

Young Queensland Women's Perceptions of Sexual Choking: A Qualitative Study

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Statement of Originality

This report contains no material offered for the award of any other degree or diploma, or material previously published, except where due reference is made in the text.

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Abstract

Sexual choking involves applying pressure to the throat during sexual encounters, restricting blood and/or airflow to the brain. This practice, although increasingly common, carries significant health risks. Although studies have explored experiences of being choked, research into perceptions of sexual choking, especially among young Australian women, is limited. This study aimed to explore young Queensland women's perceptions of sexual choking within intimate partnerships and the factors that influence perceptions on consensual versus non-consensual experiences as violent or non-violent. Using a qualitative design, semi-structured interviews were conducted with 14 women aged 18–25 years. Through reflexive thematic analysis, four themes were developed and framed within Heise's ecological framework. Findings reveal that perceptions vary and shaped by relational dynamics, education, media portrayals, consent, and emotional and psychological factors. These factors contribute to an ecological model specific to sexual choking, illustrating how interpretations extend beyond a binary framework of consent and violence. These insights highlight the need for education strategies that promote open communication, media literacy and sexual choking risks in a non-stigmatising manner. Collectively, these strategies may empower young women to navigate the complexities of sexual choking with greater agency and safety in intimate partnerships.

Keywords: sexual choking, non-fatal strangulation, intimate partnerships, young women

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Young Queensland Women's Perceptions of Sexual Choking: A Qualitative Study

Non-fatal strangulation or *sexual choking* as it is colloquially known, is increasingly prevalent in intimate relationships, raising complex issues around health, safety, and the boundaries of consent and violence. Defined as the act of one person applying pressure to another person's neck, to the extent that blood and/or airflow to the brain is restricted, sexual choking can result in loss of consciousness within seconds and poses serious health risks, including brain injury and death (Armstrong & Strack, 2016; Herbenick et al., 2024). Despite its high-risk, the behaviour frequently leaves no visible injury, complicating recognition, and response by first responders (Strack et al., 2001; Wilbur et al., 2001). Although frequently perceived as a consensual practice aimed at enhancing sexual pleasure, sexual choking is also particularly gendered, with women experiencing it ten times more frequently than men (Black et al., 2011). The normalisation of this behaviour among young people, fuelled by media and peer narratives, downplays its inherent dangers (Herbenick et al., 2023; Wright et al., 2011). Given the rising prevalence of sexual choking among young people, understanding how individuals perceive its acceptability within contexts of violence and consent is essential to inform responses and support. This study explores young Queensland women's perceptions of sexual choking within intimate partnerships, focussing on the factors that shape perceptions of consent and violence.

Health Impacts of Sexual Choking

Sexual choking poses substantial health risks, both immediate and long-term, that underscore the need for heightened awareness and research (Hou et al., 2023). Strangulation can lead to a loss of consciousness within 10 to 15 seconds and death within three to five minutes, with the pressure needed to occlude carotid arteries as low as two to five kilograms, equivalent to the pressure used to lightly polish a vehicle (Harle, 2012). The behaviour often leaves no visible signs of injury, or the physical injury it can cause may be unnoticeable to

the untrained eye (Strack et al., 2001; Wilbur et al., 2001). Aside from the more immediate symptoms of sexual choking, such as a raspy voice or loss of sphincter control, other visible symptoms such as petechiae on the eyes and face as well as bruising, may not occur for hours to days later (Herbenick et al., 2022, 2023). This can be misleading for first responders when recognising and responding to the behaviour (Joshi et al., 2012; Sorenson et al., 2014; Wilbur et al., 2001). Other consequences can be delayed by days, weeks, or even longer, and can include stroke, cardiac arrest, miscarriage, incontinence, seizures, memory loss, and acquired brain injury (De Boos, 2019; Hou et al., 2023). These physical health implications highlight the critical need for training among responders and awareness efforts to address the risks of sexual choking in intimate partnerships.

In addition to physical harm, research within the context of intimate partner violence (IPV) has uncovered psychological and legal implications of sexual choking (Pritchard et al., 2017; Yardley, 2020). Female victims of sexual choking are six times more likely to be a subsequent victim of attempted homicide and seven and a half times more likely to be a subsequent victim of homicide (Glass et al., 2008; Sharman et al., 2024a). Psychological impacts include depression, post-traumatic stress disorder, nightmares, and suicidal thoughts (Smith et al., 2001). Furthermore, the coercive control exerted through a single instance of sexual choking may create fear of future violence, leading the victim to become submissive to the perpetrator (Thomas et al., 2014). Recognition of the dangers of sexual choking has led all Australian states to implement or commit to implementing specific anti-strangulation legislation (Douglas & Fitzgerald., 2023; Duggan, 2021; Edwards, 2017). This legislative response underscores the necessity of viewing sexual choking not only through the lens of IPV but as a broader community safety concern requiring targeted research and intervention.

Choking During Sexual Activity

Consensual and non-consensual choking during sexual activities has received increased attention in research and the media (Herbenick et al., 2021a). Although the action of restricting blood and/or airflow is the same as in other contexts, such as IPV, the intent of partnered sexual choking typically does not involve causing harm or injury. Nevertheless, the risk of injury or death remains, even when harm is unintended (De Boos, 2019; Herbenick et al., 2021a). People engage in sexual choking primarily to enhance sexual pleasure (Herbenick et al., 2020, 2022). Enhanced pleasure can result from a euphoric feeling from hypoxia or a dynamic of power for the initiator and submissiveness for the recipient (Armstrong & Strack, 2016; Burch & Salmon, 2019; Herbenick et al., 2022). Additionally, some engage in choking out of curiosity or to add excitement to sexual activities (Burch & Salmon, 2019; Herbenick et al., 2023). The prevailing perception, propagated through media and interpersonal dialogue among partners and peers, is that engaging in choking during sexual activity is safe, despite there being no risk-free way of choking (Burch & Salmon, 2019; Herbenick et al., 2021b, 2022, 2023). Although sexual choking is associated with intimacy and pleasure, its normalisation and perceived safety highlight the importance of examining how safety and consent influence its acceptability.

Sexual choking is not a new concept or behaviour; however, recent investigations have highlighted the growing prevalence (Herbenick et al., 2020, 2021a). Research on rough sex and dominant behaviours has often overlooked choking, potentially due to the broad repertoire of rough sexual behaviours or the logistical challenge of studying each behaviour individually (Vogels & O'Sullivan, 2019). However, the portrayal of sexual choking in mainstream film, television and magazines has prompted researchers to explore its occurrence within real-life sexual experiences (Herbenick et al., 2021a, 2021b, 2023; Sharman et al., 2024b). Herbenick et al. (2020) found that 12% of female participants and

20% of male participants, aged 18 to 60 years, had choked a partner during sex whereas 21% of female participants and 11% of male participants reported being choked during sex. In a more recent study, primarily investigating choking in a sexual context within a sample of undergraduate college students in the United States (US), Herbenick and colleagues (2021a) found that 26.5% of female participants and 6.6% of male participants had been choked by a partner in their most recent sexual event. Also, 24.8% of male participants and 5.7% of female participants reported choking their partner in their most recent sexual event. When analysing the most recent penile-vaginal sexual event of their participants, they found that one in three females had been choked by their partner. These findings illustrate the prevalence of sexual choking within the U.S. and support further investigations into the behaviour in different contexts (Herbenick et al., 2021b).

Australian research provides insights into the prevalence, motivations and attitudes surrounding sexual choking among young people (Lovatt et al., 2022; Lowik et al., 2023; Sharman et al., 2024a, 2024b). Sharman et al (2024a) conducted a cross-sectional survey among undergraduate university students, finding that sexual choking is common and normalised within this demographic. Over half (56%) of undergraduates reported being choked during sex in their lifetime, with 18% experiencing choking during their most recent sexual encounter. Reflecting broader gendered patterns observed in international studies, women were disproportionately likely to be the recipients (Herbenick et al., 2021a, Sharman et al 2024a). A larger cross-sectional Australian survey extended these findings, with over 57% of Australians aged 18–35 reporting being choked by a partner during sex (Sharman et al., 2024b). Participants reported first becoming aware of strangulation during sex between 16–18 years old (29%) or during early adulthood, 19–21 years (24%) and for nearly a third, the first experience of being strangled (30%) or strangling a partner (31%) occurred between 19 and 21 years. The results indicated a marked gender disparity, with 61% of women and

78% of trans and gender-diverse participants reporting being strangled, compared to only 43% of men. These Australian findings highlight the nature and gendered dynamics of sexual choking among young people, aligning with global trends and emphasising the need to further explore local perceptions and motivations (Herbenick et al., 2021b; Lowik et al., 2023; Sharman et al., 2024a, 2024b).

Sources of Learning for Young Adults

Young adults report learning about sexual choking from various sources including peers, pornography and social media (Herbenick et al., 2022, 2023; Sharman et al., 2024b; Wright et al., 2011). Research has identified an association between viewing sexually explicit media like pornography, and engaging with behaviours considered rough, dominant, or aggressive (Bridges et al., 2016; Herbenick et al., 2020, Wright et al., 2016, 2021). Although choking is comparatively less common in pornographic material than other rough sexual behaviours (e.g., gagging, spanking, and slapping), it was the fifth most common form of physical aggression seen in pornographic videos on Pornhub and Xvideos (Fritz et al., 2020). This prevalence in online pornography indicates that young adults are likely to encounter choking as part of normalised sexual acts, potentially influencing their perception of it as acceptable behaviour. This prevalence in media emphasises the need to examine how such portrayals influence real-life behaviours and expectations within intimate relationships.

Researchers have explored theories to understand how exposure to sexual content in pornography influences behaviour in intimate relationships (Ashton et al., 2019; Bridges et al., 2016; Coyne et al., 2019). One key concept is the *pornographic script*, which refers to the recurring portrayal of specific sexual behaviours, such as spanking, facial ejaculation, and choking, often seen in pornographic media (Bridges et al., 2016; Wright et al., 2011). These behaviours are often framed with men as aggressors and women as submissive targets, reinforcing gendered sexual stereotypes (Bridges et al., 2016). *Sexual script theory*, suggests

that repeated exposure to such scripts, especially when coupled with masturbation, may condition viewers to adopt similar behaviours, such as sexual choking, in their own relationships for sexual satisfaction (Simon & Gagnon, 1986; Wright, 2011). Bridges et al. (2016) argue that these portrayals reinforce gendered sexual dynamics, encouraging viewers to replicate these interactions in their intimate relationships. Supporting this, Herbenick et al. (2020) found that participants aged between 18 and 29 years reported the highest engagement with these behaviours, highlighting the pornographic scripts influence on young people. Additionally, *social learning theory* states that humans learn from our environment by observing and modelling behaviour deemed to be acceptable or normal (Bandura, 1971; Bridges et al., 2016). Repeated exposure to pornographic or other depictions, especially those showing positive or neutral reactions to aggressive behaviours, reinforces these actions as desirable or acceptable (Coyne et al., 2019). For instance, Fritz et al.'s (2020) observed that in 90.5% of analysed Pornhub scenes and 83.4% of analysed Xvideos scenes, women responding neutrally or pleasurable to being choked. This pattern of positive reinforcement in media provides support for social learning theory, highlighting how young adults may come to view choking as both normal and desirable through repeated exposure to these portrayals.

Social media platforms further normalise sexual choking, exposing young adults to various forms of sexual content across these channels (Herbenick et al., 2022; Sharman et al., 2024b). A search for the terms *choking* and *sexual choking* on social media platforms such as TikTok and Instagram yields a plethora of videos, images, and hashtags associated with choking within the context of sexual activities (eSafety Commissioner, 2021). Young adults may also be influenced by online erotic stories, movies and mainstream magazine articles offering guidance on sexual choking (Burch & Salmon, 2019; Engle, 2020; Herbenick et al., 2020; Sharman et al., 2024a). These findings demonstrate the role of media, pornography, and social platforms in shaping young adults' understanding and potential replication of

sexual behaviours like choking (Bandura, 1971; Bridges et al., 2016; Fritz et al., 2020).

Exposure to these representations may shape young adults' understanding of consent, risk, and boundaries, normalising sexual choking as acceptable and safe. Further research is needed to assess the influence of these sources on young adults' perceptions and within intimate relationships.

Sexual Choking and Sexual Violence

Sexual choking, once regarded as inherently violent, is now the subject of diverse experiences and interpretations (Herbenick et al., 2022). Beres and colleagues (2020), found that many young people strongly resist associating sexual choking with violence, instead asserting that, when it occurs within the context of consensual sexual activity, it should not be construed as violent (Beres et al., 2022). Similarly, Herbenick and colleagues (2023) observed that young people do not perceive sexual choking as an inherently violent act, except when it is performed very violently or by someone who seems threatening. For many young people, sexual choking is described as normal, natural, pleasurable, and safe. (Beres et al., 2020; Douglas et al., 2024; Hone, 2024; Wright et al., 2021). Despite limited research connecting consensual sexual choking and violence, the impacts have similarities to those discussed in IPV research (Sharman et al., 2024b). Herbenick and colleagues (2023) found that among those who engaged in sexual choking, 92.1% reported these incidents as consensual. However, despite consent, about 40% could not breathe, 38% could not speak, 19% experienced neck pain, 19% experienced neck swelling, 15% neck bruising and 2% experienced involuntary loss of urine. Additionally, 80% reported experienced euphoria or other pleasurable sensations, which is expected given the loss of oxygen to the brain. Currently, there is minimal research on how young people perceive violence in relation to sexual choking, or the factors influencing these perceptions. Enhanced understanding of how

young women distinguish between sexual violence and consensual sexual choking is vital for developing effective education and support strategies.

Consent and Communication

The prevalence of sexual choking prompts questions regarding young people's consent practices, including whether individuals possess sufficient knowledge of the health implications of strangulation. While many young people consider sexual choking consensual, communication about the act is often minimal or implied, rather than explicit (Herbenick et al., 2022; Sharman et al., 2024b). Studies indicate that 92% of U.S college students who engaged in sexual choking considered it consensual, yet they often relied on implicit cues or the atmosphere in the room to indicate consent, rather than direct verbal agreement (Herbenick et al., 2022). Similarly, in Australia, Sharman et al. (2024a) found that young adults frequently engaged in choking without thorough consent discussions, sometimes assuming ongoing consent in long-term relationships or omitting it altogether. This lack of explicit communication within intimate partnerships has implications for healthy sexual interactions, as clear consent serves as a fundamental component of positive intimate relationships and can prevent unwanted experiences (Oware et al., 2023; Setty, 2023).

The physical effects of choking, such as restricted airflow, can impact on individuals' ability to breathe, or speak, preventing them from communicating a desire to stop (Herbenick et al., 2022). This impaired communication undermines the capacity to withdraw consent, if initially given. Consequently, young women frequently report choking as a frightening sexual act, suggesting that, even with consent, it can evoke strong feelings of fear (Herbenick et al., 2019, 2022). Additionally, young people report limited understanding of the associated risks of sexual choking, suggesting a knowledge gap that affects informed consent (Douglas et al., 2024; Herbenick et al., 2022). Douglas et al. (2024) argues that, given the risks associated

with sexual choking, it is essential to question whether true informed consent to strangulation is feasible.

An Australia study found that although individuals aged 18-35 years generally understand best practices for sexual communication and consent, this knowledge does not always translate to their experiences (Waling et al., 2024). While some young people advocate for proactive communication, others regard new practices like sexual choking as a natural, unspoken part of their sexual exploration, potentially leading to implicit rather than explicit consent (Waling et al., 2024). Research specifically addressing communication and consent surrounding sexual choking in Australia remains limited. Although Sharman et al. (2024a, 2024b) investigated young Australians' engagement with choking, the study did not comprehensively address the complexities of consent in these encounters. Further research can expand understanding of how young adults navigate consent in sexual choking within Australia, contributing to knowledge that supports safer and more communicative intimate encounters.

Heise's Ecological Framework

Understanding sexual choking perspectives in young women requires a comprehensive approach. Heise's ecological framework (1998) offers a comprehensive, multi-level framework for understanding perspectives within intimate relationships, contextualising them within broader social, community and relational dynamics. Initially developed to address violence against women, the framework emphasises the interplay between personal history, relationship dynamics, and broader societal factors that shape experiences of IPV. However, its adaptability allows it to extend beyond this scope to explore a range of intimate behaviours, including sexual choking, in a manner that does not automatically frame such behaviours as violent but rather situates them within the larger context of social and relational dynamics (Heise, 1998, 2011). The model has informed more

than two decades of research and intervention, offering nuanced insights into the interconnected factors that shape experiences and perceptions within intimate partnerships (Tarzia, 2021).

Heise's framework divides these influences into four levels: individual, relational, community, and societal, with each contributing uniquely to the understanding of intimate behaviours. The individual level focuses on personal history, psychological traits, and beliefs that shape an individual's comfort with and interpretation of behaviours within intimate relationships. This level considers personal factors such as previous experiences, internalised beliefs about sexuality, and individual boundaries, which can influence responses to behaviours like choking. The relational level addresses dynamics within intimate partnerships, examining how trust, communication, and power balance between partners affect the interpretation of potentially ambiguous behaviours. This level is critical for understanding how choking may be perceived differently depending on relational factors, as actions may be viewed as consensual or non-consensual based on the dynamics of trust and mutual understanding within the partnership. The community level encompasses the broader social circles and educational influences that shape norms and expectations around intimate behaviours. Peer interactions, education and cultural trends of sexual behaviours all contribute to a shared understanding. This level reflects how social environments and peer norms can reinforce or challenge individual beliefs and partner dynamics. Finally, the societal level includes broader cultural narratives, media and societal attitudes. These overarching factors establish the context for how behaviours are generally understood, shaping beliefs about consent, boundaries, and acceptable behaviour. Applying Heise's ecological framework to this study allows for a nuanced exploration of young women's perceptions of sexual choking in intimate partnerships. By examining the multi-level factors that influence these perspectives, this framework facilitates an understanding of how individual, relational,

community, and societal dynamics collectively shape the meanings and acceptability attributed to sexual choking.

The Current Study

The health risks and prevalence of sexual choking highlight the importance of understanding how young Australian women perceive its safety, consent, and acceptability within intimate relationships. Sexual choking behaviour may be influenced by sexually explicit material or mainstream media, raising questions about whether those who engage in it comprehend the risks involved and harm minimisation strategies, including informed consent. Although sexual choking is prevalent, it remains infrequently discussed among young people (Herbenick et al., 2024). Further, there is a contradiction between young people's safety perceptions and research findings, which indicate that a limited understanding of choking can result in harm (Herbenick et al., 2024). Sharman et al. (2024) discovered that even a small amount of targeted information on the harms of choking increased awareness of the risks, especially among women. Therefore, understanding young women's perceptions and experiences of sexual choking can assist in developing targeted prevention and harm minimisation education.

Building on these challenges, this study seeks to expand the current understanding by exploring young Queensland women's perceptions of sexual choking, providing culturally relevant insights essential to Australia's unique landscape. Although research on sexual choking in Australia is expanding, existing studies are predominantly cross-sectional, reliant on college populations, or have a focus on domestic and family violence (Douglas & Fitzgerald, 2021; Lowik et al., 2023; Sharman et al., 2024a, 2024b). Much of the existing evidence comes from international studies, primarily conducted in the U.S.; however, these findings may not be directly applicable to Australia due to divergent social norms, a diverse population, and our distinct healthcare and legal systems.

Aim and Research Questions

To address these gaps, the present study aimed to investigate young Queensland women's perceptions of sexual choking within intimate partnerships. By focusing on this demographic, the study aims to contribute in-depth qualitative insights, particularly relevant given the scarcity of data outside domestic violence or college-based samples. By exploring young women's perceptions, this research offers insights into the boundaries of consent and violence in sexual choking, which could inform the development of targeted educational resources aimed at promoting safer practices. To address the projects aims, this study is guided by the following research question:

What are young Queensland women's (aged 18-25 years) perceptions of sexual choking within intimate partnerships, and what factors contribute to differentiating perceptions between consensual and non-consensual experiences of strangulation as a violent or non-violent act?

Chapter 2: Methods

Research Design

This study draws on data from a larger mixed-methods study conducted through a research partnership between the University of Southern Queensland, Metro North Public Health, Domestic Violence Action Centre and the Red Rose Foundation, with funding provided by the Investing in Queensland Women's Grant 2023–2024, Office for Women, Queensland Government (Gildersleeve et al., 2024). In the larger study, participants ($N = 72$) responded to an online survey and/or participated in interviews. The current study focusses specifically on 14 interviews conducted with female and non-binary (hereafter referred to as women except where specified) participants as part of that project. An exploratory qualitative design was used, drawing on data from in-depth semi-structured interviews. By examining content from these interviews, this study provides detailed qualitative insights into young Queensland women's perceptions of sexual choking within intimate relationships. Specifically, it explores the factors that contribute to varied perceptions regarding consensual and non-consensual experiences of sexual choking, and how these are interpreted as violent and/or non-violent. This focus aligns with the study's constructivist, interpretivist and contextualist paradigms, enabling the research to generate rich, context-dependent understandings of participants' experiences, an essential approach for investigating this sensitive and complex phenomena.

Data were analysed using an inductive reflexive thematic analysis (RTA) approach, prioritising the context-contingent nature of participants experiences, without attempting to fit the data into an existing theory (Braun & Clarke, 2020, 2021). RTA was particularly suited to this study as it recognises participants experiences and perceptions as valuable knowledge. Additionally, RTA's flexibility allowed for an inductively developed analysis that captured both semantic and latent meanings and both descriptive and interpretative accounts of the

data. In RTA, the outcome is shaped by the study's specific approach, with the researcher's subjectivity, skill, and chosen theoretical framework playing a central role in how data are interpreted and meaning is constructed (Braun & Clarke, 2022). This study's adopted paradigms all align with the principles of RTA and underpinned the analysis of the interviews (Braun & Clarke, 2021,2022). The study is further guided by Heise's ecological framework, which assists to explore how influences at multiple levels, individual, relationship, community, and societal, shape perceptions of sexual choking (Heise, 1998). This framework allowed the analysis to move beyond the initial RTA interpretations and consider the broader structural and social contexts influencing participants' experiences (Heise, 1998).

Reflexivity Statement

RTA encourages researchers to actively engage with their subjectivity throughout the research process. RTA is not a neutral or objective method; rather, it is deeply values-based, and my identity, experiences, and worldview have inevitably shaped how I approached this research. Braun and Clarke (2022) emphasise that reflexivity is essential in ensuring that the research process is transparent and accountable, making space for the researcher's personal context while honouring the complexity of participants' lived experiences. In this study, my positionality, who I am in relation to the topic and participants, shaped my engagement with the data. Holmes (2020) defines positionality as the stance or perspective a researcher takes in relation to the study, which is influenced by personal experiences, cultural background, and professional training. I recognise that my assumptions and frameworks, shaped by my life and professional experiences, likely influenced how I approached and interpreted the topic of sexual choking in intimate partnerships. To ensure transparency and trustworthiness, I continually reflected on how my positionality shaped my interpretations.

I am a white, middle-aged, heterosexual, married Australian woman from Victoria and a mother of daughters aged 5–9 years. With a professional background in promoting

safety, well-being, and harm prevention across higher education, corrections, and community-based organisations, I am deeply committed to fostering environments where individuals feel safe, supported, and empowered. This work has reinforced my belief in prevention, early intervention, and holistic care, emphasising the importance of supporting individuals before harm occurs. Throughout my career, I have consistently navigated difficult conversations around consent, boundaries, and interpersonal dynamics, which naturally informed my approach to this study. I respect participants' courage in sharing their stories, and I am committed to amplifying their voices with dignity and care. Guided by my belief that each person is the authority of their own life, I aimed to ensure individual experiences were honoured in an affirming, non-pejorative manner.

My research questions were partly shaped by my disciplinary context, which emphasised the interconnectedness of social, relationship and systemic factors in shaping individual experiences. Qualitative research resonates with me because it captures the complexity of people's lives and perspectives. In relation to my research topic, I occupy positions of both privilege and marginality, as an outsider to specific practices such as sexual choking, yet with personal and professional expertise in navigating the relational complexities within intimate relationships. This dual status was both a strength and a challenge, requiring constant reflexivity to ensure that my interpretations were based in the participants' voices rather than my own preconceptions. I neither condone nor endorse sexual choking, which allowed me to approach the topic with curiosity rather than judgement. I sought to understand participants' perceptions without imposing moral or cultural biases and contribute thoughtfully to sexual choking-related discourse. Although I did not conduct the interviews, my deep engagement with the data allowed me to remain attuned to participants' experiences. Supervision by researchers with expertise in the field further strengthened my commitment to ethical research practices. As a mother of daughters, my perspective on

intimacy, relationships, and consent has evolved, deepening my commitment to this research. Reflecting on what I want my children to understand about sexual practices, like sexual choking, motivates my desire to gather young women's perceptions on key concepts like consent, safety and personal agency. I believe this research can contribute to a more informed and empowered generation capable of navigating these complexities with a clear understanding of the risks and importance of communication and consent.

Ontology and Epistemology

From an ontological perspective, this study adopts a constructivist approach, which posits that reality is socially constructed and shaped by individual's experiences, interactions, and cultural contexts (Creswell & Poth, 2018). Ontology refers to the philosophy of what we know to be true or real, and in the case of constructivism, reality is seen as relative and co-constructed by individuals within their social environments (Braun & Clarke, 2022). This is particularly relevant to the present study, as it explores how young women construct and make sense of their perceptions of sexual choking within intimate partnerships. Rather than assuming a single, objective reality, a constructivist approach allows this study to explore how each participant's understanding of sexual choking is formed through their unique social and cultural experiences. As a complex behaviour, sexual choking may carry different meanings depending on the social and relational context, and this approach enables the study to examine how those meanings are co-constructed by participants within their specific environments (Braun & Clarke, 2022).

By framing the study in constructivism, the research acknowledges that young women's perceptions of sexual choking are not fixed truths but are shaped by their relationships, exposure to media, cultural narratives, and individual interactions. This approach is essential for examining the subjective and multifaceted experiences related to sexual choking, particularly as it occurs within the intimate space of relationships. Rather

than assuming an objective definition of sexual choking, the constructivist lens allows for a more open-ended exploration of how each participant negotiates their understanding of sexual choking through their lived experiences. This approach also accounts for my own interpretations, and positionality, as detailed in the reflexivity statement, recognising that the research process is shaped by both participants' perspectives and my own.

Epistemologically, this study is framed within an interpretivist and contextualist paradigm. Epistemology deals with the nature of knowledge and asks whether *truth* is an objective fact or an interpretation (Braun & Clarke, 2022). Interpretivism is well suited to this research as it emphasises that knowledge is subjective, shaped by individuals' experiences, interpretations, and interactions with the world, rather than being an objective reflection of reality (Braun & Clarke, 2020, 2021). This is important when investigating how young women perceive and interpret sexual choking, as those perceptions are likely influenced by broader cultural, relational, and psychological factors. For instance, in the context of intimate partnerships, participants might interpret sexual choking as a consensual sexual behaviour, a coercive act, or somewhere in between, depending on their relational dynamics and societal influences. Interpretivism allows the study to investigate these varied interpretations without imposing a predefined judgment on the act itself. This flexibility is particularly important for understanding how young women may perceive sexual choking in both positive and negative lights, depending on the context in which it occurs.

Contextualism further enriches this framework by asserting that knowledge is situated and context dependent. In this study, contextualism is vital for understanding how perceptions of sexual choking are shaped by the participants' specific social, cultural, and relational contexts. For example, young women's exposure to media representations of sexual choking might shape their perceptions in different ways based on their social networks, cultural backgrounds, or personal experiences in relationships. Contextualism also allows for

the exploration of how certain participants may view sexual choking as a normalised part of sexual behaviour, whereas others may see it as inherently violent or coercive, depending on the broader social context in which they find themselves. Through the ecological model, these paradigms are further deepened. Heise's (1998) ecological theory explores how influences at multiple, interrelated levels shape participants' perceptions of sexual choking.

Participants and Recruitment

As the research project from which the 14 interviews were derived specifically focussed on young women's attitudes and experiences, a purposive sample with a range of specific inclusion criteria was utilised (Braun & Clarke, 2021). Purposive sampling entails the deliberate selection of participants based on their potential to yield in-depth and meaningful data for analysis (Braun & Clarke, 2021). This sampling method is employed to ensure that the sample aligns closely with the research objectives, thereby bolstering the rigour of the study and the credibility of the data and findings (Braun & Clarke, 2022).

Individuals were considered eligible in the original study if they were between the ages of 18–25 years, identified as a woman or as non-binary, resided in Queensland, Australia, and were able to describe their experiences to assist researchers to identify and explore young women's attitudes to sexual violence within intimate partnerships. For clarity and simplicity, the term *young women* is used throughout this paper as a collective term to represent those who identified as women or non-binary. Participants were recruited in four ways across two recruitment phases. First, participants from a previous survey study (conducted by the same researchers) could indicate their interest in a follow-up interview by providing their email address. Second, online and hard copy advertisements (Appendix A) were posted on social media, network pages, public noticeboards and distributed via emails and newsletters by researchers and partner organisations. Third, participants were encouraged

to share the advertisement within their networks. Fourth, due to low uptake, the second recruitment phase used Focus People (2024), a research recruitment company.

Recruitment ceased when no further potential participants responded, and it was deemed that the data collected provided sufficient richness, complexity, and diversity to address the research question meaningfully, aligning with the concept of information power (Braun & Clarke, 2019). Given the interpretive nature of RTA, which focuses on generating meaning through analysis rather than uncovering pre-existing themes, data saturation is not a suitable or necessary criterion in this context. Instead, the aim is to ensure a deep, nuanced understanding of the data that addresses the research question meaningfully (Braun & Clarke, 2019). Participation in the research study was voluntary and participants could withdraw at any time. Incentives included a \$50 gift card in the initial recruitment phase, increased to \$60 in the second phase to align with the recruitment company requirements.

Potential participants were invited to contact the principal researcher via email to receive the project information (Appendix B) and consent form (Appendix C). The participant information sheet detailed the aims of the research, participation requirements, risks and benefits, informed consent, researcher and support service contact details, and the right to withdraw from the study by contacting a member of the project team. Participants confirmed consent to participate by emailing the signed consent form to the research team, who then arranged a convenient interview time. All 14 participants who returned a signed consent form were selected for interview. No participants were excluded from the study.

The study utilised interview data obtained from 14 English-speaking women aged 18–24 years ($M = 21.3$, $SD = 2.17$) from Queensland, Australia. Although more women described themselves as heterosexual and Caucasian, overall, participants were diverse in terms of both social identities and racial/ethnic identities (Table 1). Two participants identified their gender as non-binary and the remaining 12 as female. All participants had

been in an intimate partnership at some point in their lives. Eleven of the 14 women had experienced sexual choking. Although participants' sexual identities were diverse, most sexual choking experiences involved male partners. Most participants had completed year 12 or an undergraduate degree and all but one were employed. To preserve anonymity, participants were allocated pseudonyms by the principal researcher. Demographic information is provided in Table 1.

Table 1*Participant Demographic Information*

Category	<i>n</i>	%
Sexuality		
Heterosexual	8	57.1
Bisexual	5	35.7
Queer	1	7.1
Ethnicity		
Black (South African)	3	21.4
Caucasian	8	57.1
Asian	1	14.2
Aboriginal	1	7.1
Country of Birth		
Australia	12	85.7
Singapore	1	7.1
China	1	7.1
Religion		
Christian	3	21.4
None	11	78.6
Work		
Part-time	3	21.4
Full-time	6	42.9
Casual	4	28.6
Unemployed	1	7.1
Education Completed		
Undergraduate	4	28.6
Year 12	8	57.1
Diploma	1	7.1
Year 10	1	7.1
Currently in Education		
Yes	6	42.9
No	8	57.1

Note. $N = 14$. Participants were on average 21.3 years old ($SD = 2.17$)

Data Collection

Approval for the research was granted by the University of Southern Queensland (UniSQ) Human Ethics Committee (USQ HREC: ETH2024-0500), consistent with the National Statement on Ethical Conduct in Human Research Ethics. Data collection methods consisted of individual in-depth, semi-structured qualitative interviews. All interviews were conducted via the video communications platform, Zoom (Version 5), and were audio-recorded and transcribed orthographically by the principal researcher. Conducting the interviews online enabled participants to select a private, time and location, creating a calm and open environment for discussion. This approach is increasingly being adopted for interviews on sensitive topics such as violence and sexual behaviours and helps promote safety and ease (Gray et al., 2020). Interviews were conducted in English between November 2023 and April 2024 by Doctor India Bryce (IB), Professor Jessica Gildersleeve (JG), and Professor Amy Mullens, all female researchers from UniSQ with experience in qualitative research, trauma counselling, and analysing experiences of trauma. In accordance with the study's ethics application and protocol, two of the interviewers also served as clinicians, providing support and referral options if participants became distressed. Interviews lasted 40–60 minutes each.

A semi-structured interview protocol, incorporating both open- and closed-ended questions, was developed by the research team of the larger project (Gildersleeve et al., 2024). This protocol was developed to align with the broader aims and objectives of the project. It specifically addressing trends and challenges identified by Metro North Public Health, the Domestic Violence Action Centre, and the Red Rose Foundation in their work with individuals and communities experiencing sexual choking. Semi-structured interviews were chosen to elicit qualitative data that align with the goals of RTA and were particularly suitable for investigating young women's perceptions of sexual choking. This method ensures

accessibility for participants while guiding the interview's purpose, allowing for flexibility in eliciting personal experiences and views in relation to fixed research objectives (Bryman, 2016). Semi-structured interviews establish a dynamic relationship between the researcher and participant, fostering direct interaction that allows the participant to be both the subject of study and an active contributor to the dialogue (Albaret et al., 2023). This method has been employed in similar studies on sexual choking (Herbenick et al., 2022; 2024). The flexible structure facilitated rich, in-depth accounts of personal experiences while allowing participants the space to elaborate on their thoughts, opinions, and feelings (Creswell & Ploth, 2018).

The interview questions were designed to explore attitudes and experiences related to sexual choking, and, where relevant, its association with violence. Semi-structured interviews, guided by a flexible protocol, were enhanced with follow-up questions, probes, and comments to explore young women's attitudes toward sexual violence within intimate partnerships (DeJonckheere & Vaughn, 2019). Initially, participant demographics were collected. The researchers then used open and closed-ended questions to enquire about participants attitudes to, knowledge and experiences of intimate partner violence, with a specific focus on sexual choking. Questions focussed on sexual violence (e.g., *How would you define sexual violence?*), experiences of sexual violence and sexual choking (e.g., *Have you or someone you know experienced sexual choking within a sexual encounter?*), consent (e.g., *How was consent provided?*) and influences on behaviour and attitudes towards sexual choking (e.g., *To what extent do you think that pornography influences such behaviours and attitudes towards sexual choking within sexual encounters?*). The final interview protocol can be found in Appendix D.

Data Analysis

Both inductive and deductive methods were utilised in this study. In the first stage, data was analysed using RTA, following the six-phase iterative procedure described by Braun and Clarke (2021). RTA is a method for developing, analysing and interpreting patterns across a qualitative dataset, and involves systematic processes of data coding to develop themes (Braun & Clarke, 2022). This flexible inductive method is well-suited to exploring individual experiences, perspectives, and opinions (Braun & Clarke, 2021). Central to RTA is the acknowledgement that the analysis is inherently subjective, shaped by the researcher's positionality, values, and assumptions and occurring at the intersection of the researcher, data, and wider contexts (Braun & Clarke, 2019, 2021).

Throughout this process, the six phases were distinct yet recursive, allowing me to move back and forth between them as new insights emerged, reflecting a commitment to continuous exploration and interpretation (Braun & Clarke., 2022). This recursive nature allowed for the continual refinement of themes, ensuring that both semantic and latent meanings were captured. I began the process by immersing myself in the data, repeatedly reading or listening to the transcripts from the 14 interviews, allowing me to familiarise myself with the young women's perceptions (phase 1). During and after each reading, I engaged in reflexive notetaking, recording initial impressions of the narratives. Familiarisation extended beyond passive reading, it involved an active and reflexive process of making sense of the data considering my positionality and values. This initial familiarisation allowed me to begin the coding process with a grounded understanding of the data. In phase 2, I manually coded the data through an iterative process, identifying recurring phrases, words and patterns emerging from the narratives. This approach allowed for inductive, descriptive coding based on participant voices. Codes represent specific ideas within segments of data and serve as the building blocks of themes, which capture broader

patterns clustered around a central organising concept (Braun & Clarke, 2021). To aid in generating initial themes, I used mind-mapping techniques to compile clusters of codes that shared a core idea or concept and provided a meaningful answer to my research question (phase 3). Next, I developed and reviewed themes (phase 4) by revisiting the dataset with the research question in mind to ensure the themes were related to both the coded extracts and the full dataset. In phase 5, I refined, defined and named themes and sub-themes from the codes.

In the final stage of RTA (phase 6), I finessed and finished the writing process, integrating an analytic narrative containing both descriptive and interpretative insights to present a coherent and persuasive story about the dataset addressing my research question. It was at this stage that I fully realised the unexpected twists and turns that can arise through RTA. During the writing process, I found that I could condense themes without losing the true essence of my data. This flexibility, as highlighted by Braun and Clarke (2022), allowed me to refine the themes without compromising the depth and complexity of the participants' perceptions. Following RTA, I adopted a deductive orientation to categorise higher-order themes within Heise's (1998) integrated ecological framework, using it as an analytical lens to frame my analysis, rather than guide the development of themes (Braun & Clarke, 2021). The RTA Reporting Guidelines (the RTARG), which provide guidance for reporting RTA were followed to ensure methodological coherence, quality and reflexive openness in reporting (Braun & Clarke, 2024).

RTA best practice advocates a single coder and does not consider that multiple coders guarantee true or accurate analysis (Braun & Clarke, 2021). Instead, coding is inherently subjective, and cannot be right or wrong, but rather shaped by the researcher's engagement with the data. Discussions with my supervisors strengthened the depth and reflexivity of my analysis. These discussions were not intended to *check* for the accuracy of my coding or to

seek agreement but were opportunities to reflect on how I coded the data, my assumptions and explore any elements I may have overlooked (Braun & Clarke, 2021).

In line with best-practice approaches for qualitative research, I have not reported specific numbers or percentages of participants when discussing themes. RTA prioritises depth, complexity, and the richness of data over frequency counts, which are less meaningful in a qualitative context (Braun & Clarke, 2021). Pyett (2003) argued, "counting responses misses the point of qualitative research" (p. 174), as the importance of a theme is not determined by how often it is mentioned but by its relevance and insight in relation to the research questions. Furthermore, qualitative data is gathered through flexible and fluid methods, such as interviews, where not all participants discuss the same topics in the same way. Therefore, the absence of a theme in one participant's account does not necessarily mean they do not share that perspective, making the use of numbers potentially misleading (Pyett, 2003). Instead, I have used context-appropriate language to indicate the strength and prevalence of themes across the data corpus. Terms like *many*, *most*, and *some* provide an indication of how consistently a theme appeared. Reflecting best practice, this approach acknowledges the qualitative nature of the data while providing clarity on the prevalence of key themes across the dataset (Braun & Clarke, 2021).

Chapter 3: Results

Through reflexive thematic analysis, four themes and seven sub-themes were developed from the data set and are provided in Table 2 and discussed in detail below. The themes offer insights into young women's perceptions of sexual choking: (1) *Setting Expectations* captures how media narratives shape participants' perceptions of sexual choking and normalise its presence in intimate encounters; (2) *Starting the Conversation* reports how the lack of comprehensive education and societal taboos inhibit open discussions about sexual choking; (3) *Consent* explores the centrality of communication, consent, and power dynamics in intimate relationships involving sexual choking; and (4) *Fun or Abuse* captures the internal conflict participants face as they reflect on whether their experiences were consensual or coercive. Some main themes are supported by sub-themes as presented in

Table 2.

Table 2

Themes and Sub-Themes Related to Young Women's Perceptions of Sexual Choking

Overarching Theme	Focus	Sub-Themes	Description
Setting Expectations	Influence of media portrayals in shaping young women's perceptions of sexual choking as a normalised behaviour	The Illusion of Safety Prioritising Male Pleasure	Media, especially pornography, presents choking as a safe and routine act, omitting discussions on safety and consent boundaries. Media portrayals prioritise male pleasure, suggest choking is universally desired by women, influencing expectations in real-life intimacy.
Starting the Conversation	Barriers to open discussions include educational gaps and social stigma	Education Gaps Seeking Answers Online	Formal sex education lacks depth, leaving young people underprepared for conversations about sexual choking. Participants turn to online resources for guidance, often due to discomfort or lack of reliable formal information.
Consent	Dynamics of consent, trust, and power in relationships	One Talk, Many Encounters Assumed Safety in Trust Navigating Trust and Consent	Initial discussions of consent are often treated as covering all future encounters, reducing the likelihood of revisiting boundaries. Trust leads to an assumption of ongoing safety, replacing explicit ongoing consent. Trust, emotional connection, and power dynamics shape complicate clear boundaries of consent.
Fun or Abuse	Varied perceptions from consensual pleasure to experiences that feel coercive or violent		Perceptions are diverse, with participants reflecting on whether it is intense but consensual, or if discomfort and harm redefine it as abusive. Personal reflection, emotional impact, and bodily sensations influence these perceptions.

Setting Expectations

This theme examines the role of media, particularly pornography, in shaping young women's perceptions of sexual choking, where the behaviour is frequently depicted as a normative and desirable aspect of intimacy. Research by Bridges et al. (2016) indicates that media frequently frames choking within a one-dimensional sexual script prioritising male pleasure, omitting discussions of consent or potential risks. Herbenick et al. (2021) similarly highlight that these portrayals create a normalisation effect, where viewers may come to perceive choking as standard practice, detached from conversations around safety and mutual comfort. This theme contextualises the challenges young women face in distinguishing between media-based expectations and personal boundaries, introducing the sub-themes *The Illusion of Safety* and *Prioritising Male Pleasure* to illustrate how these portrayals affect their understanding of choking within relationships.

The Illusion of Safety

Most participants observed that sexual choking is depicted in pornography without adequate context for safety or consent, fostering an illusion that makes the behaviour appear routine and harmless. Hayes highlights this gap between portrayal and practice: "It kind of comes with the safety worries, I suppose. Not really giving people proper information about how to do it safely is where it could be negative." Participants raised concerns that this portrayal leads viewers to replicate sexual choking without an understanding of safety: "They try to bring activities in real life and without actually being educated in how to do it...they wouldn't be taking care of when they're choking people...and causing actual injury." (Reece) Some participants noted that this normalisation also contributes to an expectation in intimate partnerships that sexual choking is a natural aspect of intimacy, even if it may not align with women's own preferences or comfort. Alice noted: "A lot of these activities are shown and

acted in this pornographic skit and it just makes young people want to try it out because they haven't seen any possible harm in what they're watching."

Participants also observed that pornographic depictions omit the necessary communication, presenting an unrealistic portrayal that disregards the importance of ongoing dialogue. Mia explained:

I think it's very rare to have a pornography video, have the behind the scenes that they do record, where they give their consent and what's out of bounds, what's okay, safe words, all of that. So usually they'll just be the shortened clip of what's happening, and there's just an assumption that I can do that to anybody.

Participants shared how this depiction leaves viewers with a skewed idea of what consent looks like off-screen. They described how, without seeing consent discussed or boundaries clearly set, people might mistakenly interpret subtle cues as permission or think minimal discussion is enough without talking through boundaries and safety. Ivy noted, "Consent isn't given on film... you see something enough times without any other messaging, and it becomes normal." Mia added, "You don't see the conversations about what's okay and what isn't. So there's this assumption that what happens in the video is okay for real life." This oversimplified view of consent, participants narratives suggested, blurs the line between consensual pleasure and coercion, making it challenging to recognise when a situation crosses personal boundaries.

Prioritising Male Pleasure

Several participants discussed how pornography reinforces patriarchal discourse, where male pleasure is prioritised over mutual satisfaction. Taylor shared, "A lot of it focuses on what the man wants," capturing a recurring sentiment among participants. These portrayals, Mia noted, imply a one-dimensional view: "I've seen this on PornHub, so it must be what every woman wants," suggesting that some male partners might project these

preferences onto women, assuming their desires align with those depicted in pornography.

This dynamic was perceived to normalise acts like sexual choking as a means of fulfilling male desires, regardless of a woman's own comfort or preference. Kara added that such acts are "normalised for women to do it, even though they don't really want to, or [are] doing it to turn their partner on," reflecting an internal struggle where women weigh societal expectations against personal boundaries.

Participants spoke of their concerns that pornography's emphasis on male pleasure contributes to unrealistic expectations surrounding women's engagement in sexual choking, perceptions of women's bodies, and reinforced gendered scripts. Grace articulated these concerns:

I think it puts a standard on women of where they have to meet men halfway on a sexual basis and even on your body as well...I feel like when men watch those girls, they just think that every woman can do that stuff and that's how a woman should look.

Some participants added that pornography misrepresents women's reactions to potentially harmful sexual choking. Alice noted:

Yeah, well, in some pornographic videos, the guy ties up the girl and she's not able to move, and then he chokes her (...) And to her, she is happy because she's just finding it appealing and she is having pleasure, not feeling any pain.

Participants narratives highlighted that such portrayals diminish the reality of harm, implying that women experience pleasure regardless of potential discomfort or injury, which can mislead viewers about the boundaries of consensual and safe sexual practices. Participants indicated a growing awareness of these media-based influences, highlighting a desire to reclaim personal agency and move beyond scripted roles that prioritise male desire over mutual satisfaction. However, they expressed concerns about general media literacy,

questioning whether others fully understood the impact of these influences on expectations and behaviours within intimate relationships.

Starting the Conversation

This theme addresses the barriers that prevent young women from engaging in informed discussions about sexual choking, embedded in the limitations of formal and informal sex education and the societal taboos surrounding such practices. Studies such as those by Douglas et al. (2024) show that comprehensive education rarely covers complex behaviours like sexual choking, resulting in young people lacking critical frameworks for understanding consent and safety. As Herbenick et al. (2022) observe, this gap in education often drives individuals to seek out fragmented and sometimes misleading information online or through peer networks. This theme explores how young women navigate conversations about choking, identifying *Education Gaps* and *Seeking Answers Online* as sub-themes that influence their awareness, understanding of consent and comfort levels in discussing these topics.

Education Gaps

Most participants expressed that formal sex education rarely addresses complex practices like sexual choking, leaving them without foundational knowledge to navigate discussions around consent and safety. Taylor's narrative, "School sex ed doesn't cover nothing," captured a common sentiment among participants who felt that the scope of their education was limited. Participants described feeling underprepared to initiate conversations about boundaries and safety with their partners. Bella shared, "We don't know how to start the conversation," emphasising the absence of tools and frameworks needed to facilitate open dialogue around such practices. Many participants described entering relationships without the vocabulary or frameworks to differentiate between consensual and coercive acts, underscoring a gap in educational support during formative years.

In addition to the gaps in formal education, some participants noted that cultural norms and family dynamics compounded the silence around these topics. Reece reflected: “It’s more like a taboo in the culture. So, I never really got that talk with [my parents] about you need to consent to everything.” Similarly, Alice noted, “Growing up I never had any idea about it. I just used to hear about sexual violence, but I didn’t know in depth what it was about until I experienced it.” Some participants grew up without, or with limited education at home and school. This “double silence,” as Mia described it, is highlighted through her narrative:

I kind of grew up in quite a conservative environment where my parents really didn’t discuss sex...and I mean my high school education, like sex education was non-existent. So, I didn’t find out about these things until I kind of had free access to the internet and discussions with friends from school.

Without guidance from either school or family, participants narratives highlight that they often navigate intimate relationships relying on fragmented sources or social cues. Early, comprehensive education, especially at an age when young people are beginning to encounter complex behaviour was emphasised to combat this challenge:

It would’ve been great in high school to be aware of that when people are confused about it...Yeah. It’s really not talked about that much. We had all these lessons in high school, but I don’t ever remember hearing about the violent side of it. (Ayla)

Seeking Answers Online

Due to gaps in formal and familial education, many participants turned to self-directed online research as a primary means of understanding their experiences and to seek validation. Ava shared how her online searches led to a pivotal realisation: “I remember one time I went online to read about it. I never thought that my situation was termed as sexual violence (...) And that was when I came to a realisation.” Her narrative reflects the critical

role that young women felt that online resources play in helping them label and interpret their experiences. For many participants, the digital sphere offered a private and accessible space to explore sensitive topics without the discomfort of in-person conversations. Social stigma and discomfort surrounding conversations about sexual choking led participants to seek information online. Holly noted:

As sad as it sounds, my first port of call would be google (...) I feel like not as many people would be comfortable as I am just going up to someone and going, Hey, this has happened, what do I do? But that would be one of my first port of calls.

Beyond search engines, social media also emerged as a source of information for participants, offering educational opportunities in familiar, relevant and accessible formats. Taylor expressed this openness to social media messaging: "When I do see things on social media about different things that happen in sex and being safe and everything, I'm obviously generally quite interested in learning how to be more safe and how to have those conversations." Participants emphasised the importance of accurate, stigma-free resources tailored to young people's habits and age-group, enabling them to engage with sensitive subjects on their own terms. Maddie reflected:

Social media could definitely play a role in shaping those attitudes and beliefs. I mean, I feel like a lot of, especially the younger generation are on social media a lot these days and I feel like it could just have quite a big influence on them and their thoughts and beliefs.

Participants' preference for self-directed learning highlights their desire for privacy and autonomy, while also pointing to the need for accessible, reliable resources that can guide them through sexual choking related topics in a safe, supportive environment.

Consent

This theme explores the intricate role of consent, trust, and power dynamics in intimate relationships where sexual choking is involved. Research indicates that power imbalances can complicate the clarity of consent in acts involving physical dominance (Livingston & Vik, 2021). Herbenick et al. (2022) further observe that consent for choking often becomes assumed across encounters, with participants relying on nonverbal cues or prior agreement rather than explicitly revisiting boundaries each time. This approach underscores how trust and emotional closeness can create an assumption of safety, though it may also blur distinctions between expressed and assumed consent. The sub-themes *One Talk, Many Encounters, Assumed Safety in Trust and Navigating Trust and Consent* examine these perceptions, reflecting on how young Queensland women negotiate consent within evolving intimate partnerships.

One Talk, Many Encounters

Participants emphasised the importance of clear and explicit communication to build trust and create a sense of safety in intimate partnerships.

I think the first step in any type of relationship is just getting on the same page, being candid with one another, which can also impose its own difficulties. But I would definitely say being very, very honest with one another and setting those boundaries, having that talk, if you're able to do that, I think it is very doable.

Participants shared that this open communication assists in preventing misunderstandings and assists both parties to feel comfortable and aligned with each other's boundaries, desires, and expectations. Holly shared:

Consent every time for me or just in general is ideal. Consent every time just to make sure that you're always on the same page. But if you are able to have that conversation prior and say, This is where I'm at, this is what I'm okay with, and if those boundaries

are so clear and so set, then I believe, yeah, you're able to continue that relationship with having that talk prior.

Although participants valued explicit conversations about sexual choking as a means to foster mutual understanding, safety, and respect, these conversations were, in practice, largely limited. Many participants described how initial consent or a brief verbal expression of interest in sexual choking often replaced ongoing dialogue, leading to assumptions of continued consent based on previous interactions or non-verbal cues. For instance, Hayes shared: "I wouldn't say it would be discussed beforehand every time. It would be a conversation, it would be like, yes, this is something I'm interested in, these are my boundaries" noting a holistic consent provided at the beginning of sexual choking. Reece described a similar approach:

I think before when we were not having sex, we would be like, oh, I'm kind of keen to try it, something like that. And then during that I would be like, choke me or something like that...Not, I give you consent, but kind of.

This notion of one-time consent highlights the limited nature of participants' conversations, which led to perceptions that initial consent, or limited conversations expressing interest in sexual choking were sufficient for the entirety of the sexual encounter. For some participants, once sexual choking became a routine part of their sexual repertoire, consent became more implicit. Taylor described this shift: "Now he does it, and it's not so much verbal consent, but if I don't want it, I'll just move his hand." In cases like Taylor's, the trust between partners led them to rely on non-verbal cues rather than explicit verbal discussions each time, as both partners felt safe and respected in this approach. However, some participants acknowledged that although non-verbal consent felt sufficient in these instances, it carried risks when clear verbal agreements were absent: "I do think that a lot of the time there is no consent given for that stuff. And I think there should be consent because that is dangerous. Quite dangerous."

Although participants valued clear consent discussions, evolving trust often led to implicit understandings, highlighting both the comfort and potential ambiguity that can arise in intimate dynamics.

Assumed Safety in Trust

Many participants discussed a limited awareness of the potential physical and psychological impacts of sexual choking. Holly reflected, “I had always thought, ‘oh, if it’s consensual, it’s okay.’ I never actually thought, hey, you can consent and things can still accidentally go wrong.” Her perspective illustrates a widespread assumption among participants that initial consent alone ensured safety, which appeared to lessen the perceived need for further discussions around safety, boundaries, or potential risks.

Although initial consent discussions were generally valued, participants’ accounts revealed a notable lack of conversations specifically addressing safety, pressure, and duration of choking were frequently overlooked. Many participants noted an absence of ongoing safety discussions at various stages: initially, during, and after the act. Instead, participants often relied on subtle, non-verbal cues to communicate discomfort, such as: “Usually I just say stop or I grab their hand and pull it away if I’m like, no, don’t want that right now,” (Kara) and “So you tap, or I wiggle a bit, then they’ll normally get the hint.” (Ivy). For participants, safety and stopping mechanisms tended to be reactive rather than proactively established proactively.

Some participants believed that their partners understood the nuances of their preferences based on previous interactions rather than ongoing dialogue. Mia noted: “I’ve had discussions with people where if I tap you on the arm or I grab you on the arm, that indicates you need to stop” This reliance on non-verbal cues over explicit communication about the technicalities of choking highlights the common tendency among participants to assume shared understanding based on past experiences rather than setting clear expectations

each time. Some, like Ivy, expressed profound trust in their partners to manage safety during sexual choking:

I like to be choked until I pass out (...) But that requires obviously a partner who I fucking trust completely and very specific circumstances. And so it has only happened once, but it was with my ex who I would trust with, I trusted with my life, and they choked me, I passed out, I presume they immediately let go. And I came to a couple seconds later.

Ivy had not explicitly discussed pressure, duration, or specific safety precautions with her partner beforehand. Instead, she recalled: "I expressed that I was curious about it and wanted to have the experience to see if I would actually enjoy it. And it was something they had done before with previous partners." This reliance on partners to intuitively manage safety in the absence of detailed communication was common across other participant narratives.

Navigating Trust and Consent

This sub-theme explores how trust, emotional coercion, and power imbalances shape young women's perceptions of sexual choking in intimate relationships. Participants' narratives reveal that although trust is often seen as a foundation for safety, it can also obscure consent, particularly when combined with power imbalances or emotional manipulation. Many participants described trust as essential for feeling secure with their partners during sexual choking. Ivy reflected on how her partner's experience contributed to her sense of safety: "If I am letting someone choke me, I want them to know what they're doing... so I don't die." However, she also noted that trust can also lead to a sense of safety: "Some men don't see it as a big deal... because it is so normalised and because you are not the person with a hand around your throat, it's easy for it to just be another hot thing."

For other participants, expressions of affection masked coercion dynamics within intimate relationships. Ava shared: "Well, because I felt like since we were in love, that it

was just me agreeing to what he liked and him just doing what he loved to me.” Alice echoed this experience, stating, “Because I was in an intimate relationship, I had to agree... I thought that other people that are in relationships. I thought that that is what happens.” The trust Alice and Ava placed in their partners, along with their assumption that sexual choking was a *normal* part of relationships, initially concealed their discomfort, complicating the distinction between consensual and coercive experiences. In some cases, emotional coercion introduced unequal dynamics, where one partner’s emotional dependence or fear of abandonment left some participants feeling pressured into acts they did not fully want. Alice explained how her fear of losing her partner influenced her decision to engage in sexual choking: “I was simply just giving my partner what he wanted and just making sure that he was happy and satisfied because I was scared he was going to leave me.” Her partner’s reassurances, such as “He told me he loved me,” reflect how expressions of affection masked coercion, delaying recognition of harm. Upon reflection, participants like Alice recognised the underlying coercion and lack of genuine consent. This experience illustrates how trust, a desire to keep partners “happy and satisfied,” and emotional attachment can initially mask coercive dynamics, making boundary violations difficult to discern. Annie’s experience further illustrates how persistent pressure within unequal dynamics led to coercion: “The first time it happened, he was begging me for it... I decided to, and during that time, he was choking me at the same time. It was hard to breathe. I had to beg for him to stop, but he still said no.” While Annie initially viewed the act as consensual, her perception shifted as the aggression intensified, clarifying her partner’s coercive intent. These narratives illustrate how trust, emotional dependence, and power imbalances created a complex environment, blurring the boundaries between consensual and non-consensual acts.

Fun or Abuse

This theme explores the varied perceptions of sexual choking among participants, highlighting how subjective reflections, emotional responses, and personal boundaries influence views of the practice. For many, the distinction between consensual pleasure and potential harm hinged on feelings of safety, trust, and the immediate physical experience (Herbenick et al., 2022). Participants described a range of interpretations, from viewing the practice as consensual and pleasurable to associating it with violence when boundaries were crossed or physical discomfort occurred. For some, sexual choking was acceptable when trust, communication, and an absence of harm aligned with their personal limits. Others associated sexual choking with violence, particularly when boundaries were not respected, or when the emotional and physical consequences led them to reframe their experiences. Ayla reflects this diversity: "I feel like there's real mix. It can be, some people talk about it in a bad sense, but then some people talk about it like they enjoy it." For some participants, the absence of harm, rather than explicit consent, was the primary factor in determining whether the act was perceived as acceptable. They separated the notion of violence from harm, viewing sexual choking as intense or even violent, yet still acceptable if it caused no immediate harm:

I think I would classify it as violent, but it didn't make me feel unsafe or didn't harm me. But I guess looking back, I'd say it is a form of violence. (Taylor)

For others, sexual choking was considered violent when experiences were non-consensual, frightening, or emotionally overwhelming. Some participants described how their initial perception of sexual choking as consensual or non-violent shifted because of the physical, psychological or emotional consequences. Alice's experience demonstrates this shift:

Well, yeah, because my partner, he told me he loved me and he was not going to do anything to hurt me. So I didn't think of it as him being violent or being hard on

me...I thought that other people that are in relationships, I thought that that is what happens. Well until the first time, not the first about the third or the fourth time where I was strangled during sex and I had difficulty breathing and also I couldn't move my neck. And that was when I started to realise that that wasn't fun anymore.

Alice's reflection highlights the internal conflict some participants described between experiencing discomfort and the belief that intimate acts within a relationship should be inherently acceptable, making it difficult to recognise coercion early on.

Participants who described experiences of violent sexual choking also highlighted the psychological toll, noting that the impact extended beyond the act, influencing their overall sense of safety in social relationships. Alice noted: "Emotionally I was down and I felt so uninterested in other relationships. I just wanted to be on my own.". Similarly, Annie shared: "It was bad for me outside after the second time, it was really hard for me to be, so I would always lock myself inside to avoid seeing my friends." These participants also noted the impact on subsequent sexual encounters: "Sometimes during sexual activities I am scared that my partner is just going to strangle me, and so I cannot fully focus or enjoy because I'm just trying to stay alert." (Alice)

Chapter 4: Discussion

This study aimed to explore young Queensland women's perceptions of sexual choking within intimate partnerships, focusing on how these women differentiate between consensual and non-consensual experiences and discern violent from non-violent experiences. Findings from this study suggest that young women's perceptions of sexual choking are shaped by intersecting factors across personal, relational, and societal levels, each influencing boundaries of consent and acceptability. By identifying these factors, the study offers insights that can guide targeted prevention and harm-minimisation strategies. Overall, societal influences, educational gaps, relational dynamics, and individual experiences together shape young women's perceptions, indicating the need for comprehensive, non-stigmatising educational resources.

The first theme, *setting expectations*, highlights the pervasive role of media and pornography, at the societal level in shaping young women's perceptions of sexual choking. Participants commonly noted that media portrayals, particularly in pornography, present sexual choking as a routine, desirable component of intimacy, often without addressing consent or safety considerations. This normalisation pressures young women to perceive choking as an acceptable, if not expected, part of intimate relationships, seen as necessary to meet partner expectations or societal standards. These findings align with Sharman et al. (2024) and Herbenick et al. (2021), who discuss how *pornographic scripts* present behaviours like choking as normative. This contributes to the *sexual script theory* as proposed by Simon and Gagnon (1986), which describes learned patterns of behaviour. In this context, repeated exposure to such portrayals reinforces gendered power dynamics, often prioritising male pleasure and female submission, while obscuring the potential risks involved (Antevska & Gavey., 2015). These findings are also consistent with Daskalopoulou and Zanette (2020), who argue that media representations can create unrealistic and sometimes harmful

expectations around traditional sexual roles. Participants' demonstrated media literacy skills by critically evaluating portrayals, though they expressed concern about partners and peers lack of similar awareness. Media literacy programs could bridge this gap, equipping all young people with skills to critically analyse media portrayals. Such programs may help them discern between fantasy and reality, challenging assumptions that these scripted behaviours are safe or desirable. Media literacy initiatives could also alleviate the pressure young women feel to conform to potentially harmful norms, enabling them to make choices that reflect their boundaries and values.

The second theme, *education gaps*, highlighted the limited formal education regarding sexual choking related topics. Participants expressed concern at how existing education overlooks nuanced issues related to consent, pleasure and boundary-setting in intimate relationships. This absence often left young women unprepared to navigate intimate behaviours, driving them to seek information from less reliable and potentially misleading online sources. Consistent with findings by Waling et al. (2020) and Herbenick et al. (2024), this reliance on unregulated sources highlights the risks associated with seeking guidance from online content, which may foster distorted perceptions and normalise unsafe practices. The lack of comprehensive sexual education was particularly evident in how participants described their understanding of consent within relationships. Many reported that traditional sex education rarely addressed consent in relation to specific behaviours like choking, leading to misconceptions about safety and boundaries. Similarly, Vrankovich et al. (2024) suggest that without thorough education, young people may misunderstand necessary precautions for high-risk practices. For the young women in this study, safe practices were often self-taught through personal experiences or online information rather than through formal curricula, emphasising a critical gap in structured educational support. This suggests an urgent need to address gaps in sex education to equip young people with accurate, reliable information.

The third theme examines the role of consent and sexual choking in intimate partnerships. Findings reveal that although young women often recognised the importance of explicit communication, discussions of consent were typically limited to initial superficial agreements, with many assuming this initial consent would carry over to future encounters.

Participants commonly relied on implicit cues, suggesting a dependence on relational trust rather than explicit renegotiation. Waling et al. (2024) observed similar reliance on implicit cues in high-risk behaviours, noting a substitution of trust for explicit consent discussions.

Many participants perceived their trust in a partner as an implicit guarantee of safety.

Herbenick et al. (2022) found that young people often conflate relational trust with assumed safety, potentially overlooking the need for continuous consent. Some participants, however, recognised potential risks, particularly in choking, where physical constraints could impede the ability to withdraw consent or communicate discomfort. Douglas et al. (2024) also discuss how physical restraints in acts like choking complicate non-verbal or verbal withdrawal of consent. This theme underscores the importance of ongoing consent and safety related discussions in intimate practices, challenging assumptions that trust alone can safeguard safety.

The fourth theme explores young women's conflicted perceptions of sexual choking. While some participants described choking as pleasurable, others experienced discomfort, fear, or ambivalence, especially when initial consent shifted into distressing situations. The conflicting responses underscore the blurred line between pleasure and harm within intimate contexts, resonating with prior studies on power dynamics and control in sexual relationships (Douglas & Fitzgerald, 2021). Participants shared feelings of internal conflict, where societal expectations that choking should be enjoyable clashed with personal discomfort or anxiety. Beres et al. (2020) highlight this tension, suggesting that young people may suppress discomfort to conform to external narratives that frame choking as pleasurable. This

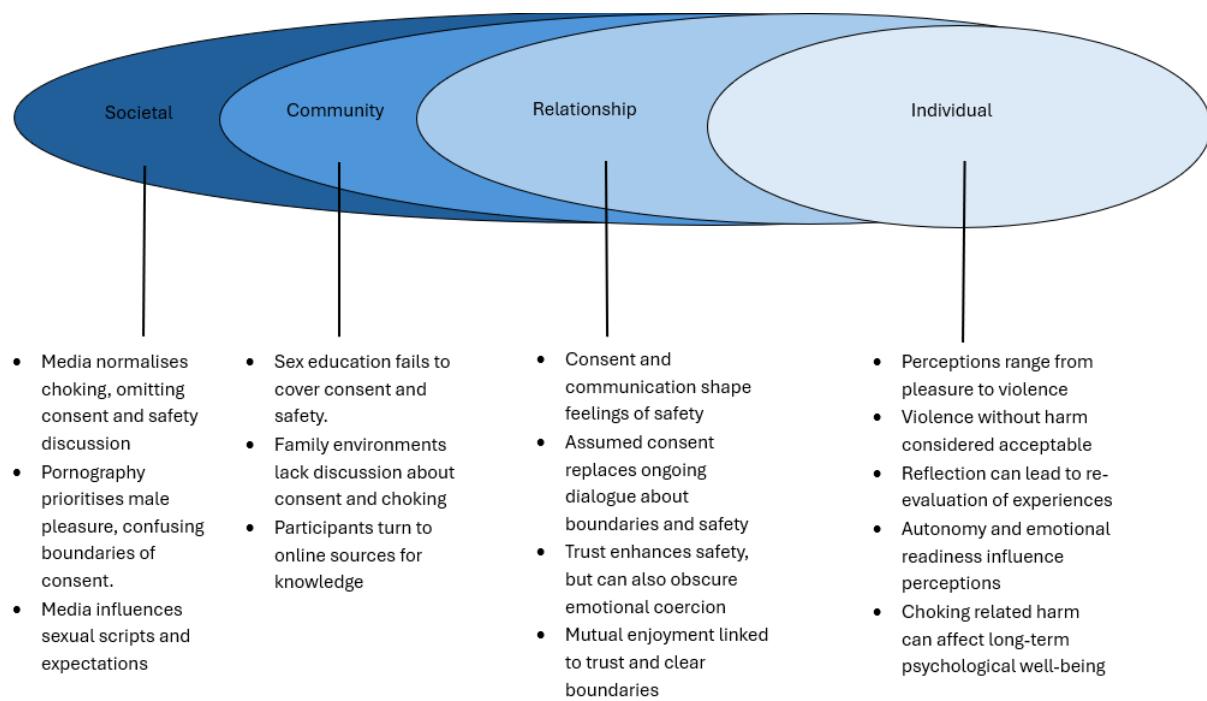
cognitive dissonance indicates a need for educational interventions that help young people critically assess societal pressures and articulate boundaries, promoting a healthier balance between exploration and safety.

Heise's Ecological Framework

Drawing on Heise's (1998) ecological framework, this study contextualises young women's perceptions of sexual choking across multiple levels: individual, relational, community, and societal (see Figure 1). Consistent with this framework, participants' narratives reveal a complex interplay between various systems influencing perceptions of sexual choking.

Figure 1

Nested ecological model of sexual choking perceptions (Heise, 1998).



At the individual level, personal values, harm, and past experiences were primary influences on comfort, acceptance and willingness to engage in sexual choking. This finding aligns with literature on individual agency, where personal histories and emotional preparedness shape attitudes toward intimate behaviours (Livingston & Vik, 2021). At the

relational level, trust and emotional safety emerged as key factors, with ongoing consent discussions identified as essential for fostering trust and reducing harm (Herbenick et al., 2024; Livingston & Vik, 2021). Community-level influences included educational gaps in sex education, highlighting the need for comprehensive programs that addresses consent across diverse sexual contexts. Lastly, societal-level influences, especially pornography, were found to impact young women's expectations, reinforcing social norms that promote choking as a standard element of intimacy. This multi-layered analysis suggests that perceptions of sexual choking are influenced by a complex interplay across ecological factors, beyond individual factors alone. Participants' perceptions varied along a continuum, with harm or acceptability shaped by these intersecting factors. Protective elements, such as trust, explicit consent, emotional readiness, and clear communication appeared important for reducing harm, fostering safety, and maintaining boundaries within intimate partnerships.

This research contributes to the evolving taxonomy of sexual behaviours, suggesting that young women's perceptions of sexual choking are shaped and developed over time by intersecting ecological factors. Building on prior research that examines the nuanced boundaries between consent and violence, this study demonstrates how protective elements, such as trust, explicit consent, emotional readiness, clear communication, and informed knowledge, play a key role in mitigating harm and fostering a sense of safety within intimate partnerships (Beres et al., 2020; Douglas et al., 2024; Herbenick et al., 2021a, 2021b). Beres et al. (2020) highlighted that many young women do not perceive sexual choking as inherently violent when it occurs within a consensual context, and this study extends those findings by suggesting that the presence or absence of protective factors influences whether such acts are seen as acceptable or harmful. In their absence, the boundaries between consensual and coercive experiences become less distinct, increasing the risk of distress, physical injury, and a breakdown of trust. This multi-layered perspective highlights the need

for nuanced understanding of sexual choking beyond simplistic binaries of violence versus pleasure.

By focusing on young Australian women, this study addresses an underexplored area within qualitative research, which has largely concentrated on international contexts. This approach offers new insights into sexual choking, contributing to a deeper understanding of these experiences within the Australian setting. Situating young women's perceptions within an ecological framework, illustrates how broader influences converge to shape their perceptions. These insights underscore the need for targeted research and informed frameworks to guide educators, policymakers, and practitioners in supporting young people in making safe, consensual choices regarding intimate behaviours.

Implications for practice and future research

This study highlights several; areas where future research and practice can enhance understanding of sexual choking within intimate partnerships, particularly in relation to consent and communication. Educational efforts should consider young women's lived experience, as the perspectives shared in this study suggest a divergence from the dominant IPV-focussed research on sexual choking. This suggests a need for tailored, non-stigmatising educational strategies that reflect young women's diverse views without perpetuating shame or stigma. By shifting the focus to understanding and support, educational and policy initiatives can effectively engage non-IPV contexts, empowering young women to make informed decisions grounded in agency, knowledge, and communication.

Supportive interventions are needed to provide clear frameworks and language for discussing sexual choking, ideally integrated into schools, universities, and community settings. These interventions should promote knowledge and skills building around explicit verbal communication, consent negotiation, pleasure, intimacy and harm-minimisation strategies. Furthermore, interventions should consider protective factors such as trust,

emotional readiness and comfort levels. Additionally, age-sensitive interventions are vital, offering practical insights into risks, consent, and harm reduction strategies in ways appropriate to young women's developmental stages.

Current sex education often frames sexual behaviours in binary terms, categorising them as either consensual/safe or non-consensual/abusive (Vrankovich et al., 2024). However, the nuanced experiences described in this study suggest that behaviours like sexual choking can exist in an *in-between* space, neither wholly safe nor inherently harmful. A harm-reduction approach in sexual choking education could better equip individuals to navigate complex behaviours through informed and reflective decision-making. Additionally, media literacy programs could assist young people to critically assess and interpret sexual scripts portrayed in pornography and other media, aiding them in distinguishing media portrayals from healthy relational dynamics. Future studies should explore perceptions from young men and trans and gender-diverse individuals, investigating how intersecting influences shape perceptions among these groups. Such research could inform more comprehensive interventions, equipping all individuals to make informed decisions about sexual choking.

Strengths and Limitations

The strengths of this study include its unique focus on young women and the use of a qualitative methodology that provides in-depth insights into contemporary perceptions and experiences of sexual choking. Integrating the findings into Heise's ecological framework provides a comprehensive lens for understanding how factors across multiple levels shape perceptions of sexual choking. Several limitations must be acknowledged. Firstly, although this study demonstrates the multiple layers of influence on young women's perceptions, ecological models can lack precision in specifying which factors exert the most significant influence, or in illustrating how these broader levels of influence interact (Matsudo et al.,

2004). Future research could expand on this by using a multi-level analysis to explore how specific interventions, such as media literacy or knowledge and skills building consent education programs, impact perceptions at various levels. Additionally, while this study explored key influences reported by participants, other potential factors could also shape perceptions of sexual choking. These unexplored influences point to the need for ongoing research to capture a fuller range of determinants within this multi-layered model.

Furthermore, the process may have unintentionally excluded individuals who did not relate to the terminology used, such as *non-fatal strangulation* or *sexual violence*. Differences in terminology can significantly affect individuals' ability to recognise and report experiences of sexual choking, as well as hinder accurate data collection and intervention efforts (Agency for Clinical Innovation, 2022; Herbenick et al., 2021a; SA Health, 2019). Future research may benefit from using more neutral or participant-friendly terms, such as *sexual choking*, *choking* or *sexual experiences*, to engage a broader participant pool. Moreover, this study did not explore the full range of physical aspects of sexual choking, such as intensity or duration of the act, which could provide additional depth to the analysis. Although participants were asked to define sexual choking and share whether they had experienced it, specific details regarding the method of strangulation, such as the use of one or two hands, the pressure applied, and the frequency and duration were not thoroughly explored. Another limitation is the lack of intersectional identity analysis in understanding how factors such as race, ability, and sexual orientation intersect with perceptions of sexual choking. Future research should consider these dimensions to provide a more inclusive understanding to guide future targeted health promotion efforts.

Conclusion

The study demonstrates that young Queensland women's perceptions of sexual choking are shaped by an interplay of societal, community, relational, and individual

influences. Key factors, including media portrayals, educational gaps, relational trust, and the intricate balance between pleasure and harm, contribute to young women's perceptions. These findings underscore the necessity for multi-level prevention, response, and harm-reduction strategies that acknowledge the nuanced nature of sexual choking perceptions. Comprehensive educational frameworks that knowledge and skills-building around consent, safety, and media literacy could empower young women to navigate intimate practices with greater confidence, fostering autonomy and agency within their intimate partnerships.

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Appendix A**Advertisements**

Call for Participants



University of
Southern
Queensland

Can you help UniSQ researchers identify and explore young women's views on sexual violence within intimate partnerships?

If you are:

- a person who identifies as a woman or as non-binary;
- aged 18-25 years; and
- residing in Queensland

then we would appreciate hearing your thoughts on this topic.

You can help by:

1. Scanning the QR code below to complete the online questionnaire.
2. Contacting the lead investigator to participate in an interview or focus group: Professor Jessica Gildersleeve (Jessica.Gildersleeve@usq.edu.au)

Your participation in this research can help to 'stop it before it starts.'

UniSQ Human Research Ethics approval
ETH2023-0139

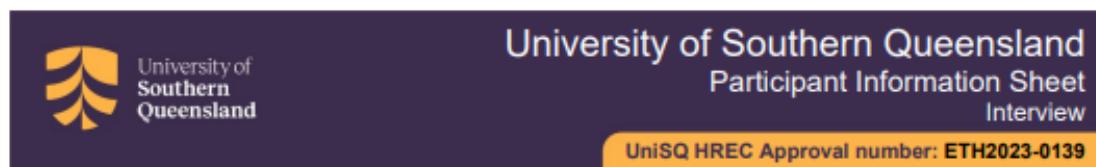
unisq.edu.au

CRICOS: QLD 00244B, NSW 02225M TEQSA: PRV12081



Appendix B

Project Information



Project Title

Youth Intimate Partner Violence and Young Women's Attitudes to Non-Fatal Strangulation: A Digital Storytelling Intervention

Research team contact details

Principal Investigator Details

Prof Jessica Gildersleeve
Email: Jessica.Gildersleeve@usq.edu.au
Telephone: +61 7 4631 1043
Mobile: +61 402 698 340

Description

The *National Plan to End Violence against Women and Children 2022-2032* provides a holistic response to gender-based violence, and recognises such violence as 'a problem of epidemic proportions in Australia'. Recent research suggests that sexual violence has been experienced by around 20% of women, but this number appears to only be scratching the surface.

This project aims to gather young women's attitudes to sexual violence within intimate partner relationships. It focuses on the experiences of:

- people who identify as women or nonbinary;
- aged 18-25 years; and
- residing in Queensland.

Ultimately, the project aims to provide an early intervention designed to challenge harmful attitudes and beliefs around sexual violence within intimate partner relationships.

This project is being undertaken as part of a research project through the University of Southern Queensland.

The purpose of this project is to improve understanding of youth attitudes to sexual violence and especially where this includes non-fatal strangulation (choking or sexual asphyxiation).

Participation

Your participation will involve partaking in an interview **via Zoom** that will take approximately 1.5 hours of your time.
SPECIFIC DATE/TIME TO BE ADDED FOR EACH PARTICIPANT

Questions will include:

- Have you been in a violent partnership (include casual sexual encounters, short-term and long-term partnerships)? If yes, would you have described it as violent at the time?
- Have you experienced non-fatal strangulation *within a sexual encounter* (choking, sexual asphyxiation) within an intimate partnership? Was consent given? If so, please briefly describe the way in which consent was provided.
- In your estimation, is non-fatal strangulation *within a sexual encounter* (choking, sexual asphyxiation) a common practice or expectation among your peer group. If yes, please describe.

Your participation in this project is entirely voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage by contacting a member of the project team. However, you will be unable to withdraw data collected about yourself after the data has been analysed.

Your decision whether you take part, do not take part, or take part and then withdraw, will in no way impact your current or future relationship with the University of Southern Queensland, the Domestic Violence Action Centre, the Red Rose Foundation, or the Metro North Public Health Unit.

Expected benefits

It is expected that this project will not directly benefit you. However, it may improve understanding of non-fatal strangulation as sexual violence with the goal of prevention of sexual/domestic violence.

You will receive \$50 as compensation for your time. This will be provided to you digitally at the conclusion of the interview.

Risks

In participating in the questionnaire, there are minimal risks such as, some risk of retraumatisation for you. You will not be required to continue the interview if experiencing distress.

Sometimes thinking about the sorts of issues raised in the interview can create some uncomfortable or distressing feelings. If you need to talk to someone about this immediately, please contact one of the following services: DVAC (07) 3816 3000; 1800RESPECT 1800 737 32; Full Stop Australia 1800 385 578; Lifeline 12 11 14; Kids Helpline 1800 55 1800. You may also wish to consider consulting your General Practitioner (GP) for additional support.

Privacy and confidentiality

All comments and responses are confidential unless required by law.

- Interviews will be audio recorded for the purpose of transcription.
- Audio recording and transcript will only be used for the purpose of the specified research project.
- Audio and transcript will only be accessible to the research team.

A summary of the project results will be emailed to you at the conclusion of this stage of the study.

This project is funded by the Investing in Queensland Women fund, Department of Justice and Attorney-General, Queensland, and conducted in partnership with the Domestic Violence Action Centre (DVAC), the Red Rose Foundation, and Metro North Public Health.

Any data collected as a part of this project will be stored securely, as per University of Southern Queensland's [Research Data and Primary Materials Management Procedure](#).

Consent to participate

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project. Please return your signed consent form to a member of the Research team prior to participating in your interview.

Questions

Please refer to the Research team contact details at the top of the form to have any questions answered or to request further information about this project.

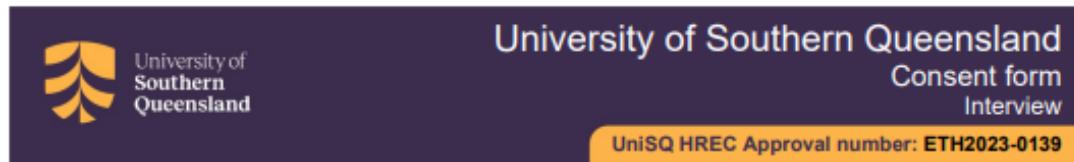
Concerns or complaints

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland, Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can address your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this document for your information.

Appendix C

Consent Form



Project Title

Youth Intimate Partner Violence and Young Women's Attitudes to Non-Fatal Strangulation: A Digital Storytelling Intervention

Research team contact details

Principal Investigator Details

Prof Jessica Gildersleeve
 Email: Jessica.Gildersleeve@usq.edu.au
 Telephone: +61 7 4631 1043
 Mobile: +61 402 698 340

Statement of consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project. Yes / No
- Have had any questions answered to your satisfaction. Yes / No
- Understand that if you have any additional questions, you can contact the research team. Yes / No
- Are over 18 years of age. Yes / No
- Understand that any data collected may be used in future research activities. Yes / No
- Agree to participate in the project. Yes / No

Name (first & last)

Signature

Date

Thank you for taking the time to help with this research project.

Please return this document to a research team member before undertaking the interview.

Appendix D

Interview Protocol



University of
Southern
Queensland

Youth Intimate Partner Violence and Young Women's Attitudes to Non-Fatal Strangulation

Semi-Structured Interview Questions

Definitions:

'Intimate partnership' will be defined as a sexual or romantic relationship between any two persons and of any duration, including: casual sexual encounters, short-term, and long-term relationships. A friendship that includes some form of sexual activity would also qualify here.

'Sexual encounter' encompasses any type of sexual activity, including but not limited to kissing, mutual masturbation, fondling, oral sex, penetrative sex. These may or may not have been consensual.

1. Demographics:
 - a. age
 - b. gender and preferred pronouns
 - c. sexuality
 - d. ethnicity
 - e. religious background
 - f. work and education
2. How would you define sexual violence? Can you please list some examples?
3. Have you ever experienced sexual violence within an intimate partnership?
4. Can you tell me what that experience was like for you? (characteristics of sexual violence)
5. How old were you on this/these occasion/s?
6. How would you define domestic or intimate partner violence?
7. Did you experience other types of non-sexual violence within that/those intimate partnership/s?
8. Can you explain what that violence was?
9. How old were you on this/these occasion/s?
10. Did you consider these acts (for all responses above) to be violent at the time of your experience? Would you have described them as violence? (as sexual violence/domestic violence?)
11. If yes, how did you know to see it as violence? If no, why do you think you didn't see it that way at the time?
12. Do you recognise it as violence now? What, if anything, has changed to alter your view?
13. How did you respond to these experiences?
14. Did your friends/peers at the time know that this was happening? If so, did they see these acts as violent? If yes, did that affect the way you saw the situation? If no, why didn't they see it that way?

15. Have you ever had knowledge of sexual violence within an intimate partnership experienced by a friend, family member, colleague, or peer?
16. What was that experience like for them, as far as you know?
17. Were other types of non-sexual violence present within that relationship, to your knowledge?
18. Did you recognise this as violence at the time?
19. Did the victim recognise this as violence at the time?
20. Did you/your friend seek out any kind of information, education, or support, following these experiences? Where did you look for this information/how did you access it?
21. What kind of information, education, or support would have been helpful to you/your friend at the time?
22. Do you know what non-fatal strangulation (NFS) is? Do you know it by any other terms?
23. Have you or someone you know experienced NFS within a sexual encounter?
24. If you have experienced NFS, did you give consent for this?
25. If so, how was consent provided?
26. If you or someone you know have/has experienced NFS, has there been any impact on your or their emotional or physical health as a result of that experience? (identify some health consequences)
27. How would you describe attitudes to NFS within sexual encounters among other young people you know? Do you observe any difference in attitudes among men and women?
28. Where are these attitudes circulated – in conversation, on social media, other?
29. To what extent do you think that social media influences such behaviours and attitudes to NFS within sexual encounters? Please provide some examples. (eg we are aware that some people on social media refer to this as #handnecklace – is this a term you have heard)
30. To what extent do you think that pornography influences such behaviours and attitudes to NFS within sexual encounters? Please provide some examples.
31. Do you think anything in your upbringing or childhood/adolescent experiences influenced your experiences of or views on NFS?
32. *(For those with self experiences and peer experiences.) When you think of your experiences with NFS/sexual violence within an intimate partnership and those of your friend/family member, can you identify any differences or similarities in those experiences?*