my child to grow up in like a broken home.

In this account, Ria storied herself as holding what could be described as traditional values and beliefs about romantic relationships and sexual intimacy. Public narratives regarding relationships and family appear to underpin the values and beliefs held by Ria. She storied Dev's behaviour as not consistent with her expectations and desires of relationships, as informed by idealised relationship narratives. This created a dilemma for Ria as Dev's failure to meet the narratives' prescribed ways of being (Radley & Billig, 1996). As she re-storied and engaged in narrative repair, she re-evaluated using the idealised relationship narrative as a reason to stay in the relationship as problematic. Sitting alongside an idealised relationship narrative, narratives regarding the ideal family were also storied by Ria as strongly influencing her decision to remain in a relationship with Dev. The trope *I didn't want my child to grow up in, like, a broken home* thinly veils the idealised family narrative, which perpetuates the idea that children need to grow up in a two-parent household, binding victims to relationships with violent men (Lapierre et al., 2024). Ria's sense-making of her decision to remain in a relationship with Dev reflected Lapierre et al.'s (2024) findings that patriarchal standards are used to uphold men as 'good enough' to maintain familial narratives. This exemplified how prominent public narratives have placed restraints on women by limiting their power of choice through societal expectations.

As Dev began to perpetrate violence, including strangulation, towards Ria, through the process of re-storying, Ria began to challenge the public narratives that previously prevented her from speaking about or seeking help:

You don't talk about these things, it's not abuse if it is your husband who is doing these things - he's just having a rough night, you know. You don't embarrass your family, you don't tarnish your reputation of your family name or whatever, it's like a big deal. So you don't talk about it. And by not talking about it, it kinda stays within you, this is what I mean by not wanting to remember it so you don't remember it. You don't put the two

and two together and understand this is not right, and you should not be there and this should not be happening to you or your children or anybody around you.

This extract holds several premises: Firstly, violence is disqualified if a husband perpetrates it. This premise is grounded in hegemonic patriarchal narratives that uphold practices of IPV through legitimising violence as a routine part of relationships (Adams et al., 1995; K. L. Anderson & Umberson, 2001; Evteeva et al., 2024; Forbes, 2002). By disqualifying the violence as abuse, the husband has therefore done no wrong – acting to minimise the harm and exonerate the perpetrator. The second premise is that something must be wrong with the victim for violence to be used against her, and therefore, the victim is a source of embarrassment. This premise is also grounded in hegemonic patriarchal narratives, which seek to blame the victims for the violence they are subjected to. Not only does this obscure the perpetrator's responsibility for the violence, but it also signals that the shame and stigma of IPV is to be worn by the victim. As a source of embarrassment, violence within the family must be swept under the rug, per say. This silencing of trauma speaks to an effort to protect familial narratives over the safety of the individual. As Duggan (2018) argues, this extract exemplifies how dominant narrative suppress the voices of those with little power and perpetuate cultural stereotypes about the causes and recipients of IPV. Ria storied how these narratives silence her, leading to her trying to suppress what was occurring for her. As she re-storied to make sense of why she remained in the relationship, Ria connected this suppression of her experiences as preventing her from concluding that Dev's violence was wrong. Through processes of narrative repair, Ria integrated her past experiences with narratives which counter the use of IPV, giving her the capacity to story his violence as unacceptable.

Although Ria storied Dev's use of violence as wrong, Ria spoke to how Dev's role as the father to her children has impacted her decision-making following leaving the

relationship. This was seen in the following extract as Ria storied how this influenced her actions within the legal system:

This is the father of my children [pause], um, it was not just protecting him, it was also about protecting my kids. If I told the truth about him, then they would know too. Imagine knowing certain things about your own parent - how devastating that is.

Here, Ria referred to not disclosing to the police the extent of the violence Dev perpetrated towards her over a 10-year relationship, instead limiting her report to the violence that occurred on the night that she left. In this extract, Ria made sense of not disclosing the full extent of Dev's use of violence as prioritising her children's relationship with their father. This, again, was steeped in idealised family narratives which story Dev as 'good enough' to maintain familial narratives (Lapierre et al., 2024). In seeking coherence, Ria storied a polyvocal characterisation of Dev: the perpetrator of violence, and the father absolved of his use of violence. To preserve Dev's father role, she engaged in compartmentalisation to separate the 'good man' from the 'bad moments' (Towns & Adams, 2000; Wood, 2001). Given that she was still embedded in a family relationship with Dev, subject to custody and access arrangements, it was impossible for Ria to escape from Dev completely (M. Morgan & Coombes, 2016). Compartmentalisation, although storied by Ria as protecting her children, may also be a protective act that enabled her to continue to engage with Dev while still holding him accountable for the acts he perpetrated against her.

Summary

In this section, Ria storied her beliefs and values as being informed by public narratives that idealised relationships and family. Despite storying Dev's behaviour within their relationship as conflicting with these narratives, Ria appeared to weigh adherence to the

narratives as more critical and therefore Dev's was upheld as 'good enough'. Hegemonic patriarchal narratives were also reproduced as Ria storied being silenced as a result of Dev's use of violence being legitimised as a routine part of relationships and the blame for the violence being shifted to her. Engaging in narrative repair, Ria re-storied these narratives as acting to both silence her and keep her from recognising his use of violence was wrong. Although Ria now viewed Dev's use of violence as wrong, she used compartmentalisation to maintain Dev's father role – portraying him as both violent and a father worthy of a relationship with his children. Through compartmentalisation, Ria sought coherency while navigating the complex demands of ongoing custody and legal ties while preserving her children's sense of family.

Case Conclusion

Ria's story illustrates the powerful grip of dominant patriarchal narratives, which stemmed from her experiences within her family of origin, held in shaping how she understood and made sense of her experiences (Connell & Messerschmidt, 2005). With dominant patriarchal narratives as a framework for sense making, Ria didn't characterise herself as an agentic being from the outset – a tension which continued to appear throughout her personal narrative. This was particularly pertinent in Ria's conceptualisation of self in which she adhered to the role of the good girl, a narrative which Ringrose (2012) postulates as promising shelter and protection in exchange for compliance and obedience within patriarchal structures. Ria's initial commitment to patriarchal narratives regarding sex, relationships and family legitimised her relationship with Dev, despite storying an inherent fragility and imbalance of power in the foundations of their relationship. To maintain coherence between private and public narratives, as theorised by Radley and Billig (1996), Dev was characterised as what Lapierre et al. (2024) labels as 'good enough', a direct

reflection of patriarchal norms. As seen throughout social and historical contexts, Dev's violence was therefore plotted and sanctioned as a normal part of relationships (Dobash & Dobash, 1979; Gordon, 1988; Pleck, 1987; Stark, 2007). Yet Dev's early use of violence exacerbates the tension in Ria's storying of her agency where, as seen in existing literature, his violence was storied as an embodied assertion of ownership and coercive control (Adams et al., 1995; Connell & Messerschmidt, 2005; Dobash & Dobash, 1979; Manne, 2017; Stark, 2007; Wetherell, 2013).

While earlier forms of Dev's violence asserted his ownership of her body and agency, Ria's storied his use of strangulation as functioning to assert total submission. Strangulation, as storied by Ria, took away her ability to cry out, resist, and breathe, leaving her completely at Dev's mercy. Strangulation served to silence her, with Ria storying herself as surviving through compliance - fitting prior descriptions of strangulation as a mechanism of coercive control (Bendlin & Sheridan, 2019; Brady et al., 2022; Douglas & Fitzgerald, 2014, 2022; Dutton & Goodman, 2005; Messing et al., 2018; Thomas et al., 2014; White et al., 2021). Ria initially made sense of Dev's perpetration of violence through humanising him –making attempts to understand why he perpetrated violence and engaging in dual characterisation in which he was separated from his use of violence (Towns & Adams, 2000; Wood, 2001). This plotline highlights the complexity of how practices of love, care, and compassion can co-exist with power imbalances, coercion and violence within relationships (Donovan & Hester, 2010). This storying made it difficult for Ria to define the relationship in binary terms and reinforced the need to recognise love and violence as interwoven rather than mutually exclusive. Furthermore, this plotline complicated victim-blaming narratives that asks “why doesn't she just leave?”, as instead through empathy Ria storied herself as being pulled back into the relationship with the hope that through practices of love, care and compassion she could break the cycle of Dev's violence (Donovan & Hester, 2010; Herbert et al., 1991;

Kearney, 2001; Towns & Adams, 2000; Wood, 2001). With Dev previously characterised as ‘good enough’, this plotline remained coherent within public narratives which both idealised love and normalised men’s use of violence within relationships (Kearney, 2001). Yet when faced with Dev’s violence continuing to escalate despite her love, care and compassion, Ria began re-storying these narratives operating as powerful silencing forces and the relationship as untenable.

Importantly, Ria storied Dev’s perpetration of strangulation as an escalating act. This was both physical – through the increase in pressure – as well as the context in which he strangled her. In particular, being strangled when pregnant was storied by Ria as a transgression of public narratives which uphold pregnancy as sacred, protected time in a woman’s life (Duden, 1993; L. M. Morgan & Michaels, 1999). The impact of this escalation in the Dev’s use of strangulation was storied as ultimately dehumanising Ria. This dehumanisation was embodied for Ria, as the cumulative impact of Dev’s use of strangulation extended to becoming alienated from her physical self and denied subjectivity (Connell & Messerschmidt, 2005; Manne, 2017; Stark, 2007; Wetherell, 2013). As Dev’s escalating use of strangulation disrupted Ria’s narrative, a psychological dissonance occurs between the identity Ria had cultivated and shaped who she believed herself to be – bound in patriarchal narratives - and her lived experiences of victimhood. Her belief that “this wouldn’t happen to someone like me” was destabilised, revealing the ways in which identity can be both weaponised and dismantled in the context of coercive control and violence. For Ria, she storied this fracturing of her sense of self as intensifying the shame, confusion, and helplessness she felt. Herein, strangulation was storied as a turning point in Ria’s personal narrative – not only in terms of the escalation, but in forcing Ria to confront the reality that no level of love, care, compassion, obedience or adherence to patriarchal narratives could protect her from harm.

As strangulation disrupted Ria's narrative, she engaged in processes of narrative repair and made claim to her humanity through re-storying Dev's use of strangulation as inhumane (Das, 2006). From this position Ria began to challenge other public narratives which both legitimised Dev's violence and silenced her. This was seen through narrative practices such as giving voice to her internal dialogue. This was powerful as previously strangulation was storied as both a tactic to silence Ria as well as assert ownership and compliance. Therefore, in storying her internal dialogue Ria characterised herself as an agentic being performing acts of resistance. Furthermore, by giving herself voice she directly challenged hegemonic patriarchal narratives which had served to perpetuate silence and violence (Cvetkovich, 2003).

After leaving her relationship with Dev, Ria storied tension with public narratives of victimhood and her own private narratives of an evolving sense of self. With professional support she worked towards a more cohesive narrative in which she was not constrained by public narratives of victimhood, instead characterising herself through the lens of a survivor. Within this emerging reconstruction of self (Crawford et al., 2009) Ria was seen to draw on narratives of femininity to story her reclamation of agency and autonomy, her body now a site of liberation. Re-storying her experiences into a cohesive account was not, however, without complexity, as Ria continued to be influenced by narratives of the 'good enough father and partner' leading to her compartmentalisation of Dev while navigating ongoing ties to him. This tension echoed broader research findings that suggest victim survivor's decisions are influenced by a range of factors including safety, fear of repercussions, shame and concern for the children (Pritchard et al., 2018; Reckdenwald et al., 2020; Roberts & Kim, 2005; Strack et al., 2001). Yet, for Ria, even after leaving, the lingering power of the idealised family narrative remained. Through the process of re-storying, Ria grieved not for Dev but the roles he embodied within the family and relationship. This loss highlights the

emotional complexity of disentangling from violence when it is deeply embedded public narratives.

Chapter Six: Discussion

This chapter explores the impacts of strangulation on victim survivors of IPV through the presentation of two cases, Sarah and Ria. Firstly, the narratives that enabled and legitimised the perpetration of violence within their relationships are explored. This discussion then considers how strangulation is a distinct and deeply embodied form of coercive control that immobilises and strips victim survivors of autonomy and subjectivity. Importantly, I go on to discuss how strangulation escalates, intensifying both fear and risk. The impact of strangulation on the narrative of relationships and family is then considered. I go on to argue that compliance becomes both an agentic survival strategy and an act of resistance in response to strangulation. I then turn to consider how being strangled by an intimate partner impacts the victim survivor's identities and their wider family unit. Finally, I reflect on the research process and highlight key clinical implications for this research.

Patriarchal Narratives Enable and Legitimise Intimate Partner Violence

As Towns and Scott (2013) suggest, within Sarah and Ria's accounts, gendered discrepancies in power were visible prior to their identification of violence occurring - power which Ria asserted is taken, not given. Their accounts reveal gendered power being enacted through dominant patriarchal narratives that cast women as obedient, self-sacrificing, and primarily defined through their relational roles as partners and mothers. These positions align with what Connell and Messerschmidt (2005) describe as hegemonic gendered power relations, where women's identities are constrained within patriarchal expectations. Moreover, as Dutton and Goodman (2005) contend, discrepancies in power can set the stage for coercive control to be enforced through the perpetrator's use of violence.

Sarah and Ria's storying of the initial physical violence that their partners perpetrated drew upon hegemonic patriarchal narratives which minimised, normalised and justified the violence they experienced. Such narratives highlight the continued cultural endurance of IPV as a 'private matter' within relationships that legitimise male power and control over women (Adams et al., 1995; K. L. Anderson & Umberson, 2001; Dobash & Dobash, 1979; Gordon, 1988; Piedalue et al., 2020). This could be interpreted as Sarah and Ria's attempts to align and maintain cohesion in their private narratives with public narratives of idealised relationships and family, regardless of their lived experiences of violence. As Towns and Adams (2000) and Wood (2001) observe more generally in victim survivor's accounts of IPV, Sarah and Ria could resolve to stay within their relationships due to the belief embedded in public narratives of relationships and family that through practices of love and care, a different outcome is possible. But as explored through Sarah and Ria's stories, this is not the case.

Strangulation is an Embodied Experience of Coercive Control

Reflecting previous strangulation focused research, Sarah and Ria's experiences of strangulation were rarely an isolated act, used in conjunction with other forms of escalating violence, experienced multiple times and in multiple instances, and defined by coercive control (Adhikari, Daugherty, et al., 2024; Bendlin & Sheridan, 2019; Brady et al., 2022; Douglas & Fitzgerald, 2022; Joshi et al., 2012; Lowik et al., 2023; Messing et al., 2022, 2024; Nemeth et al., 2019; Patch et al., 2023; Ralston et al., 2019; Raskin et al., 2023; Shields et al., 2010; Stansfield & Williams, 2021; Strack et al., 2001; Thomas et al., 2014; Vella et al., 2017; White et al., 2021; Wilbur et al., 2001). While Lowik and colleagues (2023) found the victim survivors they interviewed did not seek to disentangle the impacts of strangulation from their overall experience of IPV, Sarah and Ria storied their experiences of strangulation

as distinct but not separate from other forms of violence. However, this could be a result of this research being on strangulation and therefore priming focus on strangulation, both in my line of questioning and their responses. Reinforcing existing conceptualisations of strangulation - although initially Ria's use of language minimised Dev's earlier use of strangulation (Brady et al., 2022; Joshi et al., 2012; Vella et al., 2017) - both Ria and Sarah's accounts demonstrated that strangulation provoked an extreme level of fear and feelings of powerlessness and vulnerability unlike other forms of IPV (Douglas & Fitzgerald, 2022; McQuown et al., 2016; Messing et al., 2018; Thomas et al., 2014). Sarah and Ria's accounts extended the understanding of strangulation as a mechanism of coercive control; they portrayed strangulation as a deeply embodied experience of the power discrepancies and coercive control that operated within their relationships. Through strangulation, the body became the site in which the perpetrator's power and coercive control were enacted for Sarah and Ria, immobilising and stripping them of subjectivity and autonomy. Strangulation disrupted their narrative coherence in ways other violence had not, functioning as an embodied assertion of total control.

Strangulation Escalates

While the act of strangulation is well documented as an escalation of IPV and a risk indicator for further IPV and death (Brady et al., 2022; Campbell et al., 2007; Glass et al., 2008; Messing et al., 2024; Shields et al., 2010; Wilbur et al., 2001), existing literature has not yet commented on how the act of strangulation itself can escalate. Physically, Sarah storied Brad's use of strangulation as escalating in the frequency and intensity of the act, while Ria storied Dev increasing the pressure he used to strangle her. In the context of existing literature, this escalation is alarming given how little pressure is needed to create significant neuropsychological consequences and the hypothesised compounding effects of

multiple strangulations (Bichard et al., 2022; Dams-O'Connor et al., 2023; De Boos, 2019; Messing et al., 2018; K. Monahan et al., 2019; B. A. Smith et al., 2011).

The context in which strangulation was perpetrated was also storied by Sarah and Ria as an escalation of the act. For Sarah, she storied Brad increasing the terror of strangulation as intentionally doing it with their children as an audience – a public display of degradation and power. For Ria, the act of strangulation escalated when Dev transgressed the sacredness of pregnancy through strangling her – further stripping her agency through preventing her ability to protect her unborn child. While previous researchers have commented that strangulation occurs when victim survivors are particularly vulnerable and when children are present (Joshi et al., 2012; Strack et al., 2001; Thomas et al., 2014; White et al., 2021), this has not yet been considered as an escalation of the act of strangulation. Identifying contextual factors that victim survivors' story as an escalation of strangulation is important as it appears connected to their own assessment of their safety and could be further explored in future research.

Strangulation was a Transgression of Relationship Narratives

Similar to Kearney's (2001) discussion on victim survivors' experiences of general IPV, for Sarah and Ria the perpetrator's use of strangulation became the point where public narratives of relationships were no longer accessible to make sense of the violence they were experiencing within their relationships. As seen in Radley's work on narratives of illness (Radley, 1997; Radley & Billig, 1996), strangulation interrupted Sarah and Ria's flow of life, thereby demanding a reworking of their life story as they sought to restore meaning and sense-making, at times tentative and imperfect. This was evident in the dual characterisation of the perpetrators, in which they became separated from their use of strangulation in Sarah

and Ria's accounts, again seen in wider IPV literature (Herbert et al., 1991; Towns & Adams, 2000; Wood, 2001) and my professional experiences within the IPV field. The disembodied perpetrator resembles what Christie (2018) names as the ideal offender – a distant, inhumane monster far removed from society – and the men with whom Sarah and Ria were in relationships were, to an extent, preserved (Towns & Adams, 2000; Wood, 2001). Yet the escalation of strangulation further exposed the inadequacy of narratives that had previously offered coherence and legitimacy to their relationships. As a result, Sarah and Ria began to story their relationships as untenable as they struggled to reconcile their lived experiences of violence with available public narratives.

Extending Vella and colleagues' (2017) findings that strangulation was experienced as an act of betrayal by victim survivors, being strangled by an intimate partner was storied by Sarah and Ria as exposing the incongruency between public narratives and their private narratives of their relationships. The legitimacy of dominant relationship narratives was therefore problematised as Sarah and Ria's adherence to practices prescribed by these narratives – such as love and care - had seen them betrayed. This led them to redefine their relationships as unacceptable and untenable. Kearney's (2001) comments regarding IPV victim survivors can be applied here in that strangulation appears as a catalytic event within Sarah and Ria's stories, shattering previous sense-making of the violence they had endured, resulting in a mourning for the loss of the idealised public narrative of relationships. The fallout of this is evident in the complexity of emotions felt by Sarah and Ria, as love curdles with hate, fear, and loss. Yet, as public narratives of relationships are disrupted, counter narratives that hold men accountable for the violence they perpetrate were seen to emerge – fragile and shaky – revealing the need for professional support to help guide narrative coherence. Therefore, through Sarah and Ria's stories we see strangulation as a transgression of relationship narratives which can lead to the redefining of their relationships as untenable.

The Role of Compliance and Resistance in Surviving Strangulation

Fitting with previous research findings, strangulation for Sarah and Ria was experienced as a real threat to their life (Bendlin & Sheridan, 2019; Brady et al., 2022; Douglas & Fitzgerald, 2022; Joshi et al., 2012; Messing et al., 2018; Patch et al., 2018; Thomas et al., 2014). Correspondingly, Sarah and Ria storied their responses to being strangled as efforts to survive, which were idiosyncratic and dynamic, similar to Thomas et al. (2014) and Brady et al. (2022) descriptions of victim survivor responses to being strangled. Compliance in response to being strangled was conceptualised by Thomas et al. (2014) as coercive control in action. However, Sarah and Ria's cases revealed a different perspective on the role of resistance and compliance in surviving strangulation. As Dutton & Goodman (2005) note, compliance can also be an effort to create safety, often obscured from view as a risk management strategy. In both Sarah's and Ria's accounts, we see them move from initially storying strangulation as completely immobilising them to re-storying their compliance as an act of survival. Sarah's self-characterisation as a robot can be understood as an adaptive tactic, where compliance, emotional withdrawal and disconnection from her physical body functioned as imperfect but necessary strategies to endure her lived experiences of violence. Surviving, for Sarah and Ria, required compliance. Through this lens, compliance can be viewed as an agentic act and, by extension, as an act of resistance (Black et al., 2020; Mannell et al., 2014; Pain, 2014).

Regarding resistance, Thomas et al. (2014) concluded that the victim survivor's resistance led to an escalation of the perpetrator's violence. While Sarah and Ria storied the perpetrator's use of violence escalating if they attempted to fight back, other forms of resistance were evident in their accounts. Ria drew on narratives of survival in which she storied her body shifting from a site of subordination to one of resistance. As other researchers have discussed

in wider IPV literature, victim survivors hold both practical knowledge and dynamic resourcefulness in both surviving and resisting violence and therefore interpretation is key in understanding their behaviour beyond narratives of the passive victim (Black et al., 2020; Mannell et al., 2014; Pain, 2014; Paterson, 2010). Paraphrasing Black and colleagues (2020) in Sarah and Ria's re-storying of their responses to being strangled, acts of resistance emerged and therefore provide a more nuanced understanding of women's agentic resistance within violent relationships.

The Impact of Strangulation on the Victim Survivor's Identity

The impact of violence on victim survivor's self-identity in wider literature on IPV is well documented, overall suggesting IPV undermines self-worth, autonomy, confidence and reinforces feelings of inadequacy, failure and self-blame (Crawford et al., 2009; Crenshaw, 1991; Kearney, 2001; Matheson et al., 2015; Wesely et al., 2000). Being strangled by an intimate partner also appears to have impacted Sarah and Ria's view of themselves, a finding also observed by Vella and colleagues (2017). Vella et al. (2017) suggest that the specific act of strangulation led to an internalisation of blame and victimhood that impacted their participants' self-perception. This idea is built on within Sarah and Ria's cases. Ria's foundation for sense of self was based on patriarchal narratives. As she moved to story strangulation as dehumanising, degrading, and altering how she inhabited her physical body, she exposed the inadequacy of patriarchal scripts that were previously perceived as offering protection. Sarah initially centred her identity within roles prescribed by patriarchal narratives; however, as she moved to story Brad's use of strangulation as a chronic pattern of routinised domination, her self-identity was reduced to the function she played within the family unit. Sarah's identity continued to disintegrate within this self-characterisation as she became disconnected from her physical body and the capacity to fulfil the roles she placed

value in (Crawford et al., 2009; Matheson et al., 2015; M. Morgan & Coombes, 2016; Wesely et al., 2000). For example, challenges to her perception of mothering and diminishing her adequacy to perform as a caring parent.

Sarah and Ria's cases begin to answer Vella and colleagues' (2017) call for research that explores the healing processes of victim survivors of strangulation. In both cases, narrative repair emerges as a critical process in reconstructing identity, though it is often tentative and complex. For Ria, repair took shape in re-storying her experiences through a survivor lens, challenging silencing practices by reclaiming her voice and body as sites of resistance and liberation, and drawing on narratives of femininity. Her account highlights the crucial role of external support in enabling alternative narratives to counter the dominant narratives of victimhood. Sarah, while still working through the haunting effects of strangulation, began to construct a counter-narrative that resisted patriarchal ideals of motherhood. The process of narrative repair reflects broader patterns in the literature which emphasise how survivors negotiate between public and private narratives, grappling with shame, fear, and cultural ideals while working toward agency and autonomy (Radley, 1997; Radley & Billig, 1996; Wesely et al., 2000). As captured by Crawford et al. (2009) in their study examining the impact of IPV on identity, Sarah and Ria demonstrated through the storying and re-storying of their experiences of strangulation that they take an active role in meaning-making processes, which enabled survival and growth.

Strangulation Impacts the Family Unit

Resembling Morgan and Coombes' (2016) work, Sarah storied herself as initially focused on hiding violence from her children and therefore maintained coherence with public narratives of idealised families. As the perpetrators' use of violence escalated, replicating

prior research in this area, both Sarah and Ria storied being strangled by their partners in front of their children (Strack et al., 2001; Thomas et al., 2014; White et al., 2021). Similarly, replicating existing literature, Ria also storied being strangled during pregnancy (Douglas & Fitzgerald, 2022; Hawley et al., 2001; McClane et al., 2001; Messing et al., 2018; Shields et al., 2010; Strack et al., 2001; Wilbur et al., 2001). These findings are logical given Strack et al. (2001) finding of 41% of 300 cases of strangulation reported that children were present, and literature maintaining that IPV characteristically continues to be perpetrated during pregnancy (Alhusen et al., 2015; Bailey, 2010; Chisholm et al., 2017; Hill et al., 2016).

Understandably, as a result of strangulation, victim survivors hold fear and worry, not only about how to protect their children but also about the impact on the children should they themselves be killed (Thomas et al., 2014). Sarah's narrative extends this understanding of in-the-moment fear and worry, as seen in her storying of strangulation as becoming a routine aspect of daily life. Through the process of re-storying, Sarah positioned her children as victims of Brad's use of strangulation due to the climate of fear and terror created within the family unit and rippled throughout their daily life, asserting his power and eroding her maternal self-worth. This highlights the need for further research to explore the impact that witnessing strangulation has on children.

The internalisation of blame emerged from Sarah and Ria's accounts as an outcome of having their children present when their partner's strangled them. Again, this is not a new finding within IPV or strangulation literature (Black et al., 2020; Brady et al., 2022; Duggan, 2018; Matheson et al., 2015; M. Morgan & Coombes, 2016; Towns & Adams, 2016). Summarising existing literature, within the context of IPV, mothers who are victims of IPV historically have been held complicit for the violence perpetrated towards them due to perceived failure to protect their children from witnessing violence. These victim-blaming narratives obscure the perpetrator's culpability, unlike any other type of criminal

victimisation and as the narratives are internalised, they work to silence victim survivors further (Duggan, 2018; M. Morgan & Coombes, 2016; Towns & Adams, 2016). Taking into consideration this literature, although strangulation is a physical act of violence, Sarah's storying of Brad's use of strangulation in front of their children can be conceptualised as a psychological assault in that it legitimised his rhetoric that she was a bad mother and internalised blame. Although Sarah engaged in processes of narrative repair, at best, her use of counter-narratives of accountability is tentative. On the other hand, Ria storied external professional support as assisting her to challenge victim-blaming narratives and work towards a more coherent sense of self – again highlighting areas for therapeutic intervention.

However, as seen in both Sarah's and Ria's accounts, their sense-making of their family following leaving a relationship was at times precarious. Both women story navigating the complex demands of ongoing custody and legal ties, as seen in Lowik et al. (2023) findings, alongside the lingering pull of idealised family narratives. Without the guiding structure of the ideal family narrative, Sarah and Ria's accounts were embedded with grief, loss, disorientation and a mourning of a future they once imagined. Ria simultaneously tried to preserve the perpetrator's role of father for their children – the only time she cried in her interviews. Breaking away from the relationship is difficult, the bond of children and residual love and care for the perpetrator further complicating this. The allure of what might have been therefore is a spectre she lives within her family.

Reflections on the Interview Process

At the end of her interviews, Ria stated, *'Yeah, and if anyone wants to hear my story, I am more than happy to share if it changes somebody else's life.'* Although both women agreed to participate in this study, hoping it would help others, it is still important to consider what it was like for them to take part in this research alongside my role as a researcher. First, I

consider my role as an interviewer. As I reflected on the interview transcripts, I realised I was far from neutral in my stance as an interviewer. Throughout the interviews, I integrated my knowledge of IPV and psychology into my responses and questions, interpreting Sarah and Ria's accounts in the moment – often drawing upon feminist narratives. This was particularly visible when I would legitimise and validate their accounts, such as naming behaviours they described as acts of control or empathise in response to details of horrific trauma. In doing so, I see myself as having a role in the co-construction of Sarah and Ria's accounts. This undoubtedly would have primed and shaped their responses, as well as the accounts shared and how these were re-storied. I argue that to create space for these women to share their stories, validation, empathy and a level of understanding was needed and integral in this research.

As I reflect on what it was like for my participants to engage in the interviews, it appears to mirror some of the complexity that emerges from this research. Empathy appeared to be uncomfortable for Sarah at times, and she would respond with “*it’s alright*,” as if she was trying to protect me from or disconnect from the weight of her experiences. Contrastingly, Ria responded by saying, “*I’m sorry too*,” and reflected that she has shared her story so many times that she no longer feels bothered by it. However, this wasn't always the case for Ria, who cried when talking about her children, suggesting some of the wounds were still raw. Mostly, Sarah and Ria appeared nonchalant and matter-of-fact throughout the interviews – even when describing extreme levels of violence that had been perpetrated towards them. As Black and colleagues (2020) hypothesise, this could reflect the banality of the violence in their lives or a way to reduce some of the discomfort in sharing their stories. Laughter also appeared as a way to cope with the trauma through presenting it in a less confronting way or even in response to the absurdity of what they were sharing. For example, Sarah laughed when she described the ongoing haunting effect Brad’s violence had in her life.

At times, the weight and enormity of what they had been through, however, crept in through sighs, exasperation, or tense pauses. Both Sarah and Ria were observed to be failed by language and struggled to put into words their experiences in a way that captured the totality of what they experienced. This is where, at times, I drew on my professional knowledge to acknowledge the complexity of their experiences – such as the dichotomy and messiness of victim survivor's feelings towards perpetrators of violence. Of note, Sarah and Ria repeated "*you know*" throughout the interviews. They would also, on occasion, cut me off mid-sentence, suggesting that, through using my experiences within the IPV field to inform and guide the interviews, some level of shared affinity was reached.

Yet despite holding prior academic and professional knowledge of IPV and strangulation, my assumptions were still challenged and changed throughout the interviews and following interpretation. In particular, throughout their storying the impact of strangulation shifted and evolved. For me, this highlighted the importance of providing space for victim survivors to work through their narratives and privileging their expertise. What also stood out for me was Sarah's storying of her children as victims of strangulation in their own right. While I worked from the assumption that strangulation's impacts extended beyond the physical, I had not given thought to how it impacted the wider family unit. Finally, this research has further reinforced my appreciation for the resilience and courage it must take for victim survivors to survive.

Clinical Implications

Considerations for the Assessment and Management of Risk

Pertinent to working with victims of IPV is the management of risk. Academics have recommended that strangulation is routinely screened for due to risk implications, as well as

potential physical, neuropsychological and psychological impacts (Bichard et al., 2022; de Lautour et al., 2024; Fanslow & Kelly, 2016; Glass et al., 2008; Joshi et al., 2012; Mittal et al., 2018; Patch et al., 2018; Thomas et al., 2014; Valera et al., 2022; Vella et al., 2017).

Building on these recommendations, this thesis highlights that when strangulation is screened for, this should include questions regarding whether the act of strangulation has also escalated in frequency, intensity or in the context in which it occurs. As strangulation is seen as an indicator of risk of further IPV and death (Bendlin & Sheridan, 2019; Campbell et al., 2007; Glass et al., 2008), victim survivors' reports of the perpetrator's use of strangulation escalating may have important implications for managing risk. Moreover, this thesis contributes to the IPV field more broadly through demonstrating that victim survivors are far from passive in their efforts to survive strangulation. Efforts to survive strangulation are idiosyncratic and dynamic, with victim survivor's holding expert knowledge in how to survive and perform acts of resistance within their own context, such as using compliance as a risk management strategy.

Working with Victim Survivors

This thesis also enhances academic findings previously discussed that the impact of strangulation on victim survivors is not just physical and neuropsychological. It is crucial for those who are working with victim survivors of IPV to understand strangulation as a mechanism of coercive control, which can be an embodied experience for victim survivors, leading to immobilisation and detachment from their physical body and sense of self. Listening to victim survivors' bodily stories, therefore, becomes important in understanding how strangulation may have been felt, remembered and by extension healed through the body. Furthermore, it is important to consider in clinical practice how strangulation may have impacted the victim survivor's sense of identity. Therefore, exploration of bodily connection,

autonomy, and identity may be areas to focus on in therapeutic intervention. Narrative approaches may be particularly useful in helping victim survivors reclaim subjectivity, counter silencing narratives of victimhood, and reconstruct a sense of self based on survival, resilience, and growth.

This research also supports previous research that victim survivors may compartmentalise the perpetrator from the act of violence that they commit, particularly strangulation. In clinical practice, it is useful to understand and explore how public narratives regarding family and relationships may be used to make sense of the perpetrator's violence and simultaneously maintain hope for alternative outcomes through practices of love and care. As the violence in the relationship becomes untenable through acts like strangulation, the victim survivor's feelings towards the perpetrator can be complex, contradictory and ever-changing. This may even present as loss, grief, or an ongoing desire to protect the perpetrator's role within the family unit. Within clinical practice, it is important to legitimise and validate victim survivor experiences complexity of emotions to support their processing of the violence. From there, support can be provided in introducing and moving towards alternative narratives to help victim survivors develop cohesive narratives of their experiences. This also highlights the need for reflection and supervision on the dominant narratives that may shape the assumptions we hold, ensuring ethical clinical practice.

Another important consideration for clinical practice is the potential impact that witnessing strangulation may have on children. Although children were not the focus of this research, they were storied as victims in their own right, as exposure to strangulation within the family unit can create a climate of terror within the family. When working with victim survivors with children, questions should be asked about the children's exposure to strangulation and supporting connection with their own support when identified. This should be coupled with consideration and exploration of internalised blame or guilt that victim

survivors may experience in response to the children's exposure to strangulation. Given the ego-centric nature of childhood, children may also internalise blame – an area for further research and consideration in clinical practice. If internalised blame or guilt is apparent, support services can play an integral role in shifting these narratives to hold perpetrators accountable for their violence and address victim survivors' potential sense of inadequacy and self-blame.

Applying Narrative Theory to Clinical Practice

Within clinical practice, including psychology and the wider family violence sector, victim survivors are often worked with on an individual basis. When they present for support, victim survivors are often expected to share their stories and the following work carried out is shaped by the nuances of their contexts, experiences, and their meaning making of their experiences (Hodgetts & Stolte, 2012; Lee & Chavis, 2012; Radley & Chamberlain, 2012). The cases of Sarah and Ria presented in this research can be viewed as a worked exemplar of how narrative theory can inform clinical practice when working with victim survivors, in line with the research aim to produce actionable knowledge and responses to the complex social issue of strangulation within IPV. In particular, Sarah and Ria's stories demonstrate how people work through and make sense of their experiences through constructing, reconstructing, or repairing their narratives (Radley, 1997; Radley & Billig, 1996). This was particularly evident in their storying and re-storying of subjectivity, sense of self, and responses to being strangled. Further, this research has highlighted how public narratives influence sense making of IPV, relationships, and family, and how introducing alternative narratives may be a useful point for therapeutic intervention. Sarah and Ria's cases, therefore, highlight how attending to the public narratives present, considering how these narratives are disrupted and may contradict their personal narratives, and how victim survivors story and re-story their experiences can inform clinical practice.

Working with Perpetrators of Strangulation

Summarising Fitzgerald and Douglas' (2025) findings on men's post-conviction talk about strangling women, men were seen to minimise the harm and justify their use of strangulation, often describing their actions as a singular, provoked event, obscuring the act as a mechanism of coercive control. Alarming, strangulation was described as a safer and efficient way to subdue victim survivors. As Fitzgerald and Douglas (2025) suggest, these findings may reflect a refusal to acknowledge or a possible misunderstanding of the real potential for harm that strangulation can cause. When working with perpetrators of IPV, the findings of this research can be used to challenge harmful narratives and beliefs held about strangulation. Working within a correctional setting with perpetrators of violence myself, understanding the impacts of strangulation as extending beyond the physical act itself has been powerful in my clinical practice. I have been able to work with perpetrators to come to understand that strangulation can be interpreted by victim survivors as a demonstration of their capacity to kill, creating a climate of fear that extends beyond the act of violence. From this understanding, I have supported perpetrators in understanding strangulation as an act of coercive control.

Considerations for Violence Prevention

In a broader sense, Sarah and Ria's cases contribute to the IPV field as a worked exemplar of how public narratives of relationships and family may enable and legitimise the use of violence within relationships. This insight into the social systems in which strangulation occurs may be useful in informing violence prevention programmes, which could, as summarised by Towns and Scott (2013), address how gender and power intersect,

challenge dominant narratives that legitimise gender-based violence, support egalitarian relationships, and encourage social norms grounded in gender equity.

Concluding Statement

In line with recommendations for further research exploring the psychological complexities of victim survivors' lived experiences of strangulation (Daugherty et al., 2022; Vella et al., 2017), this research aimed to produce insight into the impact strangulation had on victim survivors' understandings of violence, their relationships, and their identities, along with the meanings attached to those experiences. My analysis revealed strangulation as having dynamic, nonlinear and complex impacts on victim survivors, which impacted the totality of their lives. Strangulation emerges here not simply as a physical act of violence but as a profoundly embodied mechanism of coercive control - one that escalates in intensity, frequency and context. Strangulation is storied by Sarah and Ria as transgressing public narratives of relationships and family, disrupting the continuity of their private narratives as a result. I further argue that the impact of being strangled by an intimate partner extends beyond the act itself, eroding identity, sense of self and disconnecting victim survivors from their bodies. Yet, Sarah and Ria's accounts reveal that in response to the escalation of the strangulation dynamic, efforts to survive and perform acts of resistance occur.

Furthermore, through narrative repair, characterisations of victimhood are challenged and agency is reclaimed. Yet, as their accounts also reveal, this narrative repair is fragile, complicated by grief for lost ideals, ongoing structural ties to perpetrators, and the pervasive endurance of victim-blaming rhetoric. This research highlights the enduring power of hegemonic narratives, suggesting broader cultural shifts are needed to challenge the use of violence within intimate partner relationships. I argue that through understanding the

multifaceted impacts of strangulation, professionals can play a vital role in introducing and enabling alternative narratives to assist victim survivors in processing and making sense of their lived experiences. Finally, I recommend that the assessment and management of IPV risk should consider whether the perpetrator's use of strangulation has escalated. Taken together, these findings underscore the necessity of addressing strangulation within IPV as both a form of lethal violence and a psychological assault on the victim survivor.

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Appendices

Appendix 1: Ethics Approval



15/12/2022

Dear: Emma De Lautour

Re: Ethics Application - NOR 22/73 - Victim survivors experiences of surviving strangulation

Thank you for the above application that was considered by the Massey University Human Ethics Committee:

Human Ethics Northern Committee at their meeting held on **Thursday, 24 November 2022**

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Professor Craig Johnson
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)

Appendix 2: Risk Mitigation Plan

In preparation of interviews:

- As per Sullivan and Cain's (2004) recommendations on ethics in intimate partner violence research, I have extensive volunteer and work experience working with victim survivors of intimate partner violence, including assessment, intake and case management roles. These previous roles have required me to undertake risk assessment and psychoeducation with victim survivors, including discussing their experiences of strangulation. The training that I have undertaken for previous roles, as well as clinical psychology training, and previous professional experience prepares me to interview victim survivors in a safe and ethical manner.
- The specialist family violence services included in the study will be requested to identify potential participants within their current clients who they have, based on their expertise and knowledge of their clients, assessed as being suitable, capable and safe to engage in research. Through identifying potential participants engaged in specialist family violence services, participants will have established support and supportive relationships with specialist family violence services.
- During the information sharing and gathering session I will identify with the participant what times are typically convenient and safe for them to be contacted. Contact with participants to organise interviews will either be from a 'no caller id' or through my university email address – whichever the participant perceives as the safest and easiest form of contact for them. Any calls to participants will first ask for the participant and identify myself as 'Emma from Massey University' and confirm it is safe to talk. If another person answers the call I will state I am calling about a research survey and call back another time. If participants chose to engage in remote interviews through zoom, a code word or phrase will be discussed in case the participant needs to end communication due to safety concerns. These safety measures are both common practices in specialist family violence services as well as recommendations for ethical research with victim survivors of intimate partner violence (Sullivan & Cain, 2004).

Within the interviews:

- The focus of the information sharing and gathering session will be discussing the nature of the research, confidentiality, building rapport with the participant and gathering biographical information. This is to support the participant in making an informed choice to participate and consent to the research. Consent forms will be provided in a written

format and verbally discussed with participants. Participants will be informed that they are able to stop their participation at any point, including during the interview.

- During the information sharing and gathering session the limitations of confidentiality will be discussed with the participants and a safety plan can be developed collaboratively with the participant if current risk of harm is disclosed. Safety plans could include utilising the participant's current supports, such as the specialist family violence service and the participant's General Practitioner for further referrals. The safety plan can include actions that the participant may find helpful if they become overly distressed.
- The participants will be provided with an overview of topics which will be the focus of the interviews and provide them an opportunity from the outset to set any topics that they do not want to discuss or any they feel would be important to include.
- Participants will be offered an opportunity to provide feedback and debrief at the end of all interviews, whether to the interviewer or an employee of the specialist family violence service, which the specialist family violence service is in support of.

Identified risks:

Risk	Risk mitigation action
Risk to participants of ongoing intimate partner violence, or the participant discloses risk of harm to self / harm to others / others at risk of harm / disclosure of risk to children	The information sharing and gathering session will be conducted at the specialist family violence service premises which is a secure location. The inclusion criteria require that research participants are current clients of a specialist family violence service and they have a family violence safety plan known to the specialist family violence service. As the limitations to confidentiality will be discussed with participants in the initial interview and a safety plan developed to respond to this, if current risk of harm to self / harm to others / others at risk of harm / disclosure of risk to children is disclosed, then the safety plan developed collaboratively with the participant in the initial interview can be actioned.

Participants becoming overly distressed due to the sensitive nature of the research questions	The safety plan developed collaboratively with the participant in information sharing and gathering session can be actioned if the participant becomes overly distressed e.g. a break in the interview, change of subject, diaphragmatic breathing exercises or terminating the interview
Using participants who are particularly vulnerable and have experienced lack of autonomy as a result of as a result of IPV	Intimate partner violence and feminist literature supports including victim survivors in research, arguing that by not including victim survivors in research on the premise that they have experienced lack of autonomy acts to further remove their autonomy and silence them (Hewitt, 2007). Moreover, this underestimates victim survivors' resilience, strengths and coping mechanisms already employed throughout their experiences of intimate partner violence. Furthermore, as part of their engagement with specialist family violence services, participants will already have discussed their experiences of intimate partner violence with others.
The participant perceiving the purpose of the interview to be therapeutic rather than research.	As the interviewer I will introduce myself as a researcher on intimate partner violence based at Massey University, rather than psychology trainee. The purpose of the research and interviews will be outlined to the participant during the initial interview
Participants with children wanting to bring children to the interviews	When arranging interview times, to try and organise a space/time where the participant can attend the interview alone or to help explore childcare options with the participant.

Safe dissemination of findings to participants	Discussing with the participants if they want to receive a summary of the research findings and if so check safe means to communicate with participants, such as email or using the refuge to provide participants with information. Alternatively, participants will be informed they can receive a summary of research findings through the specialist family violence service.
Researcher safety	The information sharing and gathering session will be conducted during daylight hours at the specialist family violence service premises which is a secure location with staff of the specialist family violence service on the premises. During interviews I will have my cell phone on me in case of an emergency. The inclusion criteria require that research participants are current clients of a specialist family violence service, and they have a family violence safety plan known to the specialist family violence service. Self-disclosure during interviews will be kept to a minimum and initial conversation will be focused on non-essential joining subjects.
Researcher self-care	Due to the sensitive nature of the subject matter, I intend on accessing the Graduate Research Fund to engage in professional supervision in support of my self-care.

Appendix 3: Staff Information Sheet



COLLEGE OF
HUMANITIES AND
SOCIAL SCIENCES

CALL FOR RESEARCH PARTICIPANTS

The study:

Kia ora, my name is Emma de Lautour and I am a Doctor of Clinical Psychology student at Massey University. Prior to my studies, I worked as a specialist family violence practitioner in Australia and have previously volunteered with Taupō Womens Refuge.

Little is known about strangulation from victim survivors' point of view. The aim of this study is to understand what kind of impact strangulation has had on women and their lives. This will help inform others better support women who have similar experiences, through understanding more fully the impact of strangulation.

Who are we looking for:

- current clients of your service who have disclosed having been strangled
- identify as female
- over the age of 18
- are fluent in English
- have a current safety plan known to your service
- who you assess as being safe, capable and able to engage in the study

What will happen?

If a client fits the participant criteria and please provide them with the "Participant Information Sheet". If a client is willing to speak to researchers, please contact me via email - emma.de.lautour.2@uni.massey.ac.nz to arrange an information sharing and gathering session, where the aims of this study, consent, confidentiality and topics covered in the interviews will be discussed.

If the client agrees to participate, then further interviews will be organised.

Please assure client's that their choice to participate in this study or not will not impact the service or relationship you have with the specialist family violence service.

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 22/73. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

Robyn Vertongen, a Senior Clinical Psychologist at Massey University and a supervisor of this study, can be contacted if you have any concerns, questions or issues you would like to discuss in relation to this study. She can be contacted via email – r.c.vertongen@massey.ac.nz.

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Appendix 4: Participant Information Sheet



Victim survivors' experiences of surviving strangulation

PARTICIPANT INFORMATION SHEET

Researcher Introduction:

Kia ora, my name is Emma de Lautour and I am a Doctor of Clinical Psychology student at Massey University. Prior to my studies, I worked as a specialist family violence practitioner in Australia and have previously volunteered with Taupō Womens Refuge. This study is born out of my previous professional experiences and wanting to better assist women and children who have experienced family violence.

I can be reached via email on - emma.de.lautour.2@uni.massey.ac.nz

Why are we doing this study:

Little is known about strangulation from victim survivors' point of view. The aim of this study is to understand what kind of impact strangulation has had on women and their lives. This will help inform others better support women who have similar experiences, through understanding more fully the impact of strangulation.

We are inviting you to participate in this study to share your story and experiences. A small compensation (to the value of \$10) will be given at the start of each interview in recognition of your contribution to this study.

Who can participate in the study?

We have asked specialist family violence services to identify within their current clients potential participants who are females who have been strangled, choked or had their breathing restricted by a current or former partner. We are looking for women who are over the age of 18, fluent in English, and have a safety plan known to the specialist family violence service.

Your choice to participate in this study or not will not impact the service or relationship you have with the specialist family violence service.

What will happen?

Should you wish to be involved in this study, we will meet at the specialist family violence service's office for an information sharing and gathering session. During this session we will discuss the aims of this study, consent, confidentiality, topics covered in the interviews and any questions you may have. This should take approximately one hour.

We will then organize further interviews, where the interview topics will be covered. The length and number of interviews will be determined together.

Interviews will be audio recorded.

During the information sharing and gathering session, if you agree to engage in the study, we will discuss a safety plan together if any concerns are raised during interviews.

Will people know what I said?

All information you share will be treated confidentially, meaning that no one will have access to this information outside of myself and the research team without your consent.

I will transcribe audio recordings of interviews using a pseudonym (a fake name) and de-identify any other identifying details. Following transcription, I will destroy the audio recordings.

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Transcripts will only be accessible to me and my supervision team. Consent forms will be kept in a locked filing cabinet in my supervisors office at the Massey University School of Psychology Albany campus. Transcripts and consent forms will be destroyed 5 years after the study.

The results of the study will potentially be published in an academic journal and presented in conferences, with any information that may identify you removed and pseudonyms used only.

If you wish to receive a summary of the study findings, we will discuss a safe way to do so with you, otherwise the specialist family violence service will be given a summary of project findings, which you will be able to request.

What are the benefits and risks to being involved?

The main benefit is that through sharing your experiences with me, it will help us assist other women seeking support who have had similar experiences.

We understand that sharing your stories can be distressing and that changes to your safety can occur. During the initial interview we will discuss a safety plan to help keep you emotionally safe and identify supports, such as the specialist family violence service or your GP if you are needing additional support.

A summary of the study findings will be provided to the specialist family violence services taking part in this study. Although this summary will be de-identified, there is a risk that the specialist family violence services may be able to identify you based on their knowledge of you as an existing client.

Robyn Vertongen, a Senior Clinical Psychologist at Massey University and a supervisor of this study, can be contacted if you have any concerns, questions or issues you would like to discuss in relation to this study. She can be contacted via email – r.c.vertongen@massey.ac.nz.

My Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time during interviews, and withdraw your data for two weeks following interviews;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.
- ask for the recorder to be turned off at any time during the interview.
- To contact the researcher and/or supervisors if they have any questions about the project.

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 22/73. If you have any concerns about the conduct of this research, please contact Associate Professor Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

Appendix 5: Interview schedule

Information sharing and gathering session

- *Opening the space with karakia or prayer*
- Introductions – *pepeha*
- Confidently
- Nature of the research, purpose & overview of interview topics
- Informed consent
- Organising contact – times, methods
- Safety plan – inclusive of changes to risk, distress during interviews
- Biographical information (e.g. Employment, relationship status, level of education, children, life history)

Following interview topics

- Life beforehand;
 - What was life like before the relationship?
 - What was life like during the relationship?
 - What was the relationship like?
 - Did other kinds of abuse occur before strangulation? How long for?
 - How long had the relationship been going on for before the strangulation?
- Describing the strangulation;
 - What role did strangulation play in the abuse? Was it frequent/once off? Did it change?
 - What was happening in the lead up to strangulation? Where were you, when did it happen, who was around?
 - Did other kinds of abuse co-occur with strangulation?
 - What were your thoughts, feelings, reactions during strangulation?
 - Did you black out, see stars, pass out or any other physical symptoms such as loss of bladder or bowel function during strangulation?
 - Why do you think the strangulation stopped?
 - Why do you think strangulation was used?
 - Did strangulation feel different from other forms of abuse?
- Afterwards;

- How did you respond to being strangled?
- What did he do?
- Did you seek help or tell anyone?
 - If so;
 - What kind of help?
 - What was their response?
 - How helpful was their response?
 - What could've been more helpful?
 - Did you tell them what had happened?
 - If not;
 - What stopped you from seeking help?
 - What would have been helpful?
 - Who would you have liked help from?
- Consequences;
 - Did you notice any short-term changes, symptoms or injuries?
 - Did you notice any long-term changes, symptoms or injuries?
 - How did any changes, symptoms or injuries impact your life?
 - Did strangulation change how you viewed him?
 - Did strangulation change how you viewed yourself?
 - Did strangulation change how you viewed the world?
 - Did strangulation change your relationship with others?
 - Did strangulation change how you perceived your safety?
 - Did you change any of your behaviours or actions in response to strangulation?
 - Did strangulation change the relationship?
 - Did the kind of abuse experience change after strangulation?
- Life now;
 - How did the relationship end?
 - What is life like for you now?
 - Are you still experiencing any changes, symptoms or injuries?
 - Do you think strangulation has shaped your current life in any way?
 - How have you coped?

Appendix 6: Consent form



Victim survivors experiences of surviving strangulation

PARTICIPANT CONSENT FORM

- I have read and have had the details of the study explained to me.
- I understand the Information Sheet.
- Any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I have been given contact details to use in case I have future questions about the study.
- I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time, but no later than two weeks after the data is collected.
- I understand that my information will be kept private and my name and identity will be disguised.
- I understand that a summary of the study findings will be provided to the specialist family violence services taking part in this study and although this summary will be de-identified, there is a risk that the specialist family violence services may be able to identify you based on their knowledge of you as an existing client.
- I consent to the interview being audio recorded.

I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix 7: Research Case Study

Please note: This research case study was completed as a requirement for the Doctor of Clinical Psychology programme (DClinPsych Part C: 175.993) at Massey University and received a passing grade in December 2024. It includes reflections on my role as an Intern Psychologist during 2024. The case study is presented here as a programme requirement and is separate from the doctoral thesis. It has been examined separately as part of the DClinPsych clinical internship examination process. As such, doctoral thesis examiners are not expected to read it.

Abstract

Undertaking research is a key component when training to become a clinical psychologist in Aotearoa New Zealand, alongside practical experience working as an intern psychologist. This case study considers how my research has gone on to influence my clinical practice as an intern psychologist. My doctoral research delved into the nuanced experiences of intimate partner violence victim survivors, with a specific focus on the impact of strangulation. The preliminary findings discussed in this case study aim to provide a more holistic understanding of how strangulation has impacted the lives of victim survivors. In order to do so a case-based narrative analysis approach was used to get an in depth understanding of the experiences of two participants, Sarah and Ria. This case study goes on to explore how the methodology of narrative analysis has influenced my clinical practice through considering biopsychosocial factors in assessment and formulation.

Doctoral Research Overview

This study explored the nuanced experiences of intimate partner violence (IPV) victim survivors who had been strangled by an intimate partner. Moving beyond traditional forensic and medical descriptions, this research aimed to understand how strangulation affects victim survivors' day-to-day lives, mental health, relationships, and overall worldview. Using a case-based approach, this study explored the experiences of two participants, Sarah and Ria, who were recruited through specialist family violence services in New Zealand. Preliminary findings revealed four key findings: (1) Power and Control – emotional abuse often precedes physical violence, creating an environment where

strangulation becomes a mechanism for dominance; (2) Escalation of Violence – strangulation escalates in frequency and severity, heightening victim survivors' fear and sense of helplessness; (3) Fear of Dying and Acts of Resistance – the realization of the lethal potential of strangulation prompting varied acts of resistance among survivors; (4) Impact on Families – strangulation affects not only the victim survivors but also their children, influencing parenting and family dynamics. The study advocates for a more comprehensive understanding of strangulation within IPV, informing tailored and effective interventions to enhance the safety and well-being of victim survivors.

Study Beginnings

The idea for my doctoral thesis stemmed from a research proposal I wrote in 2019 for the clinical neuropsychology paper during my honours degree. At the time I was working as a specialist family violence practitioner in an assessment, intake and short term case management role. When completing risk assessments with clients I was astounded by the sheer amount of women that would disclose that they had been strangled by a partner. As a psychology student I was thinking about the impact strangulation might have had on the neuropsychological functioning of these clients. I'd known as a specialist family violence practitioner that strangulation increased the level of risk of a victim being killed by the perpetrator significantly, but not much else. I was perplexed to find limited research looking at the neuropsychological impacts of strangulation, especially when the impacts of repetitive head trauma in sports was becoming widely publicised. This was the musings which, with the support of my doctoral supervision team, became a case-based qualitative study for my doctoral thesis, as outlined below.

Study Rationale and Aims

Drawing from wider IPV literature, the effects of IPV go beyond the physical and can impact victim survivor's day to day living in a multitude of factors, including mental health, employment, financial stress, parenting, relationships, and housing (Gabbe et al., 2018; Haag et al., 2022). However, existing research on strangulation within IPV predominantly details forensic and medical descriptions of injuries and dysfunction, therefore providing a narrow view of how strangulation may affect a victim survivor. This research aimed to ask, from the

victim survivor's view point, the significance of strangulation, the meanings attached to those experiences and the perceived implications in everyday life for the victim survivors. Through focusing on the experiences of the victim survivor's, this research was concerned with understanding how strangulation may have disrupted or changed their experiences of IPV, their relationships, their world view and how they experience their everyday lives. The hope is through producing a contextualised, nuanced understanding of the victim survivor's experiences of strangulation, this research can bring awareness to issues beyond the scope of existing literature to tailor interventions that are more personalised and relevant to victim survivors.

Methods

Unlike other subjects, the variables of interest regarding strangulation and IPV cannot be stripped back and manipulated to produce clear causal results. Instead, strangulation is a relational, sensitive and complex topic. A methodology was therefore sought that would value and give precedence to the victim survivors themselves as the experts in their own process. Narrative analysis felt like a good fit for this research due to, as outlined by Riessman (2005), the focus on nuances, subtlety and context in making sense of the complexity of human lives. Narrative analysis provides a systematic framework which can provide an understanding of an individual's experiences through contextualizing meaningful events and how these are represented and explained (Cortazzi, 1994; Riessman, 2005; Sparkes, 2005). This research applied a case based approach to narrative analysis. By using a case based approach, opportunity for a descriptive and exploratory analysis of each person is allowed and novel details can be captured (Yin, 2014).

Participants

As participant safety concerns were paramount in this research, convenience sampling through specialist family violence services offered the researchers access to participants who had established support in place to mitigate safety concerns. Three specialist family violence services agreed to consider their clients as potential participants in this study. Six other specialist family violence services were contacted, two declined and four others did not respond to contact attempts. One of the specialist family violence services who agreed to take

part in this study was a regional service and the other two specialist family violence services were located in urban geographical areas.

Prior to data collection it was proposed that one to four participants would be recruited. This was informed by Malterud and colleagues (2016) concept of information power – the argument that the strength of the information within a sample should inform the number of participants. As this study's sample required highly specific characteristics of having experienced of strangulation within IPV and being engaged in a specialist family violence service, sampling did not need to be as extensive. Furthermore, as the methodological approach chosen was narrative analysis and deep, nuanced data was being sought, fewer participants would need to be found to produce the level of information power. As suggested by Malterud and colleagues (2016) a preliminary analysis of the data generated in data collection of this study occurred after interviews concluded with two participants. It appeared in this first analysis of the data that information generated from interviews with two participants that was sufficient for the purpose of this research.

Procedure

Participants were interviewed multiple times by the primary researcher. As narrative approaches aim to give priority to participant's stories with minimal interviewer input (Esin, 2011), interviews were planned to be conversational in nature and participant led through using opening questions and following the conversation, asking questions as they rose (Etherington & Bridges, 2011). Following Butina's (2015) approach, however, interview topics were also prepared in case a guide was needed. Due to the level of depth sought in this study to gain a nuanced, contextualised understanding of the participant's experiences the number of interviews and length of interviews was not pre-determined. Participant 1 had four interviews and participant 2 had three interviews.

Interviews were then transcribed verbatim by the primary researcher prior to the next planned interview with participants, in order to identify any areas that need clarification or further discussion for following interviews. To preserve the confidentiality of participants identifiable information was removed, including names, ages, and locations. Pseudonyms were also assigned participants and any names they mentioned to preserve anonymity.

Ethics

The study was reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 22/73 on the 15th of December 2022. Ethical considerations were discussed at length with the primary researcher's supervision team – Associate Professor Richard Fletcher, Professor Darrin Hodgetts and Dr Robyn Vertongen – who collectively hold vast research and clinical expertise.

Data Analysis

The analytic stage in narrative analysis begins during the interview process with notes being taken continuously; following interviews, during transcription, reading other literature and following discussion with supervisors (Esin, 2011; Etherington & Bridges, 2011; Pietkiewicz & Smith, 2014). The choice of manual transcription was made to further support the data familiarization process. Interview transcripts were then read multiple times to become familiar with participants accounts. The data set as a whole was examined, deciding on what stories that were shared by participants were included in relation to the research aims and broken down into relevant segments (Esin, 2011; Wong & Breheny, 2018). This process drew upon theoretical knowledge, practice knowledge and personal experiences and therefore adds another layer of shared meaning making and required researcher reflexivity (Etherington & Bridges, 2011).

Once stories were selected, the analytic process shifted towards systematically looking for specific features in the stories within the transcripts – as guided by other narrative analytic researchers (Esin, 2011; Wong & Breheny, 2018), including structural features, stage and setting, the characters and content. This is what Wong and Breheny (2018) label the descriptive stage and was followed by the interpretative stage. The interpretative stage, as informed by Murray (2000) and Wong and Breheny's (2018) work, holds that as stories function at multiple intersecting levels and therefore should be examined at four different levels of analysis – the personal level, the interpersonal level, the positional level and the ideological level. Connections across these different levels of analysis were then examined, followed by connections across case studies (Murray, 2000).

Preliminary Findings

A short description of the two cases included in the study is first provided to give context, followed by a brief outline of finding in data analysis.

Case One – Sarah

Sarah described meeting Brad as “it was literally love at first sight”. Sarah described Brad being controlling and emotionally abusive early on in their relationship. Once in a blue moon “there was a bit of pushing and shoving” but Brad had never hit her. Sarah felt as though she hid it well and was in control - she “wouldn’t do anything to upset him or if things were more unsettled” she would keep the kids away. And they would move forward from it. They would take the kids out and do fun things; they were a happy family. Seven years into the relationship, the unthinkable happened when one of Sarah and Brad’s children was sexually assaulted by Brad’s child from a previous relationship. Sarah described Brad used the sexual assault as an excuse to “beat the shit” out of her. To begin with, it was a lot of blows to the head. Sarah can’t remember the first strangulation, but generally it was the same – he would get her on the ground and sit on top of her strangling her. When it first started happening, Sarah would freeze and take it. Brad would say sorry, cry, tell her he loves her “and then come back the next day and do it over again”.

Case Two – Ria

At 18 years old Ria met her Dev, who was 10 years her senior. It was Ria’s first relationship and she fell pregnant 6 months into dating. The day after their first child was born prematurely, Dev told Ria that he had married someone else. Dev apologized profusely, and Ria remained in the relationship because she didn’t want her child growing up in a broken home. After the birth of their first child Dev wanted Ria to get a tattoo of his name to prove her loyalty to him, when she refused Dev slapped Ria for the first time. Dev’s violence escalated to more slapping and restraining Ria against the wall during arguments – but Ria felt it wasn’t bad and so thought it was okay. When their first child was 9 months old the violence began to get worse. Dev was now smashing Ria into the wall, restricting her from leaving rooms and he began to strangle her.

Finding One: Power and Control

Prior to any physical violence occurring both Sarah and Ria described that the perpetrator's used emotional abuse to assert power and control within the relationship.

He would always said that I wasn't good enough and things and why can't I be good like this other married couple that both worked on the farm and things. And so, I just took that and thought I have to better myself and I pushed and pushed and did the best I could (Sarah)

It appears that that power and control asserted by the perpetrator had a dual relationship with his use of violence: 1) the assertion of power and control created a climate in the relationship where the perpetrator use of violence was tolerable as the victim survivor thought she was deserving of it, and 2) the use of strangulation acted as a mechanism to assert power and control, consistent with Dutton and Goodman's (2005) conceptualization of coercive control.

Finding Two: Strangulation Escalates

For both Sarah and Ria, the violence trajectory escalated from emotional violence, to forms of physical violence both women felt were "controllable", to strangulation.

As it got further down the line it got to the point where it is now and it's like he has zero regard as me as a human being, it's just like I'm this object that he possessed and that was it (Ria)

While the idea that IPV escalates and strangulation is a high-risk indicator for fatal IPV is widely accepted (Fanslow et al., 2016; Glass et al., 2008), in both case studies the victim survivors' reflect that the perpetrator's use of strangulation itself also escalated. Both victim survivors described the frequency, intensity, duration and onset of strangulation changing over time.

Finding Three: Fear of Dying Leading to Acts of Resistance

As noted previously, for Sarah and Ria the perpetrator's use of violence started off as emotional and psychological abuse, escalating to strangulation. The victim survivors'

described that it was only until the perpetrator's use of violence had escalated to the point of strangulation that they held the belief that the perpetrator had the power to kill them – something that is well-documented in the literature (Bendlin & Sheridan, 2019; Brady et al., 2022; Funk & Schuppel, 2003; Jordan et al., 2020; Joshi et al., 2012; McClane et al., 2001; Messing et al., 2018; Shields et al., 2010; Thomas et al., 2014; White et al., 2021; Wilbur et al., 2001). However, of particular interest in these case studies was the victim survivors' response to the belief the perpetrator may kill them.

I was definitely feeling stuck to the point where, at that time, I thought my only option would be to commit suicide to escape it all (Sarah)

As noted by Black, Hodgetts and King (2020) overt and covert acts of resistance were used by Sarah and Ria in a display of resiliency, reclaiming of agency and risk mitigation in a period where they were victims of extreme levels of violence, including strangulation. For Sarah an overt act was considering suicide as a means of escape, while more covert acts such as sleeping in a different bed sometimes gave her safety.

Finding Four: Strangulation Affects Whole Families

For both women, their children had an active role within the strangulation events – as witnesses but also their presence being used by the perpetrator to heighten the experience of being strangled. Resultingly, the impact of strangulation appeared to have a ripple effect on the whole family. Childhood exposure to family violence can have negative impacts throughout the lifespan, as widely document in Adverse Childhood Experiences (ACEs) literature (Danese et al., 2009; Fanslow et al., 2021; Walsh et al., 2019), but in the cases of Sarah and Ria have impacted their children in more subtle ways – including their capacity to be a responsive parent.

Definitely, as soon as I left the home I started like, I was emotionally not okay still and I was sleeping non-stop, but I had the support of my parents and they were helping me so much and so I was able to slowly start asking the kids how their day was, I started taking them to school, I started being Mum again. And it's, I mean, definitely not easy, they frustrate me laughs, but I am now more involved than what I was. (Sarah)

Sarah and Ria both reflected on how being victim survivors of strangulation has influenced their experiences of motherhood and parenting. For Sarah, this meant experiencing herself as a fulfilling the mother role since she has left her relationship. These reflections reveal that their experiences of violence, including strangulation, impacted them more than just physically.

Summary

Sarah and Ria's cases highlight the profound and multifaceted impact being strangled by an intimate partner has. The preliminary findings of this study discuss several findings: power and control, the escalation of violence, fear of dying leading to acts of resistance, and the far-reaching effects on entire families. In moving towards a nuanced understanding of how strangulation impacts individuals, examining the lived experiences of victim survivors and their context is crucial. The cases of Sarah and Ria illustrate power and control, the escalation of violence, fear of dying leading to acts of resistance, and the far-reaching effects on entire families. This research underscores the importance of contextualizing strangulation within the broader dynamics of IPV. Future research should continue to explore these dynamics in diverse populations and settings, further informing practice and policy to better address the complexities of IPV and strangulation.

Clinical Psychology Internship

My internship began in March of 2024 at Te Piriti, a Department of Corrections' Special Treatment Unit for child sexual offenders. The following reflections were made following the first three months of a 12 month internship. These reflections are guided by Gibbs' (1988) reflective cycle which looks to first describe experiences, then capture emotional responses, evaluate and analyse experiences, followed by drawing conclusions and considering future actions.

Aiming to move beyond forensic and medical descriptions of strangulation, my research looked to produce a contextualised, nuanced understanding of the victim survivor's experiences of strangulation. Considering how this research has applied to my clinical practice, I thought about how my research has demonstrated to me to look beyond the forensic details of a client's offending in order to engage them and establish a therapeutic relationship.

Description

As part of my preparation for a clinical assessment with a client at Te Piriti, a thorough file review is completed. This review includes official information such as Summary of Facts (SoF) and Judge's Sentencing Notes (JSN), which go into detail regarding the client's index offending. Through clinical assessment, it is my aim to gain a deeper, more nuanced understanding of the client beyond their index offending. This is similar to the process of narrative analysis which I used in the case studies for my research, where through examining transcriptions of interviews through multiple levels the aim was to get a deeper understanding.

Feelings

Asking the victim survivors about some of the most traumatic experiences they have had in their lives made me feel a sense of closeness with them, alongside a deep sense of empathy and responsibility. I think the responsibility I felt was due to how intimate it is to be told someone's trauma history and the weight it holds to make sure that by holding that story it is treated with care and is used purposefully. Hearing all the details, hearing the pain, hearing their resilience, seeing their strength in front of you, *surviving* what they had survived – it is hard not to feel empathy towards Sarah and Ria. The processes of transcribing and analysing the interviews was like getting to know the participants on a different level again. Turns of phrase, quirks, beliefs and ways of thinking became more apparent on paper than being present in the room with the participant. And with each different level of analysis it was like another layer was peeled back and exposing more.

Heading into internship at Te Piriti, I did wonder if I would be able to hold empathy for clients there. With my research participants being *victims* of violence, it seems clear cut to be able to hold empathy for them. But in working with the *perpetrators* of sexual violence against children – holding empathy for them seemed like a big ask. Even when reading the official accounts of their offending, at times it was like my body was having a visceral reaction of wanting to pull far, far away from the person I was reading about. However, in my experience, taking the time in assessment to view my clients at Te Piriti as *whole* people, I have been able to feel those same feelings of empathy, closeness and responsibility. Some of

the clients were victims of others sexual violence and have never shared parts of their story before. While this does not for a minute excuse their offending, but getting to understand the client beyond their offending has not only helped clinically through gaining understanding of the why the client has done the things they've done, but helped to connect and facilitate a therapeutic relationship with the person in front of me.

Evaluation

Taking this approach to assessment has been incredibly useful when formulating a client's offending. I become particularly aware of the pressure of responsibility when writing a client's formulation, similar to the data analysis stage of my research. In both situations I feel hyperaware that I'm writing about a *real* person and my words hold weight. I feel not only the pressure to be accurate, but also to do the person I am writing about justice. Like with narrative analysis, considering the *whole* person when formulating helps peel back the layers of what might be happening. In the same breath, it also helps zoom out beyond the presenting problem but see the client as a whole.

Conclusion

Approaching assessments of trying to understand the client beyond their offending does not only aid in understanding the multifaceted nature of clients' presenting problems but also fosters deeper empathy and connection, even with those who have committed serious offences. Paralleling the process I took with narrative analysis for my research, taking the time to understand the clients beyond their offending revealed a fuller picture of the individual. Ultimately, this underscores the importance of viewing clients holistically, ensuring that their stories are handled with the utmost care and responsibility.

Action

Like with the participants in my research, moving forward into the remaining nine months of internship, I will continue to aim to understand the client more holistically I will be able to gain a more nuanced perspective of the client.