



Strangulation During Sex in the UK: An executive summary of the prevalence and experiences of strangulation during sex amongst 16–34-year-olds across the UK

Executive Summary Author: Harriet Smailes

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ifas.org.uk | contact@ifas.org.uk

Introduction and Methodology

This is the executive summary of the findings from the first large-scale survey in the UK, specifically exploring the prevalence and experiences of strangulation during sex amongst 16–34-year-olds. It follows similar international studies and a pilot study (consisting of four questions) conducted by IFAS in 2024.

The intention of the current study was to better understand the practice of strangulation during sex under four themes: prevalence; prior agreement; impacts and outcomes; and influences, awareness, and views.

For this study, a cohort of 4175 16–34-year-olds completed a 30-question survey on strangulation during sex. This survey was disseminated from a platform hosted by Savanta. Responses were collected over four weeks in the Summer of 2025. The questions posed to respondents differed depending on their previous answers, meaning many questions had a different number of total respondents. Ethical approval was granted for this study.

To see the research in full, which was conducted alongside researchers from the Universities of Warwick and Leicester, please refer to the main report: <https://ifas.org.uk/strangulation-during-sex-in-the-uk/>

Findings – Prevalence

- 78% (3245/4175) of all respondents had prior sexual experiences
- 51% (2131/4175) of all respondents reported having been strangled during sex
- The sexes of those who had been strangled were 47% (1010/2131) male and 52% (1118/2131) female
- 35% (1467/4175) of all respondents reported having strangled others during sex
- The sexes of those who reported having strangled others were 63% (928/1467) male and 37% (539/1467) female
- The highest prevalence of being strangled was reported in the 27–29 age group
- The highest prevalence of strangling others was reported in the 30–32 age group
- Most respondents who had been strangled and who had strangled others reported the age of first experiencing strangulation as 18–20-years-old
- The most common frequency of having been strangled and having strangled others was 2–5 times
- The most commonly-reported relationship between those who had been strangled and those who strangled others was current, exclusive or ex partners

Findings – Prior Agreement and Enjoyment

- 70% (1502/2131) of respondents who had been strangled during sex reported that their last experience was agreed to in advance; 27% reported that it did not have prior agreement
- 87% (1276/1467) of respondents who had strangled others during sex reported that their last experience was agreed to in advance; 12% reported that it did not have prior agreement
- The most common reported feelings of respondents who had been strangled without agreeing to it were “I was surprised”, “I felt fine about it”, and “I liked it”; 24% (143/585) of those strangled without prior agreement reported feeling scared and 7% (40/585) felt angry
- The majority of respondents who had experienced strangulation during sex (>60%) ranked their level of enjoyment of their last experience as a 4 or 5 out of 5 (with 5 labelled as “I enjoyed it a lot”)
- 60% (2363/3922) of respondents who were aware of the use of strangulation during sex (whether they had experience or not) believed that those being strangled had to agree to this every time it happened; 9% (351/3922) reported that prior agreement to strangulation is never required

Findings – Impacts and Outcomes

- 21% (453/2131) of respondents who had been strangled during sex reported negative physical symptoms and/or negative feelings as a result of strangulation
- Of this group (n=453), the most common physical impacts of strangulation were pain in the neck, dizziness, and coughing
- 2% (45/2131) of all respondents who had been strangled during sex lost consciousness during or after the strangulation
- 2% (42/2131) of all respondents who had been strangled reported having been incontinent of urine and 1% (25/2131) had been incontinent of faeces during or after the strangulation
- 47% (215/453) of those who experienced negative impacts reported feeling anxious during or after the strangulation
- The majority of respondents (73%, 331/453) who reported negative impacts did not seek medical attention following strangulation

Conclusions

- The prevalence of having been strangled and/or having strangled others during sex is amongst the highest reported internationally (considering differences in methodologies)
- Perceptions of prior agreement to strangulation differed across respondents, with a proportion both of those who had been strangled and those who had strangled others reporting that prior agreement was not given
- Negative physical and psychological impacts resulting from strangulation are still present even when experienced during sex
- The sources of information identified by respondents in our study correspond to previous research; sexual partners and pornography were reported to be considerable sources of information and encouragement
- Future research is required to better understand:
 - More qualitative and nuanced experiences of those who have/do engage(d) in strangulation during sex
 - Differences in perceptions around the act of strangulation, with regard to the restriction of air flow/ blood flow
 - How prior agreement and consent are considered in these behaviours
 - The short/long-term physiological and psychological effects of strangulation during sex
 - The impact, and relative efficacy, of recent changes to legislation and guidance on pornography and sex education

Findings – Influences, Awareness and Views

- 46% (1067/2300) of respondents who had been strangled or had strangled others during sex reported one reason for them doing so was because they believed their partner enjoyed it (this was the most commonly reported reason)
- Other reasons included:
 - “I enjoy it” (38%, 872/2300)
 - “I like the risk” (13%, 306/2300)
 - “I thought I had to say yes to being strangled” (4%, 103/2300)
 - “It’s a normal part of sex” (18%, 419/2300)
- The main reason (46%, 411/895) for not having engaged in strangulation for respondents who hadn’t had this experience was “I just don’t want to”, followed by the view that it was “too dangerous for the person being strangled”; 2% (20/895) reported wanting to try strangulation but not yet having had the opportunity
- 40% (1563/3922) of respondents who were aware of the practice of strangulation during sex had heard about/ seen strangulation in pornography; the next most common sources of information about strangulation during sex came from social media (38%, 1489/3922) and from sexual partners (34%, 1332/3922)
- The source reported as having the most influence in encouraging respondents to engage in strangulation during sex was sexual partner(s), followed by pornography
- The words (provided by researchers for respondents to select) most respondents identified with the practice of strangulation during sex were: “Rough”, “Kinky”, “Risky”, and “Pleasurable”
- 72% (2994/4175) of all respondents believed strangulation during sex to be “somewhat dangerous” or “very dangerous”
- 29% (1191/4175) of all respondents reported that they believed there are safe ways to strangle, 39% (1639/4175) of respondents did not believe there were safe ways to strangle, and 32% (1345/4175) of respondents reported that they were not sure whether there were safe ways to strangle during sex
- Examples of “safe” methods of strangulation provided by 29% (1191/4175) of respondents, in their own words, were related to:
 - Pressure e.g. “doing it softly and romantically”
 - Location e.g. “making sure you’re not pressing on vital blood vessels”
 - Safe words/gestures e.g. “...like three taps on the back means stop”
 - Communication and consent e.g. “talk first, ask for consent ... stay in constant communication”