

Domestic Homicide Review Series Part Four

Fatal Strangulation Vs Sharp
Instrument:

A Comparative Analysis of 150 Domestic
Homicide Reviews



Institute For
Addressing
Strangulation

Domestic Homicide Review Series

Part Three

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Homicide Reviews

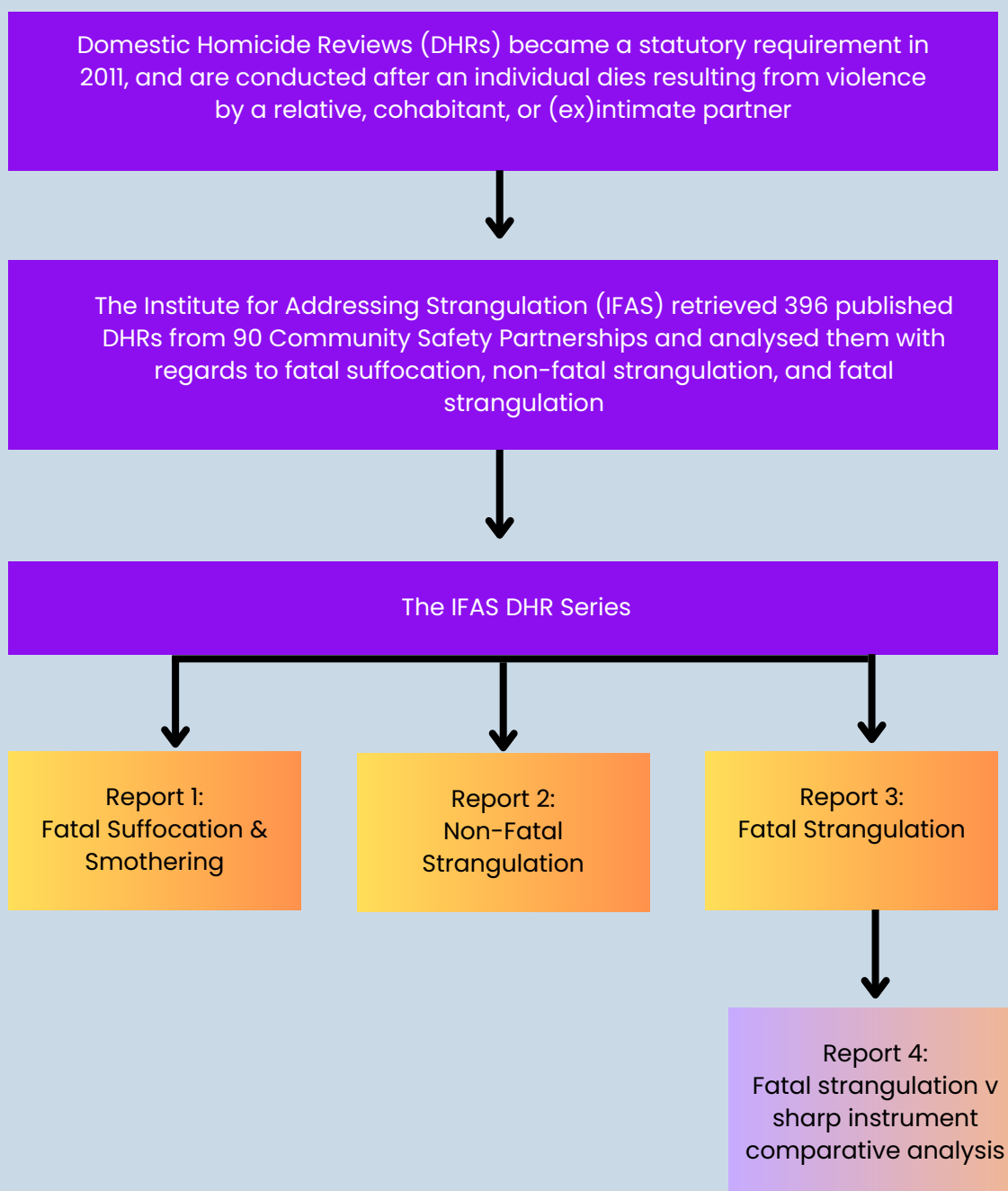
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IFAS Domestic Homicide Review Series

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



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Introduction and Methodology

Strangulation and Suffocation were introduced in England and Wales as stand-alone offences in June 2022 [1]. Following this new legislation, the Institute for Addressing Strangulation (IFAS) was established to raise awareness around the prevalence and risks of strangulation, and further the evidence base around strangulation from a UK-perspective. IFAS research has previously considered the number and progression of strangulation cases moving through criminal justice proceedings [2] and the prevalence of strangulation-related deaths using Office for National Statistics Data [3]. The fourth report in the IFAS Domestic Homicide Review (DHR) series is a comparative analysis of 75 domestic homicide reviews (DHRs) where the method of killing was strangulation and 75 DHRs where the method of killing was stabbing with a sharp instrument. For the purposes of this report we will refer to fatal strangulation as strangulation and will specify when describing non-fatal strangulation.

The aim of this analysis was to better understand strangulation in the context of domestic homicide. By comparing information, provided in publicly available DHRs, on the victims' experiences prior to their death as well as the circumstances surrounding their killing, we sought to gain a deeper understanding of the characteristics of cases of domestic homicide by strangulation.

Through this analysis, we identified features in domestic homicide by strangulation that are specific to this method of killing compared to another form of killing such as stabbing by a sharp instrument.

This brief report compares:

- 1) the demographics of victims and perpetrators in these cases;
- 2) prior experiences of domestic abuse and previous perpetrator offending as reported in the DHRs; and
- 3) circumstances surrounding the killings.

All information is based on that reported in the DHRs.

The 75 cases of fatal strangulation were taken from [Report 3](#) [4] in this DHR analysis series and the 75 cases of domestic homicide by stabbing with a sharp instrument were obtained from the [Home Office Online DHR Library](#) [5]. The latter 75 cases were matched by year of death but were otherwise randomly selected.

Findings & Discussion

There were 75 victims and 77 perpetrators in 75 DHRs in the strangulation group and 77 victims and 78 perpetrators in the matched 75 DHRs in the sharp instrument group. Given the differences in sample sizes all graphs in this report are shown as percentages. Where data was not reported in the DHR report, this is presented as 'not reported'.

Victim and Perpetrator Demographics

Victim and Perpetrator Sex and Age

Table 1 compares the number of victims by sex.

	Female	Male
Strangulation	71/75 (95%)	4/75 (5%)
Sharp instrument	57/77 (74%)	20/77 (26%)

Table 2 compares the number of victim in each group by age range and median.

	Age range	Median Age	Age not reported
Strangulation	16 to 91	44 years	7/75 (9%) cases
Sharp instrument	11 to 85	40 years	16/77 (21%) cases

Table 3 compares the number of perpetrators by sex.

	Female	Male
Strangulation	3/77 (4%)	74/77 (96%)
Sharp instrument	7/78 (9%)	71/78 (91%)

Table 4 compares the number of perpetrators by age range, median and distribution.

	Age range	Median Age	Age not reported
Strangulation	17-81 years	44 years	17/77 (22%) cases
Sharp instrument	15-81 years	32 years	20/78 (26%) cases

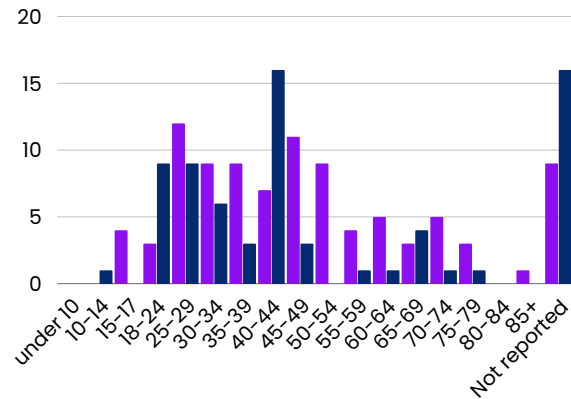
Although the majority of victims in both groups were female, the proportion of female victims in the strangulation group was 21 percentage points higher than the proportion in the sharp instrument group (see Table 1). In fact, the proportion of female victims killed by strangulation was statistically significantly higher than the proportion of females killed by stabbing with a sharp instrument (Chi-Square = 12.14, $p < .001$), highlighting strangulation to be, in comparison, a highly gendered method of killing.

Overwhelmingly, the majority of perpetrators in both groups were male. There were, however, more than twice as many female perpetrators in the sharp instrument group compared to the strangulation group (see Table 3).

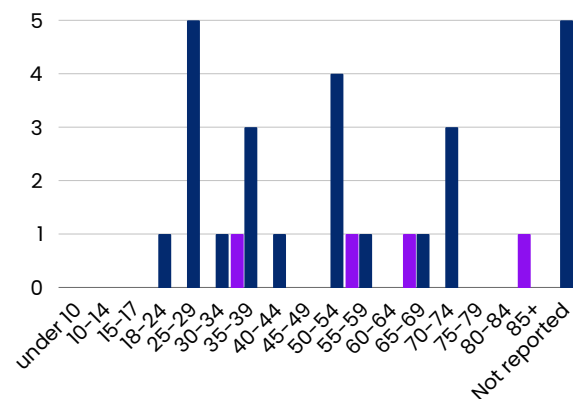
In the strangulation group, the female perpetrators killed another female in one case and male victims (with male co-perpetrators) in the other two cases. In the sharp instrument group, all female perpetrators killed male victims ($n=7$). There was a reported history of domestic abuse in 6/7 of these cases, types of abuse included physical abuse, coercive and controlling behaviour, and emotional abuse. In 2 of these DHRs, it was determined that both the victim and perpetrator had perpetrated abuse against the other. In the remaining 4 DHRs, the perpetrator of the homicide was the victim of the domestic abuse. In 3/7 of these cases, the female perpetrator had been non-fatally strangled by the male homicide victim prior to the killing (these relationships are depicted in Figure 1).

In [Report 2](#) [6] of this series, which explored DHRs with a history of non-fatal strangulation, we found that 13% (10/80) of victims of non-fatal strangulation in the sample went on to be the perpetrator of the domestic homicide, indicating that non-fatal strangulation may pose a risk to the perpetrator of non-fatal strangulation as well as the victim. The findings from this comparative analysis reiterates this acknowledgement of risk.

Graph 1 compares female victim age distribution (%)
strangulation (purple) sharp instrument (blue)



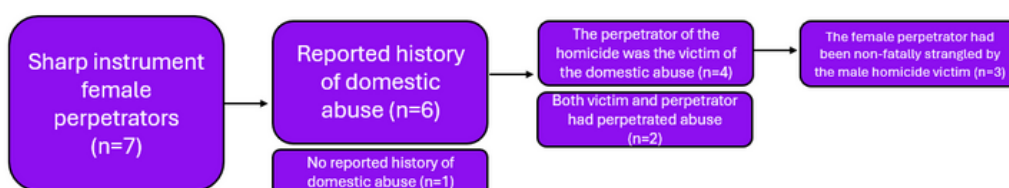
Graph 2 compares male victim age distribution (%)
strangulation (purple) sharp instrument (blue)



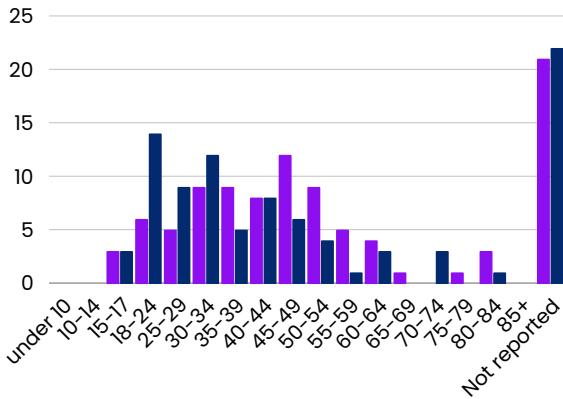
Although the age of victims in the strangulation group tended to be slightly older than those in the sharp instrument group, the victim age ranges (16–91, strangulation; 11–85, sharp instrument) and median ages (44 years, strangulation; 40 years, sharp instrument) for both groups were similar. The victims' ages were not reported in a larger percentage of DHRs in the sharp instrument group compared to the strangulation group. Victim age distribution by sex is presented in Graphs 1 and 2.

The age range of perpetrators and the percentage of cases where the age of the perpetrator was not recorded in the DHR were similar for both groups (see Graphs 3 and 4). The median age for perpetrators was, however, observably different at 44 years of age for the strangulation group and 32 years of age for the sharp instrument group.

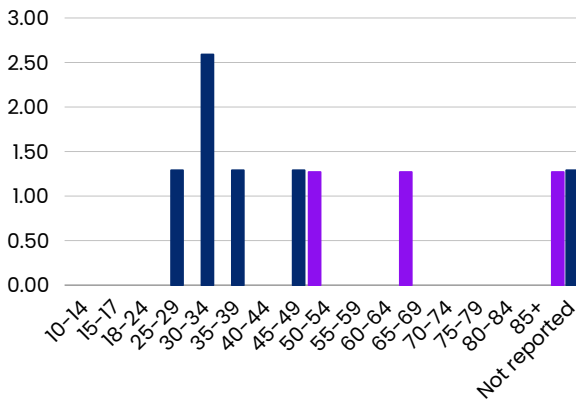
Figure 1 demonstrates the histories and circumstances of the 7 female perpetrators of the sharp instrument group.



Graph 3 compares male perpetrator age distribution (%)
strangulation (purple) sharp instrument (blue)

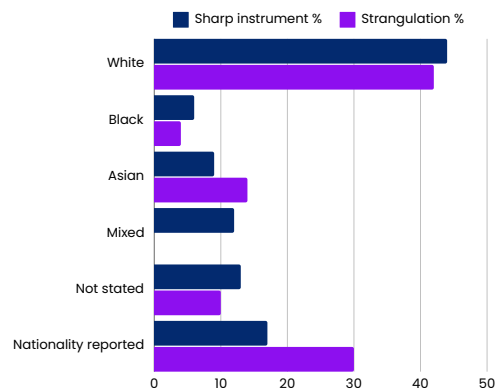


Graph 4 compares female perpetrator age distribution (%)
strangulation (purple) sharp instrument (blue)



For perpetrators, there were more White (44% strangulation; 53%, sharp instrument), Black (4% strangulation; 6% sharp instrument) and Mixed (0% strangulation; 12%, sharp instrument) ethnicity perpetrators who killed using a sharp instrument compared to strangulation. However, there were more Asian (14% strangulation; 9%, sharp instrument) perpetrators and perpetrators whose nationality (30% strangulation; 17% sharp instrument) was reported rather than their ethnicity, in the strangulation group compared to the sharp instrument group (see graph 6).

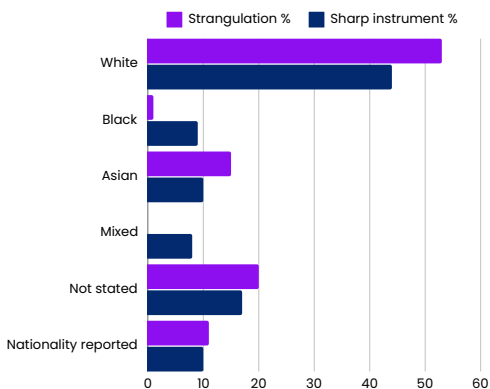
Graph 6 compares the percentage of perpetrators by ethnicity/nationality.



Victim and Perpetrator Ethnicity and Nationality

With regard to ethnicity and reported nationality, there were more White (53%, strangulation ; 44%, sharp instrument) and Asian (15%, strangulation; 10%, sharp instrument) victims killed by strangulation compared to sharp instrument, however, there were more Black (1%, strangulation; 9% sharp instrument) and Mixed ethnicity (0% strangulation; 8% sharp instrument) victims killed by sharp instrument compared to strangulation (Graph 5).

Graph 5 compares the percentage of victims by ethnicity/nationality.



Victim and Perpetrator Disability

Through this analysis we explored the reported disabilities of victims and perpetrators and found that more victims who were strangled to death compared to those who were killed by a sharp instrument had a mental (13% strangulation; 6% sharp instrument) or physical (9% strangulation; 3% sharp instrument) health condition that was reported as a disability. However, in both groups, the majority of victims had no reported disability (76% strangulation; 90% sharp instrument).

More perpetrators who killed by strangulation were reported to have a physical health condition reported as a disability (6% strangulation; 3% sharp instrument) compared to those who killed using a sharp instrument. In both groups, the same percentage of perpetrators were reported to have a mental health condition (21% strangulation; 21% sharp instrument) that was reported as a disability.

Although small in number, more perpetrators who killed using a sharp instrument had a reported learning difficulty (3% strangulation; 6% sharp instrument) compared to those who killed by strangulation. In both groups, the majority of perpetrators had no reported disability (74% strangulation; 71% sharp instrument).

Victim and Perpetrator Vulnerability

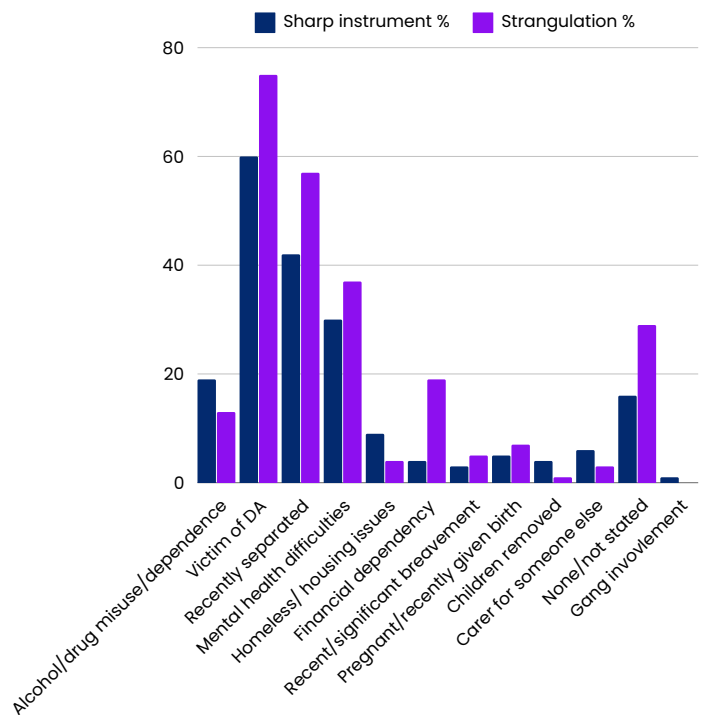
A look at the circumstances potentially making the victim more vulnerable but not reported as formal disabilities showed that in both groups, the majority of victims had one or more vulnerabilities reported in the DHR (71% strangulation; 77% sharp instrument).

The majority of perpetrators too in both groups had one or more reported vulnerabilities (66% strangulation; 77% sharp instrument). However, there was a higher percentage of victims *and* perpetrators in the sharp instrument group that had one or more reported vulnerabilities compared to those in the strangulation group.

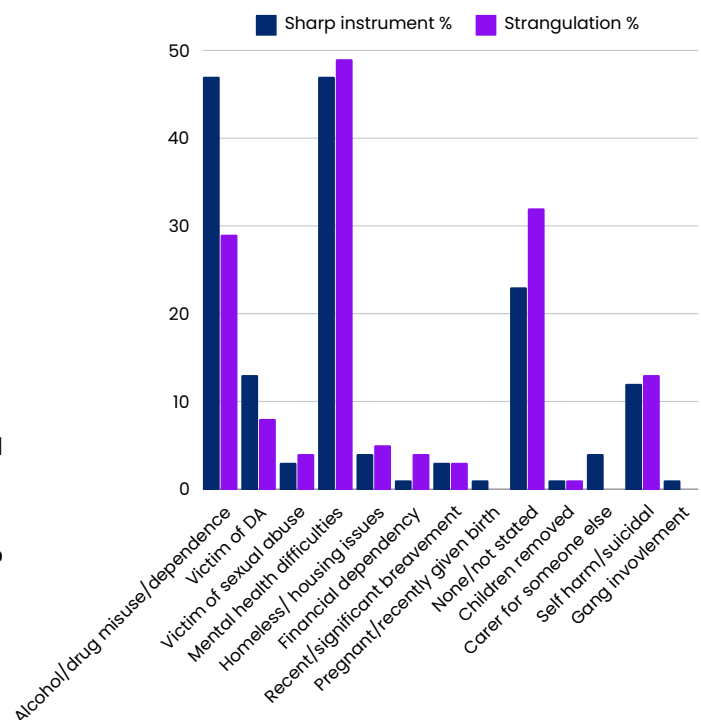
Exploring the kinds of vulnerabilities reported in the DHRs, a higher percentage of victims killed by strangulation were reported to be experiencing domestic abuse, had recently separated, had mental health difficulties (not amounting to a disability as reported by the DHR), experienced financial dependency, had a recent/significant bereavement or were pregnant at the time of their murder, compared to those killed by a sharp instrument. In the sharp instrument group, a higher percentage of victims were experiencing alcohol/drug dependence, homelessness/housing issues, had children removed or were a carer for someone else compared to those killed by strangulation. The largest percentage differences can be observed in financial dependency, experiences of domestic abuse and recent separation (see Graph 7).

Comparing the perpetrators vulnerabilities showed that a higher percentage of perpetrators who killed using strangulation were experiencing self harm/ suicidal ideation, mental health difficulties (not amounting to a disability), financial dependency, homelessness/ housing issues and sexual abuse compared to those who killed using a sharp instrument. In contrast, more perpetrators who killed using a sharp instrument were victims of domestic abuse, had alcohol drug dependency, had gang involvement or were a carer for someone else, compared to those in the strangulation group. Alcohol and drug dependency affected more of both the victims and perpetrators in the sharp instrument group compared to the strangulation group (see Graphs 7 and 8).

Graph 7 compares the percentage of victims by types of vulnerabilities they were experiencing.



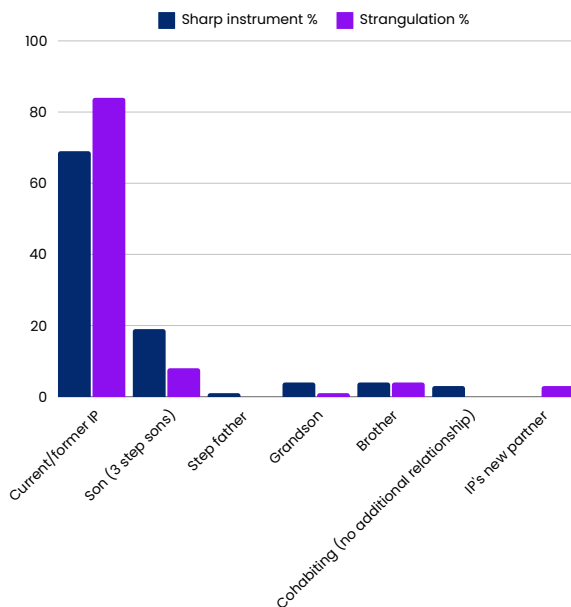
Graph 8 compares the percentage of perpetrators by types of vulnerabilities they were experiencing.



Victim and Perpetrator Relationships

Graph 9 compares the relationship between victim and perpetrator for both groups. A current or former intimate partner (IP) was the most common relationship across both groups (84% strangulation; 69% sharp instrument) however, this was more common in those killed by strangulation than sharp instrument. Both groups had the same number of perpetrators that were brothers to the victims, however, more perpetrators in the sharp instrument group were grandsons and sons compared to those in the strangulation group.

Graph 9 compares both groups by victim-perpetrator relationship

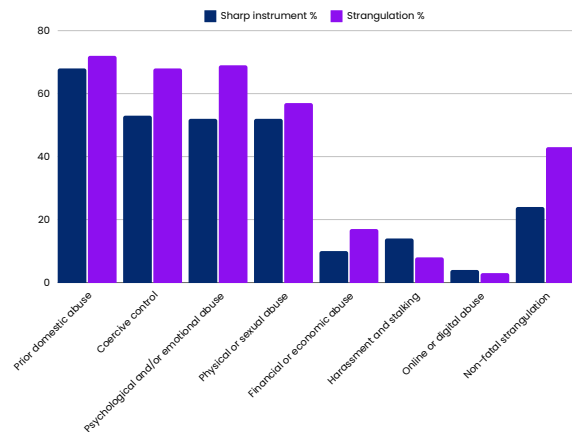


Domestic Abuse Histories

A history of domestic abuse was reported in a similar number of DHRs in both groups. Domestic abuse between the homicide victim and perpetrator was reported in 72% (54/75) of DHRs in the strangulation group compared with 68% (53/77) in the sharp instrument group.

In 11% (6/53) of DHRs with a reported history of domestic abuse in the sharp instrument group, the prior domestic abuse reported in the DHR was perpetrated by the victim of the eventual homicide. For instance, in one case, the perpetrator of the homicide had disclosed childhood sexual abuse perpetrated by the victim of the homicide.

Graph 10 compares prior reported domestic abuse – strangulation (n=75) vs sharp instrument homicides (n=77) (percentages are presented as a total from all cases, not just cases involving prior domestic abuse)



There were no cases in the strangulation group where the victim of the homicide was the perpetrator of the domestic abuse reported.

Types of Domestic Abuse

The types of abuse recorded in the DHRs varied, however there were some common themes. Graph 10 compares the types of domestic abuse reported in both groups.

More victims who were killed by strangulation were reported to be experiencing coercive and controlling behaviours (68%, 51/75) compared to those who were killed by stabbing with a sharp instrument 53% (41/77). Physical or sexual abuse and non-fatal strangulation followed a similar pattern, however, harassment and stalking and online or digital abuse was more commonly reported in those killed by stabbing with a sharp instrument.

Non-fatal strangulation prior to the homicide was reported in 59% (32/54) of DHRs with a reported history of domestic abuse in the strangulation group compared to 34% (18/53) of DHRs with a reported history of domestic abuse in the sharp instrument group. Across the whole sample this equated to 43% (32/75) of the strangulation group and 24% (18/75) of the sharp instrument group.

The circumstances surrounding non-fatal strangulation in the DHRs is important to highlight:

- In 24 DHRs in the strangulation group and 13 DHRs in the sharp instrument group, the victim of the homicide was non-fatally strangled by the perpetrator of the homicide.

- In 12 DHRs in the strangulation group and 6 DHRs in the sharp instrument group, the homicide perpetrator had reportedly non-fatally strangled someone other than the victim of the homicide.
- In 1 DHR in the strangulation group and 2 in the sharp instrument group, the homicide victim had been non-fatally strangled by someone else in the past.
- In 5 DHRs in the strangulation group and 6 DHRs in the sharp instrument group, the perpetrator of the homicide has non-fatally strangled someone other than the victim.
- And in 3 DHRs in the sharp instrument group the perpetrator of the homicide had been non-fatally strangled by the victim, there were no cases in the strangulation group where this was the case.

Please note, there is some overlap in the numbers presented above as in some cases the homicide victim *and* someone else was non-fatally strangled by the homicide perpetrator.

Separation and Trigger Events

Another aspect of abuse histories explored was separation in cases where the relationship was an intimate partner. In 66% of intimate partner relationships in the strangulation group (43/65), the victim and perpetrator had separated by the time of the homicide. This is compared to 59% (32/54) in the sharp instrument group.

Across both groups, there were events that happened shortly before the homicide which could be considered 'trigger events'. For example, circumstances where the victim had been collecting belongings from their previous house after the end of a marriage to the perpetrator, where the victim had secured a new tenancy after the end of a relationship, and where the victim had just two days prior reported the perpetrator to the police for domestic abuse.

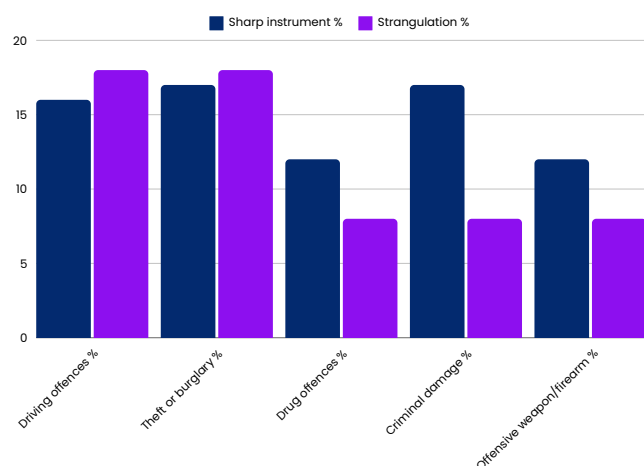
Prior Victimization and Criminal Histories

Prior victimisation was also explored, and in 13% (10/75) of DHRs in the strangulation group the victim had reportedly experienced domestic abuse from someone other than the perpetrator of the homicide, compared to 17% (13/77) in the sharp instrument group.

In both groups the same percentage of perpetrators had previously perpetrated domestic abuse towards someone other than the victim of the homicide (strangulation 36%, 28/77; sharp instrument 36%, 28/78). A look at other reported offences showed that a greater percentage of perpetrators in the strangulation group compared to the sharp instrument group had previous convictions other than domestic abuse related offences (strangulation 45%, 35/77; sharp instrument 27%, 21/78).

Graph 11 compares the criminal histories of perpetrators across both groups. Driving offences and theft or burglary were more common among perpetrators who killed using strangulation while drug offences, criminal damage and use of offensive weapons/firearms were more common among those who killed using a sharp instrument.

Graph 11 shows perpetrators' other offences by percentage—strangulation (n=77) vs sharp instrument (n=78) homicides.



Homicide Circumstances

In both groups, the majority of victims were female and killed by a male intimate partner, which follows the pattern of domestic homicide broadly in the UK [7]. As outlined in the previous section, more than half (43/75, 57%) of the killings in the strangulation group occurred following the victim and perpetrator having separated compared to 42% (32/77) in the sharp instrument group. Table 5 compares the post separation circumstances and trigger events that were reported in the DHRs. The largest percentage differences between the two groups can be observed in the victim trying to leave/ end the relationship and a formal notice being issued or applied for. It is worth noting that the victim trying to leave category was not confined to a specific time period, for example in some of the DHRs it was detailed that the victim had been trying to end the relationship over a period of months.

Table 5 shows a comparison of post separation circumstances and trigger events.

Circumstances	Strangulation	Sharp instrument
The victim trying to leave/ end the relationship (no details of trigger event included)	44% (19/43)	63% (20/32)
A suspected or verified new relationship	21% (9/43)	25% (8/32)
Formal notice (e.g., for Divorce) issued or applied for	14% (6/43)	6% (2/32)
Money/housing was now stable for the victim so they could leave	9% (4/43)	12% (4/32)
The abuse was reported to the police	9% (4/43)	3% (1/32)
Pregnancy	5% (2/43)	3% (1/32)

Use of Violence and 'Overkill'

In terms of the circumstances of the homicide, the dehumanising nature of the levels of violence used in both groups were noteworthy. For example, in the sharp instrument group, killing ranged from a single stab wound, to injuries in excess of 120 stab wounds:

"She had suffered multiple stab wounds and significant head injuries during what was later described as a 'frenzied' attack." (Justina, 2019 - Sharp instrument)

In this group, 2/77 victims were killed by use of a sharp instrument *and* strangled at the time of the homicide.

In the strangulation group, other forms of violence during the homicide were also reported, for example the use of blunt force trauma. Two of the DHRs in this review, one in each group, defined the killing as 'overkill'.

"A Post Mortem was conducted and gave the cause of death as (multiple) stab wounds to Emma's chest. This meets the definition of 'overkill'. This is the term used to describe the use of gratuitous violence that goes further than that which is necessary to cause the victim's death." (Emma, 2019 - Strangulation)

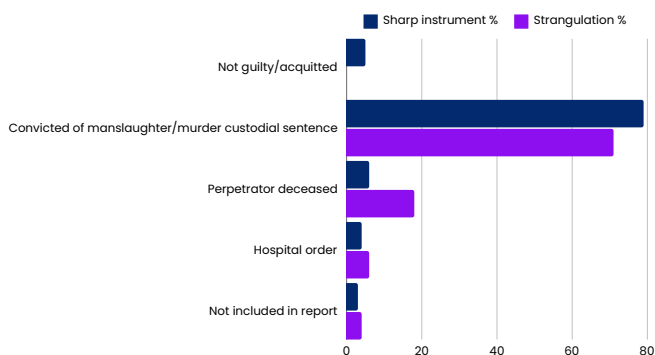
"Alice had extensive and severe facial and head injuries as well as to her body, 71 in total. She had been strangled and then beaten with a heavy glass lamp holder as well as with fist blows and stamping. There was evidence of defence injuries. Such an attack would meet the definition of 'Overkill'..." (Alice, 2021 - Sharp instrument)

The DHR from the last quote, Alice 2021, appropriately highlighted that previous research by the Femicide Census found that over a ten-year period, 55% of femicides met the definition of overkill. Femicide is the intentional killing of women or girls with a gender-related motivation [8]. The Femicide Census collects data on women and girls aged over 14 who have been killed by men in the UK [9]. In this analysis we observed many cases where the circumstances could be described as *"the use of gratuitous violence that goes further than that which is necessary to cause the victim's death"* even if the DHR reports did not specifically use the term overkill.

Perpetrator Outcome

The outcomes for perpetrators in both groups were also explored and showed that in the majority of perpetrators received a custodial sentence (55/77, 71% strangulation; 61/78, 79% sharp instrument). Notably, however, 3 times more perpetrators who killed using strangulation went on to take their own life following the killing compared to those who used a sharp instrument (13/77, 18% strangulation; 5/78, 6% sharp instrument). Further to this, a higher proportion of perpetrators in the strangulation group self-harmed after the killing compared to those in the sharp instrument group (26%, 20/77 strangulation; 6%, 5/78 sharp instrument).

Graph 12 compares the outcome for perpetrators for both groups.



Summary & Recommendations

The largest observable differences when comparing homicides by strangulation and homicides by stabbing with a sharp instrument were:

- Victim sex (95% of victims in the strangulation group were female compared to 74% female victims in the sharp instrument group)
- Perpetrator median age (44 years in the strangulation group compared to 32 years in the sharp instrument group)
- Prior non-fatal strangulation (43% of strangulation group and 24% of sharp instrument group)
- Prior coercive and controlling behaviour (68% of strangulation group and 53% of sharp instrument group)
- Prior psychological and emotional abuse (69% of strangulation group and 52% of sharp instrument group)
- Perpetrator self-harm/ suicide post-homicide (18% of strangulation group compared to 6% of sharp instrument group)

Whilst researchers haven't tested the significance of all differences, bar victim sex (namely due to relatively small sample sizes and unknown data), these differences could still be considered as important in informing understanding of homicide by strangulation. They could be useful for practitioners in working with victims and perpetrators of domestic abuse in considering risks posed – potentially to both parties – when abusive behaviours are disclosed or reported.

More research is to be done to better understand and, ultimately, be able to prevent future harm and death. Two suggestions for future research projects have been provided below.

- Future research with regard to how domestic abuse behaviour in relationships could influence a trajectory of further abuse or potentially homicide for the victim.
- Future research into how perpetrators 'select' a method of killing and their subsequent actions. For instance: Is there a link between strangulation as a method of killing and perpetrators taking their own lives?

These recommendations are in addition to the existing IFAS recommendations for practice and research from the first 3 reports in the series that include:

Research

- Whether suffocation homicides are more frequently carried out on older vulnerable people compared to other forms of homicide (e.g., death by beating).
- Whether diagnoses such as dementia statistically make older people more vulnerable to suffocation domestic homicide.
- An exploration of prevalence of non-fatal strangulation amongst certain groups or identities, perpetrator behaviour and the impact of non-fatal strangulation on victims' mental health and suicidal ideation.

Practice

- DHRs to provide clear information on victim and perpetrator details, including transparency with missing or unknown information. DHR processes to better consider the potential for the information published in DHR reports to be used for the purpose of identifying trends and understanding the overall picture, so maximum learning can be achieved from each individual tragedy.



- 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.
- 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. This would enable those who work with victim/survivors and perpetrators of domestic abuse to recognise risk factors related to relationship types and abusive behaviours, and act in accordance with these high risk indicators.
- DHRs to consider the actions of perpetrators in the lead up to and immediate aftermath of a murder to be taken into account in the criminal proceedings following domestic homicides.
- DHR processes to consider the possibility of embedding, within published DHR reports, the outcomes of the recommendations (where complete), to serve as a best practice framework for future services, interventions, and DHR processes.

At IFAS we are encouraged by the work of other organisations leading on improving DHRs in the UK for victims, their families and services that may come into contact with future victims and perpetrators who can learn from the DHR process. We particularly want to highlight Advocacy After Fatal Domestic Abuse (AAFDA) and their work on developing the accredited DHR training. This work is an essential part of continuously learning from and developing current practices around DHRs to enable tangible changes across services that could prevent future domestic abuse related deaths.



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Acknowledgements

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 Thaira Mhearban. We would also like to thank Frank Mullane from Advocacy After Fatal Domestic Abuse (AAFDA) for his input and support.

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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