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“Do You Know What It Feels Like to Drown?”: Strangulation as Coercive Control in Intimate Relationships

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Abstract

Strangulation is a unique and particularly gendered form of nonfatal intimate partner violence, affecting 10 times as many women as men. Medical research documents multiple negative health outcomes of such victimization, and in the past decade nearly 30 U.S. states have enacted laws making nonfatal strangulation a felony. We extended prior work by using grounded theory in a qualitative study to explore women's experiences of, thoughts about, and reactions to being strangled. Each of the 17 mostly well-educated and African American domestic violence shelter residents had been strangled at least once by an intimate partner; most had survived multiple strangulations. Despite other severe abuse and a high level of fear, all were shocked that their partner strangled them. Participants reported an intense sense of vulnerability when they recognized during the assault how easily they could be killed by their partner. Nonetheless, they seemed to think of strangulation, not as a failed murder attempt, but as a way to exert power. Efforts to extricate themselves from a “choking” largely failed and resistance resulted in an escalation of the violence. Moreover, strangulation is difficult to detect which, as participants observed, makes it especially useful to the abuser. The aftereffects permeated the relationship such that strangulation need not be repeated in order for her to be compliant and submissive, thus creating a context of coercive control.

Keywords

intimate partner violence, physical abuse, coercion, dominance, strangulation, victimization

Disciplines

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“Do You Know What It Feels Like to Drown?”

Strangulation as Coercive Control in Intimate Relationships

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Abstract

Strangulation is a unique and particularly gendered form of nonfatal intimate partner violence, affecting ten times as many women as men. Medical research documents multiple negative health outcomes of such victimization, and in the past decade nearly 30 U.S. states have enacted laws making nonfatal strangulation a felony. We extended prior work by using grounded theory in a qualitative study to explore women's experiences of, thoughts about, and reactions to being strangled. Each of the 17 mostly well-educated and African American domestic violence shelter residents had been strangled at least once by an intimate partner; most had survived multiple strangulations. Despite other severe abuse and a high level of fear, all were shocked that their partner strangled them. Participants reported an intense sense of vulnerability when they recognized during the assault how easily they could be killed by their partner. Nonetheless, they seemed to think of strangulation, not as a failed murder attempt, but as a way to exert power. Efforts to extricate themselves from a "choking" largely failed and resistance resulted in an escalation of the violence. Moreover, strangulation is difficult to detect which, as participants observed, makes it especially useful to the abuser. The aftereffects permeated the relationship such that strangulation did not need to be repeated in order for her to be compliant and submissive, thus, creating a context of coercive control.

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“Do You Know What It Feels Like to Drown?”

Strangulation as Coercive Control in Intimate Relationships

Intimate partner violence (IPV) is a pervasive problem. Estimates from the recent National Intimate Partner and Sexual Violence (NIPSV) Survey indicate that one in three U.S. women has been raped, physically assaulted, and/or stalked by an intimate partner in her lifetime (Black et al., 2011). One in five has experienced severe physical IPV (beaten, intentionally burned, etc.) and nearly one in ten (11.6 million U.S. women) has been strangled by an intimate partner (Black et al., 2011).

The pervasiveness of strangulation is cause for concern given its multiple negative outcomes. Strangulation can result in the loss of consciousness within seconds and brain death within minutes (Strack & McClane, 1999). Women who survive strangulation by an intimate partner are at increased risk of being killed by that intimate partner and of developing serious physical and psychological problems immediately following the assault and weeks later (Glass et al., 2008; Strack, McClane, & Hawley, 2001; Wilbur et al., 2001). Risk of these negative outcomes is high among physically abused women in that nearly half are believed to have been strangled at least once (Block et al., 2000; Wilbur et al., 2001).

Nonfatal strangulation differs from other forms of severe IPV in key aspects. First, strangulation typically leaves no external evidence (Strack & McClane, 1999). When it does, bruising and swelling often do not appear until days later and, even when present, may be difficult to detect on victims with darker complexions (Baker & Sommers, 2008). Second, as we explore herein, strangulation can be used, sometimes just once, to immobilize and terrorize a partner.

The use of strangulation to coerce and control an intimate partner is the focus of the present investigation. To our knowledge, our study is the first of its kind to qualitatively examine the relationship between strangulation and coercive control. Coercive control, a type of IPV marked by domination and entrapment (Dutton & Goodman, 2005; Johnson, 1995; Kelly & Johnson, 2008; Stark, 2007), is associated with the use of extremely violent tactics (Block et al., 2000). We first describe coercive control and its use in intimate relationships, and then we explore the idea that strangulation is one tactic of coercive control.

Coercive Control

Decades of research and organized service delivery have led to an increasingly sophisticated understanding of IPV. Integral to this progress has been the work of Johnson and colleagues to conceptualize IPV as a typology rather than as one broad category (Johnson, 1995, 2006; Johnson & Ferraro, 2000; Kelly & Johnson, 2008). Johnson (1995) initially proposed two types of IPV: patriarchal terrorism and common couple violence. In patriarchal terrorism—subsequently renamed “intimate terrorism” (Johnson, 2006), and then “coercive controlling violence” (Kelly & Johnson, 2008)—the abusive partner’s motivation is to control and dominate, and the abuse typically escalates over time. It is analogous to “battering,” a term used by domestic violence service providers, advocates, and the general public. The second type of IPV, common couple violence—later renamed “situational couple violence” (Johnson & Leone, 2005)—“is an intermittent response to the occasional conflicts of everyday life” that is not rooted in a desire to control and rarely escalates over time (Johnson, 1995, p. 286). The typology was expanded in later writings (Johnson, 2006; Johnson & Ferraro, 2000; Kelly & Johnson, 2008); however, the primary focus of the field has been on coercive controlling violence and situational couple violence.

One of the major contributions of Johnson's (1995) typology has been to highlight the importance of control in distinguishing types of violence in intimate relationships. The widely-used definition of IPV accounts for discrete, gender-neutral acts of violence (what Johnson would call "situational couple violence"), which does not address abuse consisting of an "on-going and gender-specific pattern of coercive and controlling behaviors that causes a range of harms in addition to injury" (Stark, 2007, p. 99). Recognizing intimate terrorism and relabeling it as coercive, controlling violence reflects growing awareness that coercion and control are not just tactics; they define an abuser's motives, a victim's experiences, and the entire context of the relationship.

Current conceptualizations of coercion and control converge in the construct of coercive control. Coercion has been defined as "the use of force or threats to compel or dispel a particular response" that usually is transparent, but that also can include implicit threats of force (Stark, 2007, p. 228). Control can be defined as "structural forms of deprivation, exploitation, and command that compel obedience indirectly by monopolizing vital resources, dictating preferred choices, microregulating a partner's behavior, limiting her options, and depriving her of supports needed to exercise independent judgment" (Stark, 2007, p. 229). When combined, coercion and control create a "condition of unfreedom" that victims experience as entrapment (Stark, 2007, p. 205). Enabled by sexism, coercive control is largely a gendered phenomenon that is enacted by men and targets women (Anderson, 2009; Stark, 2007).

Dutton and Goodman (2005, p. 746) explicate the construct of coercive control. They define coercive control as "a dynamic process linking a demand with a credible threatened negative consequence for noncompliance." Several features of the abusive partner's behavior are crucial. First, the partner "sets the stage" (p. 747) by creating the expectation of a negative

consequence, exploiting a victim's vulnerabilities, wearing down her resistance, and facilitating attachment. Second, in "surveillance," (p. 750) the abusive partner monitors the victim's activities to ensure that she complies with his demands. Third, by following through with the threat (i.e., "delivery of threatened negative consequence" [p. 750]), the abusive partner ensures that subsequent coercive acts are effective. Together, these tactics contribute to victim compliance with explicit and implicit demands.

The victim's response to coercion and the social ecology that surrounds the abusive partner and the victim are important in coercive control (Dutton & Goodman, 2005). For coercive control to occur, the victim must: (a) perceive the threat(s) to be credible (cognitive response); (b) respond by complying or resisting, which can trigger the abusive partner to deliver the negative consequence (behavioral response); and (c) experience heightened fear arousal (emotional response). Economic, political, cultural, familial, social, and individual factors give meaning to an abuser's coercive behavior such that what is coercive to one person may be not be to another (Dutton & Goodman, 2005). Thus, context of an action is central in coercive control.

Strangulation and Coercive Control

Dutton and Goodman's (2005) model provides a useful framework for examining strangulation within an abusive relationship. Nonfatal strangulation is a way an abusive partner can "set the stage" by sending the message that he can and perhaps will kill the victim—a credible threat that is intended to induce compliance. The process can be illustrated through statements made by men while strangling their female partners: "I can easily cut off your air supply by shutting off your carotid artery" (perpetrator was a physician); "I am going to commit an OJ on you and leave no marks" (perpetrator was in the military); "I am going to pop your

neck” (perpetrator was a laborer) (Strack et al., 2001). Knowing that he has the knowledge and skills to follow through with the threat can contribute to her appraisal of the threat as credible.

Strangulation induces behavioral and emotional reactions that facilitate coercive control. Being strangled is extremely painful (Turkel, 2010), and not being able to breathe is frightening even in controlled laboratory experiments (Banzett, Lansing, Evans, & Shea, 1996). In describing drowning, another experience characterized by lack of oxygen, Junger (1998, pp. 180-181) writes:

The panic is mixed with an odd incredulity that this actually is happening. Having never done it before, the body—and the mind—do not know how to die gracefully. The process is filled with desperation and awkwardness. “So this is drowning,” a drowning person might think. “So this is how my life finally ends.” Half conscious and enfeebled by oxygen depletion, the person is in no position to fight his way back.

Thus, the combination of fear and the inability to effectively resist make strangulation a powerful method of control. In some cases, a single violent assault can instill enough fear that even without committing subsequent violence, an abusive partner can exert and maintain control (Johnson & Leone, 2005).

Women’s Experiences of Life-Threatening Violence

The existing literature provides important but relatively limited insight into women’s experiences of strangulation and surrounding events. Researchers for two studies (Farr, 2002; Nicolaidis et al., 2003) interviewed a total of 38 women who were victims of attempted homicide by an intimate partner. Cases were identified through police reports, and strangulation was one of several methods of assault. Each woman interviewed by Farr (2002) reported that her partner threatened to kill her during the attack, and all thought they were going to die. A substantial

majority of those interviewed by Nicolaidis and colleagues (2003) reported extreme jealousy, threats, and stalking leading up to the attack. Respondents in both studies indicated that most of the attacks occurred as they tried to end the relationship. Police and self-reports described the women as being in shock, incoherent, hysterical, and very badly injured immediately after the attack (Farr, 2002). Nearly half the women reported being “completely surprised” by the severe assault (Nicolaidis et al., 2003, p. 791).

Although these two studies offer insight into women's experiences of life-threatening violence that was reported to law enforcement, they reveal relatively little about strangulation or its role in coercive control. In the current investigation, we address these gaps in the literature in the following ways. First, we focus specifically on strangulation, whereas prior research on life-threatening violence has focused on attempted homicide in general. Second, by viewing strangulation within a theoretical framework of coercive control (Dutton & Goodman, 2005), we explore whether abusive partners use strangulation in ways other than as a method of homicide.

Study Aims

We conducted focus groups and semi-structured individual interviews with women living in a domestic violence shelter who had been strangled at least once by an intimate partner. Informed by gaps in the literature, the purpose of our paper is to explore the following in the context of an intimate relationship: (a) battered women's experiences of, thoughts about, and reactions to being strangled; (b) whether they perceive strangulation as a method of control; and (c) their experiences of coercive control in relation to strangulation incidents and in the relationship.

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Method

We used a practice-research engagement approach (Brown, Bammer, Batliwala, & Kunreuther, 2003), which involved city officials, advocates, and service providers. Practice–research engagement, whether limited to a discrete event or involving long-lasting collaboration, “enables practitioners and researchers to learn together about problems of mutual interest, combining their perspectives to build concepts, insights and practical innovations that neither could produce alone” (Brown et al., 2003, p. 84). A brief summary of the process we used follows.

In the winter of 2008, the city medical examiner made an in-service presentation about how to detect nonfatal strangulation—a talk requested by the city’s Women’s Death Review Team¹ (of which the third author was a member) and that we attended along with local domestic violence advocates and members of the police department and District Attorney’s office. Following the second author’s participation in specialized training offered by the director of the since-established National Institute on Strangulation, the executive director of the city’s domestic violence shelter asked for her help in finding research about intimate partner strangulation. The literature review identified a growing literature on this specific type of abuse, albeit little that explored women’s experiences in their own words. This discovery led to the development of the current study, which was conducted with support from the shelter’s executive director and staff and members of the Women’s Death Review Team. This support included helping us develop the strangulation screening question (see below) and, in the case of the shelter, helped us to recruit residents for participation.

¹ For readers unfamiliar with the nature and purpose of Death Review Teams, please see <http://www.vaw.umn.edu/documents/fatality/fatality.html>

In return, we worked with the shelter to develop and deliver trainings for its staff and trainings for local service providers, police, and prosecutors. In the initial trainings, the second author presented a synthesis of research on strangulation; in subsequent trainings, she presented an overview of key study findings on effects of strangulation and help-seeking, maintaining participant anonymity at all times. As a result of the trainings and a report of the key findings, the shelter added information about strangulation to its 40-hour domestic violence training, which is required of all staff and volunteers. The success of the practice-research engagement approach was facilitated by the fact that the three authors have extensive experience in the area of violence against women and had developed collaborative relationships with the domestic violence advocacy community prior to our study.

Participant Recruitment and Screening

Participants were recruited from the sole domestic violence shelter in a large U.S. city. The shelter operates as a confidential, short-term refuge for female IPV victims and their children. To recruit participants, the second author attended shelter community meetings and went door-to-door to introduce the study to the residents. In addition, fliers were posted on bulletin boards in communal places in the shelter seeking women volunteers who were at least 18 years-old, had experienced physical abuse from a male partner in the past year, and were willing to talk about their experiences in an interview or a group of other abused women. The fliers did not mention strangulation because we originally planned to conduct focus groups with abused women who reported at least one strangulation experience and with abused women who reported never experiencing strangulation. We were interested in whether women who did not report having been strangled would remember, re-label, or otherwise reconsider any strangulation experiences during the course of the focus group. We had to alter the plan,

however, because during eligibility screening, all but one of the women interested in participating reported having been strangled (see the following).

The second author performed screening intakes in a private room in the shelter to confirm eligibility. Physical abuse was assessed with questions adapted from the Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The screening question for strangulation was: “In the last twelve months, has an intimate partner ever tried to physically assault you by choking you, or putting his hands around your throat and squeezing it, or putting a piece of clothing/wire/cord around your throat and pulling it tightly?” The question was developed in a meeting of local researchers, advocates, and the city medical examiner to discuss potential collaborative work on IPV cases involving nonfatal strangulation.

We screened 31 women for the study. Of those women, three were not eligible because they had been abused by someone other than an intimate partner and six refused to participate because they were not ready to talk about their IPV experience. Of the 22 women who agreed to participate, all but one reported strangulation by a partner. This woman left the shelter before we were able to let her know she was no longer eligible. Four women did not keep their interview appointments, and our attempts to reschedule were unsuccessful. During screening, women were told why they were or were not eligible and that study participation involved answering questions about their strangulation experiences.

Participants

A total of 17 women participated. They ranged in age from 21-47 years-old. Fourteen of the participants self-identified as African American, two as White, and one as West Indian. Almost all ($n = 15$) had completed high school, and seven had attended some college or vocational training or completed college. More than half ($n = 9$) reported being unemployed; two

worked full-time, two worked part-time, and four did not respond. Three were married, four were divorced, and the remaining 10 were single. All participants had children.

Data Collection

Eight in-depth interviews and two focus groups with a total of nine participants (four in the first group and five in the second) were conducted over 8 weeks. We employed an alternating multi-method approach given the extremely sensitive nature of the topic. We planned to: (a) begin with individual interviews to assess participants' willingness to describe their strangulation experiences, (b) if the interviews were fruitful, conduct focus groups to gather multiple experiences and perspectives, and (c) finish with individual interviews to explore the original questions in greater depth and to address any new concepts that emerged in the first two phases of data collection.

Thus, four interviews were conducted first, and participants openly described their experiences of and perspectives on strangulation. These interviews yielded new concepts, and we used the focus groups to assess agreement (or disagreement) on these ideas from multiple participants at once. For example, we originally did not ask women's thoughts on why men use strangulation; however, one of the initial interviewees mentioned that she thought it was a way to avoid getting caught, an idea that aligned with the controlling behaviors three of the four women had described. Thus, we included that question in the focus groups and subsequent interviews.

The focus groups were small and participants described their strangulation experiences, sometimes in considerable detail. Their reports of their individual experiences did not differ qualitatively from the individual experience reports of those who were interviewed, so we analyzed that content together. Overall, however, the focus groups did not yield the same breadth of experience as the interviews. Participants tended to focus on the abuser (e.g., his motives for

strangulation) and their (the victims') efforts to seek help, and they tended to agree with one another. Thus, we followed through with our plan to conduct final individual interviews with other shelter residents. We used the final interviews to explore several issues that arose in the initial interviews and focus groups. For example, how strangulation impacted women's decision-making regarding the relationship came up in the initial interviews but was discussed in mainly general terms in the focus groups, perhaps because of perceived stigma surrounding not leaving after such a serious assault. Women participated in either an interview or a focus group, and the decision to schedule participants for one or the other was based on their availability.

The second author conducted all of the interviews and focus groups. Several features facilitated her ability to engage with participants, including her expertise in strangulation, her social work practice experience with low-income IPV victims, and her social location as a woman of color (i.e., South Asian) in her thirties. The two co-authors provided peer debriefing (Lincoln & Guba, 1985). All of the interviews and focus groups were conducted in a private room in the shelter on days and at times convenient for participants. Upon arrival, each participant was given a copy of the consent form, which was read aloud. To ensure anonymity, per the University's IRB, participants gave verbal (vs. written) consent for participation and audiotaping. Also, participants were asked to refrain from using any real names (including their own) during the interviews and focus groups. Following consent, participants completed a brief questionnaire regarding their demographic characteristics (i.e., age, race, education, employment status, relationship status, and number of children). Participation lasted approximately 90 minutes for the interview and 110 minutes for the focus group. At the end of each session, health effects and other strangulation-related information was shared with participants. A team of counselors was available in the shelter if participants experienced heightened feelings of stress,

anxiety, or distress as a result of the interview or focus group. Participants were informed that counselors were available; however, no participant requested counselor assistance, nor were any thought by the interviewer to require assistance. Participants were provided with childcare, snacks, and, in compensation, a \$30 gift card.

Interview and Focus Group Protocol

The interviews and focus groups were semi-structured. Each interview and focus group was opened with the following general prompt: “Let’s start by talking about your relationships with your husband/boyfriend/male friend, especially in the last twelve months.” Subsequent questions, informed by the literature review, were open-ended and focused on the following broad themes: the nature of the intimate relationship, the experience of strangulation, events that triggered the assault, her perceptions about strangulation as a form of IPV, the impact of strangulation on different domains of her life, and help-seeking. If the content did not emerge naturally, participants were prompted for specific domains (see Appendix). We focus herein on the findings concerning incident characteristics and experiences of coercive control. (For findings related to health effects and interactions with health care providers, please see Joshi, Thomas, & Sorenson, 2012.)

Data Management and Analysis

The audiotapes for the interviews and focus groups were transcribed. To reduce errors and maximize transcription quality, we compared each transcript with the audiotape to ensure that what was recorded in the tape was accurately captured in the text.

Guided by our specific aims, we used grounded theory (Corbin & Strauss, 2008) to analyze the data from the interviews and focus groups. Two stages were involved in our analysis. First, we performed line-by-line open coding in which we repeatedly read through the raw data

to identify a list of lower-level concepts (e.g., placating, resisting) and higher-level concepts (e.g., response to strangulation; that is, categories under which lower-level concepts eventually are grouped). These categories sometimes emerged from the data and sometimes were related to specific interview questions. Next, we conducted a more focused axial coding approach to “put [data] back together” (Corbin & Strauss, 2008, p. 198), that is, to make connections among concepts, categories, and themes. For example, the higher-level concept that strangulation is a way to exert power and control over women emerged first from line-by-line coding, in which we identified lower-level concepts such as “helplessness,” “directives to obey,” and “warning.” Axial coding led to the grouping of these concepts into two categories: (a) immediate power and control during the incident and (b) maintaining power and control after the incident. In addition, we used comparative analysis (Corbin & Strauss, 2008), which involved comparing incidents described in interviews and focus groups to each other to identify similarities and differences in participants’ experiences of strangulation and of coercive control.

To facilitate this process, we created a Microsoft Excel file to organize data, creating columns for categories and rows for each interview and focus group participant. Responses were inserted into cells depending on how they had been initially coded. This format allowed for the comparison of responses across participants. It also offered the chance to assess the comprehensiveness of the data and to determine that we had reached a sufficient level of saturation. Each transcript was coded separately by two of the authors, and the codes and categories were then compared to check for reliability. We handled coding disagreements by reviewing the transcripts and audio files and then discussing the codes until there was consensus. We did not share themes with participants (i.e., member checking; Lincoln & Guba, 1985) because we did not have permission from the IRB to re-contact participants, which would have

been difficult given that many, if not all, had left the shelter by the time the audio files were transcribed, data were coded and analyzed, and themes identified.

Results

Our findings are organized by study aims. First, we report the experience of strangulation, often described by our participants as “choking.” Except when directly quoting participants, we use the accurate term, strangle. Second, we present the women’s perceptions of men’s motivations for using strangulation. Finally, we describe the coercive control that accompanied strangulation in women’s relationships. Quotes are from the interviews and focus groups, with each labeled accordingly (i.e., participants are labeled as “I” for interview and their participant number or “F” for focus group and their participant number. Note that I1 - I4 represent the first set of interviewees, I5 - I8 represent the second set of interviewees, F1 - F4 represent the participants of the first focus group, and F5 - F9 represent participants of the second focus group.

Women’s Experiences of Strangulation

Almost all ($n = 13$) of the 17 participants were strangled multiple times. Strangulations usually occurred within the context of other violence and happened once during an abusive incident. One woman (I3), however, described being strangled several times during one violent incident: “If he couldn’t black me out, he’d let me go for a little bit, then turn around and do the same shit all over again.” Most men used their hands, but in at least five incidents they used telephone cords, a rope, or a board to strangle the women. Further probing of these incidents explored what triggered the incident, the partner’s statements during and immediately after the assault, her thoughts and reactions during the assault, what stopped the incident, and her subsequent thoughts and reactions.

Perceived strangulation triggers. In general, strangulation appeared to these women to be men's response to feeling that they were not in control of their partner. Jealousy was identified as a frequent activating factor. For four participants, accusations of infidelity directly preceded the strangulation. One participant (F4) said:

He thought I liked one of his friends, and I am trying to tell him, "It's not like that, it's not like that." So I'm there cooking, and he comes back, and he's like, "Oh, what was that conversation you had?" I was like, "It's nothing. If you're so worried about the conversation you can ask your boy." So he was like, "Oh I'll get to that later."...I was putting chicken in the oven. I turned around and grabbed the phone. Next thing I know, the fucking ribbon is around my neck.

Another trigger was the woman saying she wanted to end the relationship ($n = 4$). One participant (I8) described an ordeal in which her partner kidnapped her and took her to a desolate riverfront area:

While we were driving, he's tellin' me, "Do you know what it feels like to drown?" At this point I'm hysterical, I'm crying, I'm scared out of my mind. ...I'm crying hysterically telling him, "Please just let me go." And all of this really started because when he called me and we got on the phone and he was upset, I told him, "I don't want anything to do with you anymore, just leave me alone, it's over." And he ran with that and while we're sitting in the car...he was like, "So you really are leavin' me? It's over?" I'm like, "Yes. I'm afraid of you. I don't want anything to do with you."...And that set him off. That's when he started choking me.

In addition to jealousy and fear of losing the relationship, failure to comply with a partner's demands was reported as a trigger. One woman was strangled when she refused to have

sexual intercourse. For two others it occurred when they tried to go out with friends. One woman (F1) described,

Me and my girlfriend was on my way out the door, and he was tryin' to stop me from goin' out, talking 'bout "No, you know, stay here"...I was like "Look, come on, let's, let's leave, like, you know, I-I don't wanna take this mess." So he grabbed me from behind. I don't know what kind of move it was, but I felt myself goin' [passing] out.

In two incidents, failure to meet even the most mundane demands ended in strangulation:

I7: He asked where his dinner was. Dinner wasn't made, and I was like, "Well I didn't have time. I had to take care of myself." And he was like, "What?" [He] got real indignant, and I'm just like "You know what? I think you need to sit down and have some time all to yourself." I was in the kitchen getting a glass of water, and he just came up behind me and started choking me.

Three participants did not describe or seem to be aware of the events leading up to the incident. They used the word "just" when discussing it, as though it came out of nowhere: "He would just grab me by the neck, choke me, and have me against the door, you know, out of rage" (I2). For these women and four of those who described the incident, the strangulation was unexpected and unpredictable. For others, it seemed almost routine: "It just happens during the dispute or whatever. I mean he never really said, 'I'm gonna choke you today'" (F6).

Reports of partners' statements. Participants frequently discussed what their partners said to them while they were strangling them. Overall, these statements fell into three categories: threats, accusations, and directives. Death threats were most common: In more than half the incidents the partner threatened to kill her. Two threatened general physical harm (I4: "He's, like, 'you know how bad I wanna hurt you right now?'""). In four incidents, partners continued to

argue about the issue that seemed to trigger the strangulation. For example, one participant (I2) explained, “I mean he would just keep calling me names. Whatever he was mad about at the time, whatever he was screaming about is what he would continue screaming about.” In four incidents the man was accusatory and instructed her how to behave (e.g., I7: “You’re not gonna disrespect me”; I6: “I told you about cheating on me and stuff like that, out there with other men and all that. When you go to church you be cheating!”).

Instructions were sometimes followed by actions to ensure compliance. One participant (F4) described her partner’s threats during the strangulation incident and his actions after:

He’s like, “Bitch, you know what I would do to you if you ever fuck one of my friends? ...Let this be a lesson to you,” and he just like threw me down [and kicked her]...He left. Took the phone out the wall. Took my cell phone...Took the beeper.

When he returned a few hours later to find she had gone to her friend’s house, he attacked again:

By the time he came back, he was like, “What the fuck is you doing out of the house?” I was like, “I’m just chilling ...” and then [he tried] to drag me off the fucking stairs. So, my friend is trying to get at him, and she’s tussling with him, and I’m tussling with him, and I caught him in his face, and he said, “Oh bitch, you want to fucking hit me?” Bam! And just like that, I saw black.

Abusers’ reactions after the incident varied. In four incidents, the man expressed shock at his behavior. All of these men immediately left the house. Four participants talked about how their partners would acknowledge and apologize for what they had done, but then shift the blame. As one participant (I1) explained, “He would stop, like, ‘I’m sorry,’ but he’d blame it all on me. ‘But you just be saying stuff you know. And I know you be doing stuff, and I love you so much.’ I’d be like, ‘*What?*’ Another woman’s partner blamed the strangulation on his drinking.

Another woman's (I2) partner apologized each time, but tried to redefine her perceptions: "...he doesn't consider it choking—'It's not choking.' He's 'just gripping me up.' He's minimizing the situation." Later in the interview the same participant said, "I've expressed to him several times that I fear, you know, him taking my life and he would... He wouldn't understand why I felt that way [and say] 'I would never do that to you. Why would you even say something like that?'" In one incident (I8), the partner simply did not acknowledge the strangulation: "And when everything was said and done, he took me right back to that house. And dropped me off and called me the next day like nothing had ever happened."

Victims' thoughts and reactions during the incident. Participants reported a range of reactions while being strangled, most of which were not mutually exclusive. Nearly all ($n = 16$) said they thought they were going to die (e.g., F6: "I thought I was gonna die, I really did, because I got real clammy and everything just got real dark."). The only participant (I6) who did not think she would die credited God: "I believe in God a lot, and I was not losing faith he was gonna kill me 'cause I knew God had me. But I was just trying to get air, and he was cutting my air off." Disbelief and shock also were common, especially when it was the first or only strangulation incident. As one participant (I7) described, "It was so surreal, I felt kind of blindsided. I just was like, 'This man's really choking me' and I'm like, 'Really? You know, [I] can't breathe, you know, [I] can't talk."

Participants often thought about their children during the incident. Eleven women described fearing they would never see their children again and worrying about the impact their death would have on them. One participant (I1) said, "[I thought] that I was gonna die, yup, that my children was, I was picturing them over my casket and stuff like [that]." When children were

present during the incident ($n = 4$), participants were concerned about how to protect them. The four women who were pregnant during the incident feared for the health of their unborn babies.

The most common behavioral response was to focus on survival. Two main strategies were struggling to breathe and trying to make him stop. Four women tried to placate their partners to get them to stop. According to one participant (F3), “You’re not thinking rational, you just can’t. If you’re just calm and just breathe and nod your head...make him think he’s in control—like ‘Yeah you’re right, you all right.’” Another woman (F4) concurred: “If you can get any words out, you just really act submissive.” Although these women tried to influence their partners during the incident, the most common response they reported was feeling completely powerless. Two participants tried to break free, but that typically worsened the situation:

See what most people, what most females think [is that] when you are being choked that you, your body, is free, but by the person choking you, all you think about is the pressure of his hands, trying to catch your breath, release his hand, you aren’t thinking about hitting him because like, with mine, when I fought back, the grip got tighter, so I stopped.
(F2)

Lastly, participants reacted to the pain of being strangled. There was physical pain:

I’m taking the pain, and I’m biting; I bit up my lips so hard I bit the whole [lip], all this is, this is gone, gone that’s how bad [I bit it]. [My daughter] didn’t know. She was there... It was like his whole finger is, like went up in there, and you can feel the imprint of his nails...and I can feel the bleeding, dripping, and you can just feel just feel it, and like, all right, this is my death warrant right here, and you cannot, you can’t talk. (F3)

And, there was emotional pain: “On top of all of it, it is painful to watch the man who so-called loves you try to kill you. It’s like, ‘Where did all the love go? What did I do?’” (F4)

Ending of incident. Participants had little to no control over when or how the strangulation incident ended. In the majority of incidents, the men stopped and let go, but not until the woman had lost consciousness. In four incidents someone intervened: in two, the intervening person was present when the strangulation began, and in the other two, people arrived while it was happening. One participant (I5) said, “I was lucky this last time because the minister came and knocked on the door right at the same time.” Rarely did the woman’s abusive partner stop before she passed out, and in only one incident was the victim able to free herself.

Victims’ subsequent reactions. A major theme that emerged from women’s descriptions of their post-event reactions was that strangulation elicited immediate and lasting fear. All but one of the participants reported feeling more fearful of their partner because of the strangulation. One participant (I2) said that the strangulation made her keenly aware of her vulnerability: “The only thing with the choking incident, it’s just, it started making you think like this person can actually kill you.”

The heightened fear affected women in multiple ways. Three women ended the relationship after the first strangulation incident. As one (I6) explained, “And then I just decided that it’s time for me to do something about it. And I packed my stuff while he was gone.” Four women described feeling trapped. One woman (I3) said, “I guess in my mind I was thinking, ‘I have to leave now. This is it. I can’t do this anymore.’ But that still didn’t make me leave. I was still too scared to leave.” She eventually ended the relationship, as did the other women who initially stayed after being strangled, but only after several more strangulations.

Women who stayed after a first strangulation described how they altered their behavior to avoid violence. One participant (I1) said, “I started to do things he wanted me to do. I just I got real weak, like whatever he said I just did so he wouldn’t do, want to hurt me.” Another stopped

leaving the house altogether. One participant (F7) described a gradual change: "Well, in the beginning I didn't [do what he said], but the more times it happened, the more I went to what it was that he wanted me to do because I just got tired."

For one participant (I4), being strangled did not increase her fear; instead, she escalated her aggressiveness toward him. Her fear came later in the relationship: "When I got scared of him is when he kicked me in my face, and that's when I was trying to weave myself away from him." For another (I7), her child witnessing the strangulation prompted her to leave: "What was the ending point in the situation was when I felt fear for my life. He choked me in front of my child, so that was...crossing the line with me...it was very devastating."

Perceived Motivations for Strangulation

Women's thoughts about why some men strangle their intimate partner fell into three general themes. First, strangulation is a way to exert power and control *during* an assault:

At that point they know they have you somewhere where you can't physically do anything about it. Say he's smacking you. You could just smack him back or whatever; you know what I'm saying? But when he's choking you, you really can't. You're powerless...you can't move. You don't have no strength in your body to move 'cause it's like lights is coming in your head, like you about to pass out. (I8)

Second, strangulation serves as a warning, to exert control *beyond* the assault. A focus group exchange elucidates this point:

F1: I think the choking is like (FG2 interrupts: It's for domination) to me choking was a warning, like "I'm gonna choke the shit out of you," and while he's choking me, I can't breathe, like, he's letting me know, like "You keep fucking playing with me, and I'm gonna fucking kill you" or "I'm gonna beat the shit out of you."

The women discussed how their partners' desire for power and control over them was related to physical differences, specifically, that men typically are larger than women and, as a result, are not intimidated by and can overpower women fairly easily. One woman (F5) said: "It's a man power against a woman power, so you know a man's hands is, like, way bigger than a woman's. It's all around their neck and like you are helpless at that point." They also spoke of gender roles. For example, some men were described as thinking it was their duty to teach a woman her role as he defines it:

F5: Yeah they wanna hear that they have the control, they wanna hear that they have that power, like "Okay, bitches this is what you're gonna do, this is what you're gonna do."

F6: Yeah, "You're gonna do what I say. You're mine that's just that. I'm the man. Ain't I the man?" F5: And that's the thing 'cause we are, us as females, we are so dominated in our relationship by going to work, taking care of the kids, cooking, making sure everything is done. We know we are dominated in that way, but as for them, they say we are just these bitches, females, whores, heifers ...just bearing my kids and doing what I wanna do. As soon as you step out of that boundary it's like, "Bitch, I'm knocking you back down and making your reality. This is your place." And that's how they seem like it. If you stand up to them it's like, "Oh you wanna man up now?" And they are gonna try to knock you back down to make you feel like a female, and what I mean by female is what we have between our legs.

Third, abusive partners used strangulation because, as one participant (I5) explained, "...they feel they're not gonna get caught." Participants said that abusers protect themselves from outside repercussions by purposefully doing things that won't leave visible injuries: "He's being clever. He knows the rules. He knows if I don't show any signs of anything then it'll be okay"

(I2). Indeed, for the five women who called the police after an incident involving strangulation, the lack of visible injuries meant their partners were not arrested. As one woman (I1) described, “Yeah, the first time I did [call the police]. They don’t do nothing, the police don’t do anything. They just...say, ‘We don’t see any visible marks.’” One woman (F7) described how she was mistaken for the aggressor because, although strangulation rarely leaves visible injuries, attempts to free oneself from his grip often do:

My daughter did call the cops one time, but they didn’t arrest him because he said that I attacked him, and he did have a scratch, but it was from me trying to swing at him to get him off of my neck. But because he had a scratch on his neck, they told me that he could press charges against me, too.

Strangulation and Coercive Control

It was nearly impossible for the participants in the interviews and focus groups to discuss strangulation without discussing other abusive tactics they had experienced. In at least four incidents, she was attacked in multiple ways: “He choked me, and he threw me down some steps” (I5). In ten cases, women spoke of separate events as a series of abusive incidents: “I can’t remember in a sense, because it wasn’t just choking by itself. There were other things being done to me...I’ve had my body thrown against walls and sinks and tubs” (I2). All of the women experienced physical abuse.

The tendency to discuss strangulation in relation to other abuse offered a glimpse into the interpersonal context in which strangulation was situated. All described experiencing control. Eight participants used the word “controlling” or a similar expression to describe their partner's behavior (e.g., I2: “It was his or no way”; F1: “I’m his property”). Five women described being coerced or forced to have sexual intercourse. Partners exerted control over almost every area of

the women's lives—their relationships with loved ones, their parenting, and their employment.

An exchange from second focus group highlights the commonality of control:

F5: Oh I get them [death] threats all the time. (Moderator: All the time?) All the time. It doesn't matter. I can't step out the house. I can't go to the corner store: "Where you goin'?" Or he'll look out the window: "Oh I saw you talkin to such and such, who was that?" (Other Ps: Mm-hmm). It could be a friend, or it could somebody from (F6: Family!) Yeah, family! That! (F8: Or not even talking to nobody!) Just walkin around mindin your business (F8: Yeah, exactly, exactly—not even sayin nothing! It's totally wrong!) F5: Yeah, he used to have his friends follow me (Other Ps: Mmm-hmm).

Participants described a variety of control tactics. More than half ($n = 10$) reported that the death threats and accusations of infidelity that accompanied strangulation were not exclusive to those incidents, but were common features of his behavior. One participant (I3) explained:

He would threaten to kill me if I went out. He'd threaten to kill me if he caught me with another guy. He'd threaten to kill me if he found out I had a guy at the apartment, 'cause we lived separate for a while.

Stalking and monitoring were pervasive both during and after the relationship. Partners showed up unannounced at women's places of employment, monitored their cell phones, supervised them at medical appointments, and telephoned incessantly. One woman's (I3) partner tried to control how she dressed: "[If] he didn't like what I was wearing, he'd make me take it off or he'd slap the shit out of me." Seven women described how their partner would enlist other people to monitor them. "If I would leave and go somewhere and stay, all he had to do is give them [his friends] some money and they would tell him where I'm at" (I6). Such monitoring severely affected one participant's (F8) ability to escape the situation: "Everywhere I go he, like,

realized. I was in the shelter, and he knew where I was at. His mom works for the shelter system.” Her predicament was not unique: another woman’s abusive partner had family who worked in the homeless shelter system.

A final control tactic involved manipulating the woman’s emotional and social vulnerabilities; and, there were many. Almost all the women ($n = 15$) had a history of trauma, particularly childhood abuse and prior abusive partners. Abusive partners used that information:

He know how my family was because I’m adopted...So, you know, he take advantage of that, too. So he think, “Oh, since, you know, I know how she is, what she do with her family, I could, you know, try this with her.” (F4)

Another used his partner’s race against her (F1): “One day he reported the car stolen. Got me the heck in trouble, you know, and then they lookin’ at him like, ‘Okay, he’s White, and you’re Black, so yeah, you mighta did this.’” She described expending considerable energy to prove she was innocent so as to avoid being arrested.

Discussion

Nonfatal strangulation is increasingly recognized as a serious and unique form of intimate partner violence (IPV). In 2011, the National Institute of Justice funded the Strangulation Training Institute, the first and only institute of its kind. In the past decade, nearly 30 states have passed laws making nonfatal strangulation a felony (“States cracking down,” 2012; Laughon, Glass, & Worrell, 2009). The laws, perhaps consistent with common beliefs, typically frame strangulation as an attempt to kill.

In our study, we shifted from a criminal justice perspective of strangulation as a means to commit or attempt to commit murder to its more common nonfatal, intentional use to intimidate and coerce. In doing so, we make a unique contribution to the literature, offering insight into

strangulation as a mechanism of coercive control in abusive relationships. To the participants in our study, strangulation appeared to be a tactic of coercive control more so than a failed or reconsidered murder attempt: Being strangled instilled fear and a sense of intense vulnerability. Women learned that resistance exacerbated the situation and attempted to placate the abuser, which is a common reaction given that resistance is associated with re-abuse (Campbell, Rose, Kub, & Nedd, 1998; Goodman, Dutton, Vankos, & Weinfurt, 2005). When strangulation is used to create compliance during and subsequent to an assault, coercive control is established.

Strangulation and Coercive Control

Strangulation is a particularly useful illustration of the importance of behavior and context in coercive control as described in Dutton and Goodman's (2005) model. Few abusive behaviors are so closely linked to the possibility of dying, and few are so difficult to detect. Although chronically abused women report that abusers choose to inflict harm on specific body parts (e.g., scalp, abdomen, breast) where it is less likely to be detected by others, a strategy supported by medical record studies (Allen, Novak, & Bench, 2007; Goodman, 2006), strangulation rarely leaves immediate physical evidence. Bruises on the neck or petechiae (small broken blood vessels) on the face may not appear for days, if at all. Thus, strangulation is, as study participants noted, "useful" in multiple ways.

The abuser's death threats that were a common feature of study participants' lives were a way for the abuser to create the expectation that disobedience would result in negative consequences (i.e., "setting the stage"; Dutton & Goodman, 2005, p. 747). Strangulation, with its potential lethality, was a way to follow through with that threat. Even though, obviously, none of the participants were killed, the fact that each described "going into survival mode" indicates that they did not and could not know if their partner's intent was to kill or immobilize them.

Threatening to kill her reinforced the gravity of the situation; he literally held her life in his hands. Thus, strangulation is an exceptionally effective way to gain and maintain control, the condition of “unfreedom” described by Stark (2007, p. 205), and experienced by the women in our study. For them, strangulation reinforced and was reinforced by the many other controlling behaviors they experienced on a daily basis. As such, strangulation is a method of control, and it is situated within an overall context of coercion and control in the relationship.

Women in coercive, controlling relationships learn to “negotiate the unreality of coercive control” by internalizing a partner’s demands or controls (Williamson, 2010, p. 1412), and, for some, “it is less anxiety provoking to attempt to live in the abuser’s reality than to not” (p. 1418). Men’s behavior after the strangulation is one such “unreality” in our study. Blaming the woman, claiming that the strangulation was not “choking,” and denying that he was capable of murder are attempts to control and redefine her reality. According to Cavanagh and colleagues (2001, p. 711), some men who abuse “seek not only to neutralise and eradicate women’s experiences of abuse but also to control the ways in which women might themselves interpret and respond to the violence.” Surveillance by friends and family and manipulating her vulnerabilities further predisposes her to perceive few options. The lack of detection and increased passivity of the victim likely embolden an abusive partner and further entrench coercive control.

Finally, gender is a critical aspect of strangulation and a critical aspect of coercive control. The women in our study identified being a woman as an important reason for why they were abused in general and, specifically, why they were strangled. They said that strangulation was associated with a desire to control and dominate, which they, like feminist theorists (e.g., Anderson, 2009; Stark, 2007), associated with men. Prevalence data support the idea that

strangulation is a particularly gendered form of IPV: the lifetime risk of IPV strangulation in the general population is 1:100 for men and nearly 1:10 for women (Black et al., 2011).

Practice Implications

A history of nonfatal strangulation substantially increases women's risk of homicide, particularly by strangulation (Block et al., 2000; Glass et al., 2008). The danger, however, may be largely unrecognized. Despite the abuse and level of fear among our participants, all were shocked that he strangled them. To some, it seemed to "just" happen. We join Nicolaidis and colleagues (2003) in their recommendation that clinicians should not necessarily trust a woman's sense of safety without question.

Jealousy and controlling behaviors may be reasonable indicators of risk of assault. Study participants reported jealousy and disobedience to be the most commonly triggers for strangulation. They are associated with women's perceptions of their risk for future violence (Connor-Smith, Henning, Moore, & Holdford, 2011) and actuarial risk of subsequent abuse and homicide (Block et al., 2000; Campbell et al., 2003). Asking detailed questions about the jealousy and control IPV victims experience may help providers and victims assess level of danger. Screening tools such as the Danger Assessment (Campbell, Webster, & Glass, 2009) can be used to impress upon women the danger they are in.

Screening specifically for strangulation itself can help assess mental health needs. Some research suggests that depression and suicide are associated with the level of danger in IPV (Sato-DiLorenzo & Sharps, 2007). Brain injury, a likely outcome of repeated loss of consciousness associated with multiple strangulations (Valera & Berenbaum, 2003), needs to be taken into account in treatment planning. Furthermore, additional risk factors (e.g., abuse during

childhood) can exaggerate the impact of strangulation. All have implications for mental health and treatment.

Mental health providers need to be trained to properly identify how strangulation manifests physically and psychologically. Once identified, it likely will be most helpful for service providers to place strangulation in a framework that emphasizes coercive control. The assertion of Dutton, Goodman, and Schmidt (2005, p. 2) that “a more discriminating understanding of the nature of specific IPV crimes, including the element of coercion, would help secure more appropriate sentencing” goes beyond the criminal justice system. A more sophisticated understanding of strangulation as a mechanism for coercive control can lead to better services for IPV victims.

Limitations and Future Research

Our findings highlight several areas that warrant further investigation, especially in light of the study limitations articulated herein. First, we know that coercive controlling relationships do not always involve strangulation. We do not know, on the other hand, whether or how intimate partner strangulation is used in the absence of coercive control. Based on our conceptualization of how strangulation establishes coercive control, it may not even be possible. Second, learning more about the considerations that lead some women who have been strangled to flee whereas others remain, as well as whether these considerations differ for strangulation versus other forms of nonfatal abuse, will help us better understand the use and effects of IPV strangulation. Third, the perspective of perpetrators would add to our knowledge about strangulation. Fourth, as Glass et al. (2008) suggested, research is needed on potential ethnic differences in strangulation. Ours was a largely well-educated (half had post-high school training or had graduated from college) and mostly African American sample, and African American

women may be at higher risk for nonfatal strangulation than White or Latina women (Glass et al., 2008; the recent NIPSV Survey by Black et al., 2011, does not report estimates by ethnicity).

Finally, small qualitative studies such as the present one are limited; future studies would benefit from larger and more diverse samples, including non-shelter populations, so as to ascertain similarities and differences in women's experiences. Researchers interested in conducting qualitative research on strangulation with larger samples should note that focus groups are a viable data collection method. The participants in the present study did not appear deterred by the group format; rather, they talked openly about their experiences of being strangled and controlled. Moreover, much of what they discussed was similar to what emerged in the in-depth interviews, which facilitated integrating data for analysis. Based on our experience, we recommend that focus groups be kept small to allow for depth of experience and to increase participants' willingness to offer differing opinions. Even so, it is important to keep in mind that discussions of particularly stigmatizing topics may differ across the two methodologies. Alternating between interviews and focus groups may address that problem; however, doing so may create difficulties in analysis if questions are changed substantially over the course of data collection. Mixed-methods research, especially involving both quantitative and qualitative studies, should also be considered because it may lead to an even more nuanced understanding of the topic.

Conclusions

Strangulation is a particularly pernicious form of coercive control. It often escapes detection, can be used repeatedly with few visible effects, and triggers immediate and complete helplessness. Participants reported experiencing intense physical pain and being convinced that death was imminent. Human rights activists assert that such severe abuse constitutes torture

under the United Nation's Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Copelon, 1994).

Strangulation is a way to literally silence women. We encourage theorists, practitioners, and researchers to consider strangulation as a method to establish on-going fear and control as well as a discrete act. Situating a strangulation incident within the context of coercive control highlights its unique nature and offers insight into perpetrators' motivations and the extent of victims' entrapment. Such information is necessary to improve the response of the legal and mental health systems, thereby increasing avenues to physical and mental safety for victims of intimate partner violence.

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*Appendix***Focus Group and Final Interview Questions****Background on Relationship**

Let's start by talking about your relationships with your husband/boyfriend/male friend, especially in the last 12 months.

- How long were you involved in a relationship with your abusive partner?
- How long would you say your partner abused you in your relationship with him?
- Was he always physically abusive towards you? Sexually abusive?
- Did he psychologically abuse you? (e.g., humiliated you, tried to control you, did not let you talk to your friends or family, extremely jealous, stalked you, made threats of violence, etc.). What are some of the things he did to you?
- During the course of your relationship with your partner: Did he ever make threats to you that he is going to kill you? What are some of the things he did to threaten you? (e.g., shouted at you that he will kill you, pointed a knife/gun at you and said he will kill you, grabbed your throat and said he will kill you, etc.)

Background on “Choking” Experiences

During the course of their abusive relationships, women experience different kinds of abusive acts, and one such form of violence is choking.

- Sometimes people use the word “strangle” and sometimes they use “choke.” Do you think there's a difference between strangling and choking?
- How long has it been since the last time your partner choked you?
- Was it a one-time incident? Or, did your partner choke you multiple times during the course of your relationship?

- What was the status of your relationship with your partner at the time when the choking incident happened?
- Did you have a Protection from Abuse Order² against your partner during that time?
- Would you say that the physical abuse (or sexual abuse, psychological abuse) was getting worse over time and then finally one day he choked you? Or, would you say that he was not really physically or sexually abusive towards you but then one day he suddenly choked you? (For those who have experienced more than one incident, ask them to think about the first time such an incident happened.)
- Did you become more fearful of him after the choking incident? (For those who have experienced more than one incident, ask them to think about the first time such an incident happened.)
- Did he start using physical or sexual violence more often after the choking incident?
- After the first time he choked you, did he start threatening you by saying that he would do it again? Or, by saying that he would kill you?
- Is there any other way that you think your relationship with your partner changed after he choked you? Did you make any changes to your life after being choked?

Before and During the “Choking” Incident

Now let’s talk about what happened just before the choking incident and what happened during the choking incident.

- What were the events that happened just before he started choking you?

² Protection from Abuse Orders are commonly known as Restraining Orders. For readers unfamiliar with Restraining Orders, please see <http://www.womenslaw.org/index.php> for an index of each state’s terminology, definition of abuse, eligibility criteria, and protections.

- How would you describe your feelings when he was choking you? What kind of thoughts were coming to your mind when he was choking you?
- How did he choke you? Did he use his hands (one/both)? Or did he use a piece of clothing or wire/cord or some other thing to choke you?
- Did he choke you/try to choke you more than once in the same incident?
- Do you remember what was he saying when he was doing that to you?
- Did you have any visible injuries or marks (swelling, redness, bruises, etc.)?
- Did you lose consciousness?
- Did you have children at home at that time?
- Did you get a Protection from Abuse order against him after this incident happened?

Thoughts on “Choking”

What do you think are some of the reasons why some men choke their partners?

Impact on Different Domains of Life

When experiences like these happen, it can affect women’s lives in different ways.

- Are there any specific health problems that you think you started to have after the experience of choking? Do you still have any of those problems?
- Are there any health problems that you think have worsened since your experience of choking?
- Are there any other ways in which you feel that the experience of choking has specifically affected your life?

Use of Resources

- 1) Sometimes women contact other people (e.g., friends, family) when something like this happens to them. Did you contact someone (or try to contact someone) during the choking

incident or did you ever talk to anyone about what happened to you after the choking incident? (or any of the choking incidents –in case of more than one incident)

- If you did contact somebody, what did they do? Did you find it useful? If you did not, what were your reasons?

2) Sometimes women contact the police when an incident like this happens to them. Did you contact the police (or try to contact them) during the choking incident or after the choking incident? (or any of the choking incidents –in case of more than one incident)

- If you did contact the police, what did the police do? Did you find it useful?
- If you did not contact the police, what were your reasons?

3) Sometimes women talk to a doctor or other health care professional if an incident like this happens. Did you ever talk to a doctor/other health professional about the choking incident? (or any of the choking incidents –in case of more than one)

- If you did talk to a doctor or other health care professional, what did they do? Did you find what they did useful?
- If you did not contact a doctor or other health care professional, what were your reasons?

4) Are there any other people (like a counselor) or services (e.g., shelter) that you contacted and told them what happened to you? If yes, who was the person/what kind of agency was it?

- What did the person do? Or what did the people in the agency do? Was it useful?

5) Is there anything else that you feel that people can do that can be very helpful for women who have experienced incidents like these?

- Family? Friends? Co-workers? Police? Doctors/nurses? Counselor? Agencies?

Coping

Now that we've talked about your relationships and the ways in which abuse has affected your life, I'd like to know what sorts of things you do or have done to help cope with your life, especially during this past year.