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Research Article

ASSISTING WOMEN VICTIM/SURVIVORS WITH SUICIDE IDEATION LIVING IN AN ABUSIVE INTIMATE PARTNER RELATIONSHIP: A THEORETICAL CRITIQUE

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ABSTRACT

Latest international statistics suggest that suicide rates are on the increase for women who die by suicide more often than previously. Years ago, my research identified male-perpetrated intimate partner violence (IPV), particularly if sexual violence is part of the abuse, as an important predisposing factor for female victim/survivors to experience mental health (e.g., anxiety, depression, and psychological distress) and substance use problems (e.g., alcohol, tobacco, prescription and non-prescription drugs). The association between the women's victimisation experiences, including feelings of entrapment and hopelessness, along with suicide ideation (SI) require further examination.
This article critiques the dominant Interpersonal Psychological Theory of Suicide (IPTS) for its inadequacy in explaining SI in female IPV victim/survivors and proposes an alternative, strength-based, positive functioning approach as a more appropriate clinical framework. This paper's significant contribution assists theorists and practitioners working in the field to better understand and address IPV-related SI of victimised women. It commences with a brief introduction into suicidology with recent statistics on the different forms of suicide (i.e., SI, suicide attempts, and deaths by suicide). This is followed by a critical discussion of the most dominantly used Interpersonal Psychological Theory of Suicide (IPTS) including abusive men's tactics and an introduction of an alternative framework, the Positive Functioning Approach, which focuses on eudaimonic engagement. This paper argues that this alternative model is better suited for women experiencing SI against the background of IPV victimisation than the traditional approach that focuses on the presence of psychopathology and maladaptive behaviours that fuel clients' feelings of guilt and inadequacy, which have already been exploited by the abusive intimate partner. Recommendations for further research conclude the paper.

Introduction

Suicidality is a major public health problem (Australian Institute of Health and Welfare [AIHW], 2022; Bellini et al., 2018; Cox et al., 2016). Evidence suggests that individuals who

experience suicidal distress are at risk of suicidal behaviour (Chu et al., 2017). In Australia, a nationally representative population study found that females were not only more likely than males to experience lifetime suicidal thoughts (18.3% vs. 15.0%), but the prevalence of suicide attempts was higher for females when compared to males (27.9% vs. 8.7%). When asked about suicide attempts in the past 12 months, 13.6% of females aged 16 – 24 years reported to have engaged in attempted suicide compared to 3.3% of males in this age group (AIHW, 2025).

Terminology

In this article, describing aspects of suicide and the language used have been carefully considered. The concept of *suicidal distress* used in this paper has been defined by the Australian Government (2025) as "an experience of unbearable emotional and psychological pain, which can be associated with thoughts or plans to end one's life as a means of escaping that unbearable pain" (p. 92).

This article focuses on heterosexual female victim/survivors of male-perpetrated IPV, as they represent the majority of victim/survivors and perpetrators of gender-based violence in intimate relationships. It deliberately uses gendered terminology to emphasise that IPV is a gender-based issue, almost always perpetrated by males against females, who suffer negative behavioural, health and social impacts.

In Australia, every day around nine individuals die of suicide and over 150 people attempt to end their lives (Australian Government, 2025). Countless more children, women and men experience SI, underscoring the urgent need to better understand factors that contribute to suicidal distress and to address them effectively, particularly because suicide deaths are preventable in most situations.

Globally, it is estimated that every year over 800,000 individuals die by suicide, with an increasing trend (Chu et al., 2017; Dandona & Khan, 2024; Graham et al., 2025). On average, 135 people are affected by every suicide death (Grafiadeli et al., 2021). Multiple theories have been proposed that conceptualise SI and suicidal behaviours (Göbbels-Koch, 2024). The Interpersonal Psychological Theory of Suicide (IPTS) has emerged as a particularly dominant framework, which will be briefly introduced below.

Theoretical framework - IPTS

The most frequently cited theoretical approach in suicide research is the Interpersonal Psychological Theory of Suicide (IPTS), which is grounded in empirical evidence (Chu et al*.,* 2017; Kraiss et al*.,* 2024). The theory was first published over 20 years ago and has received much attention in clinical practice and research (Goldstein et al., 2025). It was developed by Joiner (2005) and further expanded by Van Orden et al. (2010) who explained specific pathways for SI and suicidal behaviours. It is based on multiple constructs including *Thwarted belongingness* ('I am alone'), the first predictive factor, and *Perceived burdensomeness* ('I am a burden'), the second predictive factor. Van Orden and colleagues (2010) indicated that both of these constructs are related. In this regard, it is important to note that *Thwarted belongingness* is proposed to be a critical causal factor for SI, with suicidal desire resulting from the individual's unmet need to belong, which leads to *Perceived burdensomeness*. Social isolation such as living alone, being in prison or voluntarily withdrawing from others has been

identified as "the most reliable predictor of suicidal ideation, attempts and suicidal behavior" (p. 580).

The third predictive factor is *hopelessness* in relation to the ability to change the current situation, with focus on a person's intrapersonal state (as opposed to previous interpersonal constructs), when it is believed that the situation is unchangeable, which leads to active SI (Kraiss et al., 2024). With all three factors present, the IPTS asserts, a person is at risk of suicidal behaviour. Consequently, the added hopelessness factor marks the transition to active suicidal desire with increased likelihood of suicidal behaviour. Given the theory's empirical relevance, it is important to examine its limitations when applied to women subjected to IPV.

Limitations of the IPTS

Various studies have tested the IPTS with diverse samples. For example, Chu and colleagues (2017) in a meta-analysis that involved 130 articles with 143 samples mostly from the US and Canada to test this theory found that perceived burdensomeness appeared to be the strongest predictor for SI, particularly for males and older individuals.

According to the IPTS, individuals who feel socially isolated, and *experience family conflict* (emphasis added), along with the belief that they are expendable and a liability to others, are at a statistically significant risk of a passive form of SI (Van Orden et al*.,* 2010). The theory has been applied to a wide range of populations with different ages, cultural backgrounds and clinical conditions. Even though some limited studies have been identified that examined IPV-related suicidality with women and men (see for example Wolford-Clevenger et al., 2019; Göbbels-Koch, 2024), no study appears to have given consideration to abusive men's tactics and victim/survivors' struggles in response to IPV. Consequently, the IPTS despite its popularity may not adequately explain abused women's experiences of SI. To my knowledge, no theoretical framework exists that explains female SI in the context of IPV victimisation. The 'family conflict' assumption implies gender symmetry and denies women the recognition of their unequal power in the abusive relationship (Guggisberg, 2010). Furthermore, as will be discussed below, victim/survivors of IPV experience isolation from their social networks as a result of the abusive men's tactics rather than voluntarily withdrawing from their environment, which is an important issue. I argue that current theories of suicide fail victim/survivors of IPV given their unique experiences of abuse and violence including involuntary isolation. In the following, I briefly discuss IPV as a gendered issue and the wide-ranging impact of failing to acknowledge this important aspect. Furthermore, abusive men's well-known tactics require recognition when victim/survivors' experiences and their SI is to be addressed adequately.

IPV

Intimate Partner Violence is widely acknowledged to constitute a serious social, political and health problem globally (Mathews et al., 2025; Rasmussen et al., 2025; Tolmie et al., 2024). There is a longstanding debate in the literature whether or not IPV is gender neutral (see Guggisberg, 2010). Framing IPV as a 'conflict between equal partners' inevitably makes the parties equally responsible for its occurrence. Those who believe IPV is gendered understand the underlying structural roots and that simply counting the number of incidents an intimate

partner has used one or multiple forms of specific behaviours will result in increased risk of suicidality (Graham et al, 2025).

As Guggisberg (2010) reported, women subjected to IPV almost always suffer physical and/or sexual violence in the context of coercive controlling behaviour. The gendered nature of IPV requires acknowledgement and a closer examination, particularly given the ongoing framing of the violence as gender neutral. Feminist scholars argue that IPV is almost always perpetrated against women by men with a multitude of negative impacts on female victim/survivors (Ford-Gilboe et al., 2016; Morton et al., 2021).

The undermining continues

The conceptualisation of IPV within a gendered context continues to be contested or subtly undermined (Morton et al., 2021). In the following, I illustrate how population surveys on IPV negatively impact abused women's lives.

In their latest research, Mattews and colleagues (2025) reported that 48.4% of women and 40.4% of men experienced IPV in their lifetime. Notably, this study used the revised short form of the Composite Abuse Scale (Ford-Gilboe et al., 2016), which was developed by women, with women to measure male-perpetrated IPV against women recognising the gendered nature of IPV in response to the wide criticism of other measures such as the Conflict Tactics Scale for ignoring the gendered context of IPV in which it occurs (see Guggisberg, 2010). Ford-Gilboe and colleagues (2016) explicitly stated that the original version as well as the Revised Composite Abuse Scale they developed "focus specifically on women's experiences of violence [which] offers a more practical and woman-centred way to measure IPV" (p. 10). Mathews et al.'s (2025) use of the Revised Composite Abuse Scale for the prevalence measure of IPV among women and men appears ideologically and methodologically incongruous. Their findings of IPV victimisation at similar rates (48.4 % vs. 40.4%) likely significantly influences public perception and may affect social responses to women in contact with support services.

In 2009 I wrote that

> [*r*]*egardless of several decades of awareness raising and public education attempts, it is evident that not only the public, but even professionals working in the area of civil and criminal justice, welfare and child protection hold beliefs reflecting myths about IPV... beliefs such as suspicion about women's truthfulness, prevalence and the assumption of gender symmetry. Unsurprisingly, women may feel as if they are left to negotiate their safety and protection themselves (Guggisberg, 2009, p. 133).*

These beliefs will inevitably be reflected in professionals' responses and most likely negatively influence intervention when they deal with victimised women (and children). If statutory services employ professionals holding beliefs that IPV is a 'conflict' between equal partners who lack ability to effectively communicate and or solve conflicts along with a tendency to mistrust women, their responses will be different than when IPV is acknowledged as a gendered issue.

One of the significant consequences is the persistent assumption in the Family Court where IPV is often constructed as conflict between the couple with 'poor communication skills'

rather than an issue of male power and control over the female intimate partner. In this regard, Tolmie and colleagues (2024) argued that the assumption of gender neutrality, which is reinforced by judges, leaves help-seeking women feeling entrapped and hopeless. Organisations such as the criminal justice system, child protection, and the family court continue to respond to female victim/survivors of IPV as if they were able to respond to the abuse as an equal partner in the relationship, failing to acknowledge the power difference (Tolmie et al., 2024).

Currently, statistics inadequately demonstrate the interrelationship between IPV and suicidality (Graham et al, 2025). It has been well documented that a complex interaction exists between mental health and substance use problems with suicidal distress (Guggisberg, 2010, Kafka et al., 2022), which are prevalent among women subjected to IPV (Guggisberg, 2010; Rasmussen et al., 2025). Graham and colleagues (2025) investigated 882 IPV-related suicide deaths in the US among children and young people. The study from coroners' reports indicated that IPV victimisation had preceded the suicide. Similarly, Rasmussen and colleagues (2025) among a clinical sample of 1715 women seeking assistance for suicidal distress found a strong association between IPV victimisation and SI among the cohort with 62% being deemed to be at a high risk of suicidal behaviour.

Likewise, Kafka and colleagues (2022) in a US study examined 9682 cases of people who died from suicide to investigate the incidence of records with IPV as a precipitating factor. The study found that for abused women who were involved with the family law system, the Odds Ratio for suicide was 2.88. These findings may reflect a persistent victim blaming attitude. The increased efforts to degender IPV and systems such as the family court invalidates abused women's experiences and even exacerbates their feelings of entrapment and hopelessness. The women's experiences likely negatively affect their willingness to continue their struggle to live. Several risk factors for suicide have been identified in the literature of which SI is widely recognised to be the main pathway (Cox et al., 2016). Two of these risk factors for SI are briefly outlined below as they require particular attention to identify approaches that may effectively reduce SI. These are the degendering of IPV along with abusive men's tactics and the women's resistance.

Court processes

The assumption that IPV poses an equal problem for women and men has severe negative impacts on victim/survivors who consider separating from their abuser and seeking assistance with the family court (Morton et al., 2021). Women victim/survivors who are involved in court processes are likely to show signs of mental health problems as a result of enduring ongoing IPV and the heightened distress of being involved with the Family Court. They are likely disadvantaged during Family Dispute Resolution mediation and custody disputes, as their male partners often successfully manipulate their environment to cultivate a positive public image, which includes statutory agencies such as the legal system.

Morton and colleagues' (2021) research identified a bias against mothers where some women were assessed as "lacking credibility, especially if they alleged abuse by their male partners" (p. 110). In this regard it is important to briefly revisit abusive men's tactics.

Abusive men's tactics

Research consistently demonstrates that abused women are exposed to multiple forms of IPV including coercive control (e.g., threats, intimidation, and/or isolation). This includes microregulating victim/survivors' daily life (Guggisberg, 2026). In fact, social isolation is a central aspect of abusive men's systematic control tactics, which restrict victim/survivors' autonomy (Skoog and Forinder, 2025). Abusive men actively isolate their female intimate partners from social support, a fact that is imperative to be recognised.

Other control tactics result in the women's distorted sense of reality and diminish their sense of self. Abusive men often claim that the women are irrational, and emotionally unstable. This tactic, Skoog and Forinder (2025) stated is a form of psychological isolation which denies and minimises the men's abuse, while it effectively blames the victim/survivor for the disruption of the intimate relationship. Often, these men claim that they are victimised by their female intimate partner who they portray as "crazy". As a result, women may opt to remain in the abusive relationship or return to their partner after a period of separation at a large cost to themselves. The deliberate choice to endure abuse and violence for the sake of protecting their children. Therefore, the women's resistance manifests in placing the children's wellbeing before their own and endure the ongoing blame placed on them by various individuals such as family members, or support service personnel who ask, "why don't you leave"? However, rather than being passive, abused women are often resourceful and creative in their response to their victimisation, even deciding to resist with active retaliation (Guggisberg, 2009) or by considering suicide (Guggisberg, 2010, 2011).

Women showing resistance

Hopelessness is an important risk factor for SI (Rasmussen et al., 2025). The danger of hopelessness is that professionals working with female victim/survivors of IPV often focus on the women's psychopathology (Skoog and Forinder, 2025; Tolmie et al., 2024), failing to acknowledge their resourcefulness against the background of, often, years of abuse. In my study with 227 women (see Guggisberg 2010), I conducted in-depth interviews with 15 participants who experienced multiple forms of IPV at the time and were in contact with either a government support service (Department for Child Protection) or a woman's health service in Perth, Western Australia (see Guggisberg 2011). The women reported that they commonly exhibited multiple forms of agency, which involved 'walking on eggshells' (Guggisberg, 2011, p. 24) whereby they anticipated their intimate partners' wishes in an attempt to avoid emotional, physical and/or sexual harm. One participant, who chose the pseudonym Hannah stated: "I am anxious when I see him. I find myself shaking when he comes in – I wish that he would just please go away. I just feel constantly anxious around him" (p. 25). Other research corroborated my findings of female participants experiencing a deep sense of entrapment (Heron et al., 2022) along with disbelief and unsympathetic responses from support services, including court representatives (see for example Skoog and Forinder, 2025). Instead, the women's behavioural responses should be recognised as agentic acts of preservation that, over time, become exhausted resulting in SI as a final form of resistance. Consequently, an active strength-based model of victimhood for women exposed to IPV by their intimate partners is required.

Some women attempt to resist the violence by retaliation (see Guggisberg, 2009) or consider suicide (Guggisberg, 2010, 2011). It is important to note that women victim/survivors often negotiate their environment with sensitivity, including adapting their behaviours (see above – walking on eggshells) and the decision to remain in an abusive relationship for the sake of protecting their children from the abusive partner. A woman without perceived control over events in her life may 'give up' and lose interest in her ongoing struggle, resulting in considering SI. It may be interpreted that SI is an expression of resistance representing a radical attempt to escape the ongoing victimisation perpetrated by the intimate partner (Guggisberg, 2010). In my study, several women reported SI and even having previously attempted suicide. For example, one woman indicated: "The stress of living was just unbearable at times. Living in constant fear, not being able to do anything right…It got to the point where I was contemplating suicide" (Guggisberg, 2011, p. 31).

Abused women's risk factors for SI

Risk factors are components in a person's life that have been identified as increasing the probability of a certain outcome. They assist professionals identify individuals who are at risk of SI and potential subsequent suicidal behaviours. Therefore, distinct risk factors of SI for victim/survivors should be viewed as the underlying effects of their circumstances of living with an abusive intimate partner and his coercive control tactics. Many victim/survivors engage in coping behaviours such as self-medicating their mental health problems with alcohol and/or other drugs (see Guggisberg, 2010). These mental health problems can be explained as the result of often year-long exposure to IPV.

Furthermore, most abused women actively seek help with support services. However, often, they are revictimised by the very system they turn to for support. If victimised women's adapted behaviours are unsuccessful and the IPV appears inescapable, they may arrive at the realisation that there is no way of escaping the abuse. In this regard, a recent study by Skoog and Forinder (2025) found that "healthcare services interpreted consequences of abuse as psychiatric conditions" (p. 14), reflecting the abuser's success in isolating victim/survivors by questioning the women's validity of their lived experiences, resulting in the women's deep loneliness. Being isolated and feeling trapped, some women perceive their limited options in drastic measures only, due to lack of control a loss of willingness to continue their resistance. Women who express feelings of tiredness of life, which in German is called being lebensmüde (translation: "tired of life"), experience SI as a result of being exposed to IPV, which needs to be acknowledged and recognised as distinctively different from other causes of suicide ideation.

To avoid women harming themselves, victim/survivors need to feel a sense of control and a positive outlook. They require insightful compassionate support. Women who perceive responses from professionals as unhelpful or inadequate, which usually fail to account for their contextual realities of lived experience as victim/survivors, feel trapped and may, as a result 'take matters into their own hands'. A suicide prevention approach for abused women requires an understanding of their lived experiences. Social isolation and loneliness among female victim/survivors of IPV cannot be compared to men voluntarily withdrawing from their social

environment and feeling lonely as the IPTS conceptualises it, experience thwarted belongingness.

An alternative theoretical framework

From the above discussion it becomes clear that an alternative theoretical model to explain SI among women who are victim/survivors of IPV is needed. Women victim/survivors of IPV who experience suicidal thoughts require support that actively addresses drivers for their suicidal distress stemming from their victimisation experiences such as despair, high levels of mental health symptoms along with alcohol and/or other drug use issues (Guggisberg, 2010; Rasmussen et al., 2025). Concurrent mental health issues and substance use problems among abused women are concerning as they may fuel thoughts of SI (Graham et al, 2025) due to feelings of entrapment (see for example Kraiss et al., 2024). In the following I introduce a positive strength-based theoretical framework to guide therapeutic intervention for women who experience SI against the background of IPV victimisation.

Positive functioning/eudaimonia

Grounded in the positive psychology literature, the concept of positive functioning, also referred to as eudaimonic engagement, is well suited to address IPV victim/survivors' SI.

The positive functioning model was developed in the 1980s coming out of the field of positive psychology as a result of extensive research as it relates to mental and physical health and wellbeing. Ryff (2014) defined the concept of positive functioning as a "purposeful engagement in life realisation of personal talents and capacities and enlighten self-knowledge" (p. 10).

The eudaimonic perspective is built on the assumption that resilience is developed when individuals experience a sense of mastery and regain capabilities against the background of adversity. This proactive decision making and deliberate action is consistent with posttraumatic growth (Guggisberg et al., 2021). Below I introduce Ryff's (2014) 6-factor positive functioning model of wellbeing with victim/survivors of IPV in mind.

Table 1: Eudaimonic wellbeing model for abused women

Dimension	Goal working towards	Objectives for victim/survivors
Autonomy	To live according to personal convictions	• Strive to become self-determined, independent • Able to resist coercive pressure and being able to regulate behaviour according to personal standards • Evaluate unhelpful coping strategies including the use of psychoactive substances • Being aware of warning signs (e.g., allowing coercive behaviours to manifest despite awareness of its occurrence)

Environmental mastery	Realisation of competence in managing everyday affairs	• Strive to experience a sense of control over the environment • Effectively manage all necessary daily activities • Utilises opportunities (e.g., decisions that support) personal needs
Personal growth	Realises personal potential	• Strives to have a sense of personal improvement • Open to new experiences • Recognises affective and behavioural improvement • Experiences improved but realistic self-evaluation • Develops a newfound interest in life • Engages in new behaviours
Positive relationships	Builds and maintains effective relationships	• Strives for having trusting and satisfying relationships with significant others. • Demonstrates and models empathy for self and others • Makes compromises to sustain important relationships
Purposeful life	Meaningful and goal-oriented living	• Strives for achieving specific goals with clear directions • Realises aims and objectives towards defined goals • Experiences a clear sense of meaning and purpose in life
Self-acceptance	Positive self-attitude	• Strives for accepting self, including regretful decisions • Accepts both positive and less positive aspects of self • Feels satisfied with self

The above model promotes positive and meaningful experiences for women who have been exposed to IPV by abusive intimate partners. The different constructs target specific areas of life for women to experience self-realisation and purposeful engagement. Key factors include self acceptance such as the realisation of a purpose in life, talents and purposeful engagement, autonomy, personal growth, and positive relationships along with environmental mastery. These components of wellbeing are referred to as eudaimonia. Therefore, wellbeing is distinctly different from 'happiness'. Eudaimonia is about self-knowledge and self-realisation, striving for development and growth against the background of adversity.

Eudaimonic theory emphasises the importance of *meaning* – a life worth living, which involves an understanding that a person's life is coherent (makes sense) along with a clear purpose whereby meaningful actions are guided by clearly identified goals and values –

authenticity, and personal *growth*. Much empirical evidence suggests that these three dimensions are interconnected and bidirectional (Bauer, 2016; George and Park, 2017; Lenigieza, 2024; Waterman, 2011). Authenticity requires a sense of control and self-determination. This is particularly important for victim/survivors of IPV. Consequently, a woman's experience of autonomy and authenticity presents an expression of personal growth and control over one's life (a newfound sense of self). Victim/survivors become aware and realise their personal standards.

Willingness to adjust to present circumstances and experiences promote positive functionality. The women make a conscious decision to live up to their potential and capacities by cultivating their strength and use available resources, which have been referred to as self-actualisation. Positive experiences motivate women to continue their growth process.

It is important to distinguish between eudaimonic experiences and feelings of 'happiness' such as pleasure from fulfilling one's desire. Eudaimonia is related to conscious cognitive decision making whereas hedonic experiences are the result of positive affect. While an appreciation of the nuanced nature of emotions rather than a simplistic dualistic dichotomy such as 'happiness' (= positive) versus 'unhappiness' (=negative) is important (Lomas et al., 2014), understanding small nuances will encourage women's insight into affective complexities rather than simply classifying them as positive or negative. The engagement with existential challenges of life with focus on self-acceptance, autonomy and environmental mastery of challenges with the purpose of (re)developing positive relationships with significant others will assist women develop meaning and purpose in life.

With victim/survivors of IPV who experience SI, eudaimonic engagement is of primary interest for clinical intervention. As previously mentioned, aspects of posttraumatic growth have been associated with wellbeing (Guggisberg, 2021). In clinical practice, eudaimonic engagement can be cultivated in women experiencing SI. In this regard, purpose in life and personal growth are essential aspects to be developed. The following section examines clinical implications of this alternative model to address SI among abused women.

Targeted intervention applying eudaimonic engagement

Examining the constructs that underscore IPV victimisation, it is critical to address SI within a strength-bases framework for abused women. The theoretical model introduced above lends itself readily for informing a targeted intervention for victim/survivors of IPV. Positive functioning is a model of wellbeing that has been largely neglected as an intervention strategy.

Person-centred therapy has been promoted in the literature to address SI (Kraiss et al., 2024; Rasmussen, 2025). The exposure to IPV can have sustained and longterm impacts on victim/survivors' daily functioning and compromise their ability to feel physically and emotionally safe in the presence of a clinician. Often, women with abuse histories seek clinical assistance for their complex presentations including exhibiting defence strategies that may make the interaction between the client and therapist challenging. Compassion-focused therapy with the aim of creating hope may counter feelings of entrapment. Furthermore, it is important to work in collaboration with the woman, demonstrating warmth, empathy and unconditional positive regard, which is using a Rogerian approach (Barrett-Lennard, 2004), tends to be best suited.

Compassionate person-centred therapeutic intervention that acknowledges abused women's experiences of emotional, psychological, physical and/or sexual distress resulting from being subjected to IPV, that interprets their responses in this context, may assist women living with IPV and experiencing SI to feel understood, accepted and respected. In this regard, Tolmie and colleagues stated: "People commit violence not trauma, and victim-survivors are responding to and resisting violence not trauma" (p. 57). The clinician may support the women in understanding how structural factors continue to exacerbate abusive men's ability to use various forms of IPV to erode their autonomy and endeavours to resist the abuse and enforce compliance with their deliberate tactics.

Developing affective self-awareness

In therapy, strategies are developed with the goal to enhance eudaimonic engagement through critical reflection (Lomas et al., 2014). This requires emotional awareness, consciousness and rationalisation. Clients develop skills of attention and awareness when they reflect on their emotions and cognitions, they enhance awareness of emotions and cultivate awareness with all five senses (e.g., observing visual awareness, and internal sensations). Lomas and colleagues argued that emotional awareness and cognitive attention are "skills that can be trained and developed" (p. 27). This awareness of embodied sensations brings into focus the well known 'mind-body connection'. Consequently, sensations provide information that assist the women to cognitively process emotive reactions.

A central aim of the positive functioning approach is to support clients in engaging with and managing their emotions rather than being concerned with the emotional outcome (Lomas et al., 2014). The emphasis is on understanding that emotions cannot be simply categorised as positive or negative. Emotions are experienced in the context of a specific situation; for example, in the context of IPV, a woman being advised by someone to separate from her partner may inadvertently perpetuate the abuse. While the capacity being able to leave an abusive relationship is useful, the abused woman needs to make a careful decision when the appropriate time is to consider this step. The above example underscores how victim/survivors who have developed metacognitive skills are empowered to reflect critically on their emotional experiences and make informed, context sensitive decisions, including unintended consequences.

Increasing anecdotal evidence supports the positive functioning approach, which fosters clients' resilience. This is an area where clinical research is needed specifically with abused women who experience SI.

Conclusion

The purpose of this analysis was to examine IPV-related SI, an issue that is increasingly recognised in the literature concerning female victim/survivors. It was established that the dominant IPTS insufficiently addresses specific contexts that often underlie abused women's lived experiences. Several limitations were identified including the de-gendering of IPV in research and systems such as court processes that invalidates abused women's experiences and exacerbates feelings of entrapment, which may fuel SI. Furthermore, social isolation, identified as a key component of the IPTS is distinctly different for women subjected to IPV as one crucial

tactic of abusive men is to isolate the women from their support networks rather than voluntarily withdrawing from their environment. The deliberate isolation of women from their social networks exacerbates feelings of entrapment.

Given the limitations of the most dominantly utilised theory of suicide, the IPTS, which inadequately explains female victim/survivors' of IPV experiences, an alternative theoretical framework is required. This paper proposed an alternative eudaimonic theory emphasising a strengths-based approach. It applied the positive functioning model specifically for abused women. The six dimensions of eudaimonic wellbeing were applied to female victim/survivors. This framework addresses abused women's lived experiences more appropriately than the IPTS. In understanding some women victim/survivors' propensity for SI, the issue of autonomy and the need for control over their lives is important. By offering this alternative conceptual framework, the impact of IPV is recognised and the women's active struggle against their victimisation is acknowledged and integrated.

From a researcher's and clinician's perspective, this alternative approach may be particularly relevant as it is not dysfunction-oriented that represents the presence of psychopathology. Low positive functioning demonstrates the women's contexts of living with IPV victimisation and experiencing mental health and other problems as a consequence, sometimes expressed as living an existentially meaningless life. Therapy focusing on increasing these women's eudaimonic engagement may be successful in the long term. Clinicians may be encouraged to change the meaning of therapy from pathologizing abused women and instead assisting them develop eudaimonic wellbeing with targeted focus on autonomy, environmental mastery, personal growth, positive relationships, a purposeful life and self-acceptance, making use of my suggested objectives for victim/survivors of IPV. Finally, further research should examine the long-term effectiveness of this proposed alternative approach to address abused women's experiences of SI.

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