Strangulation During Sex in the UK

A report of the prevalence and experiences of strangulation during sex amongst 16-34-year-olds across the UK.

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Institute For Addressing Strangulation

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1.0 What Do We Know About Strangulation During Sex?

Strangulation is the application of external pressure to the neck, in a way that obstructs blood flow and/or breathing. The act of strangulation (sometimes referred to as 'choking') during sex, where the parties considered that the sex has been consented to in advance, is relatively unexplored in the UK. However, research conducted internationally provides a reference point for how researchers and practitioners currently understand the topic.

1.1 Prevalence

International research to date has consistently identified younger age groups as engaging with this behaviour more frequently than those over the age of 35. In Iceland, 89% of the participants who had tried choking during sex were aged 18-34 years; this included 70% of the 18-24-year-olds the researchers sampled (Vilhjálmsdóttir & Forberg, 2023). Meanwhile, of 4702 Australians aged 18-35 who participated in a recent survey, 57% reported ever having been strangled during sex (representing 61% of women, 43% of men, and 79% of trans and gender diverse respondents) (Sharman, Fitzgerald & Douglas, 2024)[1]. From a total sample of 4242 students in the US, Herbenick and colleagues (2022a) found that 42% and 32% of undergraduate and graduate students, respectively, reported having been strangled/choked during sex (with women and transgender/gender non-binary respondents significantly more likely than men to disclose this). Slightly lower percentages – 37% and 28%, respectively – were reported for those who disclosed having strangled/choked someone else.

UK research on this topic to date has been limited. In 2019, a poll conducted by BBC 5 Live found that 38% of respondents aged 18-39 disclosed having been "choked" during "consensual sexual intercourse" (BBC 5 Live, 2019). In 2024, the Institute for Addressing Strangulation (IFAS) ran a pilot survey which yielded comparable results, with 35% of respondents aged 16-34 having been a recipient of this behaviour at least once before (Smailes & McGowan, 2024).

1.2 Agreement and Consent

Herbenick and colleagues (2024) have highlighted that the 'spectrum of consent' , for instance including explicit and implied consent, in the context of strangulation during sex is nebulous. The researchers discussed the ways in which consent may be communicated in sexual encounters (for instance through explicit verbal and non-verbal communication), but how these mechanisms may be less viable when strangulation is introduced. In an earlier study, Herbenick and colleagues (2022a) reported that 40% of participants who had previously been strangled during sex had found it difficult to speak or breathe, with around a fifth having experienced changes in consciousness. These consequences alone were noted by researchers (Herbenick et al., 2024) as making explicit and ongoing consent communications far more complex, when one party is strangling the other.

Participants in Herbenick and colleagues' study – 45 university students who engaged in qualitative interviews in 2020 – discussed different experiences of consent to strangulation during sex, including where consent was assumed, or not given/received (2025). Consent was more likely to be presumed if strangulation had happened between the same partner(s) before, and if there was a perceived greater level of trust to engage with these behaviours when in a relationship, compared to, for example, having a one-night stand. Though participants acknowledged that it was important, in theory, to discuss and establish consent to strangulation prior to the activity on each occasion, this was not necessarily translated into practice. Researchers noted a gendered phenomenon whereby those participants who presumed they would know if their partner did not want to engage in strangulation (without explicit refusal of consent) were more likely male.

Researchers from Australia have also explored individuals' perceptions surrounding the concepts of safety and risk with regard to the practice of strangulation during sex (Conte et al., 2025).

[1] It is important to note that this sample of 4702 respondents includes only those who had reported previous sexual experiences. The full sample was n=5071.

1.0 What Do We Know About Strangulation During Sex?

1.2 Agreement and Consent (cont.)

In Conte and colleagues' work (2025), one theme highlighted in respondents' free-text answers was the way in which the safety of strangulation was tied to consent, regardless of the fact that the presence of consent does not in itself change the mechanics of the act and its associated risks.

In England and Wales, the Serious Crimes Act 2015 (as amended by the Domestic Abuse Act, 2021) has created a bespoke criminal offence of strangulation or suffocation in certain circumstances. This is committed where a person intentionally strangles another, or otherwise performs a battery that affects another's ability to breathe. However, not all intentional strangulation will result in criminal liability. More specifically, the legislation stipulates that, in situations where the person strangled did not suffer serious harm as a result and the person strangling neither intended nor was reckless as to the causing of such serious harm, a defence will be available. This defence will arise where it can be shown that the recipient consented to the act of strangulation.

1.3 Impacts and Outcomes

Self-reported effects and impacts of strangulation, as noted by those who had been strangled in a sample of over 4000 US university students, included a head rush, feeling like they could not breath, and difficulty swallowing (Herbenick et al., 2022a). Just under 20% of respondents in that research reported that they had experienced alterations in consciousness, including a complete loss of consciousness. Having been strangled more than ten times was also correlated with experiencing a greater number of negative physical responses.

In line with this, other studies have shown that women who had been strangled during sex four or more times in the previous 30 days exhibited differences in the connectivity between areas of their brain, relative to women who did not have this exposure. In particular, there could be an imbalance of neural activation, potentially impacting on motor control, consciousness and emotion (Hou et al., 2023) and heightened levels of a blood biomarker that indicates brain injury (Huibregtse et al., 2025). Though these negative impacts are clearly significant, it is also notable that the most common response to strangulation during sex – reported by over 80% of respondents in the US student survey referred to above – was a feeling of "euphoria".

1.4 Influences

In Herbenick and colleagues' survey of US university students, it was reported that, on average, those who had been strangled during sex first experienced this act at the age of 19, while most of those respondents who had strangled someone else had done so by the age of 18 (Herbenick et al., 2022a). In another of their studies, Herbenick and colleagues (2022b) discussed participants' first exposure to the topic of strangulation during sex, with most citing learning about this practice in high school or potentially earlier. Influences amongst this younger age group included pornography, friends and partners, television and movies, and social media.

Similarly, Sharman and colleagues have suggested, in their research with Australian participants, that those who were aware of the practice of strangulation during sex had most commonly heard about it first during adolescence, from sources such as pornography and friends (Sharman et al., 2024). It has also been suggested that positive attitudes towards being strangled or strangling others – that may be formed as a result of exposure to these sources of influence - are associated with more frequent engagement with those behaviours (Sharman et al., 2024).

In the UK, a report by the Children's Commissioner found children's exposure to pornography to be normalised, with 73% of boys and 65% of girls having seen it and the average age of first exposure being 13 years old (Children's Commissioner, 2025). Over half of respondents (58%) reported specifically having seen strangulation in pornography before the age of 18, despite only 6% having directly searched for this content. Research tracing the growing prevalence of strangulation in pornography has also revealed that while 'choking'/strangulation was not part of any pornographic videos assessed by the researchers in a sample generated from the 2010s, it featured in around 15% of videos in a refreshed sample from the 2020s (Shor & Liu, 2025).

2.0 The IFAS Strangulation During Sex Survey

2.1 Methodology

This survey was conducted with the intention of providing further information on the prevalence and nature of strangulation during sex in the UK. This follows on from both IFAS's pilot survey in 2024 and the BBC 5 Live survey in 2019 (discussed above).

The survey reported here contained a total of 30 questions. These were broadly themed: Prevalence; Prior Agreement; Outcomes; and Influences. However, the way in which respondents moved through questions was dependent on their prior responses. For example, a respondent who reported that they had no experience of strangulation during sex would not have been asked questions around the frequency or nature of these experiences; they would have instead been taken to questions which asked about their general knowledge and perceptions of these behaviours.

Data were collected for this study via an anonymously completed questionnaire, with participants recruited and the survey completed using the online Savanta platform. The survey was run over a four week period in August and September 2025. It was made available to all UK-based 'panellists' (potential respondents) registered on their system aged 16-34 (inclusive).

The focus on this age group allowed us to provide a comparative study to international research focusing on a similar age range (see e.g. Sharman et al., 2024), and reflects findings from the IFAS pilot survey (Smailes & McGowan, 2024) suggesting a heightened prevalence amongst this cohort. In that pilot, 35% of 16-34-year-olds reported experiencing strangulation during sex, compared with 16% of 35-54-year-olds and 3% of those aged over 55.

Within the parameters of that age focus, respondents were quota-sampled to be nationally representative by demographic information in respect of age (within the 16-34 band), sex, and region.

The responses provided were subsequently weighted (using age, sex, region, and ethnicity) to ensure figures are representative of the UK population. Due to the sampling methods, the weighting did not considerably change the findings from what would have been calculated from raw data. The percentages and fractions provided in this report (and associated materials) are all from weighted data. Percentages have been calculated using the weighted and rounded (to whole integer) figures that are presented in the fractions.

As is standard practice, respondents were remunerated for their time in completing surveys through the platform. Consent was sought before respondents agreed to complete the survey and respondents were asked again to give express agreement for their responses to be used by researchers before final submission. Respondents were reassured that they would not be identifiable and provided with information about how their data would be used and stored. Support information was provided in participant information available at the beginning and the end of the survey. Ethical approval for this study was granted by the University of Warwick.

2.2 Terminology

The term 'sexual activity' was used in the survey to encompass all partnered sexual behaviours (i.e. behaviours done by someone else, not oneself). In this report, the term 'sex' is used for brevity. In the survey, the definition provided was: "Any sexual experiences, acts or behaviours with another person where everybody involved wanted to engage in those activities together".

When reporting their experiences, respondents were asked about 'prior agreement' to strangulation, rather than 'consent'. These concepts will not necessarily be reported here synonymously, but for some there will be a considerable overlap.

2.0 The IFAS Strangulation During Sex Survey

2.2 Terminology (cont.)

The terms 'strangulation' and 'choking' were both used in the survey. A definition was provided at the beginning of the survey:

> *'Strangulation' means external pressure to the neck which can impact on the flow of air through the windpipe and/or blood flow through blood vessels in the neck. This can be done with a hand or hands or other body parts such as a forearm, or it could be done with materials such as a belt or rope. Sometimes, in the context of sex, 'strangulation' is referred to as 'choking'. Both terms will be used in this survey.*

As per international studies, the use of both 'strangulation' and 'choking' was to encourage inclusion of experiences which are, in fact, acts of strangulation but may not be recognised as such by the those who have been strangled or those who have strangled others.

2.3 Research Questions

The aim for this survey was to explore answers to the following research questions:

1. What is the prevalence of individuals engaging with strangulation during sex in the UK?
2. What are the experiences of prior agreement for those who strangle and those who are strangled during sex in the UK?
3. What are the common impacts and outcomes – both perceived and experienced – from strangulation during sex in the UK?
4. What are the influences and motivations for decision-making and behaviour relating to strangulation during sex in the UK?

3.0 Findings

Presented below are key findings from 4175 survey respondents, weighted to be UK-representative. All respondents were aged between 16 and 34 (inclusive). As a cohort, they were majority White (78%, 3275/4175), heterosexual (72%, 2998/4175), cisgendered (98%, 4084/4175), and not disabled (including physical, mental, and learning disabilities) (58%, 2436/4175). The majority of respondents were employed, self-employed or business owners (69%, 2874/4175); 19% (788/4175) were students. There were some respondents who did not provide answers to all of the demographic questions in the survey, so the percentages above may be under-inclusive.

The first question on the survey asked respondents whether they had had any sexual activity, agreed to in advance, with another person, since the age of 16. This question provided the context for subsequent questions regarding experiences of strangulation during sex. Those respondents who hadn't had prior sexual experiences since the age of 16 (19% (790), plus a further 3% (n=140) who preferred not to say) were still able to respond to later questions in the survey about exposure to the topic.

Notes:

1. For most questions, 'Prefer not to say' and 'Other' were answer options respondents could select. However, the percentage of responses to these answer options will not always be presented below. This may mean, for instance, that some answers will not add up to 100%.
2. Unless stated otherwise, the findings presented will be from multiple choice answer options where the wording was provided by researchers to the respondent to select, rather than the direct words of respondents. Respondents' free text has been qualitatively analysed and presented in the final section of the Findings.

3.1 Prevalence

Of all survey respondents (n=4175), 78% (3245/4175) had had prior sexual experiences, agreed to in advance, since the age of 16. Of this cohort, 71% (2300/3245) went on to report having either been strangled or strangling someone else during sex. This equates to 55% (2300/4175) of all respondents surveyed.

3.1.1 Being Strangled During Sex

Of the 3245 respondents who had prior sexual experience, 66% (2131/3245) reported having been strangled at least once during sex. [See Table 1]

Table 1: Percentage of respondents by experience of being strangled during sex, presented as a proportion of those who had had prior sexual experience, and all respondents.

Experiences of being strangled during sex	Percentage of respondents who had prior sexual experience (n=3245)	Percentage of all respondents (n=4175)
Any experience of having been strangled during sex (e.g. hands, chokehold, ligature)	66% (2131/3245)	51% (2131/4175)
No experience of having been strangled during sex	33% (1067/3245)	26% (1067/4175)
Prefer not to say	1% (47/3245)	1% (47/4175)
No prior reported sexual experience		22% (930/4175)

Of the respondents who had experienced being strangled, 47% (1010/2131) reported their sex as male, and 52% (1118/2131) reported as female (some reported that they would 'Prefer Not to Say'). With regard to gender identity, 61% (39/64) of all non-binary and transgender respondents reported ever having been strangled during sex. Percentages of having experienced being strangled across sexualities of all respondents varied between 40% (54/135) of asexual and 52% (1547/2998) of heterosexual respondents, and 54% (169/311) of homosexual and 67% (295/442) of bisexual respondents.

3.0 Findings

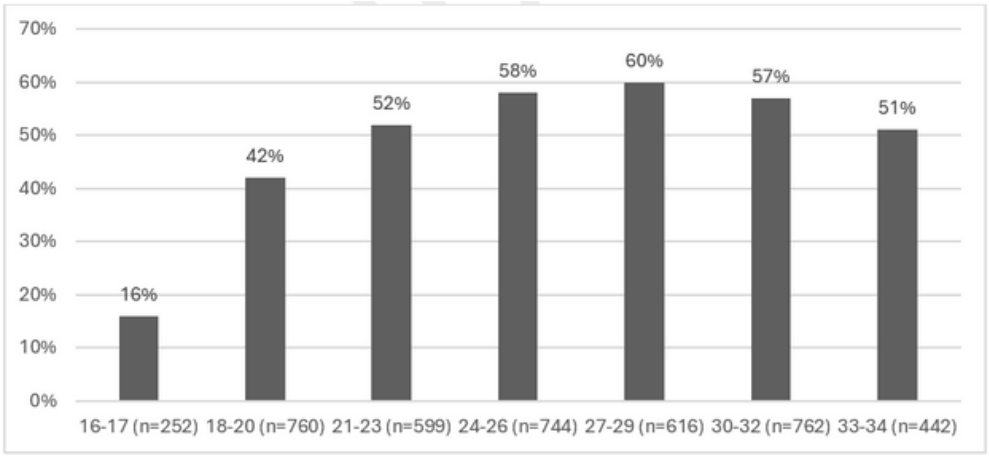
3.1.1 Being Strangled During Sex (cont.)

Of those respondents whose sex was female (n=1118), the gender of the person/people ever having strangled them were reported to be: cis men (81%, 910/1118); trans men (3%, 28/1118); cis women (9%, 104/1118); trans women (2%, 18/1118); and non-binary (5%, 54/1118). Using the same data source, of the recipients of strangulation during sex whose sex was male (n=1010), the gender of the person/people ever having strangled them were reported to be: cis men (14%, 141/1010); trans men (4%, 40/1010); cis women (64%, 651/1010); trans women (5%, 54/1010); and non-binary (6%, 64/1010). Respondents could select multiple options for this question.

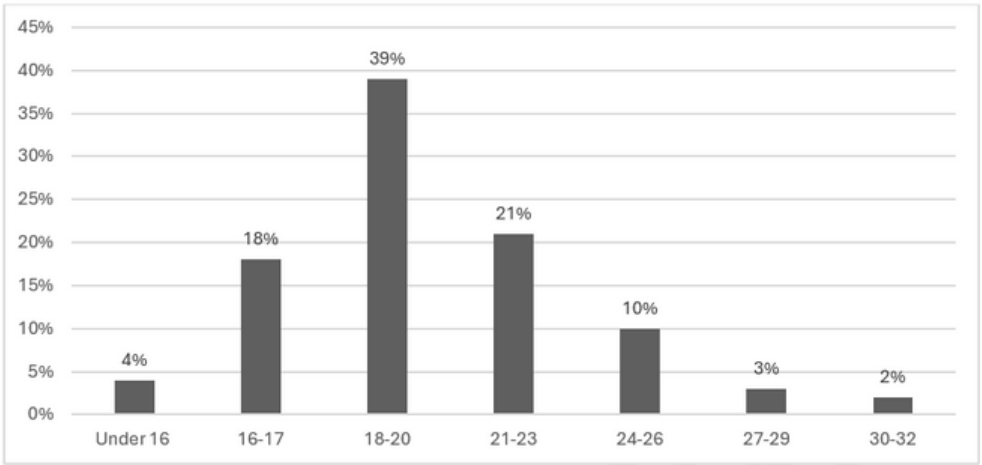
Of those respondents who had prior sexual experience but *had not* had an experience of being strangled during sex (n=1067), 56% (598/1067) were male and 44% (466/1067) were female.

Age group data were provided in the following bands: 16-17; 18-20; 21-23; 24-26; 27-29; 30-32; 33-34. The age group reporting the highest prevalence of ever having been strangled during prior sexual experiences was age group 27-29, with 60% (367/616) of all respondents in this group having experienced being strangled. The age group reporting the highest prevalence of being strangled during sex, amongst only those who had prior sexual experiences, was age group 24-26, with 72% (429/596) of this group having been strangled. Of the 16-17 age group, 43% (40/93) of those who had had prior sexual experiences reported having ever been strangled during sex. This translates to 16% (40/252) of all 16-17-year-olds surveyed. The percentages of each age group reporting having been strangled during sex, as a proportion of the total respondents surveyed in each age group, are provided in Graph 1 below.

Graph 1: Percentage of respondents who had experience of being strangled during sex, by age group, as a proportion of the total number of respondents in each age group (n).



Graph 2: Percentage of respondents by the ages at which they were first strangled during sex.



3.0 Findings

3.1.1 Being Strangled During Sex (cont.)

The ages at which respondents were first strangled during the sexual experiences on which they were asked to report are presented in Graph 2. Despite most experiences being reported by 27-29-year-olds (see Graph 1), the largest proportion (39%, 823/2131) of respondents reported their first experience of being strangled when they were aged between 18 and 20 years old.

The most common frequency of having been strangled was reported to be 2-5 times, with 44% (931/2131) of respondents who had prior experience of strangulation during sex selecting this response. Six percent (120/2131) of this group reported having been strangled more than 50 times; 14% (301/2131) reported having been strangled just once, with the most commonly selected reason for it not happening again being because the respondent did not want it to (40%, 121/301).

The most common reported relationships between the respondent and the person who they reported had strangled them – across all strangulation experiences – was a current, exclusive partner (40%, 849/2131) or who they categorised as a previous/ex partner (37%, 782/2131). This contrasts with 19% (411/2131) of responses reporting strangulation happening during a one-night stand. Note that these were responses provided to respondents to select from, so further details regarding the circumstances of the relationships were not provided.

3.1.2 Strangling Others During Sex

Of the 3245 respondents who had prior sexual experience, 1467 reported having strangled others during sex. [See Table 2]

Table 2: Percentage of respondents by experience of strangling others during sex, presented as a proportion of those who had had prior sexual experience, and all respondents.

Experiences of being strangled during sex	Percentage of respondents who had prior sexual experience (n=3245)	Percentage of all respondents (n=4175)
Any experience of strangling someone else during sex (e.g. hands, chokehold, ligature)	45% (1467/3245)	35% (1467/4175)
No experience of having strangled someone else during sex	53% (1722/3245)	41% (1722/4175)
Prefer not to say	2% (56/3245)	1% (56/4175)
No reported prior sexual experience		22% (930/4175)

Sixty-three percent (928/1467) of respondents who had reported strangling others during sex were male and 37% (539/1467) were female. With regard to gender identity, 52% (33/64) of non-binary and transgender respondents reported ever having strangled someone during sex. Percentages of having strangled others across sexualities of all respondents varied between 36% (1066/2998) of heterosexual and 36% (111/311) of homosexual respondents, and 39% (52/135) of asexual and 44% (196/442) of bisexual respondents.

Of the respondents whose sex was male who had strangled someone during sex (n=928), the reported gender of the person/people they had strangled in the past were: cis men (11%, 102/928); trans men (5%, 43/928); cis women (70%, 645/928); trans women (5%, 42/928); and non-binary (7%, 62/928). Of the respondents whose sex was female who had strangled someone during sex (n=539), the reported gender of the person/people they had strangled in the past were: cis men (72%, 386/539); trans men (6%, 30/539); cis women (17%, 94/539); trans women (3%, 16/539); and non-binary (6%, 35/539). Respondents could select multiple options for the question.

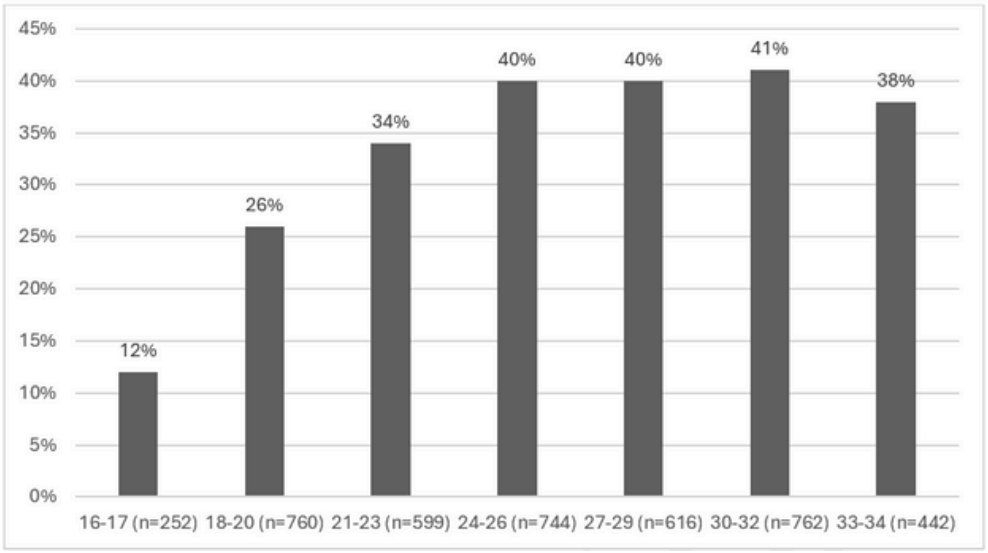
3.0 Findings

3.1.2 Strangling Others During Sex (cont.)

Of those who reported *not* ever having strangled someone during sex (n=1722), 39% (672/1722) were male and 61% (1044/1722) were female.

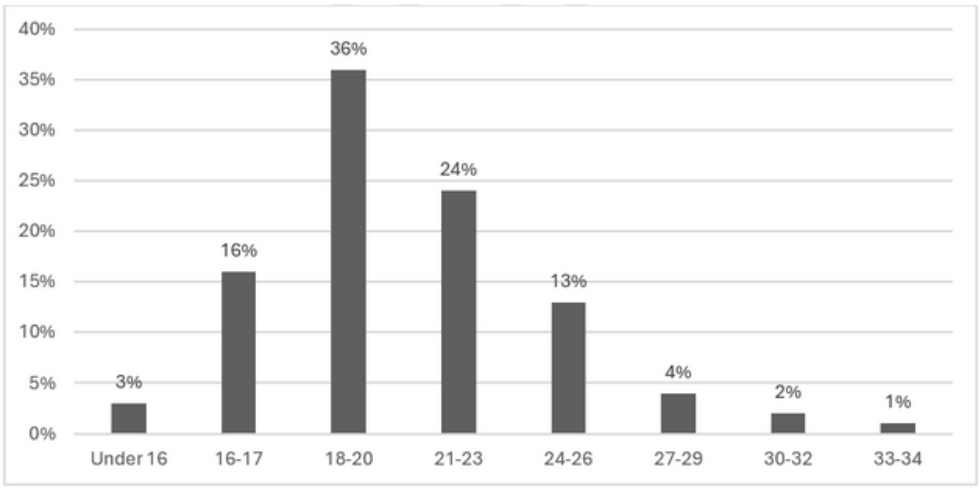
Unlike the respondents who had been strangled during sex (see above), the most common age group for respondents who had experience of ever strangling others was 30-32-years-old, with 41% (314/762) reporting this. This was followed closely, however, by the 24-26 and 27-29 age groups. The age group reporting the highest prevalence of strangling others during sex, amongst only those who had prior sexual experiences, was the 24-26 group, with 50% (300/596) reporting having ever strangled others. Of the 16-17 age group, 32% (30/93) of those who had prior sexual experiences reported ever having strangled someone during sex. This translates to 12% (30/252) of all 16-17-year-olds surveyed. The percentages of each age group reporting strangling others during sex, as a proportion of all respondents surveyed, are provided in Graph 3.

Graph 3: Percentage of respondents who had experience of strangling others during sex, by age group, as a proportion of the total number of respondents in each age group (n).



The ages at which respondents advised that they first started strangling others during sex are presented in Graph 4 below. As shown, the largest proportion of respondents reported first starting to use strangulation when they were aged between 18-20-years-old (36%, 528/1467), the same age group as most commonly reported by those who have been strangled.

Graph 4: Percentage of respondents by the ages at which they first strangled someone else during sex.



3.0 Findings

3.1.2 Strangling Others During Sex (cont.)

The most common frequency of having strangled others was 2-5 times (41%, 598/1467). However, 5% (70/1467) of respondents reported having strangled others during sex more than 50 times. Seventeen percent (244/1467) reported having used strangulation just once, and the most commonly selected reason for not using it again (37%, 91/244) was that "it just hasn't happened again after the first time". The second most commonly selected reason given for this (26%, 64/244) was that the respondent did not want it to happen again.

The most common reported relationships between the respondent and the people they reported having strangled previously – across all strangulation experiences – was a current, exclusive partner (45%, 659/1467) or who they categorised as a previous/ex partner (34%, 506/1467). This is contrasted with respondents who had strangled others on a one-night-stand in 17% (250/1467) of responses. Note that these were responses provided to respondents to select from so further details regarding the circumstances of the relationships were not provided.

3.2 Prior Agreement and Enjoyment

3.2.1 Experiences of Prior Agreement and Enjoyment

Of the respondents who reported having been strangled during sex (n=2131), the majority (70%, 1502/2131) reported that the last time that this had happened to them, it had been agreed to in advance, while 27% (585/2131) reported that strangulation either had not been discussed (26%, 561/2131) or it had been discussed but that they had not agreed to it taking place (1%, 23/2131). Some respondents (2%, 34/2131) were "not sure" about prior agreement. Of those who agreed in advance of strangulation happening (n=1502), there were relatively equal proportions of circumstances where the respondent had asked their partner to strangle them (27%, 566/2131), and their partner had asked to strangle the respondent (26%, 551/2131).

Of the respondents who reported having strangled someone during sex, the majority (87%, 1276/1467) said, when thinking specifically about the last time they had done this, that the strangulation was agreed to in advance. The largest proportion reported that their partner had asked to be strangled (53%, 773/1467), and 20% (293/1467) reported that they had raised the question of strangling their partners. Twelve percent (177/1467) of respondents reported that, in respect of their most recent incident of strangulation, this had not been agreed to in advance of it happening – either because it was not discussed (11%, 167/1467) or because their partner said no (1%, 10/1467).

All respondents who reported having been strangled during sex (n=2131) – including those who reported that they agreed in advance to the strangulation and those who did not – were asked to rate their level of enjoyment of the last time it happened on a scale from 1 ("I didn't enjoy it at all") to 5 ("I enjoyed it a lot"). The most common response was '5' (31%, 671/2131), whereas 7% (143/2131) of respondents reported that they didn't enjoy it at all. Likewise, the highest proportion of responses amongst those who had previously strangled partners involved the highest rating of enjoyment (36%, 526/1467 rated their latest experience as something they "enjoyed a lot"), with 3% (48/1467) reporting that they "did not enjoy it at all". [See Graph 5]

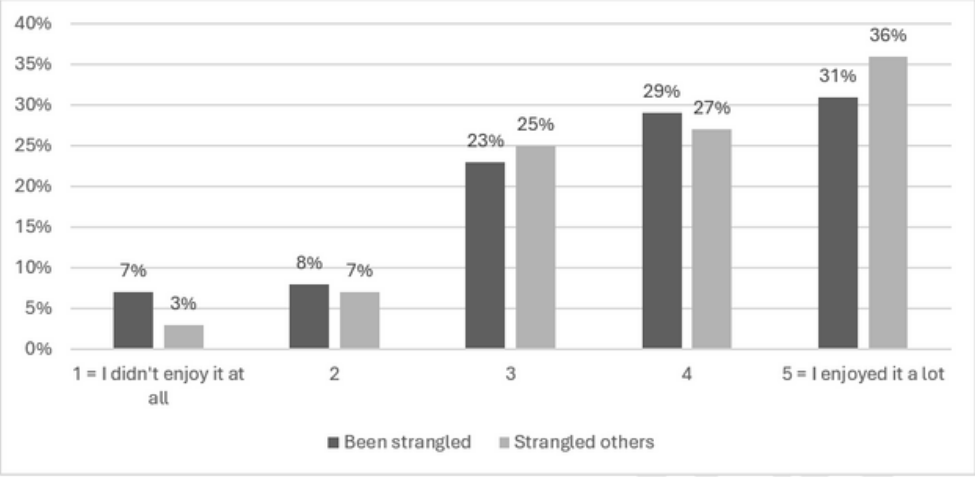
Those who were strangled without agreeing to it in advance (27%, 585/2131) were also asked to report on how they felt at the time. The most common feelings were surprise (37%, 218/585), feeling fine (31%, 80/585) and liking it (28%, 163/585). However, 24% (143/585) of responses were that of feeling scared, and 7% (40/585) were of anger.

3.0 Findings

3.2 Prior Agreement and Enjoyment

3.2.1 Experience of Prior Agreement and Enjoyment (cont.)

Graph 5: Percentage of respondents reporting enjoyment during the last strangulation during sex experience, split by those who had been strangled and those who had strangled others.



3.2.2 Views on Agreement

Respondents who were aware of the use of strangulation during sex (n=3922), whether they themselves had used it or not, were asked about their views on the agreement needed of those being strangled prior to strangulation. Respondents were asked which of a series of statements most closely aligned with their view. The proportion of responses for each statement are provided below. [See Table 3]

Table 3: Percentage of respondents selecting each statement regarding thoughts about strangulation and prior agreement.

Statement	Proportion of responses
"Those being strangled/choked have to agree every time strangulation/choking happens"	60% (2363/3922)
"Those being strangled/choked only have to agree the first time strangulation/choking happens with each partner"	6% (228/3922)
"Those being strangled/choked have to agree most times strangulation/choking happens, but not every time"	9% (346/3922)
"Those being strangled/choked have to agree some of the time strangulation/choking happens, but not every time"	7% (284/3922)
"Those being strangled/choked never have to agree to being strangled/choked"	9% (351/3922)
Not sure	7% (272/3922)

3.0 Findings

3.3 Impacts and Outcomes

Though, as discussed above, levels of enjoyment in relation to strangulation were often reported to be high amongst respondents, of those who had been strangled during sex (n=2131), 21% (453/2131) also reported having experienced negative physical symptoms or feelings as a result of strangulation. Of those who *had not* given prior agreement to being strangled the last time it happened (n=585), 29% (170/585) reported they had ever experienced negative physical or psychological symptoms of strangulation, compared with 18% (275/1502) of those who *had* given prior agreement to being strangled the last time it happened.

From all respondents who had been strangled and reported negative impacts (n=453), the most common physical symptoms reported during strangulation were pain in the neck (42%, 190/453), dizziness (33%, 148/453) and a cough (32%, 145/453). Two percent (45/2131) of all respondents who had experienced being strangled during sex reported having lost consciousness during or after the strangulation. In addition, 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.

Of those who reported experiencing negative impacts of strangulation (n=453), the most common feelings experienced during strangulation were feeling scared (36%, 162/453) and feeling anxious (35%, 158/453). The most common negative psychological impact from during or after strangulation, of those who reported negative impacts, was anxiousness, with almost half of respondents in this group (47%, 215/453) reporting this feeling.

The 453 respondents who reported negative physical symptoms or feelings during or after strangulation were also asked whether they had sought medical treatment following this experience; most (73%, 331/453) did not. The most common reason why they hadn't sought treatment (42%, 189/453) was that they "didn't think [the impact(s) they encountered] was serious enough" to seek medical attention. A small proportion of respondents who had experienced negative impacts did seek medical attention from mental health services (5%, 21/453), or another medical practitioner (4%, 19/453), while 10% (43/453) were prescribed medication following the strangulation.

3.4 Influences and Awareness

3.4.1 Those Who Had Used Strangulation

All respondents who reported having been strangled and/or strangling another during sex (n=2300) were asked about their influences and motivations for doing so. Respondents were able to select multiple reasons. The most common reason selected (46%, 1067/2300) was that they believed that their partner enjoyed it. This reason was more commonly selected than the option that the respondent themselves enjoyed it (38%, 872/2300). Forty percent (927/2300) of respondents reported that they thought strangulation during sex was exciting, 31% (724/2300) reported better orgasms for them or their partner as a result of using strangulation during sex, and 16% (376/2300) reported that they liked the feeling of power associated with it. Thirteen percent (306/2300) acknowledged the risk associated with strangulation, but viewed this as a positive, selecting that they "like the risk".

Eighteen percent (419/2300) of this cohort of respondents also reported that, in their view, strangulation is a "normal part of sex", specifically citing this as a reason for engaging in this practice. Of the same cohort, 4% (103/2300) reported that their reason for engaging in strangulation was that they thought they had to say yes to being strangled during sex (note that, in reality, this answer option was most likely only applicable for those who had been strangled themselves, n=2131). Four percent (97/2300) of responses noted concern around what their partner would think if they didn't agree to strangulation during sex, and 3% (79/2300) were worried about the thoughts of other people if they weren't to agree to using strangulation during sex.

3.0 Findings

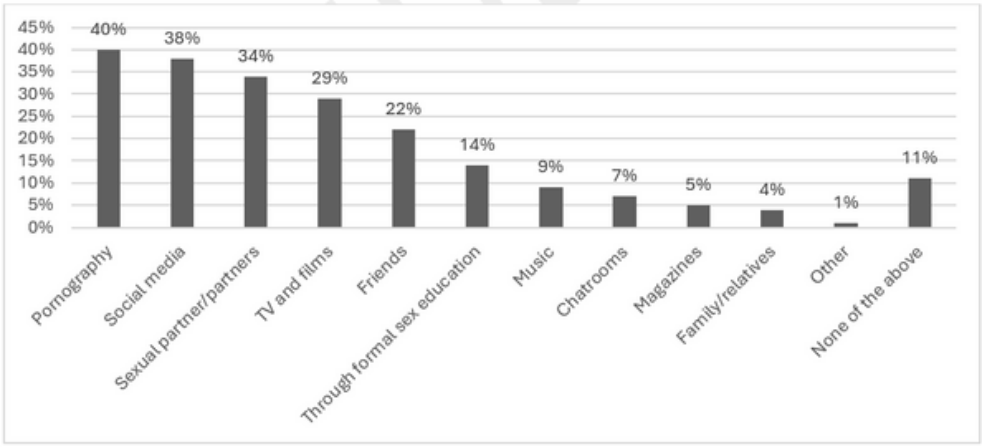
3.4.2 Those Who Had Not Used Strangulation

Of the full sample, 45% (1875/4175) of respondents reported that they had never strangled nor been strangled during sexual activity, however, the vast majority of this group (87%, 1622/1875) were aware that it is a practice used by others. Of the 895 respondents within this cohort who had had prior sexual experiences but had never engaged in strangulation, the most common reason for not having used strangulation was that they "just don't want to" (46%, 411/895), followed by their view that it is "too dangerous for the person being strangled" (44%, 391/895). The third most common response (42%, 372/895) was that respondents did not think it was "sexy". Thirteen percent (112/895) of respondents reported that they did not think it was legal, which may have impacted on their willingness to engage in it (or to disclose). Two percent (20/895) reported that they would like to try strangulation during sex but have not yet had the opportunity.

3.4.3 Influences for All

Of all respondents who were aware of the practice of strangulation during sex (n=3922), even if they had not had sexual experiences or used strangulation during sex themselves, the most common source of information about strangulation was reported to be pornography (40%, 1563/3922), followed by social media (38%, 1489/3922) and sexual partners (34%, 1332/3922). Other sources of information are presented in Graph 6 below. Note that respondents were able to select multiple sources of information.

Graph 6: Percentage of respondents by their most common sources of information about strangulation.



The greatest difference in sources of information between those who had personal experience of strangulation and those who did not was for the 'Sexual partner/partners' option in the survey. This was selected by 48% (1110/2300) of those who had experience of strangulation during sex, compared to 12% (103/839) of those who had not (but were still aware of the practice of strangulation during sex and had reported prior sexual experiences).

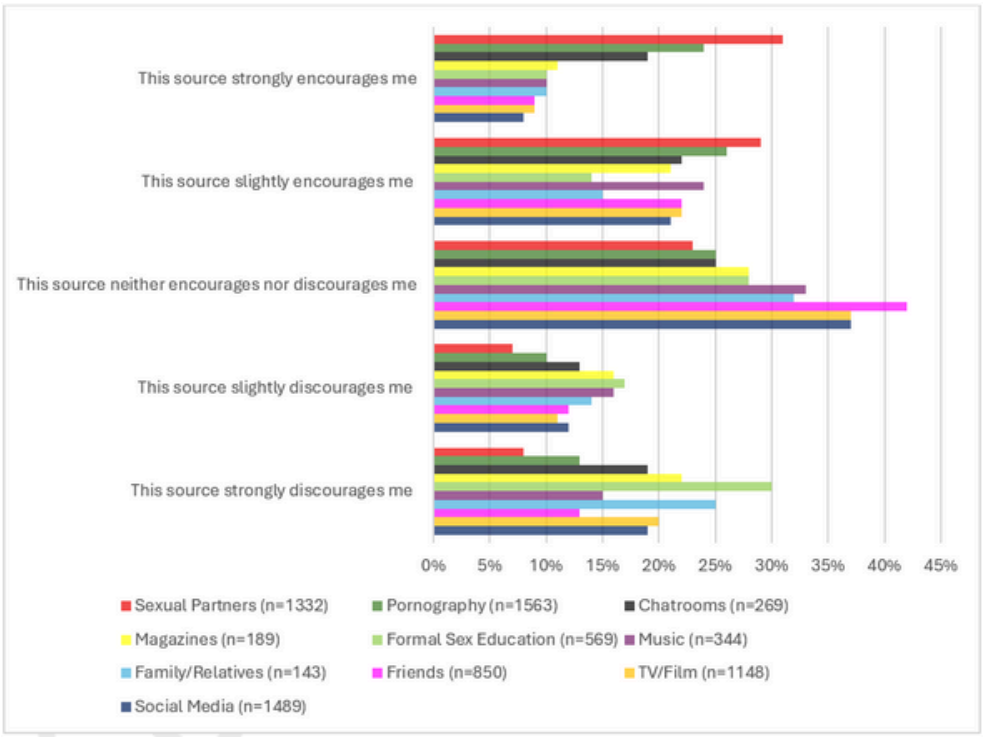
Respondents who had selected specific sources of information from the list above were then asked to rank their levels of influence on respondents' engagement with strangulation during sex . Those felt to most strongly encourage respondents to engage in strangulation during sex were identified to be: sexual partners (31%, 419/1332); pornography (24%, 378/1563); and chatrooms (19%, 50/269) [see the top of Graph 7].

Graph 7 shows the percentage of respondents across the levels of encouragement, for each source. These percentages were calculated as a proportion of the total number of respondents who selected each medium (e.g. sexual partners, social media) as a source of information. This total number for each source is provided in the key as 'n'.

3.0 Findings

3.4.3 Influences for All (cont.)

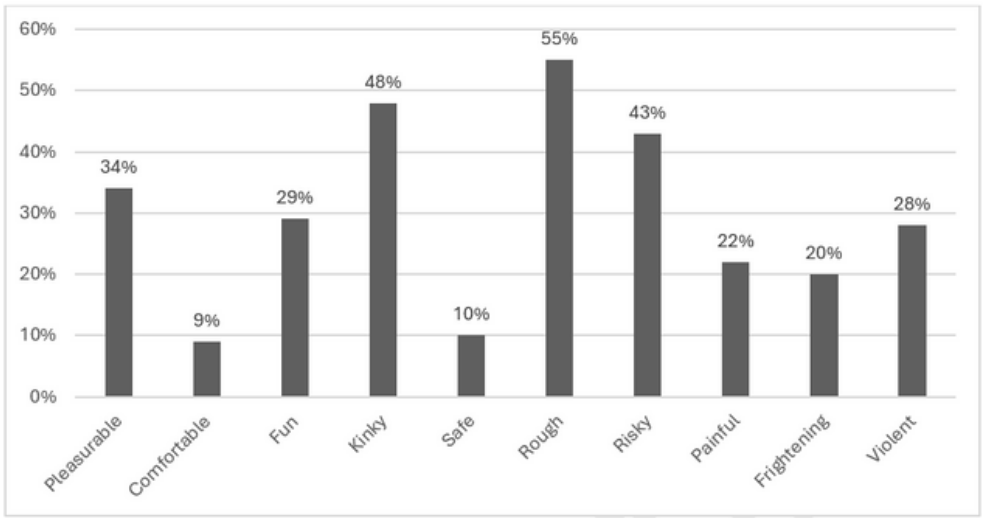
Graph 7: Percentage of respondents by their response for how far each information source they selected discourages or encourages them in their use strangulation during sex.



3.5 Views on Strangulation During Sex

All respondents who were aware of the practice of strangulation during sex, regardless of prior participation (n=3922), were asked to select a word or words (from a multiple choice list) that they would associate with this behaviour. These responses are presented in Graph 8 below.

Graph 8: Percentage of respondents by the words they would associate with the act of strangulation during sex.

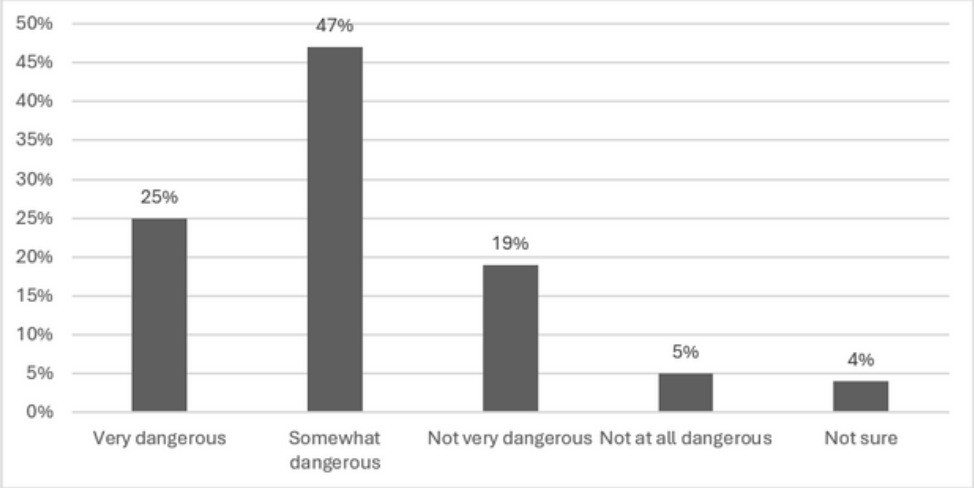


All respondents (n=4175) were then asked to share their views on how dangerous to someone's health they considered strangulation to be. The majority (72%, 2994/4175) considered strangulation to be somewhat or very dangerous. All responses to the question on the perceived dangerousness of strangulation are provided in Graph 9.

3.0 Findings

3.5 Views on Strangulation During Sex (cont.)

Graph 9: Percentage of respondents by their view of the danger of the act of strangulation during sex.



3.5.1 Safe Ways To Strangle?

All respondents (n=4175) were asked if they believed there were safe ways to strangle someone during sex. Twenty-nine percent (1191/4175) of respondents reported that there were ("Yes"), 39% (1639/4175) that there were not ("No"), and 32% (1345/4175) said they were "Not Sure". Just of those who had experienced strangulation (whether by being strangled or strangling others), the most common response was "Yes" (43%, 979/2300), followed by "No" (30%, 695/2300), then "Not Sure" (27%, 626/2300). Of those who reported not having experience of strangulation, but who had prior sexual experience (n=895), the most common response was "No" (55%, 490/895), followed by "Not Sure" (35%, 313/895), and then "Yes" (10%, 93/895).

In total, 1191 of our 4175 respondents answered that "Yes" , there were safe ways to strangle during sex; and they were then asked to provide examples of how to strangle safely. These responses most commonly included references to gentle or light pressure being applied to the neck, to consent or communication, using a safe word or signal, specifics regarding where pressure should be applied, and ensuring a partner's wellbeing. Some examples of these free text responses are provided and discussed below.

References to the pressure that should be applied included "*by holding the neck part gently and not so tight*" (Female, 30-34, been strangled, strangled others), and "*doing it softly and romantically*" (Male, 30-34, been strangled, strangled others). Of course, individuals' interpretations of what is gentle/soft will vary but there was also some suggestion of "*not applying pressure at all*" (Female, 25-29, been strangled) or "*just resting a hand on the throat*" (Female, 30-34, been strangled). Pressure, combined with placement of that pressure, was also commonly referenced, for instance: "*applying pressure in non-fatal places and ensuring it's not done for too long*" (Female, 20-24, been strangled). Perceptions of the 'correct' placement required for safe strangulation, however, varied. Some suggested "*making sure you're not pressing on vital blood vessels*" (Female, 25-29, been strangled, strangled others), whilst others considered it important to not "*hurt their windpipe*" (Male, 25-29, been strangled, strangled others) or not apply "*too much pressure on the trachea*" (Female, 16-19, been strangled, strangled others). One respondent with no direct experience suggested: "*It's related to the grip I think? … Presumably more of a grip around rather than a compression of the windpipe*" (Male, 25-29, no experience of strangulation). These discrepancies demonstrate some of the difficulties with safety messaging when it leaves recipients with divergent understandings of the specifics of placement and pressure, and the degree to which this is supported by anatomy and physiology.

3.0 Findings

3.5.1 Safe Ways To Strangle? (cont.)

Some respondents also considered the use of safe words or gestures important. One suggested "*work[ing] out a safety stop; like three taps on the back means stop*" (Male, 25-29, strangled others). Another provided a more detailed response, making reference to the experience of the person doing the strangling: "*Very very light pressure and to be conducted by people who have past experience in martial arts such as MMA, BJJ and wrestling. A safety object should be held by the person getting choked and if that object is dropped, choking should be stopped immediately*" (Male, 20-24, been strangled). This suggests that using techniques from strangulation in other contexts could support individuals' perceptions of safety, as could the perceived expertise of a sexual partner. However, this can also introduce a power differential in acts of strangulation, potentially affecting the way in which consent is sought and provided.

More broadly, communicating with partners about strangulation was considered by some as an important safety mechanism. One respondent suggested it was important to "*talk first, ask for consent*" and "*stay in constant communication*" (Male, 30-34, been strangled, strangled others). One respondent elaborated slightly further, highlighting that it was important to act "*through mutual consent and agreement with the other person to create guidelines if things get too much*" (Female, 30-34, been strangled). In line with previous research, these responses aligned the safety of the act of strangulation with its having been consented to.

4.0 Conclusions

This survey was conducted to assist in better understanding the current prevalence, experience, and influences around the practice of strangulation during sex for 16-34-year-olds in the UK.

The prevalence of having been strangled (51%, 2131/4175) and/or having strangled others (35%, 1467/4175) during sex is amongst the highest compared with prevalence reported internationally (see e.g. Herbenick et al., 2022a; Sharman et al., 2024), particularly when considering the proportion of only those respondents who had prior sexual experiences (66% (2131/3245) and 45% (1467/3245), respectively). The prevalence is also higher than that reported in the IFAS pilot survey (35%; 27%, respectively)(Smailes & McGowan, 2024) and the BBC 5 Live Survey (38% of 18-39-year olds reported having been strangled). One potential reason for this difference, already noted, is the use of different methodologies with regard to including or excluding respondents without prior sexual experience, and the slightly different age ranges covered. Another potential explanation may be the passage of time, with a suggestion that prevalence internationally and in the UK is increasing. Another reason may be linked to use of a broad definition of strangulation in the current survey, to include where both airways or blood vessels have been restricted. For instance, Sharman and colleagues (2024) used a definition outlining where only breathing had been stopped or restricted. In this respect, responses to free text questions did suggest that at least some participants adopted a broad understanding in which strangulation need not require application of any pressure at all.

Findings from similar international research have reported differences in the gendered nature of strangulation during sex. Whilst Herbenick and colleagues (2022a) reported that women, and transgender/gender non-binary participants, were significantly more likely to have reported being strangled compared to men, Sharman and colleagues (2024) reported findings more closely aligned with those reported in this survey. Though this requires further interrogation, it may suggest that attitudes and behaviours in relation to strangulation during sex are moving from being highly gendered to it being an activity in which individuals of all genders may engage.

It is important to note in this context, however, that the current survey was designed to capture data around strangulation during sexual activity that was agreed to in advance. Further work is needed to uncover and understand the potential links between the use of strangulation during sex and its use in violent and abusive contexts. What is clear, though, is that strangulation in abusive contexts is more commonly, and internationally, considered to be "gendered", with men most often the perpetrators and women most often the victims (see e.g. Lowick, Lovatt & Cheyne, 2024; see also from a UK context White et al., 2021; White et al., 2025a; White et al., 2025b).

Perceptions of the need for, and mechanisms for securing, agreement to strangulation differed across respondents in our data. Although at lower levels than reported in the IFAS pilot survey (2024), a notable proportion both of those who had been strangled and those who had strangled others reported in the present study that prior agreement was not given the last time strangulation happened (i.e. 27% of those who had been strangled). It is also notable that the levels of prior agreement reported appeared to be higher in relation to the strangling of others (87%, 1276/1467) compared to being strangled (70%, 1502/2131). Respondents in this survey were not in a matched sample with their current or previous strangling partners, however, this divergence may indicate differences in the perception of what it means to have secured/given prior agreement between those doing the strangulation and those receiving it.

In previous research (see e.g. Conte et al., 2025), it has been suggested that participants who engage in strangulation can view having secured prior agreement to the act as a safety mechanism. This was also evident in the present study. Participants spoke of consent and communication as mechanisms by which to decrease the risks associated with strangulation, regardless of the fact that this does not change the mechanics involved in the act itself. That respondents in our survey reported negative physical and psychological impacts even where they also reported having given prior agreement to the strangulation[2], with these impacts compounded for some respondents who reported not having given such agreement, highlights the more complicated relationship between consent, risk management and impacts, however.

[2] It is important to note that prior agreement was asked relative to the last experience of strangulation and negative impacts were asked relative to any previous experience of strangulation.

4.0 Conclusions

Negative physical and psychological impacts on those who have been strangled can have significant short, medium and long-term consequences. Previous research (see e.g. Hou et al., 2023) has demonstrated the potential impact of repeated strangulation during sex on altered neuroanatomical functioning. In the minority of cases in the present study, medical attention was sought following physical and psychological impacts of strangulation, potentially highlighting barriers to disclosure. These barriers may include fear of judgement or blame, as well as not necessarily seeing the negative impacts as serious enough for which to seek support. Where help is sought, health professionals across settings such as GP practices, sexual health, and emergency services should be considerate of the incidence and potential risks of strangulation in order to respond appropriately. The IFAS Clinical Guidelines and associated materials (see IFAS Resources, linked in the References list) may be used as appropriate.

Learning more about the ways in which individuals receive and engage with information about strangulation is important in terms of public education and policy. The sources of information identified by respondents in our study correspond to previous research (see e.g. Herbenick et al., 2023). However, the way in which those sources were seen to encourage or discourage use of strangulation is particularly interesting. With sexual partners reported to be a considerable source of information and encouragement, conversations around choice and consent must be (re)visited carefully to avoid power differentials. Despite different levels of engagement and participation amongst our respondents, the most common understanding of strangulation was that it was either “somewhat” or “very” dangerous (72%, 2994/4175). Nonetheless, many respondents continued to consider that it was a practice that could be done safely. Better understanding of the sources of information and influence relied upon, including peer groups, educational materials, social media and pornography, will be key to ensuring appropriately informed decision-making. With the proposed criminalisation of the depiction of strangulation in pornography in England and Wales (see e.g. Ministry of Justice, 2025), and new guidance around the teaching of strangulation in relationships and sex education in schools (see e.g. Department for Education, 2025), the data provided here regarding prevalence of and attitudes towards the practice of strangulation during sex is crucial .

4.1 Implications for Practice and Future Research

Findings from this survey should be used by practitioners and policy-makers, specifically, to inform understandings on the nature of the use of strangulation during sex in the UK. For practitioners, recognising the scale of this practice is important in understanding how and when this topic may align with their work. Educators of children and young people should note the prevalence recognised within this group, and seek to better understand the role they may play in providing clear, objective, and non-judgemental information. Health practitioners should reflect upon the reported impacts of strangulation during sex and consider how individuals may be effectively supported if medical attention is sought. Professional curiosity and non-judgemental approaches may be considered central to this approach. Policy-makers should consider the influences and motivations leading to both the use of and the decision not to engage in strangulation during sex, to better inform policy on access to potentially harmful materials.

Any individual using strangulation during sex may find this report of interest to reflect on their practice, and consider their own reasons for and experiences around engaging with this behaviour. Whilst the slight majority of the 16-34-year-old age group had prior experience of strangulation during sex (55%, 2300/4175), there are also a considerable number of individuals who have not, and may never engage in this way.

4.0 Conclusions

4.1 Implications for Practice and Future Research (cont.)

This survey was not exhaustive in the data gathered or the conclusions that were able to be drawn, and there is considerable further work to do in this area. In particular, future research is required to better understand, in qualitative terms, the experiences of those who have/do engage(d) in strangulation during sex, recognising that this is not a homogenous group with completely shared experiences. Differences in perceptions around the act of strangulation, with regard to the restriction of air flow and/or blood flow, should also be further explored . Further research should consider how prior agreement and consent are secured and understood in the context of these behaviours, with the difference in perception between those who strangle and those who are strangled yet to be adequately explored. Research on the physiological effects of strangulation during sex must continue to be supported to better understand the implications of strangulation use. Given the current attention on protecting, in particular, children from harmful sources of information – for example, through changes to legislation around pornography and additional guidance around sex education – the impact and relative efficacy of these changes must be continually evaluated as reforms and regulations are implemented and embedded.

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