Institute For Addressing Strangulation

Guidance for Police Management of Strangulation

Created by the Institute for Addressing Strangulation

Published May 2024

Under consultation

Introduction

Purpose and use of this guidance

This guidance is designed to provide information to support the police management of strangulation cases. This has been informed by international and UK-based best practice. Included within the guidance are key prompts for certain details that might be useful to ascertain as part of the police response to strangulation. Integrated alongside the prompts are key sources of information to inform the collection of information and evidence.

This guide is not a replacement for more substantial and tailored training, or existing guidance, in relation to responding to strangulation offences.

This is to be used in conjunction with related guidance, check-lists, and training. How the prompts are used and by whom is ultimately the decision of each Police Force, however, it is important to remind all police and supervising officers that an accurate and thorough record of strangulation is important, even if it is being considered as an additional offence alongside a primary report, in order to be able to fully assess the risks presented within the case.

Strangulation Legislation Overview

Strangulation and suffocation were introduced as non-retrospective stand-alone offences on 7th June 2022, into Section 70 of the Domestic Abuse Act (2021) and Section 75A of the Serious Crime Act (2015).

1. A person ("A") commits an offence if—
   a. A intentionally strangles another person ("B"), or
   b. A does any other act to B that—
      i. affects B's ability to breathe, and
      ii. constitutes battery of B.
2. It is a defence to an offence under this section for A to show that B consented to the strangulation or other act.
3. But subsection (2) does not apply if—
   a. B suffers serious harm as a result of the strangulation or other act, and
   b. A either—
      i. intended to cause B serious harm, or
      ii. was reckless as to whether B would suffer serious harm.

Domestic Abuse Act, 2021

Under this legislation, UK nationals can also be charged and convicted if they perpetrate strangulation outside of the UK.

Even though this legislation is not retrospective, strangulation offences from before 7th June 2022 may still be prosecuted under other crimes such as Grievous Bodily Harm (GBH).

Importantly, this legislation considers that in circumstances whereby there is injury amounting to actual bodily harm or anything more serious and the suspect was reckless or intentional in their actions, victim consent is not an acceptable defence. In law, there is no requirement for corroboration and therefore cases can be taken forward on the victim's word alone (including, for example, where accounts have been provided on body worn camera footage). This is particularly pertinent for strangulation cases whereby the victim has no evidence of visible (or internal) injury at the point of engaging with the criminal justice process.

References and Resources

- CPS legal guidance on non-fatal strangulation and non-fatal suffocation: https://www.cps.gov.uk/legal-guidance/non-fatal-strangulation-or-non-fatal-suffocation

- Non-fatal strangulation: in physical and sexual assault – Medico-legal Guidelines published by Professor Cath White and the Faculty for Forensic and Legal Medicine (2023): https://ifas.org.uk/wp-content/uploads/2023/05/Non-fatal-strangulation-in-physical-and-sexual-assault-Dr-C-White-Jan-2023.pdf

- Institute for Addressing Strangulation Prevalence Report (2023): https://ifas.org.uk/wp-content/uploads/2023/05/IFAS-01-Prevalence.pdf

- Domestic Abuse Act – Section 70 on strangulation and suffocation (2021): https://www.legislation.gov.uk/ukpga/2021/17/section/70/enacted

- Institute for Addressing Strangulation Victim Information Leaflet (2023): https://ifas.org.uk/wp-content/uploads/2023/05/IFAS-01-Patient-Information.pdf

  Key resource to share with victims

- Institute for Addressing Strangulation Guidelines for clinical management of non-fatal strangulation in acute and emergency care services (2024): https://ifas.org.uk/guidelines-for-clinical-management-of-non-fatal-strangulation-in-acute-and-emergency-care-services/

- International resources:
  - https://www.familyjusticecenter.org/resources/strangulation-suffocation-supplemental-investigative-worksheet/
  - https://www.safvic.org/wp-content/uploads/2017/05/Strangulation-Supplement-Example.pdf
  - https://www.theiacp.org/sites/default/files/OVW%20Leadership/ResponsetoStrangulationChecklist2017.pdf

The Institute for Addressing Strangulation (IFAS) was established in October 2022 to increase awareness of strangulation amongst the public and professionals, conduct and disseminate research into strangulation, and improve the response to victims, survivors, and their supporters.

Initial Response

Victim Information

1. Victim name
2. Victim age and date of birth
3. Victim sex/gender
4. Victim ethnicity and skin tone (Box G)
5. Size/build
6. Share IFAS Victim Information resource [Linked on Page 2 of this document]

Suspect Information

1. Suspect name
2. Suspect age and date of birth
3. Suspect sex/gender
4. Suspect ethnicity and skin tone (Box G)
5. Suspect handedness (right or left handed)
6. Size/build
7. Suspect previous criminal record

Relationship Information

1. Relationship between victim and suspect
   a. Nature of relationship
   b. Description of suspect if known to victim
2. Length of relationship between victim and suspect (length of time since relationship ended if appropriate)
3. Current or previous domestic abuse within the relationship (Note, this could include previous strangulation, sexual abuse, financial and emotional/ psychological abuse, stalking, as well as coercive and controlling behaviours)
4. Known current or previous police/courts involvement and/or intelligence

Immediate Risk and Need

1. Victim offer/receipt of medical attention, consider the IFAS clinical guidelines [Linked on Page 2 of this document]
   a. If received, provide details: hospital, details for lead clinician, length of time and nature of care received
   b. If onward referral/signpost has not been taken up by the victim, are they aware of the potential risks of not seeking medical treatment (e.g. delayed health impacts)? Are they aware of how they can access support in the future?
2. Consider record of injury and medical attention if required for the suspect
3. Consider victim access or engagement needs (e.g., learning difficulties or translation services)
4. Consider suspect access or engagement needs (e.g., learning difficulties or translation services)
5. Relevant risk assessment completion (e.g., the DASH/DARA) – ensure high risk rating attributed to strangulation incident(s)
6. Are there any immediate or ongoing risk to others (e.g., children)? Were children present at the time?

Box A: Strangulation Definition
Strangulation can be defined as obstruction or compression of blood vessels and/or airways by external pressure to the neck causing a decreased oxygen supply to the brain. The term 'non-fatal strangulation' is sometimes used when the strangulation does not result in death.

Box B: Strangulation Prevalence
The below statistics are cited in 'UK Prevalence of Strangulation and Suffocation' (IFAS, 2023).

- Domestic abuse charity SafeLives estimates that more than 20,000 victims in the UK experience strangulation each year
- Almost 19% of people attending St Mary's Sexual Assault Referral Centre (SARC) in Manchester who had been assaulted by a partner or ex-partner had experienced strangulation as part of the assault
- In the decade to March 2020, strangulation or asphyxiation was consistently the second most frequent cause of homicide for women killed by men
- In the first year of legislation, there were more tan 23,000 reports of strangulation and suffocation across England and Wales

Box C: Strangulation Contexts
Strangulation can occur in different settings including:

- Within domestically abusive relationships
- Within the context of sexual violence
- Within the context of physical assault

This guide focuses on strangulation, however, similar principles could also be applied to suffocation (the deprivation of air, affecting an individual's normal breathing) or related acts.

Box D: Strangulation Methods
The four main methods of strangulation are:

- Manual strangulation using a hand or hands
- Chokehold/headlock through use of an arm to apply pressure around the neck
- With the use of a ligature such as a belt or scarf
- Hanging

Investigation and Further Evidence

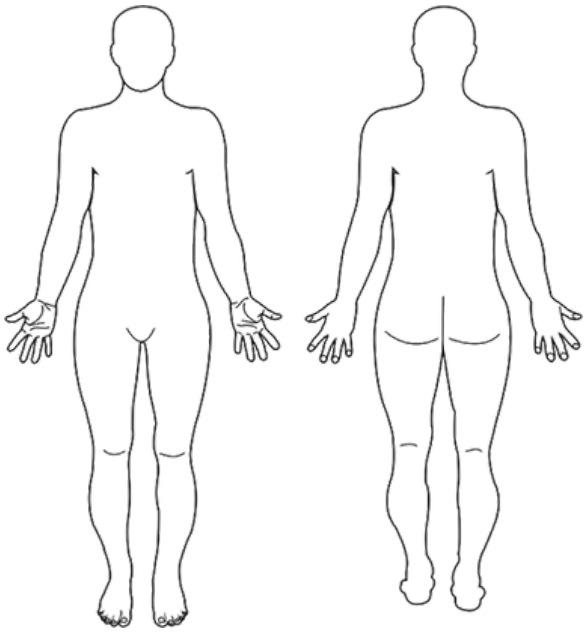
Offence Details

1. Context of strangulation (e.g., during sex/ sexual violence, during an argument)
2. Method of strangulation (see Box D)
3. Number of incidents of strangulation related to this report
4. Length of strangulation(s) (if known)
5. Other suspect behaviours in addition to strangulation (e.g., punching, kicking, shaking, scratching)
6. Suspect speech during strangulation (e.g., verbal threats, shouting, screaming)
7. Suspect demeanour during strangulation
8. If anything caused the strangulation to stop

Victim Impact (see Box E-G)

1. Extent of pain during and after
2. Impact on breathing during and after
3. Loss of consciousness before and after
4. Behaviours/actions by the victim during and after (consider any dialogue with suspect, any incontinence by the victim)
5. Victim thoughts and feelings during and after

Victim Injury Recording (see Box F-G)



Physical Details (see Box F-G)

1. Photographs of any injuries to the party/parties involved
2. Photographs of the scene
3. Capture/collection of relevant evidential materials (e.g., clothing, any ligature/equipment used)
4. Examination of the scene in relation to victim experience (e.g., signs of bleeding, signs of incontinence)

Box E: Strangulation Victim Experience
Individuals who have been strangled may not identify their experience as "strangulation", and instead may say they have been "choked" or "grabbed by the throat" or "throttled". The focus in response, therefore, is not how a person defines their experience, but the impact and effect of the incident itself.

Box F: Strangulation Signs and Symptoms
The physical and psychological impact of strangulation on individuals may include:

- Pain in the neck
- Difficulty with, and/pain when, breathing
- Vision defects such as blurry and/or loss of vision, dizziness
- Speech/voice difficulties or changes in voice
- Unconsciousness
- Incontinence of the bowel or bladder
- Confusion, disorientation, agitation, memory loss
- Hypervigilance or emotional numbness, flashbacks
- Memory loss from loss of consciousness

Box G: Strangulation Injury
Around 50% of people who are strangled will not have visible injuries. Where injuries are present, these may include bruising or scratches or pinprick marks called petechiae (from burst blood vessels) on the head, neck or face. Strangulation in the context of other physical violence may lead to other/different physical injuries. Note how injury may or may not be visible with different skin tones (hence recording this information for victim and suspect). Physical injury is not a requirement for an act of strangulation to be charged or convicted under law in England and Wales. It is also important to recognise how some injuries may develop and become visible over time.

Body maps sourced from https://www.thegriefpractice.com/practices/body-mapping/

Supervision

Next Steps

1. Has the victim been offered onward referrals to specialist victim support (e.g., domestic abuse services) and/or medical support? It is important the victim is aware of the potential medical risks from strangulation and is aware they can access support in the future if it's not taken up immediately.
2. Have the relevant risk assessments been completed (e.g., the DASH/DARA)? Has the strangulation incident been recognised as a high risk indicator?
3. Are both/all parties aware of the potential and likely next steps?
4. Has any follow-up with the parties involved been agreed (e.g., in relation to any necessary support or follow-up evidence collation)?
5. Has the victim been provided with the IFAS victim information leaflet? [Linked on Page 2 of this document]

Impact on Staff

1. Have any adverse/negative impacts on staff (particularly front-line/ responding officers) been considered and mitigated?
2. Is any follow-up required for staff in terms of their personal/professional wellbeing?
3. Would any staff benefit from any additional training or development in this area of work?

Institute For Addressing Strangulation

contact@ifas.org.uk
www.ifas.org.uk

Charity Registration No: 1119599

Under consultation