

Non-Fatal Strangulation  
A summary report on data collected from SUTDA survey  
Completed by Dr Jane Monckton Smith University of Gloucestershire



This report summarises a survey conducted by Stand up to Domestic Abuse (SUTDA) into the effects of Non-Fatal Strangulation (NFS) and makes the argument that it should be a stand-alone offence.

From the research there are three key reasons why Non-Fatal Strangulation (NFS) should be considered a stand-alone offence:

1. Intimate Partner Homicide (IPH) has a strong relationship to domestic abuse and coercive control and international research has established that there are certain characteristics of domestic abuse or what are called 'high risk markers' that are especially strongly associated with future homicide and serious harm. Any kind of strangulation is one of the strongest markers. Research has shown that this increases the risk of homicide by eight times. This is not simply because NFS could 'accidentally' end as homicide, but because people who use strangulation are more dangerous.
2. NFS is also associated with severe trauma in its victims and is in fact experienced as a real threat to life. Victims of it report not only that it is incredibly painful, it is an experience of potential death. Perpetrators of NFS very often have this as their motivation. It is a particularly traumatic, and because of this an effective, way to exert the ultimate control and leave the victim in no doubt that their life has been threatened. It would be a mistake to think that NFS is a spontaneous and angry assault, it is more likely to be a controlled and determined threat.
3. Serial perpetrators of domestic abuse and coercive control should have an official history that reflects their potential risk to others. The highest risk offenders are serial offenders and present a serious risk to all their intimate partners and to their children. An accurate behavioural history that reflects that risk should be recorded. Society should send a message that NFS is serious and will not be tolerated. In many States in the United States NFS must be charged as a felony (indictable) offence and not a misdemeanour (summary) offence to reflect the dangerousness of the perpetrator and the severe trauma and injury NFS causes.

Currently, from my experience, NFS is often not pursued as an assault, or is considered to be a s.39 common assault. If there is demonstrable bruising at the time of the assault, then a s.47 ABH may be charged. Police do not routinely use strangulation evidence guides to help them establish the extent of injuries, including psychological injuries, suffered by the victim. There is little consideration given to the intent of the offender either in what is a real threat to life (I attach a strangulation evidence guide I put together for police at the end of this report).

### Survey data and results

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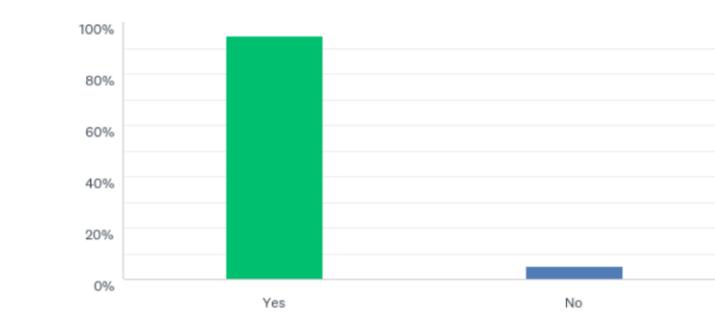
The survey was conducted by SUTDA and I have been given the data to analyse. This is not a full academic report, but a summary of the findings from the data. The questions asked are focused on the impact of the assault on its victims, and also the perceived intent of the offender.

There were ten questions and respondents answered anonymously via an online questionnaire.

Closed questions asked and statistical analysis:

### Q1: Have you ever been strangled?

Answered: 487 Skipped: 0



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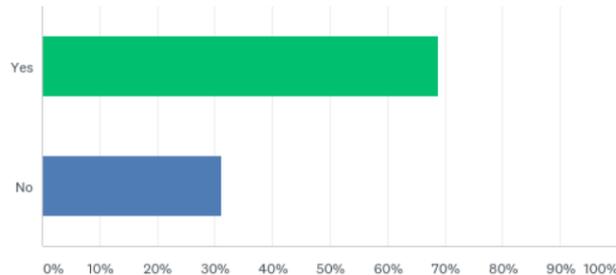
This results suggest that the majority of respondents had been subject to NFS. However, as this was a survey specifically about NFS this is not an unexpected result. It is however, important to note that there were 487 respondents, so we can assume NFS is not unusual.

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## Q2: Were you strangled on more than one occasion?

Answered: 481 Skipped: 6

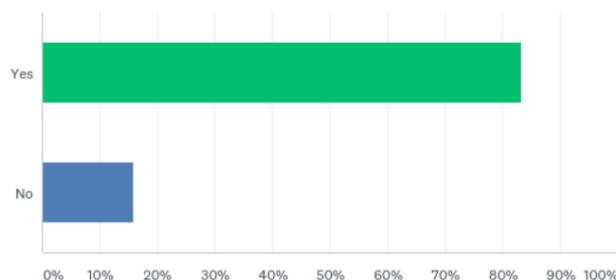


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The answers to this question show that in nearly 70% of cases NFS was used on more than one occasion. This suggests that NFS is part of a pattern used by some perpetrators. This data suggests NFS is not a single spontaneous assault that is never repeated in most cases.

## Q4: Did you suffer any after effects?

Answered: 471 Skipped: 16



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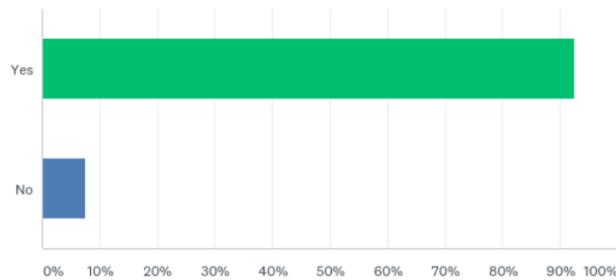
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The answers to this question show that in over 80% of cases victims of NFS suffered effects that were experienced beyond the actual assault. It is not surprising that after effects would be felt and may be a reflection of the force used at the time. Some of the effects are discussed later in this report.

### Q5: Was the person strangling you an intimate partner?

Answered: 470 Skipped: 17

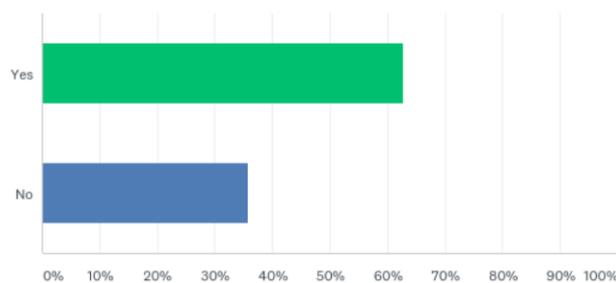


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The response to this question shows that in this data in over 90% of cases the perpetrator was an intimate partner.

### Q6: Did this person say anything whilst they were strangling you?

Answered: 468 Skipped: 19

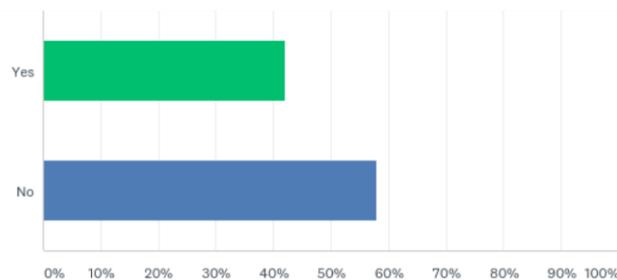


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In most cases in this data, the perpetrator did speak to the victim whilst strangling them. Those comments are analysed later in this report.

### Q8: Did you report this assault?

Answered: 467 Skipped: 20



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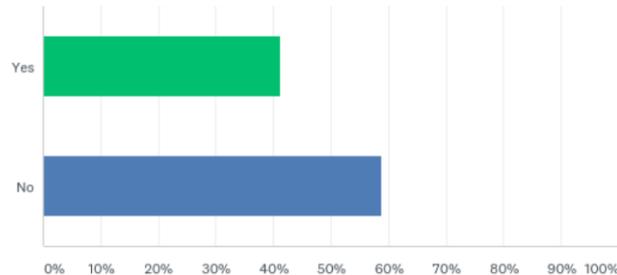
In nearly 60% of cases the assault was not reported. This is not unexpected as the context in which NFS is happening is domestic abuse, and most domestic abuse is not reported. It is interesting that in just over 40% of cases there was a report. Data was not gathered around the response of the police so it is not known from this data whether prosecutions or convictions were obtained.

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### Q9: Have you ever been strangled during sex?

Answered: 474 Skipped: 13

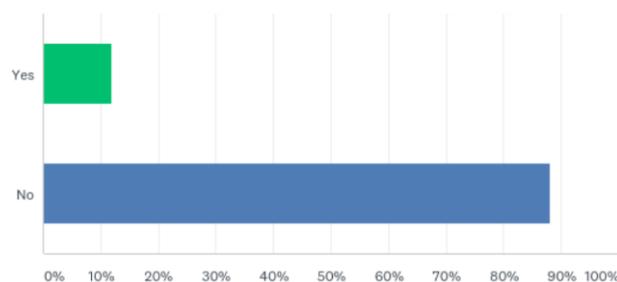


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The answer here suggests that in over 50% of these cases, the NFS was in a context other than sexual relations, though there are 40% of cases where it was. It is also possible that the NFS could have been experienced in both contexts. There was no option for respondents to say whether NFS was experienced in more than one context.

### Q10: Was it consensual?

Answered: 316 Skipped: 171



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in nearly 90% of cases there was no consent.

### Respondent comments to open ended questions

There were also open ended questions where respondents could give answers in their own words. The data from these questions gives us more insight around how NFS is experienced by the victim, and what the perpetrator may have been thinking at the time.

The first of the open ended questions asked 'How did you feel whilst being strangled?'

The vast majority of respondents stated they thought they were going to die. Many just stated this simply:

'I thought I was going to die'

Some said things like:

'this is it' and 'I was thinking about my family finding me'

Some said they just gave up, thinking that death was inevitable, especially where the NFS was a pattern within the relationship. Many reported losing control of their bladder or bowels and passing out. One stated that they thought they were drowning.

'I felt like my head was going to explode, I was gasping for air and trying to scream and shout but could not make any real noise and felt totally helpless. I have thought on several occasions I may lose my life this way'

'horrific feeling of total helplessness, thoughts of dying and nothing I could do to stop it...physically it felt like my eyes were going to pop, followed by my head and neck wanting to explode. Tunnel vision comes, buzzing that gets louder and louder until it's black. The gasp of breath when they let go is in sheer panic, confusion, fuzziness, buzzing, temporary deafness, massive headache, blurred tunnel vision, coughing, crying, spluttering, I might have accidentally urinated...You're going to die! That's it. This is the end'

Some respondents were pregnant or holding small children at the time of the strangulation. The fear experienced watching or hearing someone being strangled should not be dismissed in thinking about the seriousness of this offence.

The second open ended question was: 'Did this person say anything whilst they were strangling you?'

There were two broad responses to this question: one, that the perpetrator was explicitly threatening to kill them; and two, that the perpetrator was using foul and abusive sexualised insults.

'you can't do anything to stop me now'

‘you’re going to die. I’m going to kill you’

‘that I should have given my children an extra kiss goodbye this morning because I was never going to see them again’

‘slut, you don’t deserve to live’

The responses to the open ended questions were remarkably similar and consistent. Most respondents truly believed they were going to die, and were able to process the aftermath of their death through thinking about being found by their families, and what would happen to their children. This is a serious consideration of death. Strangulation is a direct threat to life because it restricts breathing. This is how it was experienced by the majority of those who answered the question. It is also consistent that in a large number of responses the perpetrator was stating their intention to kill. This suggests that the perpetrators were well aware of what they were doing, were controlled enough to speak of their intentions, and to stop before death occurred. In some cases, there was more than one strangulation in a single event, and in at least two cases the perpetrator described to the victim what would physically happen to them as the strangulation progressed. One perpetrator said he would stop once the victim’s bowels had evacuated.

It was also consistent that the perpetrators were using sexualised insults in most cases ‘slag, whore, cunt and so on’ and some respondents mentioned the sexualised nature of the insults. Many of the respondents were strangled whilst holding young children, whilst pregnant, or with children in the house. In one case a ten-year old called the police during the strangulation.

Those in a sexual context talked of similar experiences of fear of death, and fear more generally. In this context it was a common response that the strangling stopped when the perpetrator ejaculated, but in most cases there was no consent.

### Conclusions

It is difficult to generalise from these results given the nature of the survey. However, it is a fairly sizeable sample and conclusions can be drawn from this population who are largely victims of domestic abuse, many of whom have left the relationship.

The survey produced remarkably consistent responses and an interesting insight into what is going on in a strangulation assault. There are some clear conclusions from this data:

1. Many NFS are happening in the context of domestic abuse and coercive control. Even NFS in a sexual context is still without consent and in a wider context of domestic abuse.
2. The perpetrators are deliberately and knowingly threatening the life of the victim. They are using these words in most cases.

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3. The victims are experiencing what they believe is the end of their life. They are suffering extreme physical pain, and severe psychological trauma. The pain and trauma are specifically related to this particular assault of strangulation.
4. There are effects and after effects that may not be seen at the time that make this a particularly serious assault. For example, losing consciousness, losing bladder and bowel control, injuries, inability to speak, fear of imminent death. A strangulation assault is an aggravated assault.

A threat to life assault is qualitatively different to an assault that could have a number of different outcomes. A punch can have numerous outcomes. A strangulation assault has only one outcome if taken to its natural conclusion. The repercussions are serious and can last a lifetime. This cannot possibly be considered a 'common assault' or charged on the basis of bruising to the neck. NFS also has a strong association with intimate partner homicide.

Strangulation Evidence Aid

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**Strangulation Evidence Aid 2**

The following are all pointers for strengthening a statement to support prosecution for a strangulation assault

- General Points to consider
- Note changes to the voice
- Does the victim have difficulty swallowing?
- Is there any difficulty breathing?
- Nausea or dizziness?
- Are there any marks on the neck? Note and photograph if possible
- Redness swelling or bruising on the neck?
- Defensive injuries
- Petechiae (tiny red spots) in the eyes or on the neck

**Strangulation Evidence Aid 2**

- Petechiae (tiny red spots) in the eyes or on the neck
- Did the victim suffer a nosebleed?
- Injury to lungs or fluid in the lungs
- Memory loss
- Loss of consciousness
- Loss of bowel or bladder control
- Follow up photographs when bruising may appear
- How did the victim feel during the assault?
- Did they think they might die?
- What was said by the perpetrator, before, during and after the assault?
- Always consider corroboration

DART DOMESTIC ABUSE REFERENCE TOOL