

Domestic Homicide Review Series Part Two

An analysis of Domestic Homicide Reviews with a history of non- fatal strangulation



Institute For
Addressing
Strangulation

Domestic Homicide Review Series

Part Two

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Reviews with a history of non-fatal
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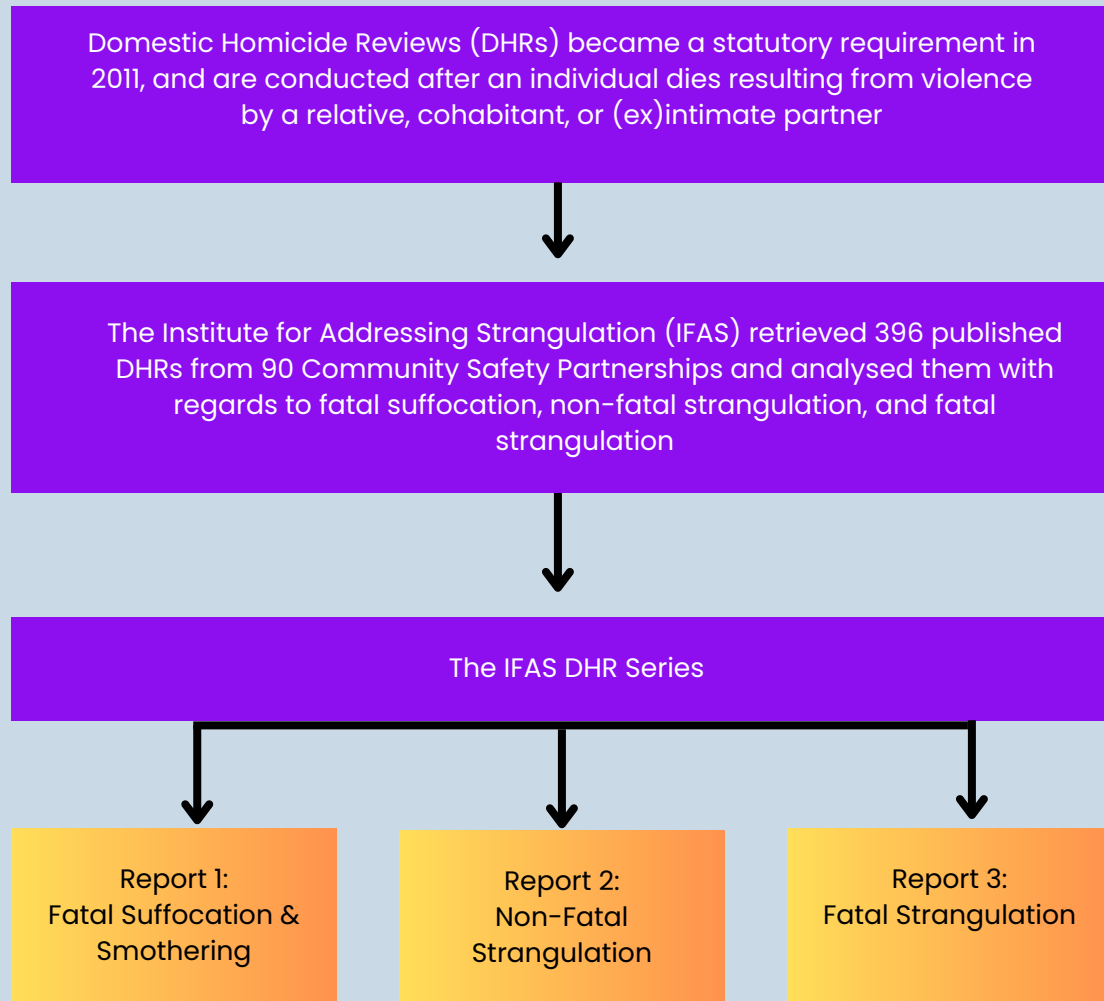
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Institute For
Addressing
Strangulation

IFAS Domestic Homicide Review Series

The Institute for Addressing Strangulation (IFAS) conducted a three part series analysing Domestic Homicide Reviews (DHRs). This is the second report in the series, with a focus on a history of non-fatal strangulation. Presented in the diagram below is the focus of each report in the series.



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Introduction

Following the introduction of Strangulation and Suffocation as a standalone offence[1] in England and Wales in June 2022, the Institute for Addressing Strangulation (IFAS) has been funded by the Home Office to raise awareness of the risks associated with non-fatal strangulation to professionals and the general public. Feedback from a Domestic Homicide Review (DHR) Network event prompted this series of reports to better understand strangulation in the context of domestic homicide. The feedback indicated that strangulation was a form of violence commonly observed during DHRs, used both non-fatally and fatally as a method of killing. Indeed, a Home Office analysis of DHRs between 2019–2020 found that, in 25% of cases, strangulation was the method of killing[2]. To our knowledge no other review has taken place looking at the history of non-fatal strangulation in DHRs.

DHRs aim to improve professional responses to domestic abuse by analysing the interactions that a victim of domestic homicide had with relevant agencies prior to their death occurring.

The DHR statutory guidance[3] states that the purposes of a DHR are to:

- a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;*
- b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;*
- c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;*
- d) prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;*

e) contribute to a better understanding of the nature of domestic violence and abuse; and

f) highlight good practice.

DHRs can therefore provide a wealth of information pertaining to forms of abuse experienced by victims including strangulation.

A decision to conduct a DHR is made “*following the death of a person over the age of 16 that has been the result of violence, abuse or neglect by a relative, [intimate] partner or member of the same household*”. When a death relating to domestic violence occurs, the police contact the local Community Safety Partnership (CSP)[4]. If the CSP decides a review is appropriate they appoint an Independent Chair and supporting panel to conduct it. Agencies related to the victim are then required to submit Individual Management Reviews (IMRs) in which they “*look openly and critically at individual and organisational practice*”[5]. The Chair and panel then analyse the IMRs alongside any other relevant information, draw conclusions and make recommendations. The decision whether or not to undertake a review should be made within 1 month of the case coming to the attention of the CSP and completed within 6 months of that date “*unless the review panel formally agrees an alternative timescale with the CSP*” [5]. The CSP is then responsible for publishing the completed DHR online. Until July 2023, when the Home Office made available the online Domestic Homicide Review Library[6], there was no one place or central repository of DHRs.

There is a growing body of research on domestic homicide reviews [7],[8],[9]. However, until now, there has been no specific analysis of DHRs pertaining to strangulation and suffocation.

This report is an analysis of DHRs where a history of non-fatal strangulation was included in the published DHR report. This report therefore includes cases where strangulation was not the method of killing but a form of violence included in the DHR report and is the second report in a three-part series by IFAS analysing DHRs.

Non-fatal strangulation is an act usually perpetrated by males towards females[10]. Previous research has shown the presence of non-fatal strangulation to be indicative of an escalation in intimate partner violence and heightened risk that the victim will be seriously injured or killed[11],[12]. Furthermore, a recent large scale systematic review laid bare the profound impact that non-fatal strangulation can have on one's physical and psychological health[13]. Through this analysis we therefore sought to gain an understanding of the victims and perpetrators of non-fatal strangulation by exploring demographic information and the relationships between victim and perpetrator.

In addition to this, we explored the use of formal domestic abuse risk assessments in cases where non-fatal strangulation was disclosed and analysed incidents of non-fatal strangulation reported to the police, including actions taken and outcomes where these were reported in the DHRs. Although intimate partner violence is an important theme in this review, we have explored other relationships in keeping with those covered in DHRs.

In addition to the demographic information explored and analysis of reports to the police and the use of formal domestic abuse risk assessments this report provides an overview of the deaths in DHRs with a history of non-fatal strangulation.

Methodology

To better understand the presence of non-fatal strangulation in DHRs in England and Wales, IFAS obtained 396 DHRs from 90 CSPs that were published between the years 2011-2023. There are over 300 CSPs across England and Wales[4], and the 90 CSPs included in this analysis were randomly selected using the government list of CSPs, including CSPs from both England and Wales. The number of DHRs per CSP ranged from 0 up to 22. This was a large and time-consuming task and the cohort of 90 CSPs reflects our time limited resourcing for the project. Those DHRs that were readily available were downloaded and others had to be formally requested via email.



Until July 2023, when the Home Office made available a list of DHRs[6], there was no one place or central repository of DHRs. The DHRs that included a history of the incidents we were analysing were further reviewed and data was recorded in respective spreadsheets.

Although all incidents of non-fatal strangulation included in this analysis occurred prior to the introduction of the new legislation, reports to the police of such violence could prior to this have warranted another assault charge. The DHRs included in this analysis therefore provided an opportunity to gain insight into the criminal justice outcomes of these cases.

Limitations

It is difficult to know how many DHRs have been conducted since their introduction. One estimate in 2021 put the figure at around 800 [14]. Consequently, any DHR analysis can only be a sample of an unknown overall number. Trends therefore cannot be generalised or presumed to be representative of all DHRs.

One key limitation to this series of IFAS DHR reports is that DHRs are not uniform and often key information relating to victim and perpetrator demographics are not reported. In some cases demographic information has been changed by the authors in a bid to protect the confidentiality of the victim and family. As each DHR is written by a different panel and Independent Chair, the style and quality of the reports vary a great deal. There is no consistent format for DHR reports which can make extracting such information difficult.

Importantly, this means that the findings reported across the series reflect the information provided in DHRs alone, and not necessarily the full reality of the circumstances. We are aware there will be cases where victims have not previously disclosed incidences of non-fatal strangulation or suffocation prior to their death, and even where these incidences have been disclosed to professionals, they may have not been sufficiently recorded. This is something to be considered whilst reading this series. Key recommendations for research and practice are provided at the end of each report in this series.

Terminology

Throughout this series we use the term 'perpetrator' to describe the person who carried out the homicide and/or the act of non-fatal strangulation or suffocation. We have used this as a non-legal, umbrella term which includes individuals who have not necessarily been found guilty as part of a criminal trial. As a result, we have opted for 'perpetrator' but acknowledge its potential limitations and problematic nature.

Findings

From our analysis, we found that 74/396 (19%)

DHRs included a history of non-fatal

strangulation. The findings section of this report provides an overview of this cohort of 74 DHRs.

DHRs tend to be complex, and they often include a great deal of information on the history between the victim, perpetrator, third parties and other agencies. In this cohort of 74 DHRs with a history of non-fatal strangulation there were 80 victims of non-fatal strangulation as in 5/74 (7%) of the DHRs, there was more than one victim of non-fatal strangulation.

In one of these cases there was reference to three separate instances of non-fatal strangulation towards three different victims.

The history of non-fatal strangulation within DHRs presented itself in a range of different circumstances. The following six circumstances summarise the way in which non-fatal strangulation was reported in the DHRs in this cohort.

It is worth highlighting that some of the 80 victims fall under more than one of these circumstances.

In this cohort, circumstances included:

1. The perpetrator of non-fatal strangulation went on to kill the victim they strangled.

42/80 (53%) of the victims of non-fatal strangulation were killed by a person who non-fatally strangled them. Part two of the findings section provides an overview of the deaths in these cases.

2. The perpetrator of the homicide non-fatally strangled a person other than the victim of the homicide.

23/80 (29%) of the victims of non-fatal strangulation were not killed by the perpetrator, victims included previous partners, family members and strangers.

3. The victim of non-fatal strangulation was the perpetrator of the homicide.

10/80 (13%) of the victims of non-fatal strangulation went on to be the homicide perpetrator.

- In 6/10 of these cases a female killed their intimate partner who had previously non-fatally strangled them.
- In 1/10 of these cases the female perpetrator of the homicide was non-fatally strangled by her brother and went on to kill her partner.
- In 3/10 of these cases a male victim of non-fatal strangulation killed a male who had previously non-fatally strangled them. Relationships included brother, intimate partner's son and male intimate partner.

4. The homicide victim was non-fatally strangled by someone other than the perpetrator of the homicide.

In 5/80 (6%) cases the female victims had been strangled by a previous partner or spouse prior to being killed by a current partner (4/5) or son (1/5).

5. Non-fatal strangulation was reported between two people other than the homicide victim or perpetrator.

1/80 of the victims were neither the victim nor perpetrator of the homicide, but rather accomplices to the homicide.

6. The victim of non-fatal strangulation went on to take their own life (intentionally or accidentally).

4/80 (5%) of the victims of non-fatal strangulation died by suicide/accidental overdose.

Part one of the findings section provides an overview of the 74 DHRs where a history of non-fatal strangulation was reported in the DHR – focusing on the victims and perpetrators of the non-fatal strangulation, not necessarily on those involved in the homicides. Parts two and three focus specifically on the deaths reported in the 74 DHRs where there was a history of non-fatal strangulation.



Part one: A focus on the victims and perpetrators of non-fatal strangulation

The number of non-fatal strangulation incidents reported per DHR ranged between one and three and the total number of incidents of non-fatal strangulation reported across the 74 DHRs was 99. However, two DHRs reported that the exact number of incidents was unknown. For example, the victim referred to this happening “many times”.

The incidents of non-fatal strangulation were reported to have occurred between the years 1986–2020 and the DHRs were published between September 2011– March 2023. All incidents of non-fatal strangulation referred to in this cohort occurred prior to the introduction of the new legislation in June 2022.

Across the 74 DHRs where there was a history of non-fatal strangulation, there were 80 victims and 75 perpetrators of non-fatal strangulation. The following is an overview of the victim and perpetrator demographics of this cohort.

“She told hospital staff that it had happened ‘many times’ before”

Source: DHR



Victims of non-fatal strangulation (n=80)

Victims' sex

Of the 80 victims of non-fatal strangulation, there were:

- **65/80 (81%) female victims**
 - 64/65 (99%) of the female victims were strangled by a male
 - 1/65 (1%) of the female victims was strangled by a female
- **10/80 (13%) male victims**
 - 9/10 (90%) male victims were strangled by a male
 - 1/10 (10%) male victims were strangled by a female*
- **5/80 (6%) where sex of the victim was not reported in the DHR**
 - 4/5 of those strangled where the victim's sex was not reported were strangled by a male.
 - 1/5 of those strangled where the victim's sex was not reported was strangled by a female (the DHR referred only to this person as a relative).

**In this case the male victim was a child, the perpetrators son. There were no instances of females non-fatally strangling male adults.*

Table 1. shows the number of non-fatal strangulation victims by sex of victim and perpetrator.

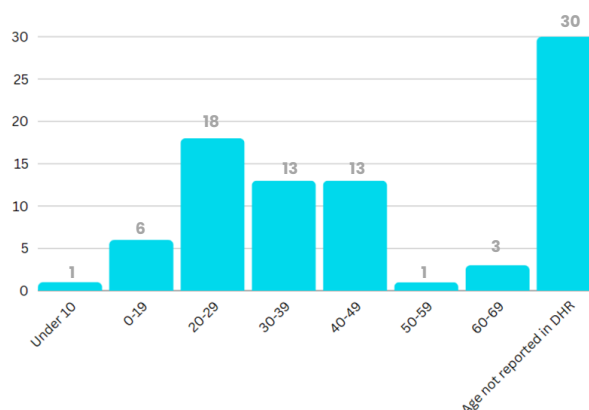
Table 1. Number of non-fatal strangulation victims by sex and sex of perpetrator (n=80).

| Sex of Victim | No. of Victims | No. of victims (male perpetrator) | No. of victims (female perpetrator) |
|---------------|----------------|-----------------------------------|-------------------------------------|
| Female | 65 (81%) | 64/65 (99%) | 1/65 (1%) |
| Male | 10 (13%) | 9/10 (90%) | 1/10 (10%)* |
| Not reported | 5 (6%) | 4/5 (80%) | 1/5 (20%) |
| Total | 80 | 77 | 3 |

Victims' age

Age of victims ranged from 4-64 years old, and the median age was 32 years old. The victims' age at the time of the assault was not included in 30/80 (38%) cases.

Graph 1. Age distribution of victims of non-fatal strangulation (n=80).



Victims' ethnicity

White (White British/White European) was the most common ethnicity for victims of non-fatal strangulation reported in the DHRs. However, 40/80 (50%) of the victims did not have their ethnicity or nationality included in the report. Table 2. shows the number of victims where ethnicity and nationality was reported in the DHR.

Table 2. Number of non-fatal strangulation victims by ethnicity/nationality (n=80).

| Ethnicity/Nationality | Number of Victims (% of sample) |
|--|---------------------------------|
| Asian (Asian British, Pakistani, Bangladeshi, any other Asian background) | 5 (13%) |
| Black (Black Caribbean, Black African) | 2 (5%) |
| Mixed (White and Black Caribbean) | 1 (3%) |
| White (White British, White European) | 29 (73%) |
| South African | 1 (3%) |
| British | 2 (5%) |
| Not reported | 40 |
| Total | 80 |

Relationship

56/80 (70%) of victims of non-fatal strangulation were strangled by a past or present intimate partner/spouse (see Table 3). 15/80 (20%) of the victims were strangled by a family member other than a spouse for example brother or son. In some cases these individuals were referred to only by 'family member' or 'relative'. Table 3. shows the number of victims by relationship to perpetrator.

Table 3. Number of non-fatal strangulation victims by relationship to perpetrator (n=80).

| Relationship | Number of victims (%) |
|-------------------------|-----------------------|
| Intimate Partner | 28 (35%) |
| Spouse | 15 (19%) |
| Family member | 16 (20%) |
| Ex-intimate partner | 10 (13%) |
| Ex-spouse | 3 (4%) |
| Stranger or not related | 8 (10%) |
| Total | 80 |

Perpetrators of non-fatal strangulation (n=75)

Perpetrators' sex

Of the 75 perpetrators of non-fatal strangulation:

- **73/75 (97%) were male.**
- **2/75 (3%) were female.**

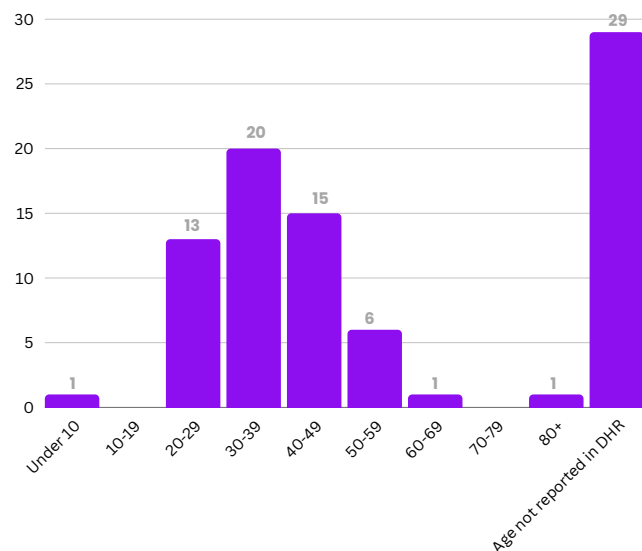
Male perpetrators strangled 77/80 (96%) of the victims in this cohort, the majority of which were females 65/77 (84%).

In the two instances where the perpetrator of non-fatal strangulation was female, one of the perpetrators non-fatally strangled two family members; a son (child aged four) and other family member (sex and specific relationship not reported in the DHR). The other, perpetrated non-fatal strangulation against their female intimate partner. **There were no reported incidents of females non-fatally strangling male adults.**

Perpetrators' age

24/75 (32%) of the perpetrators' ages were not included in the relevant reports. Where the age of the perpetrator at the time of the assault was reported, age ranged from 8–80 years old, and the median age was 37 years old. The majority of perpetrators were between the ages of 20–49, with 30–39 being the most common age bracket for perpetrators of non-fatal strangulation.

Graph 2. Age distribution of perpetrators of non-fatal strangulation (n=75).



Graph 2. shows the age distribution of the perpetrators in this cohort and indicates that the two perpetrators aged 60+ and the one perpetrator under 10 were outliers. In the DHR where the perpetrator of non-fatal strangulation was just 8 years old at the time of the incident, it is worth mentioning that this was a historical incident towards another pupil likely included in the review to portray the homicide perpetrator's (adult at the time of the homicide) history of violence towards others. In England and Wales this does not meet the age of criminal responsibility.

Perpetrators' ethnicity

27/75 (36%) of the non-fatal strangulation perpetrators' ethnicities or nationalities were not included in the report.

Table 4. shows the number of perpetrators by ethnicity or nationality where this was included in the DHR report.

Table 4. Number of non-fatal strangulation perpetrators by ethnicity/nationality (n=75).

| Ethnicity/Nationality | Number of Perpetrators (% of sample) |
|---|--------------------------------------|
| Asian (Asian British, Pakistani, Bangladeshi, South Asian) | 5 (10%) |
| Black (Black British, Black Caribbean and Black African) | 9 (19%) |
| Mixed (White and Black Caribbean) | 1 (2%) |
| White (White British, White European) | 29 (60%) |
| British | 2 (4%) |
| Iranian | 1 (2%) |
| Dutch | 1 (2%) |
| Not reported | 27 (36%) |
| Total | 75 |

Police response

Although all the incidents of non-fatal strangulation in this cohort of 74 DHRs with a history of non-fatal strangulation occurred prior to the introduction of strangulation as a standalone offence, the act of assaulting someone by strangulation could previously have led to another assault charge. We therefore explored the outcomes of reports of non-fatal strangulation to the police prior to the new legislation coming into force.

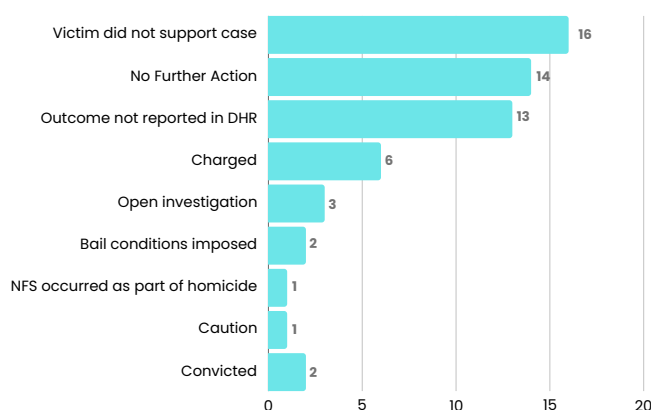
In this cohort of 74 DHRs with a history of non-fatal strangulation there was a total of 99 incidents of non-fatal strangulation, with two DHRs reporting that the exact number of NFS incidents was unknown.

- **58/99 (59%) of the non-fatal strangulation incidents were reported to the police.**
- **36/99 (36%) of non-fatal strangulation incidents were *not* reported to the police.**

The remaining 5/99 (5%) instances of non fatal strangulation mentioned in the DHRs did not include details of whether or not the non-fatal strangulation was reported to the police.

Graph 3. provides an overview of the outcomes of cases where it is known that the non-fatal strangulation was reported to the police (n=58).

Graph 3. Outcomes of reporting non-fatal strangulation to the Police (n=58)



Although 6/58 of the DHRs reported that the perpetrator was charged, no further details on the outcome were provided in the report.

There were 2/57 (4%) of the cases where the DHR reported a conviction, in these cases convictions were a six-month hospital order and community order imposed.

Risk assessing

Given the high-risk nature of non-fatal strangulation we analysed where DHRs in this cohort had recorded whether or not incidents of non-fatal strangulation had led to the completion of a domestic abuse risk assessment such as the DASH (Domestic Abuse, Stalking, and Honour-Based Violence). 8/99 (8%) of the incidents of non-fatal strangulation were not within the context of domestic abuse, they were perpetrated towards strangers or acquaintances and therefore are not included in this section.

Our analyses showed that (n=91):

- **In 29/91 (32%) of non-fatal strangulation incidents, a domestic abuse risk assessment was conducted.**
- **In 24/91 (26%) of non-fatal strangulation incidents, no domestic abuse risk assessment was conducted.**
- **In 38/91 (42%) of non-fatal strangulation incidents, the DHR report did not include details on whether or not a domestic abuse risk assessment was conducted.**

Examples of circumstances where no risk assessment was conducted included missed opportunities for professionals to conduct a risk assessment as well as incidents where the non-fatal strangulation was reported to a family member and not a service with statutory safeguarding obligations, where the victim declined to engage with services, and in historical cases that predated the use of formal domestic abuse risk assessment tools such as the DASH.

Where the DHR report 'did not include details' on whether or not an assessment was conducted, examples include incidences where victims reported to the police and action was taken against the perpetrator, or where referrals to MARACs were made, with no references to an assessment of risk being carried out, despite service involvement.

Of the 29/91 (32%) incidents where a formal domestic abuse risk assessment was conducted:

- **21/29 (72%) were considered high risk**
- **6/29 (21%) were medium risk**
- **2/29 (7%) were deemed standard risk, in one of these cases the DHRs reported this as "low" risk rather than standard.**

Part two: A review of deaths in DHRs where the perpetrator of non-fatal strangulation killed the victim of non-fatal strangulation

Findings from the analysis of DHRs with a history of non-fatal strangulation showed that not all victims of non-fatal strangulation went on to be killed. This section provides an overview of the 42/80 (53%) victims of non-fatal strangulation who were subsequently killed by the person who had subjected them to non-fatal strangulation i.e. the victim and perpetrator of the non-fatal strangulation were the same victim and perpetrator for the homicide.

***"...she felt as if she
was about to lose
consciousness"***

Source: DHR



Victim demographics (n=42)

Victims' sex

There were 41 (98%) female victims and 1 (2%) male victim who were killed by the person who had previously subjected them to non-fatal strangulation. The male victim was killed by another male who had non-fatally strangled him, in this case his brother. Table 5. provides an overview of the death by sex of victim and perpetrator.

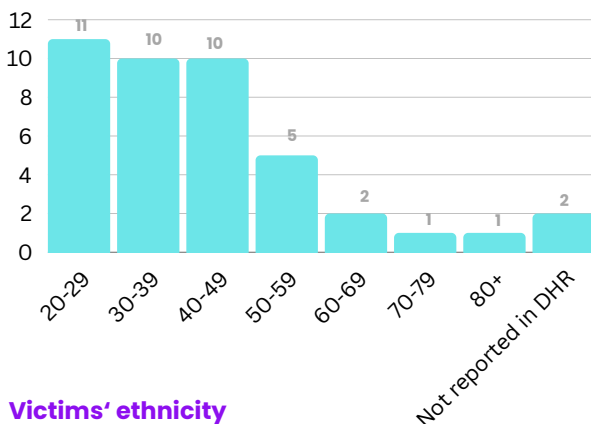
Table 5. Number of deaths by sex of victim and perpetrator (n=42).

| Sex of Victim | Number of Deaths (%) | Male perp. | Female perp. |
|---------------|----------------------|------------|--------------|
| Female | 41 (98%) | 40 | 1 |
| Male | 1 (2%)* | 1 | 0 |
| Total | 42 | 41 | 1 |

Victims' age

Victims' ages ranged from 20–80 years old, although in two DHRs the victims age was not included in the report. The median age was 38 years old. The age distribution of victims in this cohort is included below in Graph 4.

Graph 4. Age distribution of victims of non-fatal strangulation who were killed by person who non-fatally strangled them (n=42).



Victims' ethnicity

The most commonly recorded ethnicity for victims in this cohort was White (White British or White European) 19/42 (45%). 15/42 (36%) of the victims did not have their ethnicity included in the DHR and 2/42 (4%) of the victim's nationality was included rather than ethnicity. Table 6. provides an overview of victims' ethnicity or nationality in these deaths.

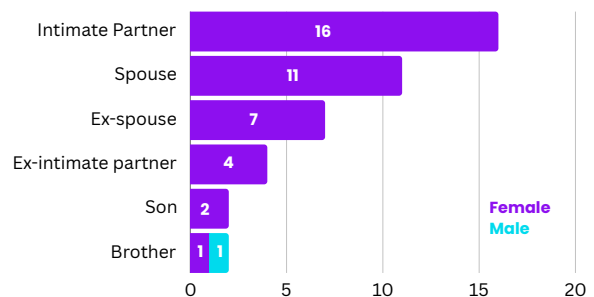
Table 6. Ethnicity/nationality of victims of non-fatal strangulation who were killed by perpetrator of non-fatal strangulation (n=42).

| Ethnicity/Nationality | Number of Victims (% of sample) |
|--|---------------------------------|
| Asian (Asian British, Pakistani, Bangladeshi, any other Asian background) | 3 (7%) |
| Black (Black British, Black Caribbean, or Black African) | 2 (5%) |
| Mixed or multiple ethnic groups (White & Black Caribbean) | 1 (2%) |
| White (White British, any other White background) | 19 (45%) |
| British | 2 (5%) |
| Not reported | 15 (36%) |
| Total | 42 |

Relationship

91% (38/42) of victims in this cohort were killed by a current or ex intimate partner or spouse. Graph 5. provides an overview of relationships in these cases.

Graph 5. Relationship between victim/perpetrator where victim of non-fatal strangulation was killed by the person who non-fatally strangled them (n=42). Colour key below denotes the sex of the victim.



Victims' disability/vulnerability

In a third (15/42) of cases where the victim of non-fatal strangulation was killed by the person who non-fatally strangled them, the DHR reported that the victim had a disability or additional vulnerability (such as mental health or drug and alcohol difficulties). Of those where a disability/additional vulnerability was recorded over half (8/15) were mental health difficulties, 3/15 (20%) were physical disabilities and 4/15 (27%) were issues with drugs and alcohol.

In two thirds (27/42) of cases where the victim of non-fatal strangulation was killed by the person who strangled them, the victim either had no disability or this was not reported in the DHR report.

Perpetrator demographics (n=42)

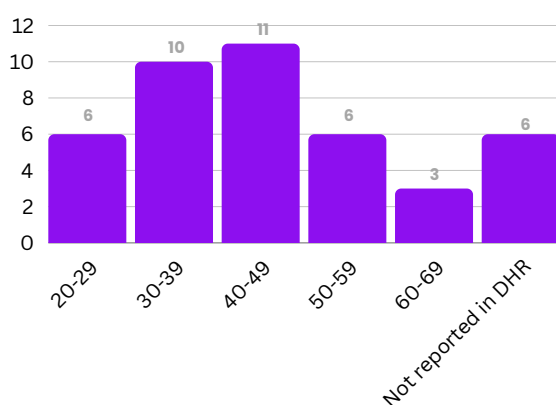
Perpetrators' sex

There were 41/42 (98%) male perpetrators and 1/42 (2%) female perpetrators of non-fatal strangulation who subsequently killed the victim of non-fatal strangulation. The female perpetrator in this case non-fatally strangled and killed their female intimate partner.

Perpetrators' age

6/42 (14%) of the perpetrators' ages were not included in the DHRs. Where the perpetrator's age was included, ages ranged from 21–69 years old and the median age of perpetrators in this cohort was 42.5 years old. The age distribution of perpetrators is included below in Graph 6.

Graph 6. Age distribution of perpetrators who non-fatally strangled and killed the same victim (n=42).



Perpetrators' ethnicity

In terms of ethnicity of the perpetrator, White (White British or White other) was the most common ethnicity reported (16/42, 38%), however, in the same number of cases (16/42, 38%), the perpetrator's ethnicity was not included in the DHR report.

Table 7. Ethnicity/nationality of perpetrators who non-fatally strangled and killed the same victim (n=42).

| Ethnicity/Nationality | Number of Victims (% of sample) |
|--|---------------------------------|
| Asian (Asian British, Pakistani, Bangladeshi, any other Asian background) | 3 (7%) |
| Black (Black British, Black Caribbean, Black African) | 4 (10%) |
| Mixed (White and Black Caribbean) | 1 (2%) |
| White (White British, Any other White background) | 16 (38%) |
| British | 2 (5%) |
| Not reported | 16 (38%) |
| Total | 42 |

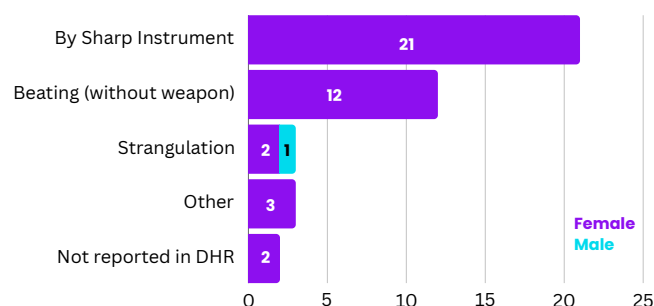
Experience of domestic abuse

17% (7/42 – 1 female and 6 males) of the DHRs made reference to the perpetrator also having experienced domestic abuse. All 7 of these were in reference to adverse childhood experiences rather than intimate partner violence in adulthood.

Cause of death

In this cohort of 42 cases where the victim of non-fatal strangulation was killed by the person who non-fatally strangled them, the most common method of killing was by a sharp instrument (21/42, 50%). In 12/42 (29%) of the cases, the victim was killed by beating (without a weapon). In two of the deaths by sharp instrument and one of the deaths by beating, there was also evidence that strangulation was used during the homicide as part of the method of killing.

Graph 7. Method of killing used by perpetrators who non-fatally strangled and killed the same victim (n=42). Colour key below denotes the sex of the victim.



Part three: A review of deaths in DHRs where the victim and perpetrator of the non-fatal strangulation were not the same as the victim and perpetrator of the homicide

In this analysis of DHRs with a history of non-fatal strangulation (74/396), there were a total of 76 deaths, as in two of the DHRs more than one victim was killed. The previous section provided an overview of 42/76 deaths where the victim of non-fatal strangulation was killed by the person who non-fatally strangled them. Part three, provides an overview of the deaths where the victim was not non-fatally strangled and killed by the same perpetrator (34/76 deaths).

As highlighted in the six circumstances outlined on page 6 of this report, examples in this section include where the homicide victim had been strangled by a previous partner or someone else, where the victim of non-fatal strangulation went on to take their own life, where the victim of non-fatal strangulation was the perpetrator of the homicide and where the perpetrator of the homicide strangled someone other than the homicide victim for example a previous partner or family member.

"Strangulation assault is an acknowledged high-risk marker for future homicide and this should be given due weight in risk assessments."

Source: DHR



Victim demographics (n=34)

Victims' sex

There were 17/34 (50%) female deaths and 17/34 (50%) male deaths.

4/34 (12%) of these deaths (1 male 3 female) were by suicide. In each of these cases, the person had been subjected to non-fatal strangulation prior to their death.

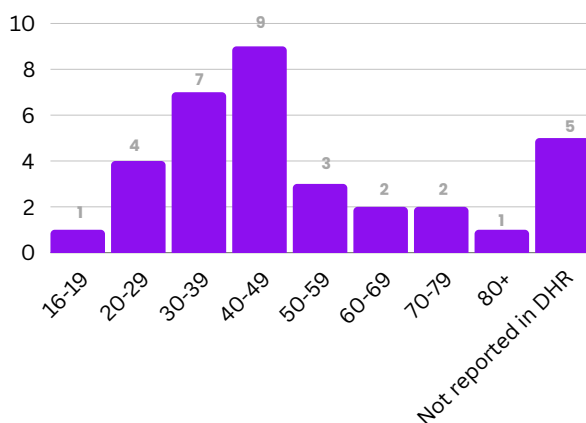
Table 8. Number of deaths by sex of victim and perpetrator (n=34).

| Sex of Victim | Number of Deaths (%) | Male perp. | Female perp. |
|---------------|----------------------|------------|--------------|
| Female | 17 | 14 | 0 |
| Male | 17 | 6 | 10 |
| Total | 34 | 20 | 10 |

Victims' age

5/34 (15%) of the DHRs did not include the victim's age at the time of their death. Where age was reported, age ranged from 19–80 years old. The median age was 42.5 years old. The age distribution of victims is included in Graph 8.

Graph 8. Number of deaths by ethnicity/nationality in cases where victim and perpetrator of non-fatal strangulation were not the same as the homicide (n=34).



Victims' ethnicity

White (White British/Any other White background) was the most common ethnicity reported for the victims in this cohort (18/34, 53%). However, in 10/34 (29%) of the DHRs, the victim's ethnicity was not included in the DHR report.

Table 9. Number of victims by ethnicity/nationality in cases where victim and perpetrator of non-fatal strangulation were not the same as the homicide (n=34).

| Ethnicity/Nationality | Number of Victims (% of sample) |
|--|---------------------------------|
| Asian (Asian British, Pakistani, Chinese) | 2 (6%) |
| Black (Black Caribbean) | 2 (6%) |
| White (White British, Any other White background) | 18 (53%) |
| Iranian | 1 (3%) |
| Dutch | 1 (3%) |
| Not reported | 10 (29%) |
| Total | 34 |

Victims' disability/vulnerability

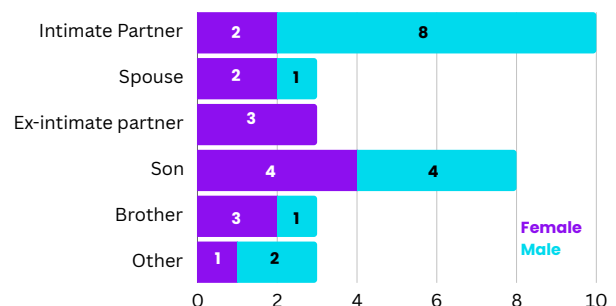
In two thirds of these cases 24/34 (71%) the victim either had no disability or additionally vulnerabilities, or this was not reported in the DHR. Of those where a disability was recorded, 1/10 were mental health difficulties, 5/10 were physical disabilities and 4/10 were drug and alcohol issues.

Relationship

Note: 4/34 of the victims died by suicide or accidental overdose and therefore there was no homicide perpetrator, therefore n=30.

16/30 (53%) of victims in this cohort were killed by a current or ex intimate partner or spouse. Graph 10. provides an overview of the relationships in this cohort.

Graph 10. Number victims by relationship to perpetrator in cases where victim and perpetrator of non-fatal strangulation were not the same as the homicide (n=30). Colour key below denotes the sex of the victim.



'Other' category included an intimate partner's son, cohabiting, and a relationship in which it was unclear: the perpetrator described herself as the victim's carer.

Perpetrator demographics (n=30)

Perpetrators' sex

Note: 4/34 of the victims died by suicide or accidental overdose and therefore there was no homicide perpetrator, therefore n=30.

There were 20 male and 10 female homicide perpetrators.

In this cohort all female perpetrators killed male victims. 14/20 (70%) male perpetrators killed female victims and 6/20 (30%) males killed male victims.

Relationship

16/30 (53%) of victims in this cohort were killed by a current or ex intimate partner or spouse.

Of the 10 cases where a female killed a male victim, 6/10 (60%) killed their intimate partner who had previously subjected them to non-fatal strangulation.

Of the 6 cases where a male killed a male victim, all 6 male victims had been the perpetrator of non-fatal strangulation and in 3/6 (50%) of these cases the victim of non-fatal strangulation killed the person who strangled them. Relationships in these male on male cases included brother, intimate partner's son and male intimate partner. **There were no cases where a male killed a female who had previously subjected them to non-fatal strangulation.**

Table 10. Number of victims by relationship to perpetrator and sex in cases where victims of non-fatal strangulation were not the same as the homicide (n=30).

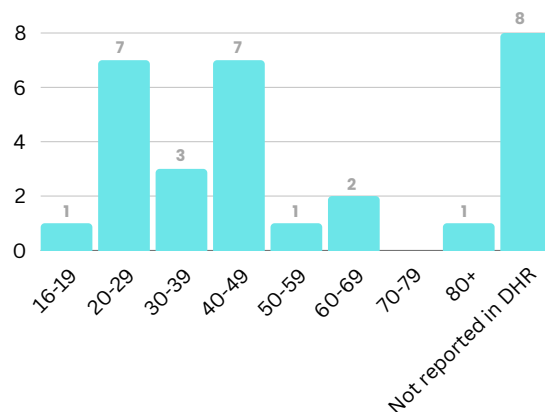
| Relationship | Male Victims | Female Victims |
|---------------------|--------------|----------------|
| Intimate partner | 11 | 2 |
| Spouse | - | 2 |
| Ex-intimate partner | - | 3 |
| Son | 3 | 4 |
| Brother | 1 | 2 |
| Other* | 1 | 1 |
| Total | 16 | 14 |

*Other category included an intimate partner's son, cohabiting, and a relationship in which it was unclear the perpetrator describe herself as the victim's carer.

Perpetrators' age

8/30 (27%) of the perpetrators' ages were not included in the DHR. Where the perpetrator's age was included, age ranged from 18-88 years old. The median age of perpetrators in this cohort was 39 years old. The age distribution of perpetrators is included in Graph 10.

Graph 10. Age distribution of perpetrators in cases where victim and perpetrator of non-fatal strangulation were not the same as the homicide (n=30).



Perpetrators' ethnicity

In terms of ethnicity of perpetrators, White (White British/Any other White background) was again the most common ethnicity reported (14/30, 47%), however, in many of the cases (9/30, 30%) the perpetrator's ethnicity was not included in the DHR report.

Table 11. provides an overview of perpetrators ethnicity/nationality where this was included in the DHR report.

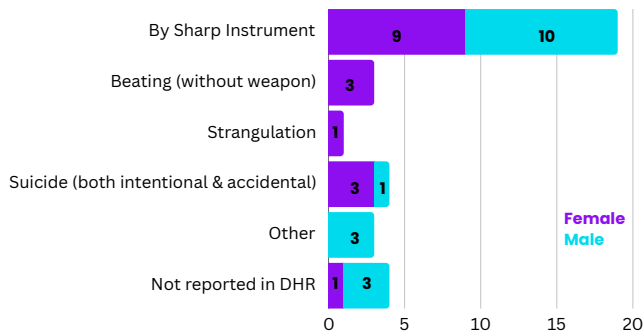
Table 11. Number of perpetrators by ethnicity/nationality in cases where victim and perpetrator of non-fatal strangulation were not the same as the homicide (n=30).

| Ethnicity/Nationality | Number of Victims (% of sample) |
|--|------------------------------------|
| Black (Black British, Black Caribbean or Black African) | 4 (13%) |
| Mixed (White and Black Caribbean) | 1 (3%) |
| White (White British, any other White background) | 14 (47%) |
| Iranian | 1 (3%) |
| South African | 1 (3%) |
| Not reported | 9 (30%) |
| Total | 30 |

Cause of death

In this cohort of 34 deaths where the victim of non-fatal strangulation was not killed by the person who strangled them, the most common method of killing was by a sharp instrument (19/34, 56%). There was only one case of fatal strangulation.

Graph 11. Number of deaths by cause and sex in cases where victim and perpetrator of non-fatal strangulation were not the same as the homicide (n=34). Colour key below denotes the sex of the victim.



Summary of Findings & Discussion

From this analysis, there was a history of non-fatal strangulation in 74/396 (19%) DHRs, from 90 CSPs, published between the years 2011–2023. There were 80 victims and 75 perpetrators of non-fatal strangulation. In 5/74 (7%) of the DHRs, there was more than one victim of non-fatal strangulation and in one of these cases there was reference to three separate instances of non-fatal strangulation towards three different victims.

Overwhelmingly the majority of perpetrators of non-fatal strangulation were male 73/75 (97%), a finding consistent with previous research, and the majority of victims were female 67/80 (84%). There were two DHRs where a female was the perpetrator of non-fatal strangulation. In these two cases, there were three victims; a female intimate partner, a child (son) aged 4 and a relative (sex and age unknown).

There were nine instances of male-on-male non-fatal strangulation and in these cases, relationships included male intimate partner, brother, son, and unrelated persons. There were no reported cases of females non-fatally strangling adult males.

A history of non-fatal strangulation in the DHRs was observed in six different circumstances. These were:

1. The perpetrator of the non-fatal strangulation went on to kill the victim of non-fatal strangulation.

2. The perpetrator of the homicide strangled a person other than the victim of the homicide.

3. The victim of the non-fatal strangulation was the perpetrator of the homicide.

4. The homicide victim experienced non-fatal strangulation from someone other than the perpetrator of the homicide.

5. Non-fatal strangulation was reported between two people other than the homicide victim or perpetrator.

6. The victim of non-fatal strangulation went on to take their own life (intentionally or accidentally).

Identifying these circumstances was a key finding from this analysis which helps us to understand the presence of non-fatal strangulation within the context of domestic homicide. Over half (42/80) of the victims in this cohort went on to be killed by the person who subjected them to non-fatal strangulation. However, as not all victims of non-fatal strangulation went on to be killed, this may suggest that DHRs are well placed to raise awareness around the importance of identification, intervention, and safeguarding victims of non-fatal strangulation.

Furthermore, holding perpetrators accountable for this crime should be seen as an intervention to prevent serious harm or death. This is evident in circumstances where the perpetrator of non-fatal strangulation killed the victim of non-fatal strangulation but also in cases where the perpetrator non-fatally strangled someone else (such as a previous partner or indeed multiple victims) and went on to kill their current partner.

Early identification of non-fatal strangulation as a high-risk form of violence could save lives. In the United States, the Training Institute for Strangulation Prevention [15] has worked tirelessly to get states to recognise non-fatal strangulation as a public health issue addressing it as homicide prevention. This is something that IFAS would support from a UK perspective.

A finding that perhaps we had not anticipated was Circumstance 3 “The perpetrator of the homicide was the victim of the non-fatal strangulation”. In all 10/80 of these cases, the perpetrator of non-fatal strangulation – but victim of the homicide – was male. There were 10 cases where female perpetrators killed male victims and 6/10 (60%) of these cases fell under Circumstance 3. There were 6 cases where a male killed a male victim, half of these cases (3/6 – 50%) fell under circumstance 3. This finding suggests that non-fatal strangulation may not only present risks to the victim but the perpetrator too.

Another concerning finding was Circumstance 6 *"The victim of non-fatal strangulation went on to take their own life (intentionally or accidentally)"*. 4/80 (5%) of the victims of non-fatal strangulation in this cohort died by suicide/accidental overdose. This is a finding that supports growing evidence in the UK that victims of domestic abuse are at heightened risk of taking their own lives. Previous research has highlighted the profound impact that non-fatal strangulation can have on one's psychological wellbeing something which could put victims at further risk of serious harm or being killed. Future research would benefit from exploring further the risk to life highlighted in both Circumstances 3 and 6.

The format and level of detail included in DHRs is not uniform, which makes extracting key information such as victim/perpetrator demographics difficult. In many of the 74 DHRs reviewed in this cohort such information was not included (see Table 12.)

Table 12. Numbers & percentage of demographic data not reported in DHR report

| Type of data | Numbers Not Reported (%) |
|--------------|--|
| Ethnicity | Non-fatal strangulation perpetrators 27/75 (36%) |
| | Non-fatal strangulation victims 40/80 (50%) |
| | Homicide perpetrators 25/72 (35%) |
| | Homicide victims 30/76 (39%) |
| Age | Non-fatal strangulation perpetrators 24/75 (32%) |
| | Non-fatal strangulation victims 30/80 (38%) |
| | Homicide perpetrators 14/72 (19%) |
| | Homicide victims 7/76 (9%) |
| Sex | Non-fatal strangulation victims 5/80 (6%) |

It is worth highlighting that we have used the term 'not reported' for data such as victim ethnicity where this was not reported in the DHR report. We carefully chose this use of language to reflect that, from the DHRs, we do not know whether this information was known or not by the DHR author or relevant services and not included in the report, or whether it is completely unknown information. For example in cases where the perpetrator had strangled a previous partner.

Some DHRs do outline information, such as victim or perpetrator demographics in a clear way, for example by including a simple table with pseudonyms used, age, sex and ethnicity of the relevant parties involved. This avoids the reader having to rely on markers or identifiers such as gendered pronouns in relation to sex to understand those involved in the report.

Not including information on the ethnicity of those involved in domestic homicide makes it impossible to form any kind of understanding as to whether this was a factor in the victim's death. It is possible that excluding this information from a DHR is the authors' attempt at conveying that ethnicity did not play a role in the victim's death, as this is something which is considered as part of each review. However, this should be carefully detailed and stated in a transparent manner to avoid others making assumptions about such information. Further to this, looking at one case in isolation, it might seem that ethnicity is not involved, but if the information was available and considered as part of a bigger picture, important patterns may emerge in specific groups which could provide vital information and opportunities for learning to prevent domestic homicides in the future.

Although all of the incidents of non-fatal strangulation in this cohort occurred prior to the introduction of strangulation as a standalone offence, over half of the non-fatal strangulation incidents were reported to the police, yet just 4% resulted in a conviction. The convictions in these cases included a six-month hospital order and community order imposed which may reflect the minimisation of non-fatal strangulation by the criminal justice system prior to the introduction of the new legislation. The new legislation in England & Wales^[1] means that convicted perpetrators can face up to 5 years in prison, a change in law which arguably reflects the seriousness of the offence.

Less than a third of the non-fatal strangulation incidents led to a formal domestic abuse risk assessment being conducted. In just over two thirds of cases there was either no risk assessment conducted, or this was not reported in the DHR.

Of the 29/99 incidents where a formal domestic abuse risk assessment was conducted, 21/29 were considered high risk, 6/29 were medium risk and 2/29 were deemed standard risk. It was positive to see that the majority of cases where a risk assessment was conducted resulted in the allocation of high risk. However, it is unclear whether this was due solely to meeting high risk threshold in terms of scoring and those who have experienced non-fatal strangulation experiencing more forms of violence that would result in positive scores on a risk assessment tool, or whether professional judgement relating to the non-fatal strangulation was being used to classify these cases as high risk. At IFAS, we are clear that any case where non-fatal strangulation is present should be deemed high risk regardless of the score on a risk assessment tool.

By separating the analysis of deaths in DHRs with a history of non-fatal strangulation into cases where the victim was non-fatally strangled and killed by the same person and those who were not, some observable differences in sex of victim and relationship between victim and perpetrator emerged.

In cases where the victim was non-fatally strangled and killed by the same person 99% (41/42) were females. There was just 1 case where a male victim was strangled and killed by the same person, in this case his brother. In comparison, where the homicide victim was not non-fatally strangled and killed by the same person 50% (17/34) of victims were female and 50% (17/34) were male. This shows us that 71% (41/58) of females who died in this cohort of 74 DHRs with a history of non-fatal strangulation were non-fatally strangled and killed by the same person.

By relationship, 91% (38/42) of those who were non-fatally strangled and killed by the same person were killed by a current or ex intimate compared to 53% (16/30) where the victim and perpetrator was not the same. This highlights the risk to female victims of non-fatal strangulation within the context of intimate partner violence.

The analysis of the homicides in DHRs with a history of non-fatal strangulation showed that just over half (39/76) of victims were killed by stabbing. Of the 39 victims killed by stabbing, three DHRs reported evidence of the victim also having been strangled during the homicide. Fatal strangulation accounted for just 4/76 (5%) of the deaths in this sample. If we compare this to a recent analysis that showed strangulation was the method of killing in 25% of DHRs, this may indicate that the presence of non-fatal strangulation does not necessarily predict fatal strangulation as a method of killing. The third report in the IFAS DHR series considers, specifically, strangulation as a method of killing, however, future research would benefit from a direct focus on this with a control group.

There was one case where the method of killing by a female was strangulation and this was perpetrated against a female victim. There were no reported cases where females killed males by strangulation. The findings from this review show that females accounted for a very small proportion of the perpetrators of non-fatal strangulation and made up the majority of victims.

Lastly, it was sad to read the many instances of non-fatal strangulation in this cohort of DHRs. Awareness raising on the risks of non-fatal strangulation seems imperative and IFAS is working hard to ensure that this form of violence is not tolerated socially. It is essential that victim/survivors of non-fatal strangulation are supported and feel able to report this offence with the confidence that something will be done to prevent this from happening again, either to them or others in the future. DHRs are a key opportunity to share learning on how to achieve this.

Key recommendations

1. National guidance/standards on completing DHRs

- a. DHRs to include basic victim/perpetrator demographics
- b. DHRs to acknowledge the high-risk nature of non-fatal strangulation – highlighting cases where opportunities to safeguard victims were missed as well as those cases where best practice was followed

2. Future research, for instance:

- a. Exploration of Circumstance 3, *“The perpetrator of the homicide was the victim of the non-fatal strangulation”* as this highlights that non-fatal strangulation may present risks not only to the victim but the perpetrator too.
- b. Exploration of prevalence amongst certain groups or identities for example, those with disabilities or additional vulnerabilities, and individuals of different ethnicities. (It is worth noting, however, that for this research to be conducted, relevant demographic information must be collated and reported appropriately.)
- c. Exploration of perpetrator behaviour, considering the relationship between strangulation as a method of killing and the use of non-fatal strangulation prior.
- d. Impact of non-fatal strangulation on victims in relation to their mental health and suicidal ideation.

3. Mandatory training

Mandatory training on tackling and preventing strangulation for statutory services including identifying non-fatal strangulation as a high-risk criminal offence that warrants a collaborative community response.



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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.

IFAS would like to acknowledge the hard work and input of the team for their contribution to this series including; Professor Cath White, Harriet Smailes, Marianne McGowan, Bernie Ryan, Beth Threfall-Rodgers and Boma Wokoma.

Lastly, 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.



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