

# Strangulation During Consensual Sex in the UK

A report on findings from a pilot survey  
conducted in October 2024

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# Introduction

In 2019, BBC 5 Live released the findings of the poll they commissioned into violence during sexual experiences (BBC 5 Live, 2019). They surveyed over 2000 women and found that 38% of their full sample had been ‘choked’ during consensual sex. This equated to over half (54%) of the 18-24-year-olds in their sample. Since this survey, there has been a [change in legislation](#) [linked] in England and Wales – outlining non-fatal strangulation as a stand-alone offence – and a steady stream of data from countries outside of the UK on the prevalence and broader context of strangulation/choking during sex.

Notably, in 2023, Dr Herbenick and colleagues published a review of the literature on strangulation during sex, including some of the authors’ prior work (Herbenick et al., 2023). From the literature, they found that strangulation is most commonly experienced by women, and sexual and gender minorities. Strangulation was reportedly most commonly occurring between partners in relationships, and had the potential to result in health consequences such as headaches and a loss of consciousness as a result of restricted oxygen supply to the brain. With regard to regularity, Herbenick and colleagues have found that more than a third of women, compared to 6% of men, reported having been strangled/choked during sex more than five times in their lifetime.

In Australia, 56% of a sample of 168 undergraduate students reported ever having been strangled during sex and, likewise, more than half (56.9%) of a general population sample reported this experience (Sharman et al., 2024a; 2024b).

The reasons people may engage in strangulation during sex are varied, but the strangulation is not always something that is agreed upon in advance. The Guardian reported in 2022 a situation whereby the interviewee recalled “...kissing someone (quite casually I might add) and he put his hand around my neck and started to choke me. I moved his hand away from me and said “why are you doing that?” and he said “I dunno, I thought you’d like it”. When I told him I didn’t, he seemed genuinely surprised” (Contos for the Guardian, 2022).

Another woman, Anna, spoke with the BBC about her experience of being left in pain following sex with a previous partner. Anna noted that “what is problematic is when men assume that every woman wants this.” (Harte, for the BBC, 2019). In their analysis of 27 media articles on strangulation/choking during sex, Herbenick and colleagues (2023b) found most did stress the importance of seeking consent before proceeding, but none contained details of what information needed to be discussed for subsequent consent to be truly informed. This has implications for how the act of strangulation during consensual sex can be surveyed, with an understanding that presentations of consent in this context will differ amongst those who engage in this practice.

Given all that has been noted above, in October 2024, the Institute for Addressing Strangulation (IFAS), in collaboration with Bangor University, commissioned a short survey aimed at understanding the current prevalence of strangulation/choking during consensual sex in the UK. This is a pilot survey, with limitations noted in the methodology below.

## Terminology

The terms ‘strangulation’ and ‘choking’ will both be used through this report. ‘Strangulation’ is the correct term when describing external compression of the neck, restricting air and/or blood flow to and from the brain. ‘Choking’ is caused by an internal obstruction within the throat, for example choking on a piece of food. However, the term ‘choking’ is more commonly used colloquially, and when talking about strangulation during sex.

With the aim of not excluding the experiences of individuals who may define acts in different ways, both terms were used in the survey. This practice of using either ‘strangulation’, or both terms will also be reflected in this report.

# Methodology

## Participants

Savanta are a data and marketing research company who run regular omnibus surveys with a large reach in the UK. Savanta also run youth-centred omnibuses surveying young people aged 16–24 years old, which was of benefit to the current study given that strangulation/choking during sex in other countries has been found to be more prevalent in younger age groups (see Herbenick et al., 2020; Sharman et al., 2024). We therefore asked for the inclusion of 16 and 17 year-olds in the current survey to explore whether strangulation was something that still tended towards younger age groups in the UK, and since the BBC 5 Live 2019 survey, with the aim to undertake more age-targeted research moving forwards.

Savanta's process for conducting surveys in the omnibus consists of sending the survey to eligible 'panellists' in their pool of respondents. Individuals can become panellists for Savanta by signing up voluntarily – recruitment happens through multiple sources included online advertising and email marketing. Prospective participants are informed of the topic of the survey before they agree to participate. Savanta hold demographic data on all participants – this includes: gender (panellists are asked how they identify), age, geographical region, and employment status.

For this survey, Savanta stopped recruitment when they received at least 2000 responses. In this sample, we sought to receive responses from at least 100 16–17 year olds. Respondent demographic information is included in the results section.

The results provided have been weighted by Savanta in order to provide nationally representative data.

## Procedure

Panellists received an invite from Savanta based on eligibility criteria. In this survey, that included sending the survey out to potential respondents aged 16 and over. Savanta checked each panellist's eligibility before completing. This survey was offered to panellists alongside other surveys in the omnibus for which potential respondents were also eligible (the criteria of those surveys did not affect who this survey was sent to). Panellists had the choice to complete the survey or not. Those who completed the survey were paid by Savanta.

Respondents were asked two main questions: one, had they ever been strangled/choked by a partner during consensual sex; and two, had they ever strangled/choked a partner during consensual sex. If they answered in the affirmative ('Once' or 'More than once'), respondents were then asked a further question on whether or not the strangulation/choking was agreed between the individuals prior to this taking place. Throughout, alongside other response options, respondents were given an option of 'Prefer not to say'.

## Limitations and Considerations

Despite data below being weighted to be nationally representative, a limitation of this survey is that the findings may still not represent true prevalence across all demographics of the UK population. For instance, the survey was only conducted online and in written English, and was only run through one survey platform for which respondents must be registered.

In addition, although the responses were provided anonymously, some respondents could have been concerned about social acceptability of their responses and not answered truthfully because of this.

Finally, the findings below are presented in the context of the way in which demographic information is collected by Savanta. For instance, we are reporting gender on the basis of how participants identify (rather than, for instance, sex assigned at birth), and have not been able to report on sexual orientation. Whilst not a limitation per se, as we are reporting on findings as we have them, these considerations around sex/gender and sexuality will therefore be taken forward into future research.

# Findings

IFAS received survey responses from a total 2344 respondents. When weighting the data to be nationally representative, 49% of respondents were male, and 51% were female. All further figures provided below have also been weighted by Savanta to be nationally representative.

Please note, percentages in this report have been rounded to the nearest whole number and therefore, in some instances, do not add up as expected within the tables. These instances have been marked with an asterisk (\*).

## Question 1: Have you ever been strangled/choked by a partner during consensual sex?

A total of 16% (385/2344) of respondents reported they had been strangled/choked once or more than once during consensual sex.

**Table 1 shows the breakdown of responses to Question 1 by answer.**

Response	Percentage
Never	77%
Once	7%
More than once	10%
Not sure	2%
Prefer not to say	4%
Net experience – Once + More than once	16% *

When split by gender, the data show a slightly higher proportion of females having been strangled during sex compared to males. Of those who had any experience of strangulation, 56% were female (214/385) and 45% were male (172/385)\*.

**Table 2 shows the breakdown of responses to Question 1 by answer and gender.**

Response	Male Percentage	Female Percentage
Never	80%	75%
Once	7%	7%
More than once	8%	11%
Not sure	2%	2%
Prefer not to say	3%	5%
Net experience – Once + More than once	15%	18%

When split by age, however, there were greater differences between groups. The highest prevalence of some experience of strangulation was found in the 16–35 year age group, with 35% of this cohort reporting some experience of this practice.

**Table 3 shows the breakdown of responses to Question 1 by answer and age group.**

Response	16-34 year age group	35-54 year age group	55+ year age group
Never	53%	78%	95%
Once	14%	6%	1%
More than once	21%	9%	1%
Not sure	4%	3%	-
Prefer not to say	8%	4%	2%
Net experience – Once + More than once	35%	16% *	3% *

\*N.B. Percentages are rounded to full numbers and therefore do not add up as expected.

## Question 1a: Was this strangulation/choking agreed between you and your partner before it happened (i.e. did they ask you, or did you ask them, to strangle/choke you)?

Half (50%) of the respondents who had had an experience of strangulation/choking (n=385, from Question 1) reported that this experience/ these experiences were always agreed in advance. The second highest proportion of respondents (27%) noted that it was sometimes agreed, sometimes not, and 17% of respondents reported it not having been agreed in advance.

A smaller proportion of respondents (4%) were not sure whether it had been agreed in advance or not.

**Table 4 shows the breakdown of responses to Question 1a by gender of the partner being strangled.**

Response	Male Percentage	Female Percentage
Yes always	44%	55%
Sometimes it was agreed, sometimes it wasn't	31%	25%
No	17%	17%
Not sure	5%	3%
Prefer not to say	4%	2%



# Findings

## Question 2: Have you ever strangled/choked a partner during consensual sex?

A total of 13% of all respondents (306/2344) reported they had strangled/choked a partner during consensual sex, either once or more than once.

**Table 5 shows the breakdown of responses to Question 2 by answer.**

Response	Percentage*
Never	82%
Once	6%
More than once	7%
Not sure	2%
Prefer not to say	4%
Net experience – Once + More than once	13%

When split by gender, the responses show a higher proportion of males who have strangled a partner (17%) compared to females who have strangled/choked a partner (9%).

**Table 6 shows the breakdown of responses to Question 2**

Response	Male Percentage*	Female Percentage
Never	79%	84%
Once	8%	4%
More than once	9%	5%
Not sure	1%	2%
Prefer not to say	2%	5%
Net experience – Once + More than once	17%	9%

When split by age, responses to the question on experiences of having strangled a partner showed the highest prevalence in the 25-34 year age group\*\* – 33% of this group had strangled/choked a partner during sex.

(\*\*This is not reported in the table below, instead, larger age groupings are presented as an overview of findings.)

**Table 7 shows the breakdown of responses to Question 2 by answer and age group.**

Response	16-34 year age group	35-54 year* age group	55+ year age group
Never	62%	83%	96%
Once	12%	5%	1%
More than once	15%	8%	1%
Not sure	3%	2%	-
Prefer not to say	8%	3%	2%
Net experience – Once + More than once	27%	13%	2%

## Question 2a: Was this strangulation/choking agreed between you and your partner before it happened (i.e. did they ask you, or did you ask them, to strangle/choke them)?

Over half (57%) of all respondents who had strangled/choked a partner during sex (n=306, from Question 2) reported that this was always agreed upon in advance.

The second highest proportion of respondents (29%) reported that the strangulation sometimes was, sometimes wasn't agreed beforehand, and 9% responded to say that the strangulation was not agreed in advance, either the only time they had done it or every time they had strangled a partner.

Five percent of respondents were not sure as to whether there was prior agreement or not.

**Table 8 shows the breakdown of responses to Question 2a by gender of the partner doing the strangling.**

Response	Male Percentage	Female Percentage*
Yes always	60%	52%
Sometimes it was agreed, sometimes it wasn't	27%	32%
No	8%	10%
Not sure	5%	5%
Prefer not to say	-	-

\*N.B. Percentages are rounded to full numbers and therefore do not add up as expected.

## Summary and Discussion

One sixth of this cohort of over 2000 (2344 in the raw data) UK nationally representative respondents in this survey reported being strangled/choked by a partner during consensual sex at least once. That figure rises to over one third when looking at the 16–34 year old age group in isolation. What these figures show us is that strangulation during consensual sex in the UK is not a niche practice suggesting that strangulation, particularly within a younger age demographic, may be an increasingly expected part of the sexual experience. Whilst there wasn't a considerable difference between the proportions of male and female recipients of strangulation, there was a greater difference in the gender of the individuals doing the strangling/choking, with male respondents reporting this more frequently than female.

With only around a half of respondents with experience of strangulation/choking (either being strangled or doing the strangling) reporting that this practice is always agreed upon in advance, this raises questions around consent. If strangulation during sex is becoming (or has become) expected, consent for this act specifically – at least by some – may not be perceived as required. This is reflected in our data, with respondents reporting only occasional prior agreement, none at all, or actually not being sure whether there was an agreement in advance. What could raise additional concern with these findings is that there was a discrepancy between the proportion of responses to the affirmative (i.e. 'Yes, the strangulation is always agreed in advance') of those who had experienced strangulation (50%) compared to those who had strangled others (57%). Although this was not a matched sample, it could suggest that there is a more commonly accepted perception of prior consent by those doing the strangling – arguably those in a higher position of power at the time of the practice.

## Future Research

This was a pilot survey intended to develop understandings of strangulation/choking during consensual sex in the UK. There are, therefore, areas that require further exploration in future research on this topic. These areas of discussion, and example research questions, are outlined below.

- How does this practice differ across relationship types? Is this a practice more commonly associated with short or longer term relationships, for instance? Within relationships, who is typically strangling whom?
- How does this practice present in the trans and gender-diverse community, compared to amongst cisgender individuals? This requires an exploration of experiences based on sex assigned at birth as well as gender identity. Similarly, how does this practice present across different sexualities? (see Herbenick et al., 2023)
- Are there differences across age groups with regard to expectation and the practice of strangulation during consensual sex? Are there any other characteristics which might be considered as predispositions for an increased tendency towards this practice e.g. mental health? (see Herbenick et al., 2021)
- How can we better explore the experiences of the act of strangulation itself? Is there a practice of 'resting' one's hands on another person's neck, rather than expecting any pressure to be applied? How is this experienced by those who strangle and those who are strangled?
- How does the awareness of the facts of strangulation – such as the law and the medical risks associated with the practice – affect individuals' feelings about the practice of strangulation?
- What are the long-term consequences of strangulation on individuals' health and wellbeing?

At the Institute for Addressing Strangulation, we are hopeful to be able to answer some of these questions with a more in-depth study. However, this is dependent on our future funding position.

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