



Institute For
Addressing
Strangulation

Strangulation in the United Kingdom and the establishment of the Institute for Addressing Strangulation

27th August 2025

Professor Catherine White,
Medical Director IFAS



Faculty of Forensic & Legal Medicine
Registered Charity No 1119599



Health warning



NFS an important risk factor for homicide of women

Nancy Glass

J Emerg Med 2008 35(3)

A History of NFS:

X 6 times risk of becoming a victim of attempted homicide

X 7 times risk of becoming a completed homicide

Fort Worth, Texas

Gael Strack



Professor Catherine White

Use of a proforma

Institute For Addressing Strangulation
The Faculty of Forensic & Legal Medicine

Non-fatal strangulation proforma

Jul 2024 Review date Jul 2027 – check www.ifas.org.uk for latest update

This proforma focuses on the non-fatal strangulation (NFS) elements of an examination and as such should be used as an adjunct to other clinical documentation e.g., SARF proforma/ID/custody proforma etc. where issues such as consent/capacity/alleged assailant details/ general medical assessment etc. should be covered. Whilst it is acknowledged that in some circumstances the strangulation may have been consensual, for the purposes of this document the terms 'patient' and 'alleged assailant' have been used.

Date _____ Time _____
Clinician _____ Regulatory number _____
Patient name _____ Patient DOB _____
Patient number _____

History of strangulation

History from _____ Did alleged assailant say anything during strangulation?
Persons present _____ Yes ☐ No ☐ Unknown ☐ Not asked ☐

Method Manual one hand ☐ Manual two hands ☐
Ligature ☐ Head lock ☐
Other ☐ specify below _____
Actions of the patient during the strangulation
Unknown ☐ Not asked ☐

From 1 to 10 how hard was alleged assailant's grip?
(Low) 1 2 3 4 5 6 7 8 9 10 (High)

From 1 to 10 how painful was it?
(Low) 1 2 3 4 5 6 7 8 9 10 (High)

Time strangulation occurred (date/time) _____
Time since strangulation (hours/days) _____
Number of episodes of strangulation in this event
One ☐ More than one ☐ Unknown ☐

What was the patient thinking at time of strangulation?
Unknown ☐ Not asked ☐

Has the alleged assailant strangled the patient before?
Yes ☐ No ☐ Unknown ☐ Not asked ☐

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Non-fatal strangulation proforma
Jul 2024 Review date Jul 2027 p 2 of 5

Symptoms at the time of/immediately after strangulation

History from _____ Persons present _____

Vision	Flashing lights	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/>	Tunnel vision	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/>	Spots	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/>
	Blurred vision	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/>	Loss of vision	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/>	Seeing 'stars'	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/>
	Other: _____					
Hearing	Buzzing, roaring or popping Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Loss of consciousness	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Dizzy	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Difficulty breathing	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Difficulty speaking	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Pain	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Incontinence of urine	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Incontinence of bowels	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					
Loss of strength	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not asked <input type="checkbox"/> Details: _____					

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Non-fatal strangulation proforma
Jul 2024 Review date Jul 2027 p 4 of 5

Physical examination findings related to strangulation at the time of the examination

Skin pigmentation/Fitzpatrick scale* (circle) I II III IV V VI
Respiratory rate _____ Pulse _____ Blood pressure _____

Site	Finding		Body chart/details
	Yes	No	
1. Neck			Carotid bruit Surgical emphysema
2. Face			
3. Eyes (including ophthalmoscope findings)			
4. Scalp			
5. Mouth			
6. Behind ears			
7. Neurological deficits			Glasgow Coma Scale
8. Other			Voice quality

*dermatology.org/topics/skin-phototype

<https://ifas.org.uk/wp-content/uploads/2024/08/NonFatalStrangulation-ProForma-IFAS-July-2024.pdf>

JFLM 79 (2021) 102128

Journal of Forensic and Legal Medicine 79 (2021) 102128



Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: <http://www.elsevier.com/locate/yjflm>



Research Paper

'I thought he was going to kill me': Analysis of 204 case files of adults reporting non-fatal strangulation as part of a sexual assault over a 3 year period

Catherine White^{a,*}, Glen Martin^b, Alice Martha Schofield^a, Rabiya Majeed-Ariss^a

^a Saint Mary's Sexual Assault Referral Centre, Oxford Road, Manchester, M13 9WL, UK

^b The University of Manchester, Vaughan House, Manchester, M13 9GB, UK



<https://authors.elsevier.com/a/1ccS3,dssAKy-7>

The Domestic Abuse Act 2021. S70

Strangulation or Suffocation

- (1) A person (“A”) commits an offence if -
 - (a) A intentionally strangles another person (“B”), or
 - (b) A does any other act to B that -
 - (i) affects B’s ability to breathe, and
 - (ii) constitutes battery of B.
- (2) It is a defence to an offence under this section for A to show that B consented to the strangulation or other act.

Aims of IFAS

- Increase the awareness, knowledge and understanding of the public and professionals working with victims of strangulation and suffocation and the offenders;
- Encourage the collection and co-ordination of data on strangulation and suffocation to monitor its occurrence and the effectiveness of interventions;
- Be a resource repository which would be free and aimed at professionals, the public and journalists;
- Improve policy and practice among the legal, medical, criminal justice and advocacy communities;
- Increase offender accountability and ultimately enhance victim safety;
- Co-ordinate and undertake related research and audits.

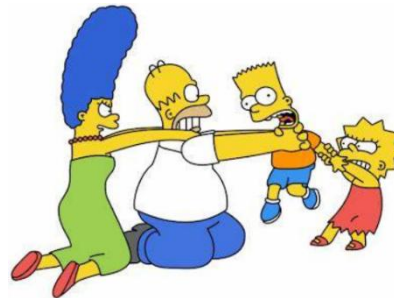


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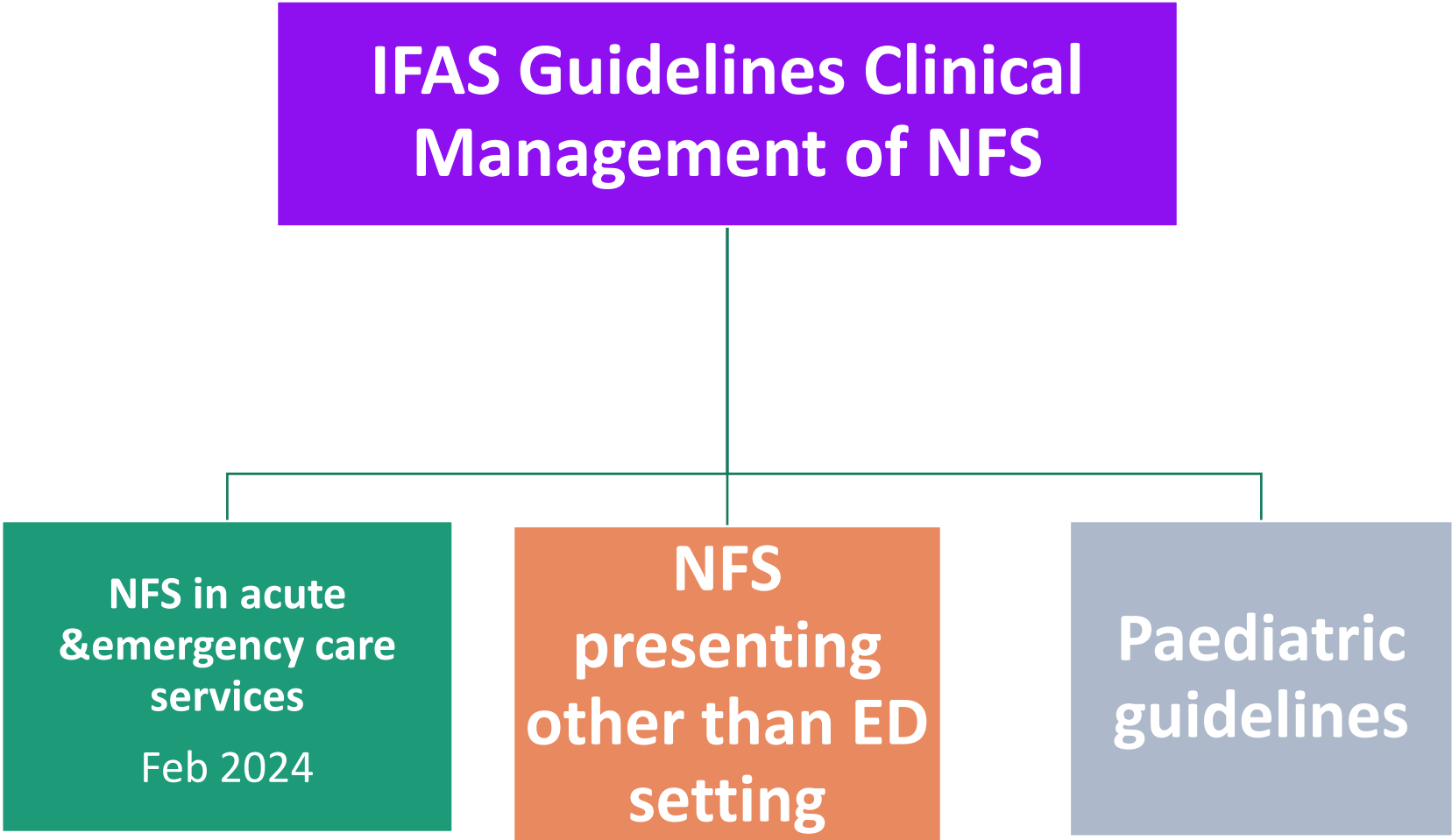
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Context of strangulation



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IFAS Guidelines Clinical Management of NFS



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graph TD; A[IFAS Guidelines Clinical Management of NFS] --> B[NFS in acute & emergency care services Feb 2024]; A --> C[NFS presenting other than ED setting]; A --> D[Paediatric guidelines];
```

**NFS in acute
& emergency care
services**
Feb 2024

**NFS
presenting
other than ED
setting**

**Paediatric
guidelines**

Guidelines for clinical management of non-fatal strangulation in acute and emergency care services

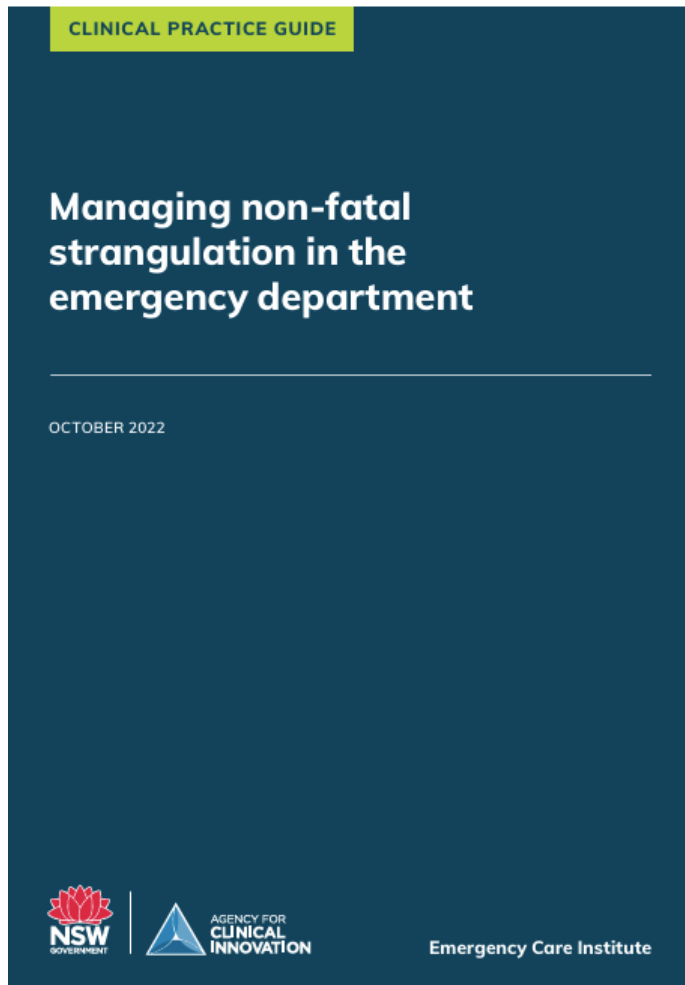
Jul 2025 Review date Jul 2026



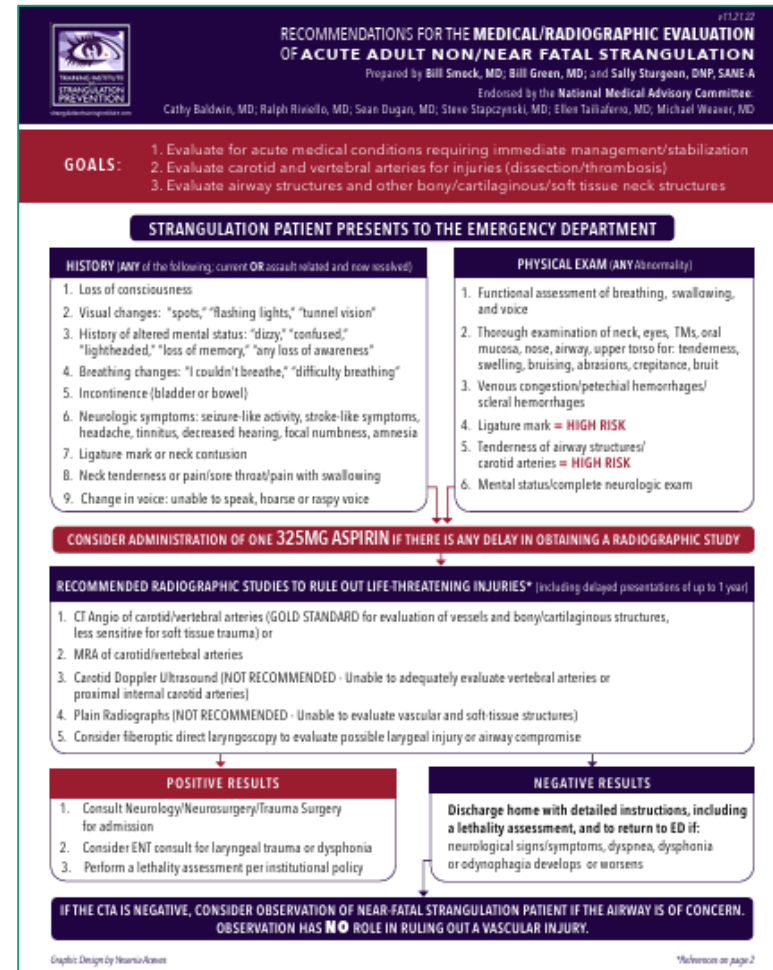
The Faculty of Forensic & Legal Medicine

- Published Feb 2024
- Adults & adolescents
- NFS
 - Within last 4 weeks
 - Or, > 4 weeks but symptomatic

Our starting point....

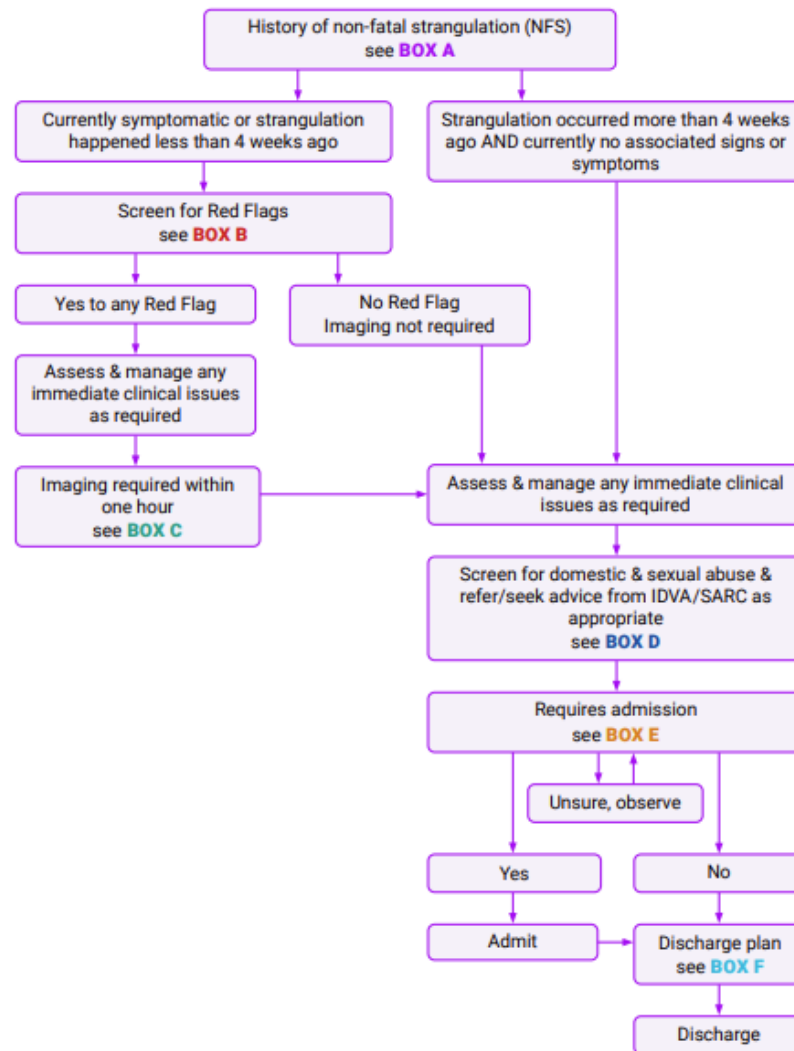


<https://aci.health.nsw.gov.au/networks/eci/clinical/tools/non-fatal-strangulation>



<https://www.allianceforhope.org/training-institute-on-strangulation-prevention/resources/recommendations-for-the-medical-radiographic-evaluation-of-acute-adult-nonnear-fatal-strangulation>

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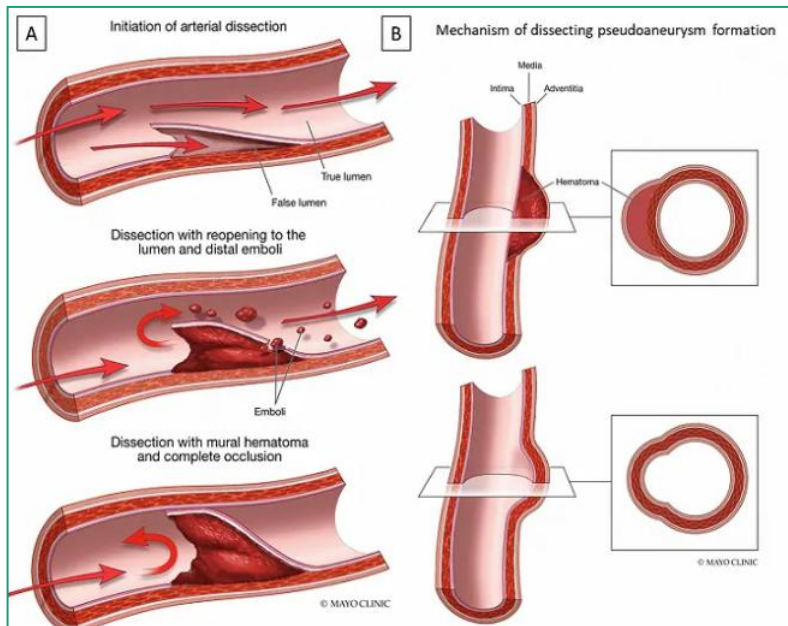


BOX A

- Non-fatal strangulation (NFS) is common, especially in domestic and sexual abuse/rape² and suicide attempts³
 - NFS can have serious consequences such as carotid artery dissection, stroke, acquired brain injury^{4,5}.
 - A trauma informed approach is required, including seeing the patient alone when taking history to ensure safety and privacy.
 - Patients are unlikely to spontaneously give a history of strangulation.
 - Consider NFS:
 - In domestic abuse and sexual violence cases.
 - Patients who appear confused with possible memory gaps. Intoxication, in addition to oxygen deprivation, may add to any confusion.
 - Some may be reluctant to disclose strangulation as it may have been part of consensual activity, including self-inflicted with a ligature.
 - Some people partake in NFS as part of consensual sexual practices. It is important to employ a non-judgemental approach whilst ensuring people are aware of the potential harm and the law related to ability to consent to serious harm if that occurs.
 - May use language such as "grabbed, held by neck/throat, choked, pinned me down" May use the term "breath play".
 - 50% of victims will have no visible external injury to their neck/head as a result of the strangulation⁷
 - **A lack of visible injury MUST NOT influence decision-making around proceeding with radiological investigation.**
- Given the potential seriousness, (clinically, legally, psychosocial, safeguarding etc.) SENIOR clinical decision maker input is required with NFS patients.
- *The law in England & Wales⁶ and separately in Northern Ireland⁸, is that one cannot consent to something that causes serious harm

Carotid artery dissection

2-15% reported to have carotid artery dissection



“Positive vascular injury could not be clinically predicted by history and physical examination

Zuberi, O.S., Dixon, T., Richardson, A. *et al.* CT angiograms of the neck in strangulation victims: incidence of positive findings at a level one trauma center over a 7-year period. *Emerg Radiol* 26, 485–492 (2019). <https://doi.org/10.1007/s10140-019-01690-3>

Khan MZ, Wain H, Khan A, Clarke DL. Vascular Imaging is the Only Reliable Method to Exclude Blunt Cerebrovascular Injury Post Hanging or Strangulation. *World J Surg.* 2025 Feb 4. doi: 10.1002/wjs.12501. Epub ahead of print. PMID: 39904936.



Percentage ever been strangled once or more by a partner during consensual sex. (n=2344)

	16-17	18-24	25-34	35-44	45-54	55-64	65+
Female	16%	32%	39%	20%	11%	3%	1%
Male	16%	34%	37%	27%	7%	6%	1%

<https://ifas.org.uk/report-on-strangulation-during-sex-in-the-uk/>



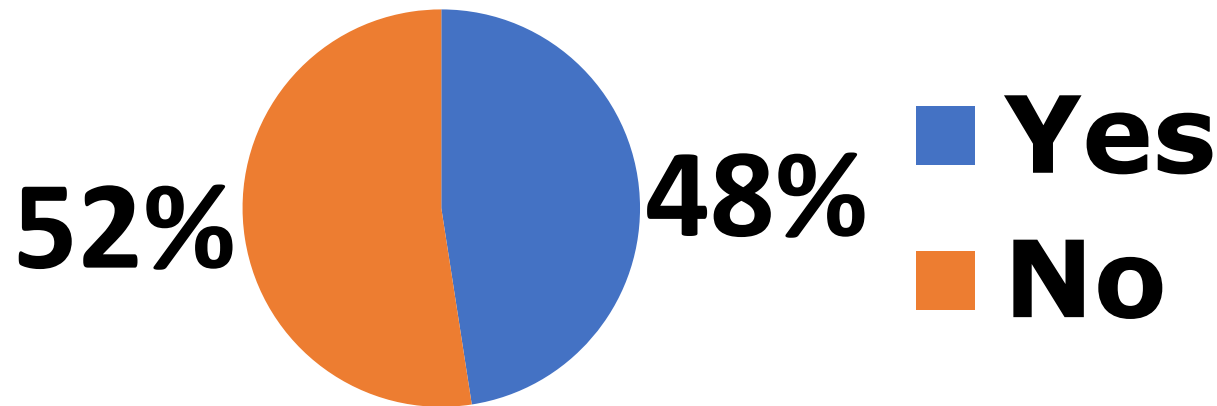
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Neck & Head Injuries

Saint Mary's Adult NFS cases 2017-2019

n=204

Neck & head injury seen at FME



<https://authors.elsevier.com/a/1ccS3,dssAKy-7>

Fitzpatrick Skin Colour Scale



Saint Mary's SARC 3-year retrospective study. 287 cases

15.3% reported NFS:

Objective neck injuries seen:

42.3% in Fitzpatrick 1-4

11.8% in Fitzpatrick 5-6

Paper under review

Time is brain



June 2021

<https://www.aan.com/advocacy/use-of-neck-restraints-position-statement/>

The medical literature and the cumulative experience of neurologists clearly indicate that restricting cerebral blood flow or oxygen delivery, even briefly, can cause permanent injury to the brain, including stroke, cognitive impairment, and even death.

Unconsciousness resulting from such maneuvers is a manifestation of catastrophic global brain dysfunction.



Imaging

BOX C

Imaging (should be done within 1 hour)

- CT angiography of the neck and intracranial vessels^a
- +/- CT head^b
- +/- CT chest^c

- a. Arterial phase study with bone reconstructions of the cervical spine recommended.
- b. Initial non-contrast CT head scan if clinical indicators present (GCS <14, witnessed seizure, history of incontinence, focal neurology, concerning blunt trauma to head evident clinically).
- c. CT chest scan if clinical indications of subcutaneous emphysema, dyspnoea or concerning blunt trauma to the chest evident clinically

Ultrasound/carotid doppler ultrasound and plain X-rays are **NOT RECOMMENDED** for evaluation of the vascular or soft tissue structures in this setting.

Safeguarding

BOX D: All cases

- Safeguarding assessment including any children or vulnerable adults that may be at risk.
- Discuss with patient options of reporting to police taking into consideration capacity, confidentiality & best interest¹¹.
- Undertake suicide risk/ self-harm assessment. Self-harm by hanging/strangulation often indicates a very high suicide intent¹².

Domestic abuse with no report of sexual violence

- All of the above plus:
- Complete DASH assessment (note NFS in itself would warrant a MARAC referral, regardless of overall DASH score) Dash risk checklist quick start guidance FINAL.pdf (safelives.org.uk)
- Independent Domestic Violence Advisor (IDVA) referral

Sexual assault/rape cases (including sexual assault/rape in the context of domestic abuse)

- All of the above plus:
- Consider referral / seek advice from local Sexual Assault Referral Centre (SARC) as a self or police referral.
England: www.nhs.uk
Wales: executive.nhs.wales
Scotland: www.nhsinform.scot
Northern Ireland: www.nidirect.gov.uk
- For forensic medical examination
- Independent Sexual Violence Advisor (ISVA) support
- Counselling
- Assess for
 - Emergency contraception
 - HIV & Hep B post exposure prophylaxis.
 - Signpost for window period for STI screening



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Information sharing

Confidentiality and Information Sharing When Dealing with Adult Strangulation Patients

By Professor Cath White
July 2025

ifas.org.uk

contact@ifas.org



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<https://ifas.org.uk/wp-content/uploads/2025/07/Confidentiality-and-Information-Sharing-Documents-IFAS-July-2025.pdf>

October 14th Webinar with UKCGC

Suicide risk

Strangulation, domestic abuse and suicide: Learning in and through domestic abuse–related death reviews in England and Wales

Vanessa E. Munro 
University of Warwick, UK

Sarah Dangar
City St. George's, University of London, UK

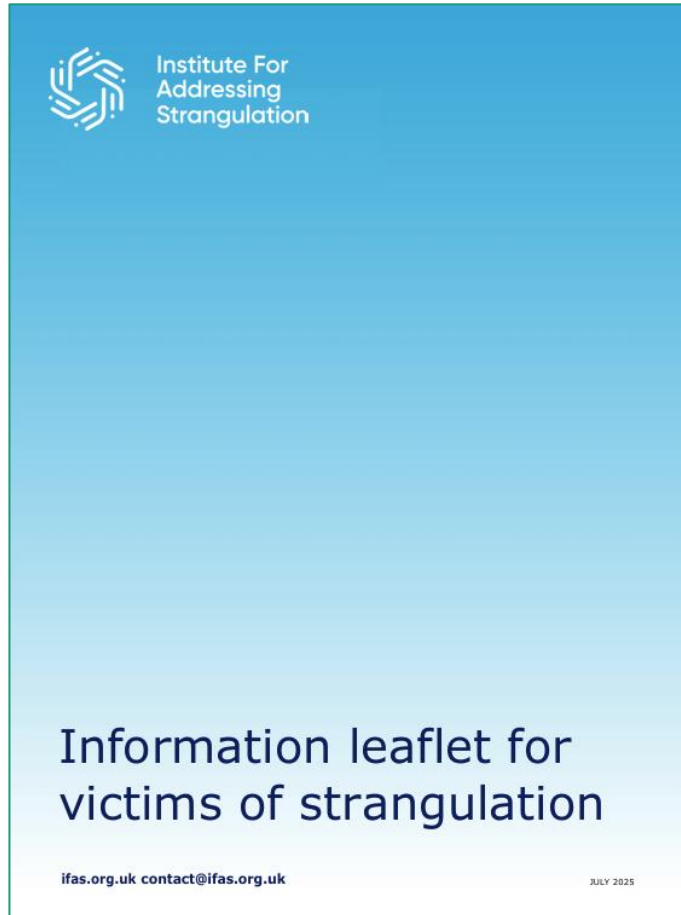
Munro, V. E., & Dangar, S. (2025). Strangulation, domestic abuse and suicide: Learning in and through domestic abuse–related death reviews in England and Wales. *International Review of Victimology*, 0(0).

<https://doi.org/10.1177/02697580251341915>

If you think about a busy accident and emergency department, for example, that's not conducive to exploring sensitive issues that the victim or survivor might not understand . . . so you've almost got a perfect storm. You've got the victim that doesn't necessarily understand the significance of what's happened and a worker who is fearful of what they might hear because they don't know how to respond



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Risks of not knowing the risks

<https://ifas.org.uk/information-leaflets-for-victims-of-strangulation/>

IFAS Guidelines

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graph TD; A[IFAS Guidelines] --> B[NFS in acute & emergency care services]; A --> C[NFS presenting other than ED setting]; A --> D[Paediatric guidelines]; E[ ] --> C; style E fill:#f00,stroke:#000,stroke-width:2px
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**NFS in acute
& emergency care
services**
Feb 2024

**NFS
presenting
other than ED
setting**

**Paediatric
guidelines**



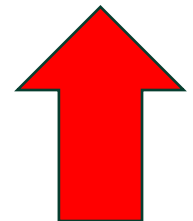
IFAS Guidelines

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graph TD; A[IFAS Guidelines] --> B[NFS in acute & emergency care services  
Feb 2024]; A --> C[NFS presenting other than ED setting]; A --> D[Paediatric guidelines]; E[ ] --> D; style E fill:none,stroke:none
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**NFS in acute
& emergency care
services**
Feb 2024

**NFS
presenting
other than ED
setting**

**Paediatric
guidelines**



Child NFS

7 –year study:

<https://www.sciencedirect.com/science/article/pii/S0145213425002595>



<https://notebooklm.google.com/notebook/12a89818-5af8-4abc-b255-26af7f3b65a0/audio>

91 children

Mainly older White girls

31% had injury

16.5% had been strangled before

Alleged perpetrators

- All male
- 1/3 children

Paediatric guidelines

- 43 in the Working Group
- Accidental
- Self inflicted
- Assault
- Consensual sexual activity
- Sports

Not mini adults

**ABSENCE
OF
EVIDENCE
IS NOT
EVIDENCE
OF
ABSENCE**



Strangulation in UK Media

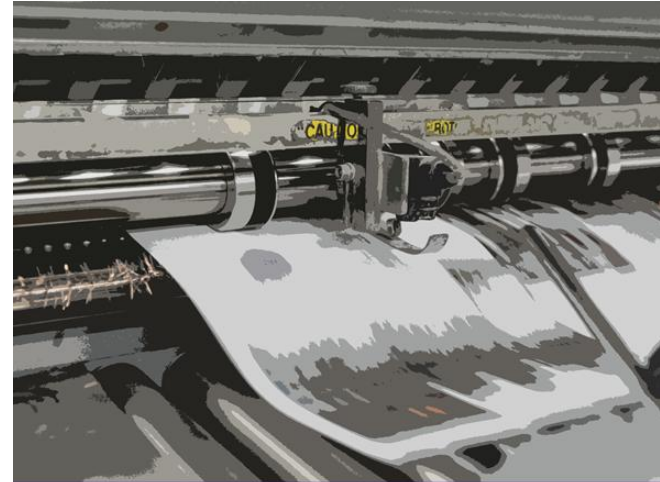
<https://ifas.org.uk/strangulation-in-the-uk-media/>



Strangulation in the UK media – An analysis of online article titles

Part Two: Literature Review

By Marianne McGowan, June 2025



Strangulation in the UK media – An analysis of online article titles

Part Three: A Review of Existing Violence Against Women & Girls (VAWG) Media Guidelines

By Marianne McGowan & Harriet Smalles, June 2025

Strangulation in pornography

Minister pledges ban on strangulation pornography

Politics

18 Jun 2025



Kate Whannel

Political reporter

Pornography depicting strangulation and suffocation could be criminalised under changes to be introduced by the government.

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Ban degrading and violent online porn, review proposes



Baroness Bertin: "Whether you're 15 or 55 there is a great deal of content that just should not be allowed"

Professor Catherine White



Domestic Homicide Reviews



An analysis of Domestic
Homicide Reviews with
fatal suffocation and
smothering (Report 1)



An analysis of Domestic
Homicide Reviews with a
history of non- fatal
strangulation (Report 2)



Domestic Homicide Reviews



**An analysis of Domestic
Homicide Reviews with
fatal strangulation
(Report 3)**



**Report 4: A Comparative
Analysis of 150 Domestic
Homicide Reviews**

<https://ifas.org.uk/dhr-reports-2024/>



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Strangulation and Suffocation Offences: June 2023 – June 2024 (Year 2)

An Analysis of Police Report Data



Authors: Harriet Smailes and Marianne McGowan, IFAS
Published: June 2025

<https://ifas.org.uk/wp-content/uploads/2025/08/Strangulation-and-Suffocation-Offences-June-2023-June-2024.pdf>

- 39,360 strangulation and suffocation offences recorded in 2023- 2024 compared to 23,817 recorded in 2022- 2023.
- Evidential difficulties accounted for 70% of criminal justice outcomes with police in 2023- 2024 compared to 67% in 2022- 2023.
- Reporting rate in each police force ranged from 24 to 111 reports per 100,000 people in 2023- 2024 compared to 23-98 in 2022-2023.
- Where victim sex was known 77% were female and 23% were male in 2023-2024 compared to 81% females and 19% males in 2022-2023.
- Over half (54%) of victim ethnicity for strangulation and suffocation offences was recorded as unknown by police in 2023- 2024.

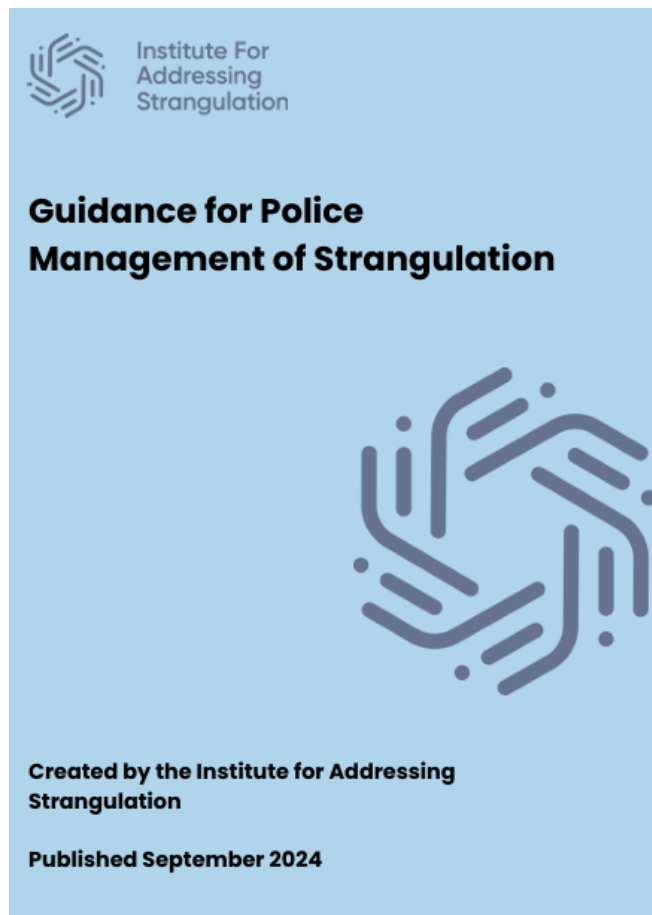
*The data for 2023- 2024 included more police forces than in 2022- 2023.

Criminal justice outcomes of strangulation & suffocation (IFAS via FOI)

Outcome code	Outcome description	2022-2023 Frequency (%) N=23,817	2023-2024 Frequency (%) N=39,360
1	Charged/summonsed	13%	12%
15	Evidential difficulties-suspect identified, victim supports police action	20%	19%
16	Evidential difficulties-suspect identified, victim does not support police action	45%	49%
	Not yet assigned outcome	11%	10%
2022-2023 IFAS obtained data from 33 police forces, in 2023-2024 we had data from 40/43 forces.			

Police Toolkit

<https://ifas.org.uk/guidance-for-police-management-of-strangulation/>



Domestic Homicides & Suspected Victim Suicides



https://youtu.be/6q_Kx0Zh7VE



<https://www.vkpp.org.uk/assets/Executive-Summary-Y4-Report-final.pdf>

Sentencing Council

<https://www.sentencingcouncil.org.uk/offences/magistrates-court/item/strangulation-or-suffocation-racially-or-religiously-aggravated-strangulation-or-suffocation/>

Sentencing Council

Search site

Offences

Sentencing and the Council

Going to court

News and articles

Sentencing Guidelines: Magistrates Crown Court

Home > Magistrates court > Strangulation or suffocation / Racially or religio...

Strangulation or suffocation / Racially or religiously aggravated strangulation or suffocation

Crime and Disorder Act 1998, s.29, Serious Crime Act 2015, s.75A

Guideline effective from: 1 January 2025

Strangulation, Serious Crime Act 2015 (section 75A(1)(a))
Suffocation, Serious Crime Act 2015 (section 75A(1)(b))
Racially or religiously aggravated offences, Crime and Disorder Act 1998 (section 29)

Triable either way

Section 75A
Maximum: 5 years' custody

Offence range: High level community order – 4 years 6 months' custody

Section 29
Maximum: 7 years' custody

Reclaiming my voice

contributing lived experience of
strangulation to IFAS

March 2025



<https://www.youtube.com/watch?v=YPUiKkWz8o>



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What next....



MORE
RESEARCH



EDUCATION
IN SCHOOLS



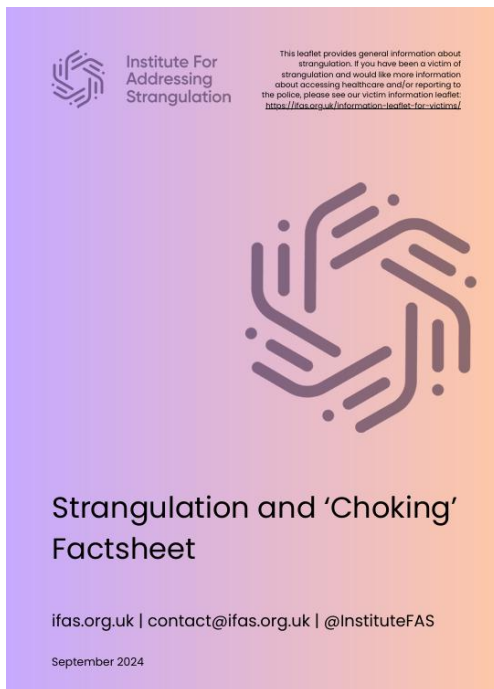
POLICY



JUDICIAL
PRIMER

Education

Consensual \neq Safe



https://ifas.org.uk/wp-content/uploads/2024/10/StrangulationChoking-Factsheet-_September-2024.pdf



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	NFS + sexual assault	NFS but no sexual assault
Specialist secure victim focussed centre	✓	✗
Forensic clinician assessment	✓	✗
Crisis worker	✓	✗
Colposcopic images	✓	✗
Forensic samples	✓	✗
ENT Radiology pathway	✓	✗
Forensic report	✓	✗
Shower & clothing	✓	✗
Expert report	✓	✗
Advocacy	✓	✗
Quality assurance & peer review	✓	✗

“Kasta inte yxan i sjön.”



“Det är ingen ko på isen.”





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IFAS Conference 2025

**Children and Young People:
Could strangulation be 'choking' future
generations?**

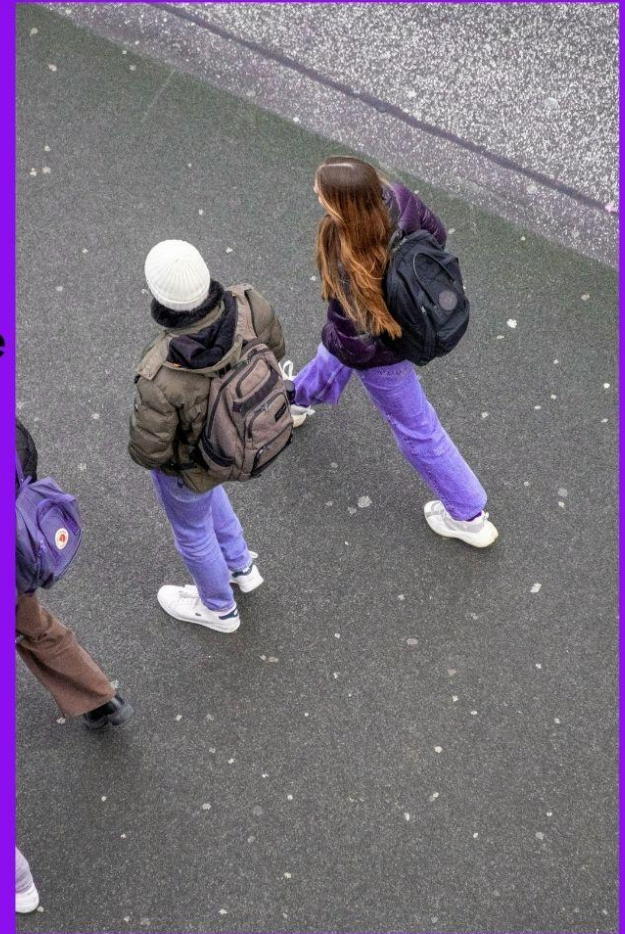
18th November 2025

9.00 AM - 4:30 PM

Crowne Plaza Hotel, Birmingham

Webinar Discount Code: IFASConf10%

ifas.org.uk/training/





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LinkedIn: [institute-for-addressing-strangulation/](https://www.linkedin.com/company/institute-for-addressing-strangulation/)