

Report into Strangulation, Suffocation, Asphyxiation and Smothering Homicides in England and Wales from 2011 to 2021



Institute For
Addressing
Strangulation

Funded by the Home Office

IFAS acknowledges that behind every homicide statistic is a person who had friends, family, thoughts, feelings, dreams and hopes. We hope that all readers accessing our report will recognise the tragic loss of human life associated with the statistics we present.



Report into Strangulation, Suffocation, Asphyxiation and Smothering Homicides in England and Wales from 2011 to 2021

September 2023

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Funded by the Home Office, the Institute for Addressing Strangulation (IFAS) was established in 2022 to raise awareness of strangulation and suffocation.

This includes highlighting the associated risks and dangers, and establishing best practice for professionals working with victims, survivors and their families. Although our work primarily focuses on strangulation, we see the parallels between this and suffocation, and are therefore developing our research and understanding of this area.

Central to our work are the voices of victims and survivors. Throughout this report we have therefore included quotes from news reports in which bereaved family members describe their loved ones. In addition, we consulted with one mother who gave ideas for the design of the report, in particular the front page and the concept of the waterfall on page 2. This represents the continual deluge of victims of strangulation and suffocation homicide. It is this deluge that IFAS aims to end.

Strangulation occurs when there is obstruction or compression of blood vessels and/or airways by external pressure to the neck which impedes normal breathing or circulation of the blood. This can be done manually (i.e. when a person places their hands around another person's throat) or with a ligature (e.g. with a rope). Further, strangulation can be self-inflicted (i.e. suicide via hanging) and it can also be non-fatal (also called non-fatal strangulation or NFS). In cases of NFS, strangulation does not result in the death of the victim/survivor. This report focuses on strangulation cases in which death of the victim does occur and where the death has been caused by another person.

Similarly, suffocation occurs when someone is deprived of air and it affects their normal breathing. It is sometimes called asphyxiation or smothering. This can be done manually, (e.g. a hand placed over the victim's nose and mouth) or with another object (e.g. a pillow). Like strangulation, suffocation does not always result in death and can be self-inflicted. However, in this report, we focus on suffocation cases which have been fatal and which were caused by a person other than the victim.

Strangulation can be defined as obstruction or compression of blood vessels and/or airways by external pressure to the neck impeding normal breathing or circulation of the blood.

Strangulation is often used interchangeably with the word 'choking.' However, choking is different to strangulation and occurs when a person is unable to breathe due to something being lodged inside their throat.

Suffocation occurs when someone is deprived of air and it affects their normal breathing. Throughout this report we refer to suffocation as an umbrella term for suffocation, asphyxiation and smothering.

Background to the research – what do we already know?

Understanding the phenomena of strangulation and suffocation homicides is complex. There is a surprisingly limited amount of research on the subject. Much of the research that does exist focusses on non-fatal strangulation and in particular its connection to domestic violence (see for example, Logan, 2021; Douglas et.al., 2020; Vella et. al., 2017; Glass, 2008). Authors have highlighted how NFS is often a prelude to homicide, increasing a woman's risk of becoming a victim of domestic homicide sevenfold (Glass, 2008). NFS has also been recognised as a public health issue (Sorensen, 2014) and a form of gendered violence (Lowick and Cheyne, 2022).

More broadly, researchers have highlighted that strangulation and suffocation can also be a feature of elder abuse (Maiko, et al., 2022), infanticide (Oberman, 1996), femicide (Brennan, 2020), consensual sex (Herbenick et.al., 2021) and stalking (Bendlin and Sheridan, 2019).

Strangulation homicide

Turning specifically to strangulation homicide, researchers have frequently taken a very nuanced approach, for example exploring strangulation during sexual homicide (Kim et.al., 2023), within the Italian Mafia (Fineshi et.al., 1998) and as an aspect of serial killing (Pettigrew, 2019). Often strangulation research attempts to highlight differences between suicide (i.e. hanging) and homicide cases (see for example, Doberentz et.al., 2019; Geinsenberger et.al., 2019; Bauer et.al., 2021; Cordner et.al., 2020). This links to much of the forensic and pathology literature on strangulation, in which researchers investigate injuries and/or pinpoint how to determine whether a person has died via strangulation (see for example, Dunn et.al., 2022; Gascho et. al., 2019; Zuberi et.al., 2019; Klysner et.al., 2011). Within the legal field, arguments have also been raised about the (mis)use of consent as a defence to strangulation homicides (Bows and Herring, 2020).

Suffocation homicide

Suffocation homicide has received much less attention in academic research. There has however been some focus on Sudden Infant Death Syndrome (SIDS) and its potential to disguise the homicides of babies (see e.g. Pollack, 2006). More recently, scholars have investigated suffocation homicides when people are placed under police restraint, particularly if manhandled, handcuffed and/or hog-tied (Strömmer et.al., 2020). Further, detailed exploration of the mechanics of suffocation, asphyxiation and smothering within the context of the Hillsborough Disaster (see below page 7) has been provided by Nolan et. al. (2021).

Prevalence studies

Whilst the above studies are important and useful, there is very little research available on the prevalence of strangulation and suffocation homicides, particularly within England and Wales. The main source of this information is an annual report created by the Office for National Statistics (ONS) which presents general data on all forms of homicides in England and Wales. This includes data on knife crimes, gun crimes and other forms of violence. It does however also include some quite limited information on strangulation and suffocation homicides. The 2023 report (ONS, 2023) for example, highlights that between April 2021 and March 2022, there were 23 male victims of strangulation or suffocation homicide and 27 female victims. This equates to 5% of all homicides where the victim was male and 14% where the victim was female. Further, strangulation or suffocation was the joint 5th most frequent cause of homicide in males (alongside death by blunt instrument) after death caused by a sharp instrument (44%), hitting and kicking without a weapon (21%), other (7%) and unknown cause (7%). With regards to females, strangulation and suffocation was the third most frequent cause of homicide after death by a sharp instrument (32%) and unknown cause of death (16%).

Internationally, researchers have begun to gather data on the

prevalence of strangulation and suffocation homicides, plus the nature of these crimes. Studies have been carried out in various countries including Denmark (Thomsen A. et.al., 2022), Finland (Häkkinen, 2005), South Africa (Suffla and Seedat, 2016) and Turkey (Demerci et.al., 2009).

Why did we carry out this research?

The annual homicide report produced by ONS is very limited in its data on strangulation and suffocation. One issue is that ONS typically present both these homicide types in the same category, presupposing they are the same type of offence. This is problematic as we wondered whether strangulation and suffocation homicides could be different phenomena, with different types of victims and perpetrators. However, the published ONS data did not allow us to fully investigate these potential differences.

Further, the ONS information only showed male and female victims – not men and women and/or children. Knowing the different ages of victims was important as different phenomena may underpin the circumstances of these homicides. For example, the suffocation of a child under the age of one may indicate infanticide. This is a very different social issue than one in which a person aged over 75 becomes a victim of suffocation homicide.

Although strangulation is typically associated with intimate partner violence, it is important to understand the nuances beyond this relationship. For example, we wanted to know how many strangulation homicides related to elder abuse and more specifically, homicides of parents by adult children. We also had questions around strangulation and suffocation homicides carried out by strangers, and those that occurred outside the home in places such as prisons. Questions arose around the circumstances of these homicides, for example, how many related to domestic violence and how many did not. Of importance was also insight into the consequences

“She was a kind hearted and loving mother, daughter, sister, aunty and friend to many.” *ITV News, 2014*

for perpetrators of strangulation and suffocation homicides and the sentences they received post-conviction. In short, we wanted a holistic view of strangulation and suffocation homicides and to create a foundation for further research.

What were the aims of the research?

Our primary aim was to step behind the published ONS data to explore in more detail homicides caused by strangulation and suffocation. More specifically we wanted to know:

- The sex of the victims
- The sex of the perpetrators
- The age of the victims
- The relationship between victims and perpetrators
- The circumstances surrounding these homicides
- The number of homicides related to domestic violence
- The places in which strangulation and suffocation homicides took place

Ultimately, we wanted to understand in as much detail as possible the nuances related to strangulation and suffocation homicides, to raise important questions, highlight gaps in knowledge and to encourage further research in areas that remain unexplored.

How did we carry out this research?

In January 2023, we sent the Home Office a Freedom of Information (FOI) request about the data they held on strangulation and suffocation homicides in England and Wales. The full set of questions is available

from IFAS on request. ONS swiftly returned answers to our FOI request and provided 11 years' worth of data on strangulation and suffocation homicides dated from 1st April 2010 to 31st March 2021 (worded by ONS as 'year ending March 2011 to March 2021'). This report contains the presentation of data received from the Home Office in response to our FOI requests.

Are there any limitations to this research?

The information provided by the Home Office was statistical and related only to England and Wales. It did not contain any detailed descriptions about the offences committed or the people involved. It was also presented in such a way that it was not always possible to trace the narrative of a particular case. For example, it was not possible to answer questions about which cases resulted in murder convictions and which did not, i.e. was a murder conviction more likely in certain circumstances such as when there was a female victim. Consequently, there are inevitably blind spots in the data we can present and the conclusions we can draw.

There is some difficulty in drawing conclusions from the suffocation data. This is due to homicides that relate to the Hillsborough Disaster and the Essex lorry trafficking tragedy (see text boxes for further information). These were extremely unusual events, which in total led to the deaths of 135 people. Such tragedies are so uncommon they cannot be considered representative of any trends in the data and are in effect 'outliers.' As a result, the emphasis in this report is

on strangulation homicides. Where possible, information on suffocation homicides is given. However, where it was felt that conclusions would be skewed due to data from these two mass tragedies, this information has not been presented. An example of this is the ages and ethnicity of suffocation victims.

What was the Hillsborough Disaster?

The Hillsborough Disaster was a football stadium crush that occurred in 1989 and which resulted in the deaths of 97 men, women and children. After a long fight for justice, inquests into the deaths of the victims took place in 2016 and concluded that they had been unlawfully killed. As a result, 96 of these homicides appear in the 2016–2017 ONS data. Further information on the Disaster can be found [here](#).

What was the Essex lorry trafficking tragedy?

In 2019, 39 people (28 men, 8 women and 3 teenage boys) from Vietnam died when being trafficked into the UK in the back of a lorry. Their cause of death was ruled as suffocation and hyperthermia. The main perpetrators were convicted of manslaughter. Further information on the tragedy can be found [here](#).

NOTE: The data in this report covers the 11 years from 1st April 2010 to 31st March 2021 (worded by ONS as 'year ending March 2011 to March 2021'). We have retained the ONS wording for this report.

Findings

How many strangulation and suffocation homicides took place?

From the year ending March 2011 to March 2021, there were 342 homicides caused by strangulation and 320 caused by suffocation, asphyxiation and smothering. Momentarily removing the 96 victims of Hillsborough and the 39 victims from the Essex human trafficking tragedy from the data, reveals 185 homicides due to suffocation, asphyxiation and smothering during this period. Strangulation homicides are therefore more common than those caused by suffocation, asphyxiation or smothering.

Table 1 shows the number of strangulation homicides by sex of

victim and year and Table 2 shows the number of suffocation homicides by sex of victim and year. The data highlights that the mean average number of female strangulation homicide victims is 23 per year, whereas there is on average 8 male victims per year. In essence, from this data, females are almost 3 times more likely to be victims of fatal strangulation than males.

Where did the strangulation and suffocation homicides take place?

Strangulation and suffocation homicides were recorded by police forces throughout England and Wales. Larger, metropolitan forces such as the London Metropolitan Police and Greater Manchester Police

experienced more cases than in rural forces such as Wiltshire, which experienced none. Map A and B demonstrate where these homicides took place. Note that where a force is not included, it means that there were no strangulation or suffocation homicides in that area.

As noted above both Essex and South Yorkshire experienced exceptionally high numbers of suffocation homicides during this time period. This was due to the deaths of 39 victims of the Essex lorry tragedy and the inquests into 96 deaths at Hillsborough in 1989. Beyond this, suffocation homicides generally occur in lower numbers than those of strangulation.

Table 1: Number of strangulation homicides by sex of victim and year

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Female	29	37	18	23	20	26	16	26	29	18	13
Male	11	9	10	9	3	8	5	9	9	9	5
Total	40	46	28	32	23	34	21	35	38	27	18

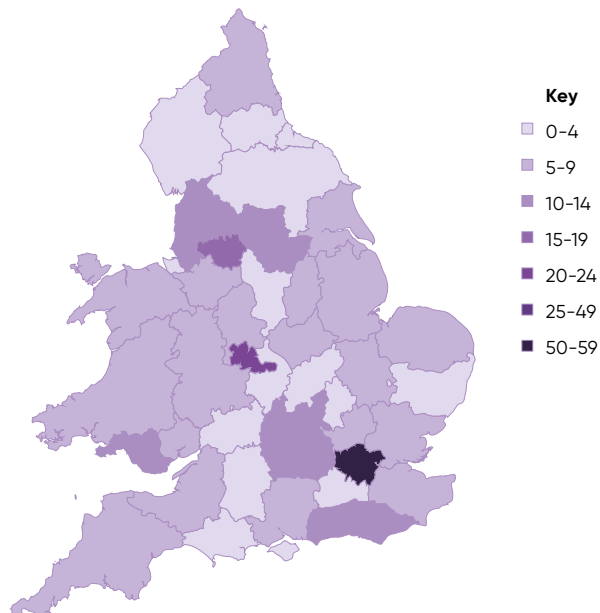
Table 2: Number of suffocation homicides by sex of victim and year

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Female	11	8	8	11	15	7	18	11	11	13	4
Male	10	6	5	10	14	7	96	6	6	38	5
Total	21	14	13	21	29	14	114	17	17	51	9

“ Joyous, vibrant, funny, talented and fearless, unless she saw a spider.” BBC News, 2021

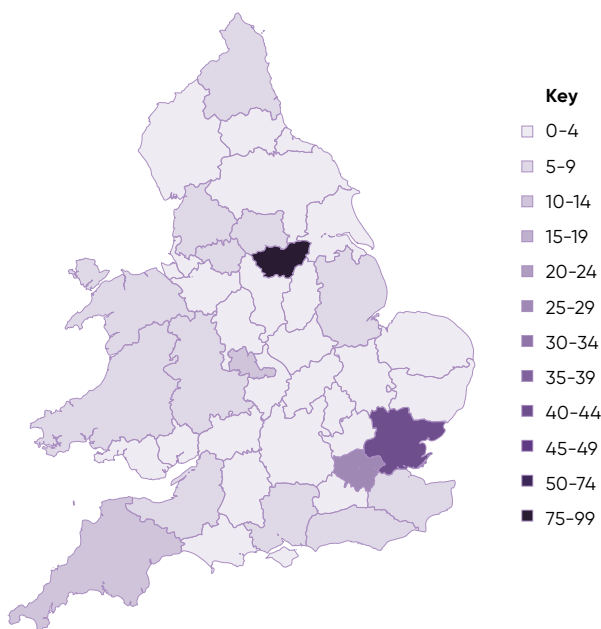
Map A: Strangulation homicides by police force year ending March 2011 to March 2021

Police Force Area			
Avon and Somerset	6	Lincolnshire	5
Bedfordshire	1	Merseyside	13
Cambridgeshire	5	Metropolitan Police	58
Cheshire	5	Norfolk	6
Cleveland	4	North Wales	6
Derbyshire	2	North Yorkshire	4
Devon and Cornwall	9	Northamptonshire	2
Dorset	4	Northumbria	8
Durham	4	Nottinghamshire	9
Dyfed Powys	6	South Wales	10
Essex	6	South Yorkshire	12
Gloucestershire	2	Staffordshire	9
Greater Manchester	19	Suffolk	3
Gwent	5	Surrey	2
Hampshire	7	Sussex	11
Hertfordshire	6	Thames Valley	14
Humberside	8	Warwickshire	1
Kent	9	West Mercia	7
Lancashire	10	West Midlands	24
Leicestershire	6	West Yorkshire	14



Map B: Suffocation homicides by police force year from ending March 2011 to March 2021

Police Force Area			
Avon and Somerset	5	Lincolnshire	5
British Transport Police	1	Merseyside	4
Cambridgeshire	2	Metropolitan Police	26
Cheshire	2	North Wales	5
Cleveland	1	North Yorkshire	4
Cumbria	2	Northamptonshire	2
Derbyshire	1	Northumbria	5
Devon and Cornwall	13	Nottinghamshire	3
Dorset	2	South Wales	2
Dyfed Powys	5	South Yorkshire	99
Essex	41	Staffordshire	3
Gloucestershire	2	Suffolk	1
Greater Manchester	6	Surrey	1
Gwent	3	Sussex	9
Hampshire	9	Thames Valley	4
Hertfordshire	4	Warwickshire	3
Humberside	3	West Mercia	6
Kent	6	West Midlands	10
Lancashire	9	West Yorkshire	7
Leicestershire	4		



Site of homicide

The data showed that by far the most frequent place for a female to be fatally strangled or suffocated was in a house or other dwelling such as a flat. ONS explains that this includes gardens, drives, corridors, stairwells and garages. The data does not state whether the house was the home of the victim. However given the information presented in Figure 7 (i.e. showing that 67% of female victims of strangulation homicide aged 16 or over are killed by their (ex)partner), it is likely that these homicides took place in the victims' own homes.

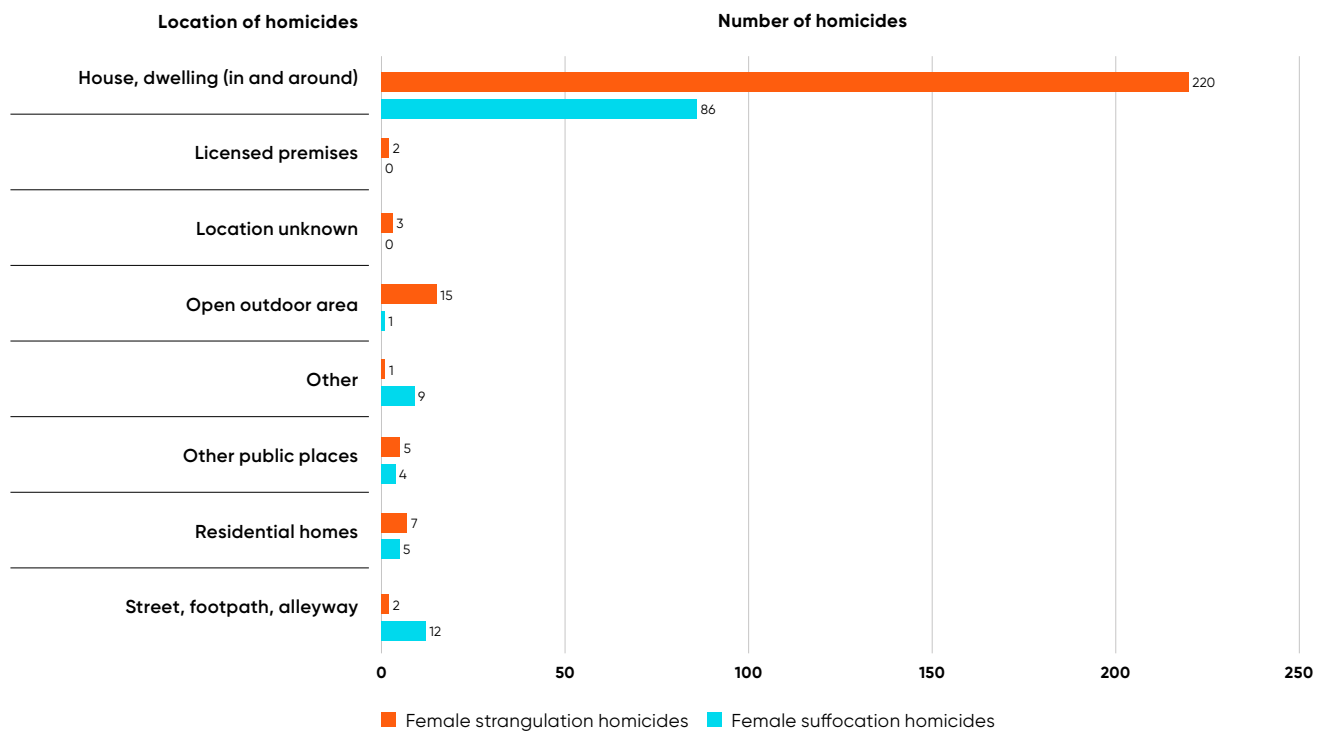
Notably, for females the second most common place for strangulation homicides to occur was an open outdoor area, which the ONS data

specifically highlights would include car parks. Similarly, with regards to suffocation, the second most common place for female victims to be killed was a street, footpath or alleyway.

Perhaps surprisingly, although the numbers are very small, there were 6 times more female suffocation homicide victims killed on a street, footpath or alleyway than strangulation victims. It is not possible from the data provided to discern the circumstances of these outdoor strangulation and suffocation homicides, but these may be linked to non-domestic violence homicides such as those carried out by someone who is a stranger to the victim or where the victim is engaged in sex work. This requires further investigation.

ONS highlight that the category 'Residential homes' includes a "nursing/ care home, hostel, hotel [or] lodging house." In addition, 'Other public places' includes "commercial businesses e.g. shops, school, hospital, church etc, public transport, stations and stops."

Figure 1: Site of female homicides of strangulation and suffocation (year ending March 2011 to March 2021)



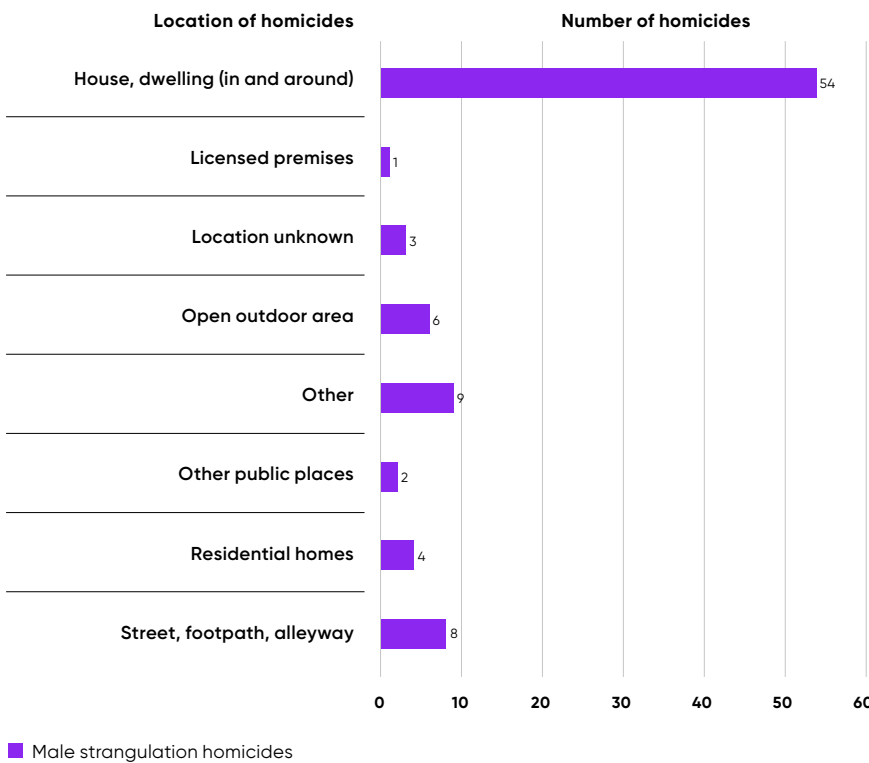
 **86%** of female strangulation homicides took place in a house or dwelling

 **74%** of female suffocation, asphyxiation and smothering homicides took place in a house or dwelling

With regards to male victims, 62% of strangulation homicides took place in a house or dwelling. This is 6 times more frequently than the next most common category, which is labelled 'Other.' ONS do not provide detail on what 'Other' entails, therefore these circumstances remain unknown. However, we noted that the ONS data did not specify into which

category prisons, mental health facilities and asylum detention centres are placed. After querying this with ONS, it was confirmed that these are part of the 'Other' category. It is unclear whether any of the deaths in Figure 2 did take place in e.g. a prison or whilst a person was in custody, therefore this is an area requiring further investigation.

Figure 2: Site of male victims of strangulation homicide (year ending March 2011 to March 2021)



Who were the victims of strangulation homicide?

Sex

Out of a total of 342 strangulation homicides, 255 (75%) of the victims were female and 87 (25%) were male. Overwhelmingly therefore, victims of strangulation homicide were more likely to be female than male.

It should be noted however that these figures indicate that 25% of all strangulation homicide victims were male. Although there is an understandably important emphasis on female victims of strangulation homicide in research and academic literature, exploration of male victims of this offence is lacking. Consequently, there is a significant gap in knowledge regarding strangulation homicides where the victim is male.



**Of all strangulation homicide victims
3 in 4 were female
1 in 4 were male**

 From 2011 to 2021 there were 20 people who were strangled or suffocated in residential homes

 **80%** of all strangulation homicides took place in a house or dwelling such as a flat

Age

The age of victims ranged from under 1 year old to over 75 years of age. This spectrum is demonstrated in Figure 3.

Female victims were most commonly aged between 25 and 34, whereas male victims were most commonly in the 35-44 age category. Contrary to other age categories, babies and children aged 4 and under who were strangled were more likely to be boys than girls. There were 7 boys aged 4 and under who were fatally strangled during the time period and 1 girl. Notably there were no female

children aged between 1 and 4 who were strangled during the relevant time period.

At the opposite end of the age spectrum, there were 27 people aged 75 and over who were the victims of strangulation homicide. In this category, women were almost three times more likely to be killed than men. It is unknown from this data whether these homicides were related to elder abuse or were carried out within the context of intimate partner violence or another circumstance.

Ethnicity

The ONS data has 5 categories of ethnicity:

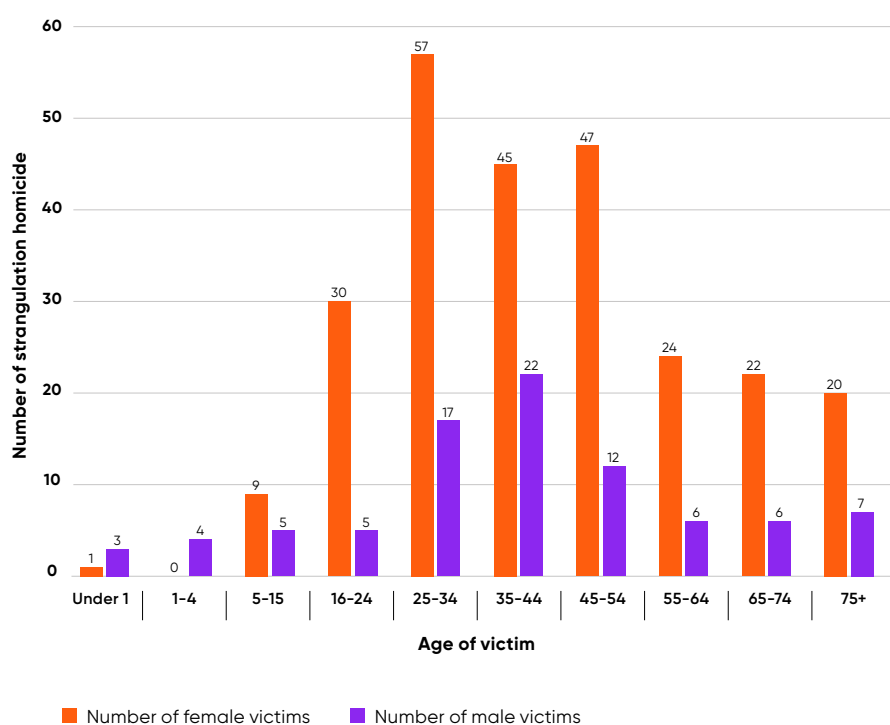
- White
- Black
- Asian (Indian sub-continent)
- Other
- Ethnicity Not Recorded

ONS report that Other includes "Asian, mixed/multiple ethnicities and any other ethnic group." The way in which a person is categorised is via "Officer-identified ethnicity classification." Presumably, this relates to the opinion of the relevant investigating police officer as to which category a victim belongs.

It is worth highlighting that there are three main limitations inherent in the categorisation of people in this way. First, a police officer's interpretation of a person's ethnicity could be incorrect. Second, there may be some overlap between the category Asian (Indian sub-continent) and Asian as per the 'Other' category. Third, such broad categorisation does not allow for an understanding of the nuances that may affect specific communities. For example, White would also incorporate people who have recently arrived to the UK from Central and Eastern Europe, in addition to people from the Gypsy and Traveller community. Gathering and presenting more specific information relating to the cultural heritage of a victim may be helpful in understanding trends in prevalence within various communities. This could lead to better directed support for those people who have been/may be affected by strangulation homicide.

Within the ONS data victims of strangulation homicide were most frequently categorised as White, followed by Asian (Indian sub-continent) and Black. However, it is difficult to understand whether the numbers of homicides pertaining to each ethnicity are proportionate to the general population as a whole. This is because the categories are so broad and the apparent lack of clarity around 'Asian.' It is important to better understand whether there is any disparity or disproportion within

Figure 3: Number of strangulation homicide victims in England and Wales (year ending March 2011 to March 2021) by age and sex

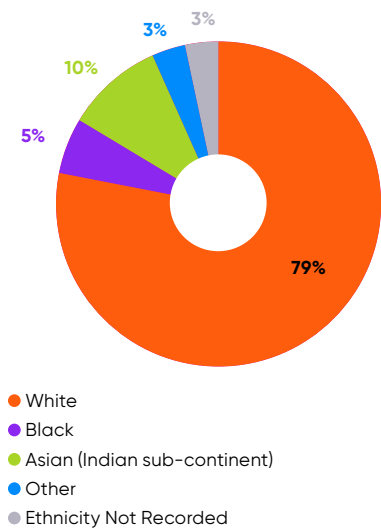


From the year ending March 2011 to March 2021 there were 22 victims of strangulation homicide aged 15 and under.

Most frequently, female victims of strangulation homicide were aged between 25 and 34 and male victims were aged between 35 and 44.

the various ethnic groups because it may indicate that some communities are at more risk of strangulation homicide than others. This knowledge could then better inform support and homicide prevention efforts.

Figure 4: Ethnicity of strangulation homicide victims in England and Wales (year ending March 2011 to March 2021)



Who were the perpetrators of strangulation homicide?

The data demonstrate that the perpetrators of strangulation homicides are more likely to be male rather than female. In fact, regarding homicides where a suspect was identified, in only 19 out of the 321 cases (6%) was the suspect female. In comparison there were 302 cases (94%) where the suspect was male.

In the ONS data, cases were separated into domestic homicides and non-domestic homicides. The ONS considers a domestic homicide to be one where the victim is aged 16 or over and their relationship to the perpetrator falls into one of the following categories:

- spouse
- common-law spouse
- cohabiting partner
- boyfriend or girlfriend

- ex-spouse
- ex-cohabiting partner
- ex-boyfriend or girlfriend
- adulterous relationship
- son or daughter (including step and adopted relationships)
- parent (including step and adopted relationships)
- brother or sister
- other relatives

When the sex of the victim is compared to the sex of the perpetrator, in

domestic homicides females are overwhelmingly more likely to be killed by males. The data indicates that it is very uncommon for a female to fatally strangle a person aged 16 or over (whether male or female) in a domestic homicide situation.

Figure 6 demonstrates how in non-domestic circumstances where the victim is aged 16 or over, the suspect is still more likely to be male than female. By comparing Figures 5 and 6,

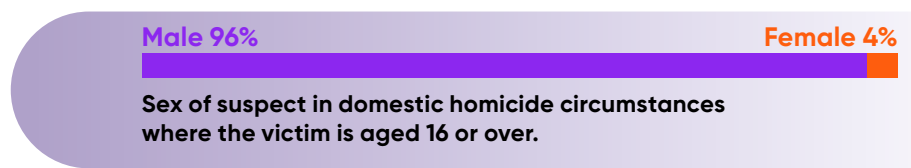


Figure 5: Number of domestic strangulation homicides (victim aged 16 or over) by sex of principal suspect and victim (year ending March 2011 to March 2021)

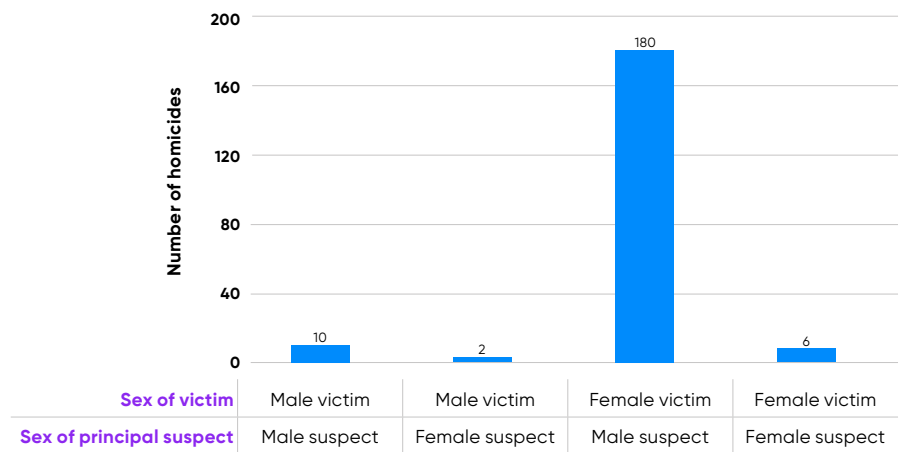
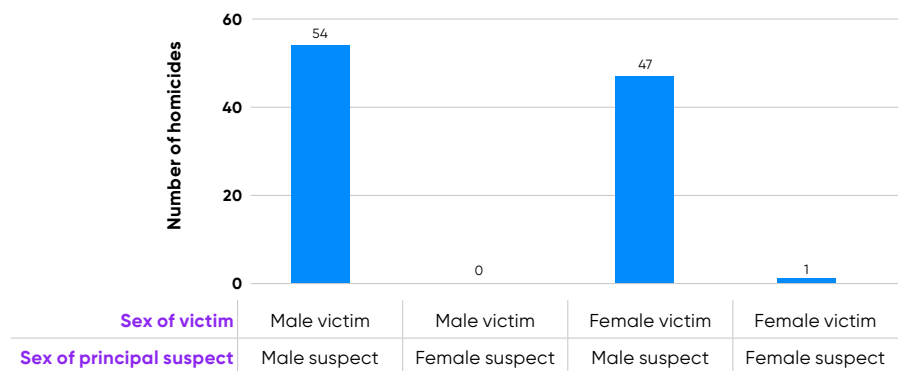


Figure 6: Number of non-domestic strangulation homicides where the victim is aged 16 or over by sex of suspect and victim (year ending March 2011 to March 2021)



IMPORTANT NOTE: In circumstances in which a relative (such as a father) kills a child under the age of 16 (such as his son) the ONS would not consider this a domestic homicide. Consequently, all children under the age of 16 years, killed by a relative appear in the non-domestic homicide category.

it becomes evident that when a male aged 16 or over is fatally strangled by another male, it is more likely to be a non-domestic killing. This data also highlights that females typically do not fatally strangle males or other females aged 16 or over in non-domestic circumstances.

If this information is compared to the relationships between a victim aged 16 or over and the suspect in both domestic and non-domestic cases, the circumstances of these offences are further revealed, see Figure 7.

Figure 7 highlights that in strangulation homicides where the

victim is female and aged 16 or over, these cases are typically pertaining to intimate partner violence. By comparing this with Figure 5 above (re: sex of suspect and victim) it becomes apparent that these are most frequently women killed by male (ex)partners and are typically not same sex relationships.

In this cohort it was very uncommon for a male aged 16 or over to be fatally strangled by an intimate partner (3 homicides). Notably, male victims of strangulation homicide aged 16 or over were most frequently killed by friends or acquaintances. This reflects the data found in Figure

6 regarding the frequency of male on male non-domestic strangulation homicides. The data does not reveal the circumstances surrounding these deaths and therefore it is an area worthy of further investigation.

ONS explains that when the victim is aged 16 or over and the relationship is described as 'Other,' this includes a "business associate, casual sexual partner, criminal associate, emotional rival, prostitute/client, carer, health worker/patient, customer/client." In the eleven year time period therefore, there were 20 victims of strangulation homicide aged 16 or over who were killed within these types of relationships.

Figure 7: Number of strangulation homicides where the victim is aged 16 or over by sex and relationship to principal suspect (year ending March 2011 to March 2021)

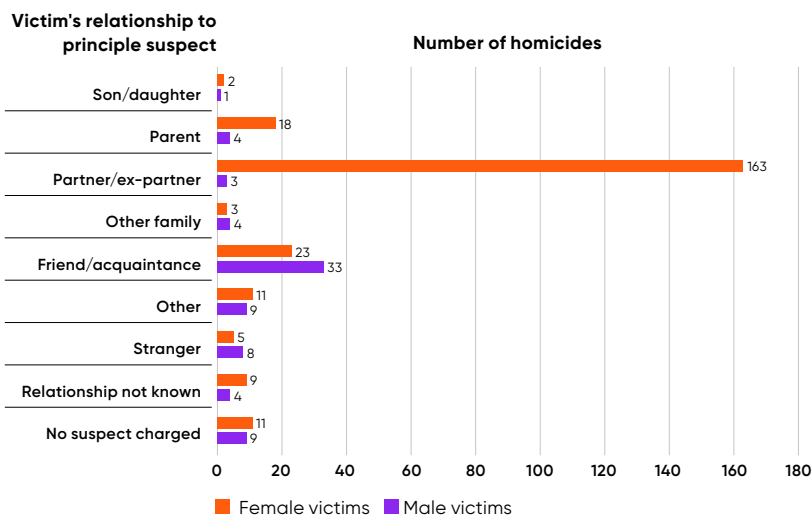
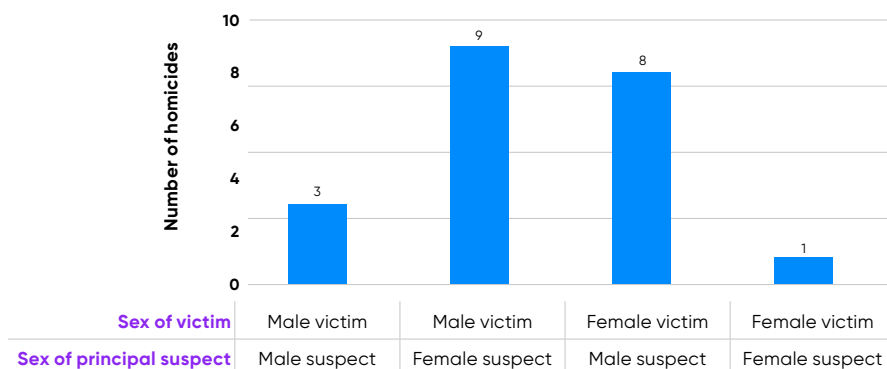


Figure 8: Number of strangulation homicides where the victim is aged under 16 by sex of suspect and victim (year ending March 2011 to March 2021)



A better breakdown of the relationships in the 'Other' category would improve understanding of these homicides. For example, understanding the strangulation homicide rates of people involved in sex work could help provide improved support and homicide prevention services. The current ONS data does not allow for that differentiation and added understanding.

In strangulation homicides (see note above page 13) where the victim is aged under 16, the data reveal different trends. Unusually, when the victim was male, the suspect was more likely to be female. This is demonstrated in Figure 8.

This information was compared to data on the relationships between victim and perpetrator. It demonstrated that in homicides where the male child victim was killed by a female, this was typically a case in which a mother killed a son. From year ending March 2011 to March 2021, there were 11 homicides in which a male child under the age of 16 was strangled by a parent (Table 3 below). As Figure 8 indicates there were 9 cases in which a female strangled a boy aged under 16, suggesting mother and son relationships formed part of that cohort. This information raises important questions around the circumstances of these homicides, particularly support for mothers, mental health services and potential issues around infanticide.

Table 3: Number of strangulation homicides where the victim is male and under 16 by relationship to principal suspect

Relationship with principal suspect	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Son	2	0	2	1	0	0	0	0	2	2	2

What were the circumstances surrounding the strangulation homicides?

The ONS data provides a glimpse into the circumstances surrounding the strangulation homicides. ONS specifically note that they are unable to highlight which cases relate to sexual attacks as “there is often insufficient information available.” The ONS categories are therefore somewhat limited to:

- Quarrel, revenge or loss of temper
- In furtherance of theft or gain
- Other circumstances
- Irrational act
- Not known

There are some points worth raising with regards to these labels. First, ONS describe an ‘Irrational act’ as one in which “there is evidence that the offender was suffering substantial mental illness.” This does not cover all cases in which an offender was

experiencing a mental illness; rather it covers those in which there was evidence of mental illness and no other motive (such as robbery). Second, ONS do not describe what ‘Other circumstances’ may include, so the context of these homicides are unclear. Third, ‘Revenge’ suggests premeditation whereas ‘Loss of temper’ reflects the opposite, yet both are in the same category. As a result, there are limitations to these categorisations.

Figure 9: Number of offences recorded as strangulation homicide, by sex of victim, circumstances and where the victim is acquainted with the principal suspect (year ending March 2011 to March 2021)

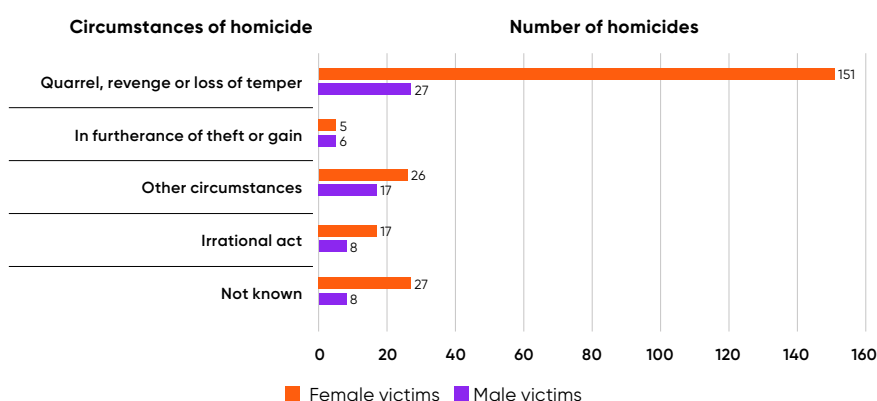
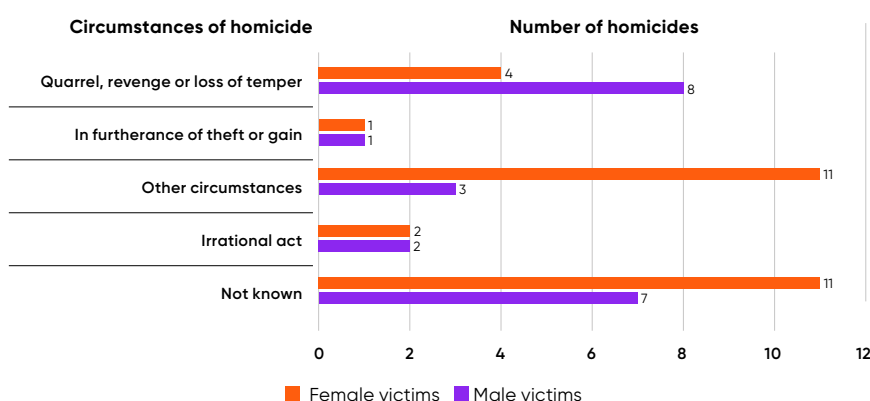


Figure 10: Number of offences recorded as strangulation homicide, by sex of victim, circumstances and where the victim is not acquainted with the principal suspect (year ending March 2011 to March 2021)



The ONS data separates the strangulation cases into situations where the victim and suspect knew each other and situations where they did not. Figure 9 provides data on the circumstances surrounding the strangulation homicides as per the ONS categories, where the victim was acquainted with the suspect.

The very large number of homicides in which the victim was female and acquainted with the suspect reflects the high numbers of intimate partner violence deaths from Figure 7 above. It therefore becomes apparent that in these intimate partner violence homicides in which women are killed by men, the circumstances are most frequently labelled as ‘Quarrel, revenge or loss of temper.’

It is worth highlighting that labelling these homicides in this way is potentially problematic. ‘Loss of temper’ and ‘Revenge’ imply a trigger event, while ‘Quarrel’ suggests two or more people arguing. These labels do not adequately reflect the reality of domestic homicide where a woman is strangled by her (ex)partner. More insightful categorisation of these homicides would include explicit references to domestic violence, coercive control and misogyny.

When the victim is not acquainted with the suspect, the circumstances become even less clear with most cases falling into the 'Not known' or 'Other circumstances' category.

Victims and perpetrators of suffocation homicide

The difficulties with the suffocation data have been outlined above (see page 7). However there remain important points that can be drawn from the information provided by ONS. For example, in suffocation homicides of children aged under 16 and where a suspect has been charged, the data reveal that the perpetrator is most frequently a parent. This is demonstrated in Figure 11.

In suffocation homicides of children aged under 16, female suspects appear slightly more frequently than male suspects as demonstrated in Figure 12.

In domestic homicide suffocation cases, when the victim is aged 16 or over (see Figure 13), a similar pattern appears with regards to Figure 5 above and strangulation.

Figure 14 below provides the relationships between a victim aged 16 or over and the suspect in suffocation homicides. There is some complexity in the data due to the Hillsborough Disaster and its effect on the 'No suspect charged' category and the Essex lorry tragedy and the 'Other' and/or 'Stranger' category. However, it can be seen that in cases where the victim is female, she is most likely to be suffocated by her (ex) partner. Referring back to Figure 13, this confirms that these are typically intimate partner heterosexual relationships.

Notably, Figure 14 also indicates that females aged 16 or over are more likely to be suffocated by their offspring than males, whereas males are more likely to be suffocated by other family members. The former point is mirrored in the strangulation homicides (see Figure 7) and both points raise questions around elder abuse and aspects of domestic violence that extend beyond (former) intimate partners.

Figure 11: Comparison of suffocation homicides where the victim is aged under 16 by sex and relationship to principal suspect (year ending March 2011 to March 2021)



Figure 12: Number of suffocation homicides where the victim is aged under 16, by sex of victim and principal suspect (year ending March 2011 to March 2021)

(Note: the data does not include cases where there is no suspect or a suspect has been acquitted).

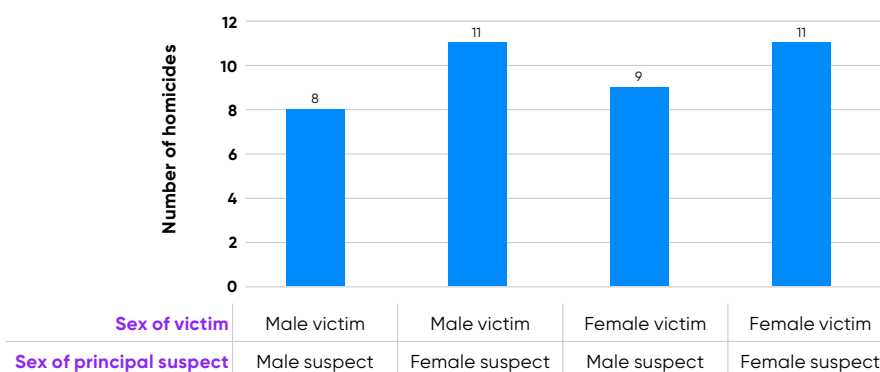


Figure 13: Number of suffocation domestic homicides where the victim is aged 16 and over by sex of principal suspect and victim (year ending March 2011 to March 2021)

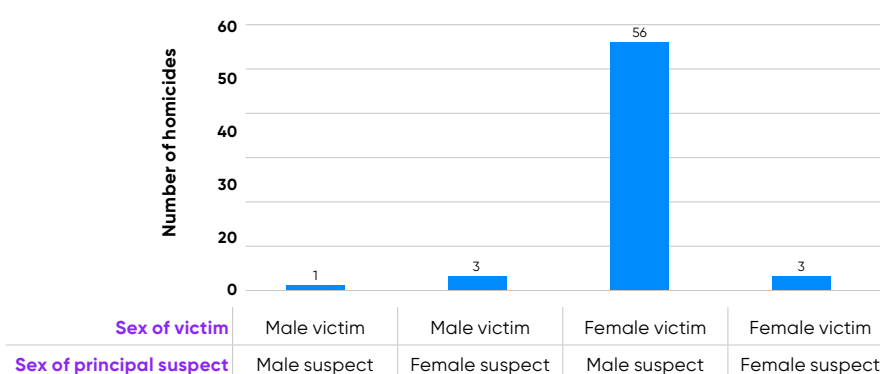
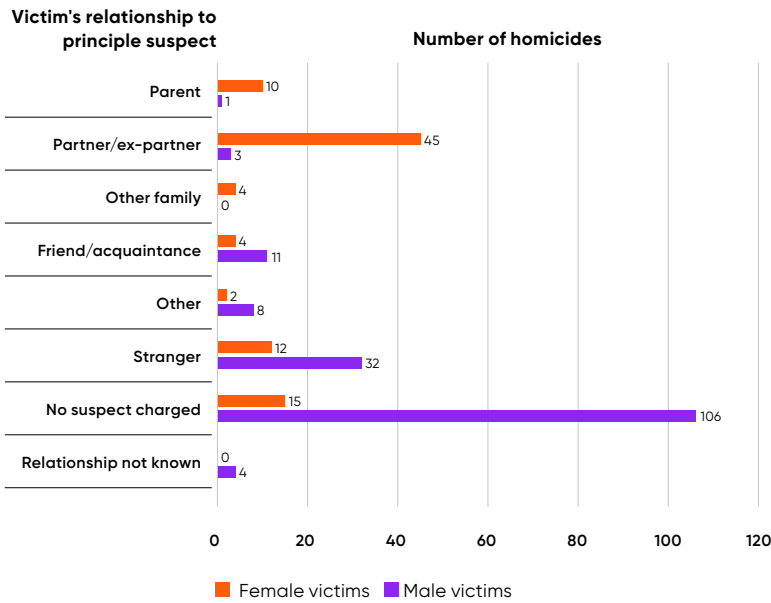


Figure 14: Comparison of suffocation homicides where the victim is aged 16 or over by sex and relationship to principal suspect (year ending March 2011 to March 2021)



What are the consequences for perpetrators of strangulation and suffocation homicides?

There are four ways in which ONS categorise the outcomes of strangulation and suffocation homicides:

- Conviction of a relevant offence
- Court decision pending
- Proceedings not initiated or concluded without conviction or acquittal
- No suspects charged

Conviction of a relevant offence

When a person is convicted of homicide for acts of killing via strangulation or suffocation, it can lead to a range of outcomes. In both types of homicide, the most frequent conviction was for murder.

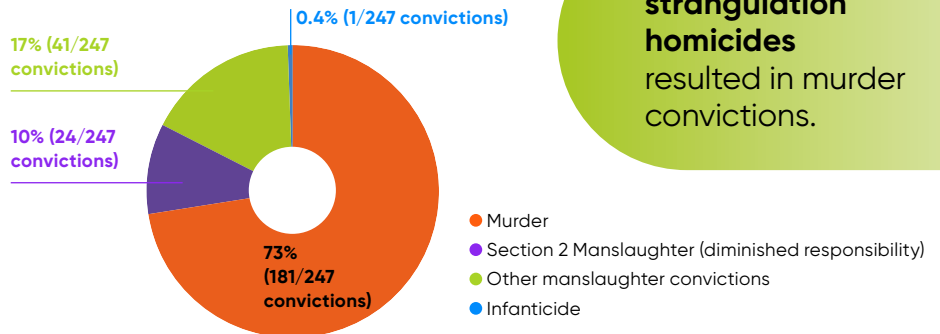
Court decision pending

At the time the ONS data was provided there were 25 strangulation cases and 12 suffocation cases in which the court decision was pending.

Proceedings not initiated or concluded without conviction or acquittal

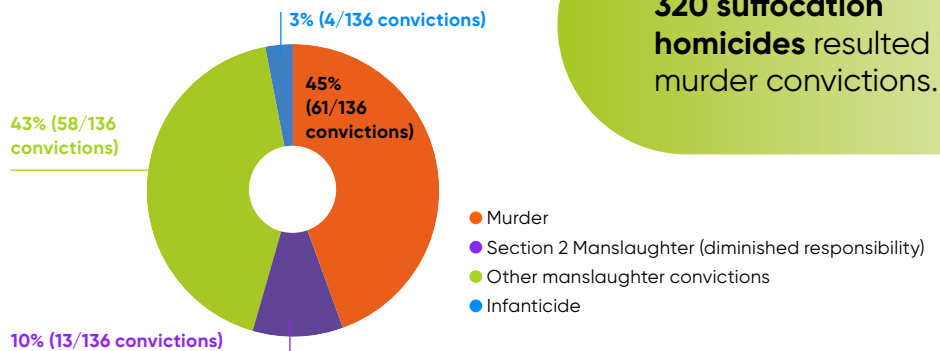
With regards to all the strangulation homicides during the 11 year

Figure 15: Strangulation homicide convictions (year ending March 2011 to March 2021)



181 out of all 342 strangulation homicides resulted in murder convictions.

Figure 16: Suffocation homicide convictions (year ending March 2011 to March 2021)



61 out of all 320 suffocation homicides resulted in murder convictions.

Section 2 of the Homicide Act relates to manslaughter due to diminished responsibility. This means that the perpetrator carried out the homicide when "suffering from an abnormality of mental functioning."

'Other manslaughter' relates to involuntary manslaughter caused either by the perpetrator's gross negligence or unlawful or dangerous act.

relevant time period, 52 out of 342 resulted in what the ONS describe as "Proceedings not initiated or concluded without conviction or acquittal." The most frequent way for proceedings to end in this category was via suicide of the suspect. In fact, in 44 out of 52 (85%) of this category of cases, the suspect ended their own life. Further, in 21 out of the 133 suffocation cases (16%) in the same category the suspect also died via suicide. It is unclear in the data whether these suicides took place during the homicide incident or at a later point, such as when the suspect was in custody. From the ONS data it is also impossible to discern whether the suspects who ended their own life were more likely to be male or female.

Notably, in the 133 suffocation cases the majority (110 or 83%) ended in what was labelled "Proceedings discontinued, not initiated, or all suspects acquitted." This relates largely to the outcome of the Hillsborough Disaster.

No suspect charged

In 18 of the 342 strangulation homicides (5%) and 39 of the 320 suffocation homicides (12%), no suspect was charged. The circumstances surrounding these are unclear, are not provided by ONS and may indicate that these cases remain unsolved. Given that these statistics relate to 1 in 20 strangulation homicides and 1 in 10 suffocation homicides, further exploration is warranted.

When a perpetrator was convicted of a relevant offence related to a strangulation or suffocation homicide, what kind of sentence did they receive?

As noted above (in Figures 15 and 16), when there was a criminal conviction, it was most frequently for murder. For adult perpetrators, this carries a mandatory life sentence. Note, this is not the same as a whole life sentence and the length will be determined by the judge. Offenders who are juveniles are detained at His Majesty's Pleasure for the length of time the court deems appropriate based on both aggravating and mitigating factors.

Beyond indicating a person has been given a life sentence, ONS do not provide details of the specific length.

When a person was convicted of Section 2 Manslaughter for either a strangulation or suffocation homicide, they were most frequently given a hospital order with restrictions (11 out of 23 strangulation cases and 8 out of 13 suffocation cases). Such a sentence can only be issued if the court believes the perpetrator poses a risk to the public and the restriction can only be lifted via agreement from the Secretary of State for Justice. In an additional 3 cases (1 strangulation and 2 suffocation) perpetrators were given hospital orders without restrictions. The high prevalence

of hospital orders in this category reflects the nature of diminished responsibility, which centres on the suspect suffering from "an abnormality of mental functioning" during the incident.

In the Other Manslaughter category, prison sentences were more common as demonstrated in Table 4.

Finally, in the 1 case of strangulation infanticide during this time period, the perpetrator was given a custodial sentence of 4 years or under. In the 4 suffocation infanticides there was 1 sentence of a hospital order with restrictions, 2 hospital orders (without restrictions) and 1 sentence of probation.

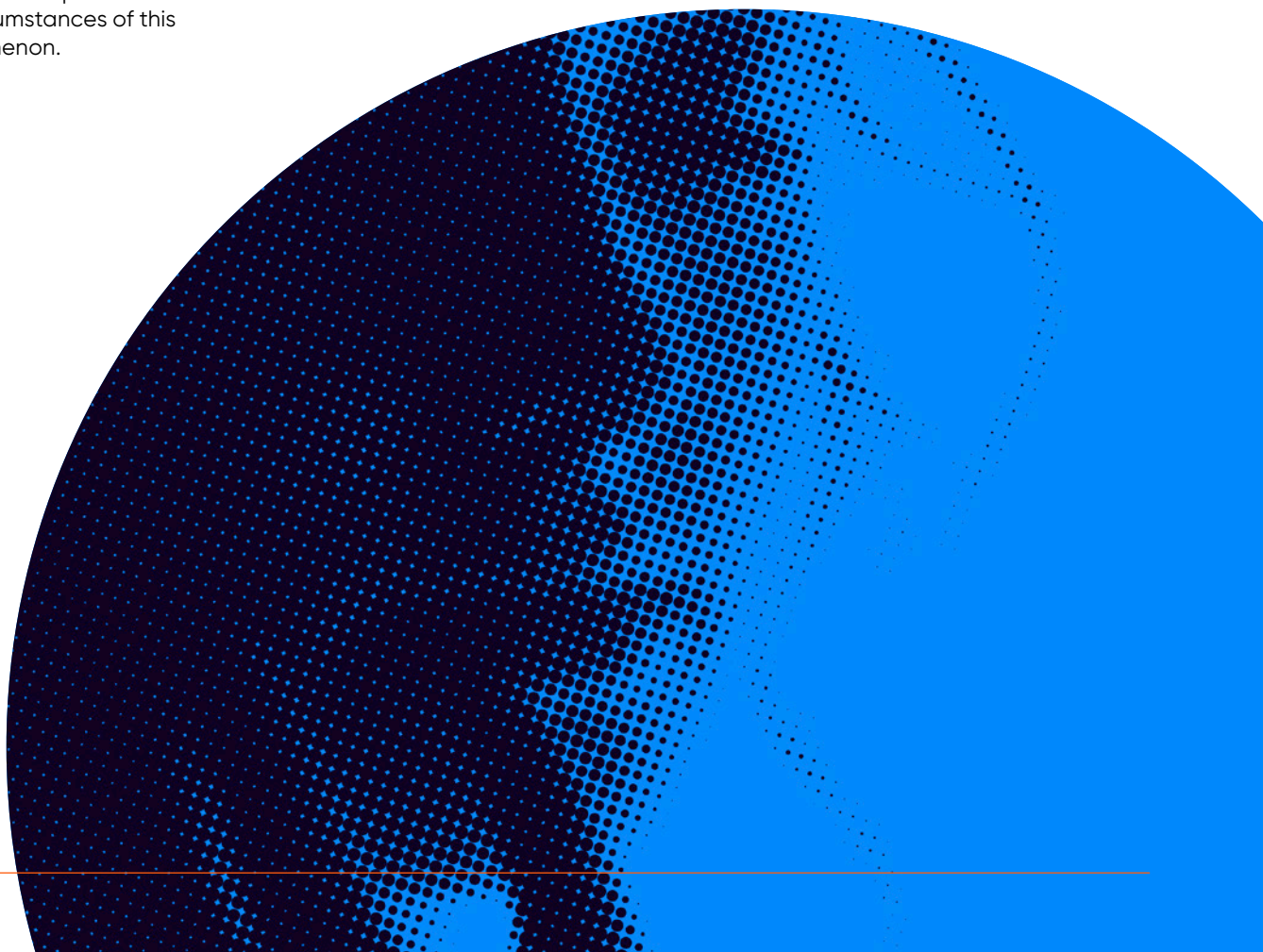
Table 4: Sentences received in strangulation and suffocation homicides in convictions for 'Other Manslaughter' from year ending March 2011 to March 2021 (see page 17 for definition).

	Strangulation Homicides	Suffocation Homicides
Life	8	2
Over 10 years (excluding life)	10	9
Over 4 and up to 10 years	12	5
4 years and under	9	4
Fully suspended sentence	2	3
Hospital/Restriction Order	3	2
Hospital Order	1	0
Probation/Supervision	0	0
Other sentence	0	0

Conclusion and Recommendations

The data provided by ONS exposes a range of nuances pertaining to strangulation and suffocation homicides. These include:

1. Strangulation and suffocation homicides were frequently associated with male to female intimate partner violence.
2. In this cohort, very few men (3) were strangled by an intimate partner.
3. The data demonstrated that it is uncommon for a female to strangle a person aged 16 or over (whether male or female) in cases of both domestic and non-domestic homicide.
4. When men are victims of strangulation homicides, the suspect is most frequently a friend or acquaintance. More research is required to understand the circumstances of this phenomenon.
5. Most strangulation and suffocation homicides occur in a house or dwelling. However, those that occur elsewhere in a street, other outdoor area or in what ONS describes as 'Other' require further investigation. This could possibly reveal additional factors associated with these homicides, such as a link to sex work or deaths in custody.
6. ONS include a category of 'Other' with regards to the relationship between victim and suspect. This incorporates a range of circumstances including, for example, health worker/patient and sex worker/client. A breakdown of this 'Other' category may reveal clearer trends and indicate areas where more support could be provided or awareness raised.
7. The ONS data categorises the circumstances relating to strangulation and suffocation homicides. We would urge ONS to reconsider the use of 'Quarrel, revenge or loss of temper' as a suitable descriptor for intimate partner violence homicides. Better terminology reflecting the nature of domestic violence would provide greater clarity and understanding regarding this type of offence.
8. More work needs to be done to explore the cultural heritage of victims of strangulation homicides beyond a very basic reflection of ethnicity. This could possibly reveal communities in England and Wales which may benefit from additional resources and support to tackle this type of violence.



9. Child deaths and infanticide caused by mothers are elements of the data that require further investigation, particularly around the mental health and other support services available to mothers.
10. In the data there is evidence of elder abuse. One aspect of this is the killing of parents by their offspring (also known as parricide). The circumstances of these homicides are unknown but it is noteworthy that mothers are more frequently victims of strangulation and suffocation parricide than fathers.
11. The data raises questions around situations in which no suspect is charged in strangulation and suffocation homicides (5% and 12% respectively). These are potentially unsolved cases. It remains unknown whether there are specific nuances around these statistics, related to for example the sex or ethnicity of the victims.

In conclusion, the ONS data indicates that strangulation and suffocation homicides in England and Wales most frequently relate to heterosexual male to female intimate partner violence. However beyond this, strangulation and suffocation features in cases of infanticide, parricide, elder abuse and child homicide. Questions remain unanswered regarding deaths in custody, homicides of people involved in sex work and the strangulation deaths of adult men. This study has indicated areas for further investigation and has provided a general starting point for more nuanced and targeted areas of research.

**"He always
tried to see
the good in
people"**

BBC News 2012

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**"Kind, considerate, loving and loyal", and that she
"went out of her way to help others".**

BBC News, 2021

**"She was a remarkable lady who put others
before herself"**

Grimsby Telegraph, 2019



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