The Institute for Addressing Strangulation Position Statement:

There is No Safe Way to Strangle

'Strangulation': external pressure to the neck caused by a hand or hands, any other body part, or an object (such as a belt or scarf) in a way that restricts the airway and/or blood vessels.

Contexts of strangulation

At the Institute for Addressing Strangulation (IFAS), we are aware of strangulation being prevalent across society in different contexts. For example, strangulation is frequently used in domestically abusive relationships and as a part of sexual violence. In the context of consensual sex, sexual strangulation (sometimes referred to as 'choking') is being used, particularly, but not exclusively, amongst young people, where, for many, it would appear to have become an expected part of the sexual experience.

There are, however, significant risks associated with strangulation, regardless of the context. Our factsheet on strangulation lays out the risk associated with this dangerous practice.

If you or someone that you know has been a victim of strangulation our victim information leaflet provides guidance on the physical symptoms and how to access support.

Strangulation is dangerous

Strangulation risks brain injury and death as well as other adverse outcomes[1]. The neck contains vital structures including the airway and blood vessels which can be restricted by strangulation, affecting the brain's blood supply, potentially resulting in brain damage. That damage can result in life-changing physical and psychological difficulties, and even death. This can happen in seconds and does not require significant pressure. Strangulation can also damage blood vessels in the neck, leading to blood clots forming which may result in a stroke. Evidence suggests strangulation is the second most common cause of stroke in young women. Strangulation may have immediate, obvious adverse consequences, but may also result in delayed adverse events (for example strokes may occur days, weeks or even months after the strangulation). Some of the signs and symptoms of brain injury, for example after repeated episodes of oxygen deprivation due to strangulation, may present a considerable length of time later with problems of reduced brain function such as memory difficulties[2].

At IFAS, we have been aware of messages shared by other organisations and media outlets which provide information about how to strangle 'safely'. This is dangerous. Based on existing research and what has been presented above, there is no safe way to strangle.

[1] Bichard et al. (2022)
[2] Reference as above.

Strangulation and consent

Adults can engage in any sexual activities of their choosing providing they are legal and done with consent. Consent must be freely given, informed, with the person having the capacity to make the decision.

A person consenting to strangulation would need to truly appreciate the associated significant risks, in order to be able to provide their consent.

Consent is also an ongoing process and individuals have the right to withdraw consent at any point. However, the impacts of strangulation can affect the functioning of the brain – the organ we need to make and act upon decisions. Experiments have shown that, during strangulation, people forget that they can stop it, or find themselves unable to speak or move[3]. The act of strangulation, resulting in decreased oxygen to the brain, will impact on brain function, so that the person no longer has the capacity to withdraw previously-given consent. This makes the concept of 'safe words' or actions redundant.

In law[4], individuals *cannot* consent to serious harm, and this has been restated explicitly with regard to strangulation in the Domestic Abuse Act (2021)[5] and the Serious Crime Act (2015)[6]. Where a person has been seriously harmed by strangulation, it will not be a sufficient defence to say that they had consented to it.

Our message is clear:

There is No Safe Way to Strangle.

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.

[3] Rossen et al. (1943)
[4] See R v Brown [1993] UKHL 19 https://www.bailii.org/uk/cases/UKHL/1993/19.html
[5] Domestic Abuse Act (2021) https://www.legislation.gov.uk/ukpga/2021/17/section/70
[6] Serious Crime Act (2015)
https://www.legislation.gov.uk/ukpga/2015/9/part/5/crossheading/strangulation-or-suffocation

Support

If you have been a victim of strangulation and would like more information and links for support, please see our Victim Information Leaflets (some language translations are available). https://ifas.org.uk/information-leaflet-for-victims/

Glossary of terms

- Strangulation: external pressure to the neck caused by a hand or hands, any other body part, or an object (such as a belt or scarf) in a way that restricts the airway and/or blood vessels. Acts of strangulation may be fatal or non-fatal.
- Non-fatal strangulation: strangulation which does not cause immediate death. The strangulation could still cause serious injury (internal and/or external) and long-term physical and psychological impacts.
- Sex (consensual): any form of sexual activity someone may consider as sex – with the consent of all parties involved. Consent must be informed, freely given, and given with capacity. Consent must be specific to specific acts, and can be withdrawn at any time during the interaction.
- Sexual violence[7]: sexual activity without consent. This could include sexual assault and rape.

[7] Gov.uk. (2022) Support for victims of sexual violence and abuse. https://www.gov.uk/guidance/support-for-victims-of-sexual-violence-and-abuse#what-is-sexual-violence-and-abuse

References

Reference 1 and 2: Bichard, H., Byrne, C., Saville, C.W.N. & Coetzer, R. (2022). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*, 32:6, 1164-1192, DOI: 10.1080/09602011.2020.1868537

Reference 3: Rossen, R., Kabat, H., Anderson, J.P. (1943). Acute arrest of cerebral circulation in man. *Arch Neurol Psychiatry,* 50: 510-528.

Reference 4: R v Brown [1993] UKHL 19 https://www.bailii.org/uk/cases/UKHL/1993/19.html

Reference 5: Domestic Abuse Act (2021). https://www.legislation.gov.uk/ukpga/2021/17/section/70

Reference 6: Serious Crime Act (2015). https://www.legislation.gov.uk/ukpga/2015/9/part/5/crossheading/strangulation-or-suffocation

Reference 7: Gov.uk. (2022). Support for victims of sexual violence and abuse. https://www.gov.uk/guidance/support-for-victims-of-sexual-violence-and-abuse#what-is-sexual-violence-and-abuse