

# **“You Look Fine”**

A qualitative study exploring the impact of strangulation on psychological wellbeing, memory, and the lived experience of developing ways to cope.

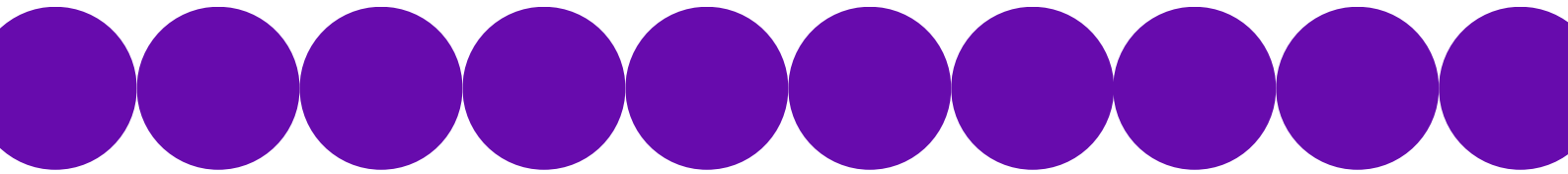


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Date: November 2025



Institute For  
Addressing  
Strangulation



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### Acknowledgements

With thanks to the incredible women who took part in this research and all those who have contributed their lived experience of strangulation to IFAS over the past three years.

This report is dedicated to those whose lives have been significantly altered or lost by strangulation.

## Support

The content of this report may be distressing to read as it details the impacts of strangulation on personal wellbeing, including mental health implications and suicidal ideation. We would encourage anyone requiring support either in advance of, whilst, or after reading this report to seek support. Call 999 in an emergency if you are in the UK. You can press the number 55 on your phone keypad to alert emergency services that you require assistance but cannot talk to a call handler. Non-emergency support is signposted on the IFAS website: <https://ifas.org.uk/get-help/>.

## Introduction

Survivor accounts and multiple large scale systematic reviews have identified the impact that strangulation can have on victim/survivors of domestic abuse and sexual violence beyond physical injury. Research conducted nearly two decades apart has demonstrated that in only half of cases will a victim/survivor have visible head or neck injuries (Strack et al., 2001; White et al., 2021). This raises the question of how victim/survivors, and those responding to victim/survivors, perceive the impact of strangulation in the absence of visible physical injuries.

At IFAS, we have enabled the sharing of lived experience of victim/survivors of strangulation since our inception in 2022. Personal experiences shared with IFAS of the aftermath of having been strangled have mirrored research that has identified the long-term psychological implications such as post-traumatic stress disorder (PTSD), insomnia and sleep difficulties, persistent fear, hypervigilance, suicidality, and neuropsychological effects on memory (see also Bichard et al., 2022; de Lautour et al., 2024). Research has shown consistently that it is not uncommon for survivors of strangulation to feel at the time as though there were going to die (see e.g., White et al., 2021; Brady et al., 2022). These feelings are not unfounded, with Thomas and colleagues (2014; p. 125) reporting that men who strangle their intimate partners are “setting the stage”, ensuring their victim understands they “can or will kill” them. The experiences shared with us to date have demonstrated how debilitating the long-term implications can be and just how difficult it is for others to comprehend their recovery journey.

Strangulation survivors’ persistence and resilience are often driven by various factors. Despite pain, survivors can carry on with their daily tasks at home and work, particularly perhaps if there are children in their lives (Lovatt et al., 2022). Because of this, and isolation which can be so common in domestic abuse – even after having left a relationship – Lovatt and colleagues suggested that it can be difficult for those in survivors’ support networks to recognise what it is they may need. This project intended to explore all of these dynamics, through the experiences of six survivors of strangulation.

## Aims

The aim of this study is to demonstrate the lived experience of the impact of strangulation on psychological wellbeing and memory, recognising the ways in which survivors survive and continue to thrive. These themes had been raised by the survivors through Lived Experience Group meetings with IFAS staff. Although not the main focus of this research, the physical harms associated with strangulation can be debilitating, life changing and even fatal. We will therefore report on any interactions between the physical, psychological and neuropsychological effects of strangulation on victim/survivors. Rather than psychometric or neuropsychological testing, we explore the words and personal accounts of a small group of victim/survivors who engage with IFAS, to understand the intricacies of their experiences and the impact on their everyday lives. As may be expected, the strangulation experiences – for many survivors – sit within a broader context of abuse and therefore this is how subsequent impacts are framed. This is not to say that strangulation is in any less a part of their experiences, but that it is sometimes not something entirely discrete.



## Methodology

The intention for this project was to explore the psychological and neuropsychological impacts of survivors in the IFAS Lived Experience Group. Six survivors were recruited from the IFAS group and semi-structured interviews were conducted in the summer of 2025. Survivors were emailed an information sheet with the aims of the project, an invitation to ask follow up questions, and express their interest in participating in an interview. Following the completing of a consent form, interviews with survivors were all scheduled and conducted by the Survivor Liaison and Research Worker (lead author), with the intention of ensuring proportionate consistency across interviews.

The interview schedule for the interviews was developed by the research team at IFAS, in order to generate conversation that would develop understanding of the broad impacts of strangulation. Interviews were scheduled to last around one hour to 90 minutes and were informally separated into three sections: Psychological Wellbeing; Issues with Memory; and Coping Strategies. As a combination of thematic and narrative approaches were taken for the analysis of interview transcripts (see more detail below), the questions were themed but also broad enough to allow for survivors to discuss what they felt was pertinent. For example, "Can you talk to me about your psychological wellbeing across your life and in relation to significant events?". Interviews were transcribed using Microsoft Teams and the transcripts were checked against audio recordings.

A combination of thematic and narrative analysis was used. The thematic analysis process broadly followed the Reflexive Thematic Analysis approach of Braun and Clarke (see e.g. <https://www.thematicanalysis.net/doing-reflexive-ta/>), combined with thematic narrative analysis, an analytical approach inspired by Riessman (2005). A coding framework was inductively developed by the research team from initial interviews and iteratively developed by the lead author when conducting further interviews. This framework outlined two sections: 'Surviving' and 'Thriving', each with their own themes and subthemes. These are explored and discussed in the findings which are written up thematically and narratively, based on the suitability of individual quotes. The intention behind this was to platform the voice of the survivor in the way most appropriate for what they had shared, rather than expect their experiences to fit into one analytical approach or another.

## Findings



# Findings

## Surviving

This section encompasses the aftermath of surviving strangulation. A state described by the women as intensely shameful, chaotic, distressing, and inhibiting. This section describes the detrimental impact that strangulation can have on many different aspects of a survivor's life, and aims to portray the sheer destruction an act of strangulation can have on an individual.

## Fear

After being subjected to strangulation, participants in this project reflected explicitly on the ways they responded to and processed the residual fear they felt.

*I just couldn't concentrate on noise. I could hear a pinprick outside of the house. I had to sleep with the bedroom lights on, and I didn't really sleep the first six months. I didn't really sleep. I was stuck in a mode of fear where I thought he was going to come back and finish the job basically. (Abigail)*

For many survivors, being strangled is experienced as an explicit attempt to kill. In the mind of Abigail and others, therefore, the risk posed by the perpetrator does not disappear after the strangulation, or even perhaps after the survivor has left the relationship or family home. A study from 2008 by Nancy Glass and colleagues found non-fatal strangulation to be a risk factor for future homicide, with the odds of a survivor subsequently being killed by the strangulation perpetrator increasing seven-fold after having been strangled. The fear inherently felt by survivors, therefore, and the thought the perpetrator would "finish the job", are not disproportionate.

The ways in which the risk may be mitigated perhaps still have the impact on the survivor of their life never being the same again. Katie did manage to feel as though she was "in this bubble in the house in this area because the restraining order helps". In this instance, the penalties applied through seeking criminal justice would seem to limit the fear felt. However, the reality beyond the house for Katie was that she felt as though the restraining order "sort of boxed [her] in", to the extent that it felt "a bit like a prison".

Ultimately, Katie was left leaving the house, only to then "[look] to see if his car's there... because [she] knows he lives quite local". With a prison sentence and a restraining order, Katie received what some would consider as a 'successful' outcome, but the reality for survivors in the aftermath of these processes – because of the fear that continues to be present – may be far removed from any image of justice.

The personal nature of domestic abuse more broadly means the way in which survivors are able to relate to their home and community – what should be a place of safety – in the aftermath and in their recovery can be significantly tarnished. Katie speaks to this above, in the way that she felt that she was in a prison herself. Amy also reflected on the way in which everyday day activities, in everyday spaces, can be associated with past experiences which are then triggered in the moment:

*I get quite big visions and triggers, you know, just any day like it could be a bald head. Like I've said in the past. Or I could be sitting on the toilet and think they're going to barge in. But these are very like, very triggering events, which then brings on the memories. (Amy)*

Amy connects this to the fear felt at the time of being subjected to strangulation, and reflected on the way "your memory gets distorted in a way where you potentially make up devastating scenarios". The element of fear, then, connected with complications around memory – something that can be distorted through fear and particularly the loss of oxygen to the brain caused by strangulation – have heightened Vanessa's experiences of flashbacks and visions. For Amy, this has meant feeling as though she was "being attacked once again".

# Findings

## Surviving

### Fear

The fear in the moment for Natalie presented in a way that she reflected: “even up until later on that night, I was convinced I was going to die”. This feeling is not uncommon amongst survivors of abuse, and has been specifically connected to the act of strangulation. Natalie reflected herself that she was “quite violently assaulted”, but it was the strangulation within that assault, and “the impact of that kind of restriction” that contributed to these feelings. In White and colleagues’ paper (2021), ‘I Thought He Was Going to Kill Me’[1], over a third of strangulation and sexual violence victim/survivors thought they were going to die at the time of the assault. This was similarly reflected in Brady and colleagues’ paper (2022) where almost half the police report sample included victim/survivors thinking they were going to die. This trajectory from processing fear continued for Natalie into “numbness”. This may not necessarily be a typical presentation of fear, with Natalie describing becoming “like a statue”. Although it is a more subtle form of fear, it is no less impactful. Natalie described the way in which friends would reflect coming to see her and her not remembering them being there. This, particularly because it is less explicit, could be important for practitioners to be aware of when considering the varied impacts of, and responses to, surviving strangulation.

### Thoughts of Survival and Suicide

**Please note, this section discusses suicidal ideation and plans, which some readers may be impacted by/find distressing. If this is the case, please move onto the next section (‘Sense of Self’).**

Through a combination of the violence involved in the act of strangulation, the fear it generates, and the lasting impact that is set in motion, survival is not always guaranteed. Whilst the survivors in this project were not killed as a result of the strangulation, some reflected thoughts of taking their own life. This is not uncommon; suicide has been noted as an impact of strangulation (see e.g. de Lautour et al., 2024; Joshi et al., 2012) due to the severity of the act, and the power and control that is exerted by the perpetrator. Research into cases of suspected victim suicide following domestic abuse found subsections of strangulation in a fifth of cases (Hoeger et al., 2024). Natalie reflected how the cumulation of effects from the strangulation resulted in a “knock on of mental trauma” including post-traumatic stress disorder, mood swings, and paranoia. Ultimately, this led to Natalie considering what would be next for her.

*My life stopped to be honest with you. So the debilitation as a result of that was very, very tough. I actually, at one point, didn't want to go on. ... There was one point, I could not cope with the trauma, couldn't cope what was happening to me, couldn't cope with not sleeping at night. And all for what, you know, none of it was my fault. I didn't ask for it. (Natalie)*

Natalie compared the way in which her life could have ended as a result of the strangulation caused by the perpetrator, with how her life could have ended because she “was at one point suicidal”. This meant Natalie was able to consider how far she had come already in her recovery and therefore how she was able to keep going. For Natalie, this reflection meant she was even able to see ways what happened to her had “made [me] stronger”.

[1] Full paper title: ‘I thought he was going to kill me’: Analysis of 204 case files of adults reporting non-fatal strangulation as part of a sexual assault over a 3 year period

# Findings

## Surviving

### Thoughts of Survival and Suicide

Of course, recovery may not be linear or absolute, and for Katie, there were feelings that have persisted. Katie described “not wanting to carry on” and how she “still [had] those thoughts”. The fluctuations in these feelings, with them being not as “deeply ingrained as they were” previously, is the way in which Katie has reflected on her recovery journey. As with Natalie, there was a strength shown by Katie in the way she discussed needing to “keep going”, her motivation being that she “won’t let him [the perpetrator] win”. Again, what must be recognised is that there is likely no clear path to recovery and for some, as it was for Katie, “it is a constant battle everyday”.

In her interview, Abigail reflected on the difficulty she felt in addressing her suicidal thoughts when she found out her counselling notes may be used in her criminal court process. She described the impact as not being able to “open up your heart about a lot of things”. There is significant risk in this, with Abigail noting this to be “a very dangerous point in it all”, where survivors seek professional support in the aftermath of violence or abuse, but still feel restricted in the way that they can engage with that support. Abigail said herself that she “was suicidal”, thinking “ten thousand times a day of different ways to kill [herself]”. For Abigail, it was her faith and this community that implicitly and explicitly supported her recovery, perhaps in the absence of feeling able to engage in formal interventions.

### Sense of Self

For some, fear was embodied, in a way that altered their sense of self. Abigail reflected on her fleeting perception of the act of strangulation, juxtaposed against the “aftermath of the damage”. This is an important consideration for survivors and practitioners alike, when working in the aftermath that is less immediate, but still significant in a victim’s survival journey. The concept of there always being that experience in an individual’s life is not to be underestimated. Abigail articulated this in a helpfully evocative way:

*That's why I refer to it as the necklace of fear. It's more like a chain. Once it's around your neck, you can't just shake it off. (Abigail)*

This feeling of not being able to “shake” off the trauma a survivor was subjected to was also reflected strongly by Danielle who noted that “It changes your whole personality and your whole perspective on life”. This is a significant impact that is deeper and more enduring than perhaps any visible physical injury at the time of an attack.

Not only can this be something not initially considered by a survivor in the aftermath of strangulation, the misunderstanding around a linear recovery journey may also be held by friends and family, further compounding the impact on the survivor. Danielle reflected becoming “very lonely” and having “an overall feeling of despair that you feel very let down; there’s no one to help you”. Research (see e.g., Evans & Feder, 2015) has noted the impact on self-blame and barriers to help-seeking in victims of domestic abuse whilst still in abusive relationships. However, these impacts can remain, and seeking support from networks may not automatically become easier after the abuse has stopped. This nuanced position of family and friends having an understanding of impact, but perhaps their support not enduring in a way that is required was also experienced by Katie:

*Having family and friends, they do understand your mental health, but only in the time of the crisis. So when it comes to later, like down the road, when you're really struggling and needing help, they're not fully understanding because you look better, you might be doing a bit more than you were doing, but it doesn't necessarily mean that you're well. (Katie)*





# Findings

## Surviving

### Sense of Self

Katie describes there being an “illusion” of wellness after an incident. This is because of an expectation from others regarding recovery for a survivor, but this is not necessarily the reality for many. What this can mean is a greater appreciation from survivors when practitioners and services are able to acknowledge the lasting impact and severity of their situations. This is something Katie described in relation to being put on an enhanced response when calling the non-emergency police number, 101. This flagging, for Katie, gave her “a sense of, they’ve taken it seriously”. It is helpful to recognise the scope of support networks an individual may be seeking. For Danielle, it was her place of work:

*It affects your trust in people and I think you just really try to cling to anyone that offers you a little bit of support or somewhere that you might feel a little bit of stability and that was for me I think that was like my workplace. (Danielle)*

This concept of stability, and perhaps ‘normalcy’, is perhaps particularly important with violence that affects an individual’s perception of themselves. If internal stability is not an option for survivors, external validation may be sought. Without effective external responses, survivors can be left feeling “worthless” and as if “there’s something inherently wrong with you” (Danielle). All of these feelings are considerable and affective with regard to an individual’s self-worth. Having an understanding of this impact on the self, however, may be used to give agency back to a survivor to control their own narrative moving forwards. Danielle reflected: “I’m still myself. I’ve still got choices, I’ve still got my faculties”, in a way as to reclaim her next steps of recovery.

### Intersectionality

This theme encompasses a myriad of different influences that the women defined as relevant to their psychological wellbeing and ability to cope after being strangled. Some used their intersecting identities, and difficulties faced before being strangled, as a way to highlight the impact that the strangulation had on their sense of stability. Others used previous experiences as a way of describing their resilience and how they coped after being assaulted by strangulation.

Rebecca “grew up in a household where coercive control, domestic abuse was normalised” and so this was the context for a subsequent experience of strangulation; as Rebecca says, “that was my baseline of normal”. With this abuse normalised before being subjected to strangulation, Rebecca needed the intervention of external factors to understand and somewhat recalibrate perceptions of normality: “So psychological wellbeing wise, I thought everything was fine, as far as I’m aware it’s fine until somebody tells you it’s not fine”.

What is interesting about this circumstance, therefore, is that the negative psychological impact on Rebecca could be seen to have come from external factors. This, of course, does not shift the focus of the cause of harm, which must remain with the perpetrator of the abuse. It simply suggests that supporters and professionals empowered Rebecca to see her circumstances differently. Despite having this sense of normality, Rebecca acknowledged that her resilience built – perhaps subconsciously – through having to manage these abusive situations from a young age.

*So resilience was something that I had to navigate through from a young age. So I suppose for an average person, my resilience was more ... So wellbeing wise, I thought if stressors came about or an incident or something, I had a natural ability of adapting and navigating through that without much thinking. It just happened naturally, I suppose. (Rebecca)*





# Findings

## Surviving

### Intersectionality

Similar circumstances were echoed throughout the survivors, with Amy reflecting on being a “child of care” and Abigail considering the impact of having “quite a troubled childhood”.

In addition to growing up with domestic abuse, Rebecca disclosed being neurodivergent and how she felt as though this has impacted on her memory, noting that “my working memory isn’t as great”. However, what we know about strangulation is that reduced oxygen supply to the brain, caused by a restriction of the airway and/or blood vessels, can prevent memories from being formed. Therefore, it may be the result of multiple intersecting factors that has left Rebecca with this view of her memory. This is something Rebecca herself reflected upon: “...there’s a fine line between, is that psychological trauma or are you just neurodivergent?”. Rebecca continued to describe the impact this accumulation of factors had on her after having been strangled.

*I think my brain, what it does is it erases things that could be a coping mechanism of, you know, the finite details. Some people remember every single details. I remember the feeling, but not necessarily every detail of what’s happened. (Rebecca)*

What this meant for Rebecca in seeking support and redress through the criminal justice system, in addition to Rebecca being part of a racially minoritised community – another intersecting factor – was that “none of your mainstream things were even offered to [her]”. When considering skin tone and strangulation specifically, considerations need to be taken regarding the presence and capture of visible injury, particularly when progressing with a police report.

*I suppose bruising, beats or anything else would show, but even if I’m even if the colour of my eyes changed, it wouldn’t be something that if you’re not, if you haven’t worked with racially minoritised community. ... if they’re not asking, you’re not saying anything because how do you know if this is normal, not normal. (Rebecca)*

This reflection from Rebecca echoes the first topic in this section, with the normalisation of circumstances being formed through individual circumstances and it is only with external influence that these experiences can be more broadly contextualised and supported.

The theme of ‘Intersectionality’ can also be used to reflect the ways in which impacts build up within an individual’s life before and following an experience of strangulation, both causing and being affected by additional harm. Natalie described the compounded impact not “sleep[ing] for over a year” and then “becom[ing] withdrawn” with having only “patches of memory”. This continued to compound for Natalie:

*Obviously, sleeping my sleeping issues, major, my life stopped to be honest with you. So the debilitation as a result of that was very, very tough. I was. I actually at one point didn’t want to go on. (Natalie)*

Being able to compare previous mental ill-health earlier in her life allowed Natalie to reflect on how the experience post-strangulation was different and “much more heightened”. Natalie described the way she “just couldn’t come to terms” with everyone and that it was “enveloping” her. The effect on Natalie, ultimately, was that she “had no control over [her] brain”. The impact of intersecting experiences and trauma also affected the memory of Amy, who reflected that “you can forget to go to an appointment or etcetera just because your brain is constantly going at 100 miles an hour and it doesn’t shut off”.

Whether prior experiences or the intersection of personal identities lay the groundwork for responding to the additional trauma of strangulation, or whether they present as a crumbled foundation for strangulation to deepen the cracks, varied both within and across survivors in this project. Strangulation has catastrophic impacts on individuals’ lives, feeding into the kaleidoscopic way in which survivors reflect on their survival.



# Findings

## Thriving

This section explores what it means to move beyond surviving to a state of thriving. It includes the lived experiences, benefits, and shortfalls of navigating formal interventions, as well as informal and individually constructed ways of making life better. It examines ways of connecting with the self again and finding value in the steps taken each day after surviving strangulation.

### Formal Interventions

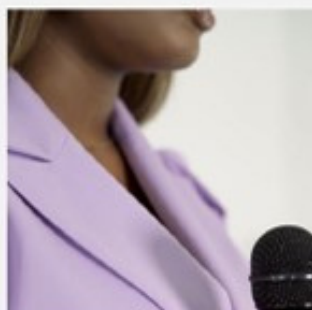
To move forward from a state of survival, formal interventions were often sought as a form of recovery. This theme outlines what was important for the survivors when they navigated through formal interventions, and how these supported the survivors to thrive.

The survivors in this project highlighted the importance of formal interventions needing to be individualised. These were described in terms of the different types of help available: “For some people, CBT might work... for other people creative arts or art therapy” (Rebecca). Being aware of the myriad of different formal interventions that are on offer provides agency to the individual in choosing the right path for them. This is important in the context of strangulation, which often co-occurs with domestic abuse, and coercive and controlling behaviour (see e.g. Edwards & Douglas, 2021). Within all of these situations being linked to feelings surrounding lack of agency and control (Bishop & Bettinson, 2017), by beginning the healing process with the freedom of choice is likely an important first step.

The reason that Rebecca advocated for this individualised approach was through reflection of her individual needs. Some of these individual needs were outlined in the previous themes surrounding intersectionality, but could also be connected with where each individual is on their survivor journey. Danielle discussed the positives of an early intervention “which kind of helped [her] to leave [her partner]”, which was accomplished because, in her words: “I had someone to sort of validate me, which is what I needed at the time”.

This suggests that Danielle deep down already knew that leaving the situation was the right decision, but was provided with positive reinforcement of her own decision making by an external source. With gaslighting, which can also be a commonality in domestic abuse settings, having a negative impact on victim agency and decision making, this validation is likely an important aspect during early points on survivors’ journeys.

In comparison, many survivors did not find more typical talking therapies as beneficial later on in their recovery. Instead, a common option discussed was eye movement desensitisation and reprocessing (EMDR) therapy, where bilateral stimulation is used to process subconscious traumatic memories (British Association of Counselling and Psychotherapy, n.d.). Natalie suggested that EMDR therapy was particularly effective for “bits in my memory that [she] was really stuck in”. For her and other survivors, feeling stuck related to the specific memories surrounding the violence that they had been subjected to. While Natalie acknowledged that “focusing on this part that was near death”, acknowledging she thought that this was a “natural” thing to do, it again highlights the significant role of memory in PTSD and psychological distress. This is likely why therapy that focuses on reprocessing was effective, with Natalie describing the process of “broaden[ing] that memory out”, meaning she came to realise that she was “not in that house anymore”. By going beyond the triggering memory and discussing the mechanics of how they got from that place to where they are now starts to move them on from those memories.



# Findings

## Thriving

### Formal Interventions

Finally, individualised formal interventions also included practical considerations, with Rebecca noting: “If there was free help, it was at a time like 10:00 in the morning. But I work. You know, so I couldn’t go”. The indirect consequences of strangulation often included the potential of changing significant parts of a survivor’s life, such as locations, homes, jobs, and financial situations. Furthermore, having some control over whether formal interventions can slot into a daily routine would differentiate them from adverse consequences of strangulation, such as court proceedings, which continue to impact survivors’ day to day lives, with little or no choice being given to them. Overall, as well as the content of the formal intervention being important, it was seen as particularly useful if it could be as less an inconvenience to the survivors’ lives as possible.

One of the overwhelming positives provided by formal interventions noted by the participants in this project was the increased knowledge and understanding that they gained:

*I was so well educated in these sessions... how your brain works and how non-fatal strangulation can, you know, cause and effect not just then, but a lot further down the line. It was the education which really helped. (Amy)*

One reason for why this helped could be because of the acknowledgement and acceptance of less visible symptoms of strangulation that the survivors had reported feeling:

*When I was really struggling with hypervigilance in the start and he said I’m going to say to you it’s one of the hardest things that will go away, and he says that might never go. (Natalie)*

The commonality between the two quotes also highlights an acknowledgement that the symptoms may be longer-lasting than previously expected, but that the role of formal intervention can be to educate, in order to support the survivor to move forward from purely a place of surviving with these symptoms.

This acknowledgement and knowledge were seemingly not expressed by all practitioners with whom the survivors had contact:

*I’ve gone on more different, a lot of different medications... And I think that’s kind of the downfall is that you’re not understood. So you’re prescribed so much. Because they’re like, well, this will help you for the interim. This will help you for now and it doesn’t. It’s just a short term fix. (Amy)*

This highlights the importance of practitioners needing the appropriate knowledge to go beyond the short-term fix of medication, especially when considering Amy’s interpretation of this meaning that the medical professional had not understood her. Although unclear as to whether this medical professional did also signpost to additional formal interventions, it is clear that Amy did not see medication as an appropriate remedy for them. Of course, for some, medication may be the best and most appropriate intervention, and this is again why individualised responses are vital.

Natalie also highlighted the deviating potential impacts that new imparted knowledge and understanding from professionals can have on survivors:

*You can turn into something that like swamps you and disables you. Or you can say I’m going to take that knowledge. I’m going to take that insight and then shape that into something, that’s going to help me (Natalie)*

That being said, the survivors in this dataset tended to focus on the latter. With practitioners providing honest and informed information, the knowledge and understanding from formal interventions assisted in the survivors feeling empowered to continue on their healing journey.

# Findings

## Thriving

### Reconnecting – To Others

*Building those shoots of connection again is where the healing and the magic happens.*  
(Rebecca)

The survivors in this project reported a strong level of continued support from their close friends and family: “There’s been a lot of people round about me, you know I’ve got a great husband who knows everything” (Natalie). However, reconnecting through disclosure of experiences looked different for different survivors: “Even if you just tell one family member, at least you’ve told somebody. In my case, that’s all I did was tell one family member” (Amy). Regardless of who and how many pre-existing relationships the survivors confided in, having continued support following disclosure helped with coping in a number of ways. For example, Danielle found that it improved her cognitive load when socialising:

*Interaction doesn’t drain me as much anymore. Like I can talk to people and I can enjoy a conversation instead of worrying about what they’re thinking. And they’re thinking that I’m really crazy or because I just, I’ve just carried this round for years of being like that girl who got beat up.* (Danielle)

By re-building trust with those around them, it suggests that survivors are able to focus on the present conversation, compared to previously worrying about others’ perceptions.

As well as the reassurance from their existing support system, the survivors noted the importance of meeting others with lived experience, and how that assisted with their healing: “I did feel very alone. But hearing other people’s stories helped.” (Katie). Katie discusses one particular individual who seemingly took her under their wing: “She said ‘I was there’, however, and ‘it will get better’.” Both providing reassurance that where Katie was at in her journey was something shared between them, whilst simultaneously being a role model for where she could get to, was beneficial to Katie’s wellbeing: “she just gave off that aura to me of feeling sort of like, yeah, it was what I needed to hear and see that it is a journey”. Abigail also highlighted a positive of this shared understanding from others with lived experience:

*But at some point you’re going to talk about the elephant in the room and you’re going to be doing it with other people that understand so when they find you in the toilet crying, they’re not going to think ‘Oh what’s wrong with her’.* (Abigail)

The shared understanding provided Abigail the opportunity to not only share her story with people who have a level of understanding, but do so in the comfort of knowing that the potential emotional reaction that she may have to sharing would be accepted by the people hearing the story. The combination of these highlights that creating a support system including others with lived experience can provide a safe space for survivors.





# Findings

## Thriving

### Reconnecting – To Others

The concept of reconnecting with others is also noted in the survivors' reflections on their place in wider society. In going through the process of understanding how their lived experience has shaped them, it has seemingly led the survivors to want to help through imparting their knowledge to improve their communities: "If a woman's getting strangled and a house is getting smashed up, people need to stand up. There's this bystander training, more of that needs to be done. It's more building up community again" (Abigail). Abigail's comment points to a level of distrust of her community because of a lack of support when she needed it. Therefore, reconnecting with others in their community starts from others being better informed around their personal accountability to do the right thing. This is so that a similar aftermath to what was experienced by Abigail does not continue to be a common experience for survivors: "People standing by and watching my house get smashed up and seeing what happened to me and taking an abuser's side".

Rebecca also recognised the power of education in being able to advocate for others. She reflected on an event that occurred just the day before "on the way back in [town] train station. I saw this man harassing this girl who's 19". Rebecca observed the man "sit next to her, and I could see his whispering.", before the girl "flew up and she stormed the opposite way". Getting a sense that something was wrong, Rebecca took action:

*I went around and I saw her in absolute tears. And that's a that's when trauma happens when you try something really big by yourself. So, she was on the phone to her mom. And I said we need to report this. And I told her, 'are you OK?' And she said 'yes'. And I had to forcefully tell her 'whatever's happened there, it wasn't your fault'. (Rebecca)*

By Rebecca immediately seeking to support the young woman, her aim was to make the girl feel less alone and attempt to reduce any negative feelings that the girl might experience in the future: "I said there's no way this incident is going to be psychological trauma for this young person". She reflected on how her experience was a driving factor in her actions: "now if that never happened to me at 19 or 20, I would have thought, well, actually, that's none of my business.", but now, it has "made [her] today an active bystander in a way where you can spot trauma or trauma happening". Rebecca suggested that she finds strength and healing in being able to assist others. Furthermore, it highlights that hypervigilance, a common symptom of having experienced strangulation, can be harnessed to reconnect with others.

### Reconnecting – To Yourself

Amy's path to reconnecting with herself involved accepting the changes that were a direct result of her lived experience:

*You start to notice that you're a different person. And sometimes I don't even know what that means, but I just know that I'm not the same happy outgoing person that I used to be, and even trying to learn myself who I am as a person now has been a journey. (Amy)*

Prior to her lived experience of strangulation, Amy described herself as "just a normal young women" who was "experiencing life and just going through the motions".

She suggested that her identity revolved around "working in a job that I love". Her job role and the identity attached came to an end, with Amy noting: "I can't do that job because it can be triggering for me". As well as the more obvious financial impact that not having this job may have caused, there is also a sense of grief in losing who she was through not being able to continue in this role. This change in identity, however, felt necessary for Amy, to provide her with a sense of safety: "I've had to change my whole identity to almost hide myself away. And I think some, that's a lot of what people want to do, so that they're not found". Hiding away can help practically, in terms of not being accessible to the perpetrator of previous abuse, but likely also assists in the survivors coming to terms with their new identities in their own time, before presenting this new person to others.

# Findings

## Thriving

### Reconnecting – To Yourself

Practical ways of assisting themselves through this process were noted by survivors. For Amy that was finding a way to focus less on previous events:

*I just build some Lego which has helped... follow something step by step, it really helps... Which I've said to you before, but I would 100% tell people like if you've got a trauma brain, do that, it helps you just live in the moment and teach some concentration. (Vanessa)*

Taking part in activities that stop survivors thinking about the past and improved concentration likely improved common symptoms of strangulation, such as rumination of the event itself (Bishop et al., 2017) as well as that of the past life that they have been forced to move on from. Other survivors provided practical tips that assisted them through psychological symptoms, such as Rebecca “needing to jot things down or record things” with a notepad she carries with her, or Katie getting “a new bed and a new mattress”.

As well as taking these practical steps, Amy took joy in “reintegrat[ing] into a gym... and doing some sea swimming”. Emerging back into the outside world from a place of safety was noted by Amy as “small steps building back up my life as it, what it used to be”. Being out in nature, whether that be exercising as for Amy, or Katie in going “down to the beach and to the sea”, was suggested as important for their mental health. However, Katie also highlighted the limitations she felt around going to public nature spots: “I haven’t been able to do that because I’m scared of meeting them [the perpetrator]”. This suggests that considerations still needed to be made regarding previous life experiences when focusing on ways to move forward. Furthermore, nature was a component for when Rebecca was developing her new identity: “Nature had helped me, I’ve never been a nature person but there is something therapeutic about going out there, going outdoors”. This highlights a certain level of freedom that reconnecting with themselves can bring, with the ability to find joy in new things.

Finally, Amy noted the consistent self-talk that is needed to continue to personally re-connect: “I was thinking even this morning, you know, I lost everything and sometimes it takes, you have to take a minute to stand back and be like, look at how much I’ve rebuilt”. Being able to put her whole journey into perspective was important for understanding how far she had come. Other survivors highlighted the positive mental attitude that they have reached through re-connecting with themselves, such as Natalie noting, “the faith that I feel in myself because I think that’s a great gift”, and Danielle advocating for “find that mindset of gratitude, because otherwise you’re not going to get better and you owe it, you owe it to yourself to get better”.

The survivors having to reconnect to their perceived new identities, and present them to others, was not necessarily a choice that they made, rather it was a necessity borne out of their abuse. Despite the reasons for needing to do so, the strength shown by survivors in taking agency over the next steps of their recovery enabled them to move past a point of just managing symptoms and impacts, to be able to almost curate a new set of circumstances that may allow them to thrive.



# Findings

## Thriving

### Reframing Circumstances

Reframing circumstances was a process that many of the survivors undertook, referring both to the strangulation itself, and to assist in their healing journey. When related to the strangulation, Rebecca highlighted the importance of “understand[ing] it from a bigger, greater birds’ eye point of view perspective on this issue” in order to provide psychological relief. Doing this work was a step towards healing for Rebecca as she felt: “that story itself can do a lot of mental harm and mental damage”, through the “shame attached”. This left Rebecca questioning whether she did something for this to have happened to her. Being able to overcome feelings of shame or responsibility, common psychological symptoms of strangulation (Douglas et al., 2024), was important. Rebecca accomplished this process of reframing through telling herself:

*It's not something that I've openly and willingly wanted to happen to me, it was something that's happened because of my cultural factors, my father thought I was dishonouring the family, it's not something, I was chose to be born a Muslim or whatever. (Rebecca)*

Through linking her circumstances to a lack of choice, Rebecca began to distance herself from any responsibility or blame. Another way she reconceptualised was by attempting to remove any personal connection to the circumstance as possible:

*Actually [name of researcher], if you were my father's daughter and you behaved when you wanted freedom, over strict rules and regulation he would have done it to you, so why personalise it? ... So I think my father would have done it to any of my siblings, female siblings, should they go against his belief system. (Rebecca)*

By placing the blame where it rightfully belongs, with her father, Rebecca has worked to remove any misplaced shame or responsibility from herself.

Other survivors also use the process of looking at the bigger picture, and placing the blame solely with the perpetrators in order to begin the process of psychological healing:

*It's not like you've had an argument and a cup's been thrown up the wall or a door's been slammed. Someone actually putting hands around your neck to stop you breathing means they're intending to kill you or they don't care if they kill you. Whether they've lost it in that moment, there is something psychologically wrong with their brain to do that to another human being, especially one that they want to say that they love... It's a massive process to try and get your head around. (Abigail)*

As described by Abigail, this process of reframing her circumstances, to remove her own feelings of shame and blame, is not a small undertaking. However, it has had an important role in her journey to healing, through providing some psychological relief.

Not only was reframing a technique for how survivors viewed their circumstances, but it also related to how they were going to respond to their healing moving forward:

*I always had this mantra, that if I continue to feel affected and say I do lock myself away, it's like he's won and I can't face that in life. I can't face it that he's won because I've came a long way. I've went through the hopelessness, the breathness of losing who I am, a kind of sense of grieving for who I used to be? And losing all of that. So, he took enough out of me. (Natalie)*

Natalie's motivation to progress and heal was seemingly developed through resilience and in defiance of the man that subjected her to violence. It could almost be seen as fighting the perpetrator in their mind in the aftermath. Acknowledging how far she has come likely provided some psychological relief because it showed her ability to get through hard times.





# Findings

## Thriving

### Reframing Circumstances

Similar sentiments were noted by other survivors in this project: “You know, I won’t let him win. I won’t let him, you know, sort of beat me down. But it is a constant battle every day” (Katie). This highlights that even with resilience and a strong motivation for continuing on the healing journey, that it is not without its struggles. It suggests that as well as psychologically fighting the perpetrator, they are fighting to be well and to continue.

Natalie suggested that holding onto her mantra: “reinforc[ed] the sense of recovery that’s there for me”. This highlights that her journey has produced a sense of pride and optimism for her continued recovery. Reflecting on her lived experience, she noted, “you put me down, but you didn’t put me out” (Natalie), highlighting that her resilience has endured and will continue.

The survivors in this project found that speaking out about their circumstances have provided them the ability to reframe how they viewed their journey:

*Just speak up on being a survivor of such a traumatic event has given me so much more like empowerment, and so it’s taken something so bad and volatile and turned it into something at least good. And tangible that can be helpful towards somebody else. (Amy)*

As well as this reframing being seen as positive for their own mental wellbeing, it also speaks to the ripple effect that representation can have for other survivors.

They have been able to reclaim their own voice and story by them being the ones in control of the narrative. It not only assists the survivors in processing and reframing their own circumstances, but also works towards wider conversations surrounding justice and healing:

*I’m never going to stop saying I’m a victim of strangulation because I am and I need to tell that story, even if that story has been, I didn’t get the justice. But let me tell you about, you know, everything else that I went through as a victim because other people. I want them to know it’s not even about the verdict. The verdict will come and go. It’s actually about your own healing journey and how you’re going to, you’re going to survive and thrive afterwards. (Abigail)*

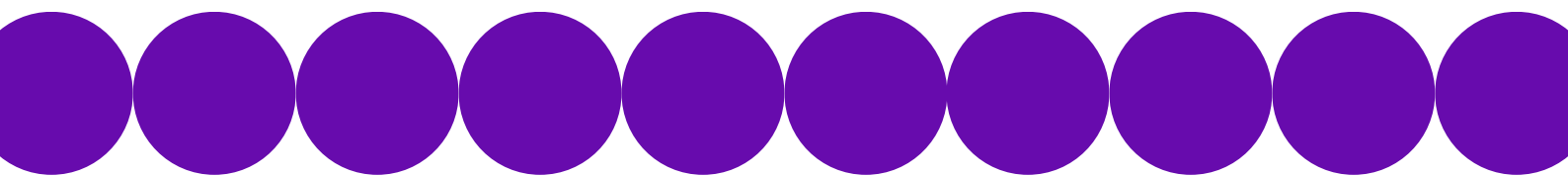
There is undeniable attrition through the criminal justice process when reporting strangulation (see e.g. Bows & Herring, 2024). Therefore, survivors’ criminal justice experiences are important to note in conversations surrounding strangulation, in order to highlight that improvement is needed. That being said, Abigail suggests that her story will not have ended regardless of the outcome of a court case, so wider context needs to be considered. Being able to reframe their own narratives in this way allows others to know that all survivors’ journeys are unique. This means healing at their own pace, with techniques that they can navigate through to find what works for them, in order to be able to thrive.

## Conclusions

Strangulation, whether in the context of domestic abuse or not, can have significant and debilitating effects on the victim/survivor. In the moment, the need to survive may be countered by the extreme fear, pain, and control the victim/survivor is being subjected to. It is clear, therefore, how these experiences lay the foundations for the recovery journey victim/survivors face after they have survived.

Survival has been a key feature for survivors in this project, not just in the sense of physically sustaining themselves during an assault, but in relation to the way they process and move forward from what has happened. The concept of purely maintaining themselves, learning how to deal with triggers and flashbacks, and tackling the mental health challenges and suicidal ideation often linked with strangulation, was central in survivors' accounts. This should show survivors and practitioners alike that the impact of strangulation must not be underestimated. Ultimately, the adjustments they needed to make to their lives, and how this affected their sense of self, were substantial, highlighting the need for strong and informed support networks. The ways in which their identities and histories set them up for dealing with abuse and recovery were also explored, and showed how an individualised approach to support must be the starting point.

In 'Thriving' post-assault, formal interventions may be required and may be extremely beneficial. A clear, person-centred approach is needed, but this was not necessarily the experience of survivors who had dealt with more 'fixed' services and processes that did not allow the choice and autonomy also removed from the survivor during the strangulation and wider abuse. However, knowledge is power and this can work in two ways: with practitioners sharing their informed knowledge of strangulation with survivors in order for them to better understand their experiences, and; with practitioners being informed by the lived experiences of survivors in order to better understand their role in survivors' recovery. Connection to those around survivors, and survivors reconnecting to who they now are after abuse, was highlighted strongly and consistently, and allowed survivors to see the active role they have taken in their recovery to a place where they feel they are able to thrive. This all allows there to be a helpful reflection on the abuse and violence that survivors have been subjected to, for them to reclaim their voices and their identities.



## References

- Richard, H., Byrne, C., Saville, C.W.N., & Coetzer, R. (2022). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*, 32(6), 1164-1192. <https://doi.org/10.1080/09602011.2020.1868537>
- Bishop, C. & Bettinson, V. (2017). Evidencing domestic violence\*, including behaviour that falls under the new offence of 'controlling or coercive behavior'. *The International Journal of Evidence & Proof*, 22(1), 3-29. <https://doi.org/10.1177/1365712717725535>
- Bishop, L. S., Ameral, V. E., & Palm Reed, K. M. (2017). The Impact of Experiential Avoidance and Event Centrality in Trauma-Related Rumination and Posttraumatic Stress. *Behavior Modification*, 42(6), 815-837. <https://doi.org/10.1177/0145445517747287>
- Bows, H., & Herring, J. (2024). Non-Fatal Strangulation: An Empirical Review of the New Offence in England and Wales. *The Journal of Criminal Law*, 88(5-6), 332-346. <https://doi.org/10.1177/00220183241277005>
- Brady, P. Q., Fansher, A. K., Zedaker, S. B. (2022). How victims of strangulation survived: Enhancing the admissibility of victim statements to the police when survivors are reluctant to cooperate. *Violence Against Women*, 28(5), 1098-1123. doi: 10.1177/10778012211022772.
- Braun, V., & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. Sage.
- British Association for Counselling and Psychotherapy (n.d.). *What is EMDR? Types of therapy*. Retrieved from: <https://www.bacp.co.uk/about-therapy/types-of-therapy/eye-movement-desensitisation-and-reprocessing-emdr/>
- de Lautour, E., Fletcher, R., Hodgetts, D., & Vertongen, R. (2024). Surviving strangulation: A critical literature review of the consequences from a psychological perspective.
- Douglas, H., Sharman, L., & Fitzgerald, R. (2024). Domestic Violence, Sex, Strangulation and the 'Blurry' Question of Consent. *The Journal of Criminal Law*, 88(1), 48-66. <https://doi.org/10.1177/00220183241233455>
- Edwards, S. SM., & Douglas, H. (2021). The criminalisation of a dangerous form of coercive control: Non-fatal strangulation in England and Wales and Australia. *Journal of International and Comparative Law*, 8, 87.
- Evans, M. A., & Feder, G. S. (2015). Help-seeking amongst women survivors of domestic violence: a qualitative study of pathways towards formal and informal support. *Health Expectations*, 19(1), 62-73. <https://doi.org/10.1111/hex.12330>
- Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335. <https://doi.org/10.1016/j.jemermed.2007.02.065>
- Hoeger, K., Gutierrez-Munoz, C., Sadullah, A., Edwards, T., Blackwell, L., Bates, L., & Whitaker, A., (2024). Vulnerability Knowledge and Practice Programme (VKPP): Domestic homicides and suspected victim suicides 2020-2023 Year 3 Report. Retrieved from: [https://knowledge.lancashire.ac.uk/id/eprint/50987/1/Domestic-Homicides-and-Suspected-Victim-Suicides-Year-3-Report\\_FINAL.pdf](https://knowledge.lancashire.ac.uk/id/eprint/50987/1/Domestic-Homicides-and-Suspected-Victim-Suicides-Year-3-Report_FINAL.pdf)



## References

IFAS Resources: <https://ifas.org.uk/resources/>

Joshi, M., Thomas, K. A., & Sorenson, S. B. (2012). "I didn't know I could turn colors": Health problems and health care experiences of women strangled by an intimate partner. *Social Work in Health Care*, 51(9), 798–814. <https://doi.org/10.1080/00981389.2012.692352>

Joshi, M., Rahill, G. J., Lescano, C., & Jean, F. (2014). Language of sexual violence in Haiti: Perceptions of victims, community-level workers, and health care providers. *Journal of Health Care for the Poor and Underserved*, 25(4), 1623–1640. <https://doi.org/10.1353/hpu.2014.0172>

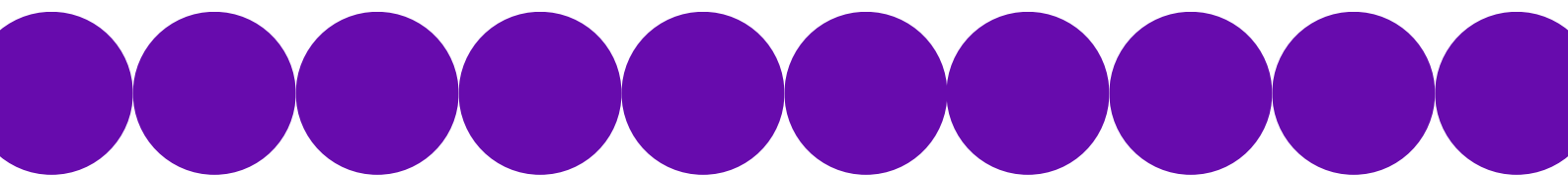
Lowik, V., Lovatt, H., & Cheyne, N. (2022). The voices of women impacted by non-fatal strangulation: Summary Report – key themes. Queensland Centre for Domestic and Family Violence Research (QCDFVR), CQUniversity, Australia. <https://noviolence.org.au/wp-content/uploads/2022/08/The-voices-of-women-impacted-by-non-fatal-strangulation-FINAL.pdf>

Riessman, C. (2005). Narrative Analysis. In: *Narrative, Memory & Everyday Life*. University of Huddersfield, Huddersfield, pp. 1–7. [https://eprints.hud.ac.uk/id/eprint/4920/2/Chapter\\_1\\_-\\_Catherine\\_Kohler\\_Riessman.pdf](https://eprints.hud.ac.uk/id/eprint/4920/2/Chapter_1_-_Catherine_Kohler_Riessman.pdf)

Strack, G. B., McClane, G. E., & Hawley, D. (2001). A review of 300 attempted strangulation cases part i: criminal legal issues. *The Journal of Emergency Medicine*, 21(3), 303–309. [https://doi.org/10.1016/S0736-4679\(01\)00399-7](https://doi.org/10.1016/S0736-4679(01)00399-7)

Thomas, K. A., Joshi, M., & Sorenson, S. B. (2014). "Do you know what it feels like to drown?" strangulation as coercive control in intimate relationships. *Psychology of Women Quarterly*, 38(1), 124–137. <https://doi.org/10.1177/0361684313488354>

White, C., Martin, G., Schofield, A. M., & Majeed-Ariss, R. (2021). 'I thought he was going to kill me': Analysis of 204 case files of adults reporting non-fatal strangulation as part of a sexual assault over a 3 year period. *Journal of Forensic and Legal Medicine*, 79. <https://doi.org/10.1016/j.jflm.2021.102128>



Funded by the Home Office, the Institute for Addressing Strangulation (IFAS) was established in 2022 to raise awareness of strangulation and suffocation. This includes highlighting the associated risks and dangers, and establishing best practice for professionals working with victims, survivors and their families.

IFAS would like to acknowledge the hard work and input of the team for their contribution to this project including: Professor Cath White, Bernie Ryan, Emily Owen, and Thaira Mhearban.

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