

Strangulation Data Capture Survey Findings and Guidance

April 2024

Introduction

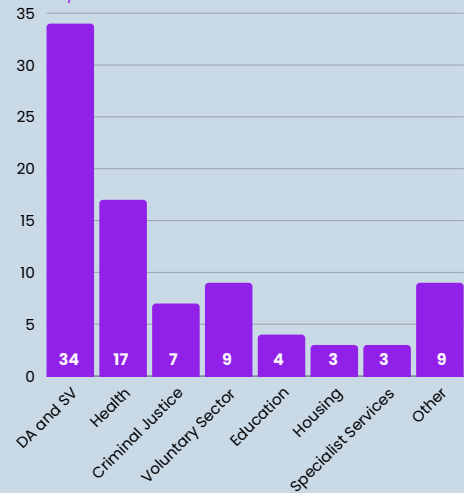
From November 2023 to March 2024, the Institute for Addressing Strangulation (IFAS) ran an online survey to better understand practices around the recording and reporting of strangulation data within front-line services. Anecdotally, we were aware of differing practices relating to the recording and reporting of strangulation incidence. The aim of the survey was therefore to understand better current practice, and inform the development of data capture guidance for services to better understand and report on strangulation in all its forms.

Survey Findings

There were 59 respondents to the survey, representing domestic abuse and sexual violence support services, sexual and physical health services, criminal justice services, the voluntary sector, the education sector, housing and homelessness support, specialist services (e.g., LGBTQ+ support), and 'other' services such as sex worker support services, drug and alcohol support, and perpetrator services.

[Note: the total number of responses for service representation shown in this graph is higher than 59 (the total number of respondents) as respondents were able to select more than one service type.]

Chart 1: Number of responses by service type of respondent.



Results from this survey found that 85% of respondents were consistently recording data about strangulation cases within their services.

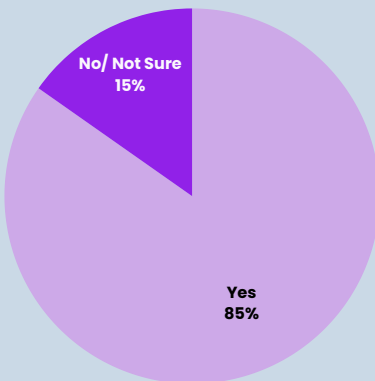


Chart 2: Proportion of respondents recording strangulation data.

However, only 21% of respondents would be able to extract that data easily (as opposed to with difficulty or not at all), and only 29% were regularly tracking and/or reporting on this data.

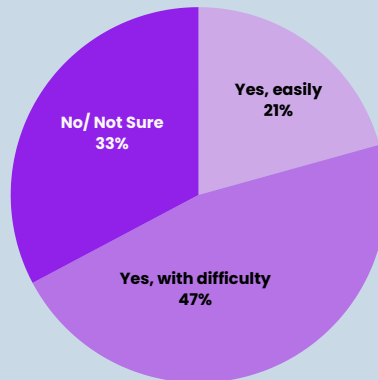


Chart 3: Proportion of respondents who would be able to easily extract strangulation data.

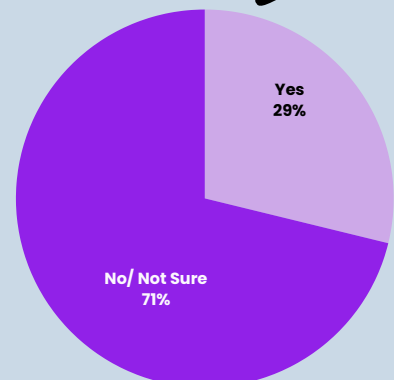


Chart 4: Proportion of respondents regularly tracking/reporting on strangulation data.

Guidance on Managing Data on Strangulation

Data capture involves keeping a record of particular phenomena or instances of behaviour, such as strangulation. In this guidance, 'data' refers to any information (about strangulation) relevant to an organisation. Importantly, the process of capturing this information needs to include consideration of how necessary and useful that information can be, and how it can be used to inform future work of the organisation.

Why capture data on strangulation?

Across different sectors, there are varied understandings of strangulation, its impact on victims, and the risks associated with it. Strangulation was introduced as a standalone offence under the Domestic Abuse Act (2021) in June 2022. Prior to this, without specific legislation, there was the potential for strangulation to be minimised by professionals, perpetrators, and victims. The, still relatively new, legislation solidifies the seriousness of this form of abuse.

Strangulation is a significant risk factor in intimate partner abuse, which is considered as an escalating factor along a timeline towards domestic homicide (e.g., Monckton-Smith's 'Homicide Timeline', 2019; Glass et al., 2008). If present in relationships, strangulation can be perpetrated alongside other coercive and controlling abusive behaviours. As well as strangulation being present throughout abuse timelines, it is increasingly well-understood that strangulation is a common method of killing women (e.g., IFAS, 2024).

The long term physical and psychological health implications from strangulation are profound and include the risk of cardiac arrest, stroke, miscarriage, speech disorders, PTSD, depression and suicidality (Bichard et al., 2022). The risks of strangulation go beyond that of the risk to the victim. Research by the Crown Prosecution Service found that children were present in more than a third of non-fatal strangulation offences in their sample (CPS, 2022). Findings from an IFAS prevalence report in 2023 show that the true extent of strangulation across the UK is unknown (IFAS, 2023). Therefore, the extent of the impacts, costs, resources, and responses required for strangulation are also unknown. This may lead to victim/survivors not being adequately supported and/or services responding to clients not being effectively resourced to do so.

Organisations working in this area can start to address this gap and understand what is needed to best support victims, and others affected, by effectively identifying, recording, reviewing, and acting on strangulation data.

How to capture data on strangulation

Presented on pages 3-4 of this document is guidance on four stages of strangulation information data capture.

These stages are as follows:





Identify information to be recorded

Information about strangulation typically comes from the victim/survivor of the strangulation disclosing their experiences. This can come from 1) spontaneous disclosures or 2) professional questioning. This may also be mirrored when working with perpetrators of strangulation.

Anecdotally, spontaneous disclosures are considered as less common, therefore organisations should consider if and how they ask about strangulation, and in what contexts. For instance, organisations may routinely ask about strangulation as part of risk assessment processes after a disclosure of domestic abuse.

Some services may find it appropriate to routinely ask about experiences of strangulation (including where individuals have chosen to use strangulation during sex) with all clients/ patients/ service-users.

When information has been disclosed, professionals should only ask for further detail as relevant to their role and organisation (i.e. no more information than is required to complete the next steps of responding). For instance, this could be gaining further detail, non-judgementally, to support with signposting to specialist services or completing a risk assessment.



Record relevant information

Professionals should complete the record keeping of the strangulation information in parallel with other record-keeping practices, including ensuring the information is:

- Factual
- Timely (as close in time as possible to the sharing of information) and inclusive of the timings of the incident of strangulation (e.g., how long ago did it happen?)
- Clearly identified as either verbatim (e.g., with the use of quotation marks) or paraphrased by the professional
- Information about referral and signposting information provided, linked to their identified risks and any safeguarding concerns
- As a minimum, we would expect the following information to be included in a way that helps contextualise the information, but is no less important to the recording of strangulation data:
 - Relevant risk assessment(s)
 - Relevant capture of demographic information where known (about victim/perpetrator): sex/gender, age, ethnicity, disability
 - Nature of the identification of information (e.g. spontaneous disclosure or professional questioning)
 - Next steps taken (e.g. accessing specialist support services, reporting to the police)

To support in the subsequent steps of the strangulation data capture process, professionals should consider how the information is being recorded, and whether it is possible to adjust practices for strangulation information. For instance, on case management systems:

- Could there be a specific tick-box for strangulation so that cases involving this behaviour can be extracted and reviewed in isolation?
- Is there a way of recording where a strangulation incident may be part of a wider pattern of behaviour?
- Could strangulation information be recorded in a way that supports appropriate escalation procedures within services e.g. with a flagging system?



Review relevant recorded information

Professionals should consider reviewing information captured about strangulation within their existing processes. This review should take into account what is known about strangulation as a high-risk behaviour and the need to respond accordingly. It might also be possible to analyse this dataset for trends, for instance relating to:

- Victim/survivor and perpetrator demographics
 - Whether certain groups (ages, ethnicities, genders) are being affected by or are perpetrating strangulation more commonly
- Patterns of behaviour surrounding the strangulation (e.g. coercive control, stalking)
- Contexts of strangulation (e.g. domestic abuse – when together or when separated)
- Any gaps in disclosure or response behaviours or opportunities (e.g. are certain groups accessing follow-on specialist support?)
- Associated outcomes from strangulation cases (e.g., health and criminal justice outcomes)



Act on relevant findings

Action from the review of strangulation information may be entirely internal to organisations, or may include information and learning that can be shared across sectors, including, for example:

- Creating internal reports on anonymized case details and prevalence within services
- Creating resources to be shared externally based on service findings, with the purpose of generating discussion and/or sharing learning or best practice – examples of recipients of this information could be local Community Safety Partnerships, or the Police and Crime Commissioner's Office
- Considering whether there are barriers to accessing support or resources and working with service-users to overcome these barriers
- Identification of safeguarding/ high risk concerns across services – potentially leading to the development of improved local pathways to specialised services and responses
- Creating a business case for additional and specific resource to address strangulation within your organisation
- Creating organisational policy and process for strangulation disclosures and responses to ensure consistency
- Attending and disseminating training/sources that can help improve the confidence and competence of practitioners

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