Sexual Assault Services Victoria

NON-FATAL STRANGULATION - FACT SHEET

This fact sheet provides an overview of non-fatal strangulation in the context of sexual violence and family violence, including the risks, response and legislation.

Definitions

Non-Fatal Strangulation (NFS)

Non-Fatal Strangulation is any pressure applied to the neck that compresses or blocks airflow and/or blood flow that doesn't cause immediate death. Pressure can be applied to the neck with hands, other body parts (e.g., forearm), or wrapping an object such as belt, scarf, rope or shoelace around the neck. It is mainly perpetrated by men against women, particularly in the context of sexual violence and family violence. NFS can lead to short- and long-term injuries including brain clots, stroke, acquired brain injury (ABI), and death. Injuries resulting from NFS may not be immediately apparent. NFS is a high-risk indicator of escalation of family violence including homicide.

Sexual Strangulation

Sexual Strangulation as a sexual practice is colloquially known as 'choking'. It is also sometimes referred to as erotic asphyxiation or breath play. Sexual strangulation is not a new sexual practice; however, research suggests it has become an increasingly common part of sex for many younger people and is frequently featured in pornography. Sexual strangulation is never safe even when there may be consent as even modest amounts of pressure can result in health risks.

Acquired brain injury (ABI)

ABI is an umbrella term for all brain injuries that occur as a result in structural or functional changes to the brain. Hypoxic/anoxic brain injury is a type of ABI that occurs when there is a reduction or complete lack of oxygen supply to the brain. Causes of hypoxic/anoxic brain injury include strangulation, suffocation, near drowning, drug overdose and heart attack.[1]

Intimate partner sexual violence (IPSV)

IPSV refers to non-consensual sexual acts committed by intimate partners (or ex-intimate partners) and often taking place with a broader context of fear, family violence or coercive control.

Key messages

NFS in the context of sex

Sexual strangulation (also referred to as choking, breath play or erotic asphyxiation) has moved from sexual subcultures such as bondage, domination, sadism and masochism (BDSM) communities, to the mainstream, with many young people believing it to be safe, and reporting it has become a 'normal' part of sexual encounters.[2] Pornography and the normalisation of NFS as a sexual practice via memes, movies, and popular online content has led to its popularisation.[3]
A recent Australian nationally representative study found:

- 57 percent of Australians aged 18-35 had been strangled during sex
- Strangulation during sex is gendered: 61 percent of women say they have experienced it compared to 43 percent of men
- 79 percent of non-binary or trans people have experienced strangulation during sex.[4]

Consent

Research indicates that many women do not provide explicit consent to non-fatal strangulation (NFS), even if they have agreed to other forms of sexual activity.[5] NFS often occurs within broader patterns of gender-based violence and coercive control, consent is frequently compromised by power imbalances, fear, or efforts to appease the person engaging in NFS.

Genuine consent must be ongoing, and either party can withdraw it at any time.

Consent cannot be given when someone is intoxicated or incapacitated by drugs or alcohol, or asleep or unconscious.

Although NFS can occur in contexts where affirmative consent is present, it frequently happens when women feel coerced or pressured. The normalisation of NFS, misconceptions about its safety, and a lack of awareness about the risks involved, further undermine the possibility of genuine consent.[6] Furthermore, in cases where there is consent for sexual strangulation, ongoing consent or withdrawing consent can be difficult due to the nature of strangulation. For example, during the act, it can be difficult to give continuing consent due to loss of breath and speech, and the immediate impact on brain.[7]

Non-fatal strangulation within sexual assault

Specialist sexual assault services are reporting an increase of NFS in the context of sexual assault and intimate partner sexual violence.[8] However, prevalence data for non-fatal strangulation in sexual violence is limited.[9] The most recent study is now 10 years old; it found women who were sexually assaulted by an intimate partner were more than eight times more likely to have experienced NFS than women assaulted by acquaintances/friends, and nearly five times more likely to experience NFS than women who were assaulted by a stranger.[10]
International studies suggest NFS is common in sexual assaults particularly when the perpetrator is an intimate partner or ex-partner.[11]

There is a need for more data on the current prevalence of NFS in the sexual violence context.

Non-fatal strangulation In the context of family violence

In addition to the context of sex or sexual assault, NFS is common in the family violence context. NFS is a serious and lethal form of family violence that is commonly perpetrated by one person towards another within an intimate partnership but can also be present in other forms of family violence, including parent-to-child violence. It is commonly used within a pattern of coercive control and is overwhelmingly perpetrated by men against women. It is dangerous both because of the immediate and serious injuries it can cause, and the risk of future violence associated with it.[12]

NFS is an indicator of escalation of violence and is a strong predictor of domestic homicide; women who experience strangulation in a family violence context are at significantly higher risk of being killed by the person using violence.[13] Further, In Australia during 2010–2014, strangulation was the third most common cause of death in intimate partner femicide accounting for 15.7 percent of all deaths.[14] First Nations women are overrepresented as victims of NFS and brain injuries – they are 70 percent more likely to acquire a brain injury than non-Indigenous women.[15]

The prevalence of family violence-related NFS in the Australian general population is not known, however, one analysis of police statistics in NSW over a 12-year period (2005-2016) found NFS occurred in 3.8 percent of all family violence related incidents.[16] In a sample of 9,884 police-recorded family violence events involved in Western Australia, NFS was reported in 16.6 percent (n=1,638) of cases.[17]

NFS in any context can cause serious harm and injury

NFS is particularly concerning because of its immediate danger and potential for long-term and cumulative harm. The harms and risks of strangulation include:

- Immediate harms such as unconsciousness; bruising; nausea; confusion; memory loss; loss of sight or speech; sore throat/difficulty swallowing; breathing difficulties, and loss of bladder function. However, signs of NFS such as bruising, are not always visible/noticeable and many people who experience NFS may not seek immediate medical treatment.
- Injury to multiple structures within the neck, including the major arteries and veins, the airway, the thyroid gland and cartilage, the hyoid bone, the spine, and spinal cord.
- Blood clots in the brain, stroke, seizures, and other serious neurological conditions.
- Acquired brain injury (ABI) with permanent changes to brain function that can be physically disabling, including impacts on speech, memory, mental capacity, and behavioural capacity. ABI is cumulative and degenerative (meaning it can worsen over time).
- Miscarriage and pre-term birth.
- Exacerbation of pre-existing mental health conditions or cause mental health conditions such as post-traumatic stress disorder (PTSD).[18]

If you have experienced strangulation, it's crucial that you see a doctor as soon as possible.

Responding to non-fatal strangulation

Victim survivors may not always disclose NFS at the time it occurred or attend an emergency department directly after being strangled.[19] Visible signs of NFS are not always present or noticeable. Additionally, some people may not immediately recognise sexual strangulation as non-consensual. Language is important when asking about NFS; risk/screening questions should be asked in such a way that minimise jargon or legal terminology and uses descriptive phrases that victim-survivor understands. Victim survivors can also minimise the impact of NFS or "fail to relate their experiences to screening questions".[20]
If NFS has occurred within 7 days and there is a sign of injury, victim survivors should be supported to attend an emergency department (or call 000). If there are no signs of injury, referral to a GP is recommended.[21]
For practioners working with people engaging in consensual sexual strangulation, discussions about consent, harm minimisation, and risks is advised. See the resource section at the end of this fact sheet for tips about talking about NFS.

Victorian non-fatal strangulation legislation

Non-fatal strangulation is a standalone criminal offence in every state and territory in Australia. In Victoria, NFS laws commenced in October 2024 and will only apply to NFS only when it occurs in the context of family violence.[22] In addition to Victoria, three other jurisdictions limit their NFS laws to family violence: Queensland, the Northern Territory and South Australia. Tasmania, ACT, Western Australia, and New South Wales do not have this limit to their NFS laws and therefore also include NFS in the context of sexual violence.

SASVic's advocacy

We believe it is important that the current NFS laws be **extended to cover non-consensual strangulation occurring in the context of sexual activity** for reasons including:

- Public policy should clearly signal that strangulation of anyone is dangerous and unacceptable.
- NFS laws should reflect current community and political urgency on addressing men's violence against women regardless of the context in which it occurs.
- There is a need to undo the false idea that strangulation is a safe and normal part of sex.
- There is a need to address harm caused by men against women during casual sex. (not just family-like or intimate partner relationships.)
- There is a need to provide equal protection to sex workers who experience sexual assault.
- Recognition of NFS as a standalone offence in the context of sexual violence provides the framework for public education about the risks of NFS.
- Recognition of NFS as a standalone offence in the context of sexual violence is necessary to address the specific risks posed by people who have strangled others.

Evidence tells us that pornography has contributed to the normalisation of NFS and reinforcing attitudes supportive of violence against women. We recommend an approach that mandates a duty of care from tech giants and pornography platforms and restricting the depiction of strangulation in pornography.

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Conclusion

NFS is often perpetrated in context of sexual violence or family violence and carries significant health and medical risks. While NFS can also occur within consenting sexual encounters, the normalisation of the practice via pornography and popular media, inability to withdraw consent while being strangled and a lack of awareness about the risks involved, undermine consent. Ongoing consent or withdrawing consent can be difficult when there may be loss of breath, speech, and the immediate impact on brain.

Public education and messaging about the dangers of strangulation is urgently needed.

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Other resources

- Breathless campaign
- It left no marks (Women's Health NSW)
- A guide by Scarleteen developed for young people or use with young people on safer alternatives to sexual strangulation