

# UNDER PRESSURE

NON-FATAL STRANGULATION ● *KNOW THE SIGNS*

## MEDICAL PROFESSIONALS POLICY BRIEF: NON-FATAL STRANGULATION

# AUTHOR

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Judiciaries within the UK have reported increased occurrences of non-fatal strangulation (NFS) over the past few years. Despite this, there has been no formal evaluation of Northern Ireland to systematically collect rates of NFS within the territory from a wide range of sectors. The medical sector has increased engagement with survivors of NFS and often serves as the first point of contact after assault for many survivors. Furthermore, the medical setting is already an institution capable of collecting forensic data on assault. This places increased responsibility onto those within the Medical sector to be aware of NFS; how to manage long-term and short-term harms ranging from pain, difficulty breathing and swallowing, jugular dissection, seizure, and stroke; and, to understand the ways NFS can be difficult to collect forensic evidence for due to memory disturbances, delayed development of external injuries, and internal injuries with limited external signs.

## **WE RECOMMEND THAT THE HEALTH SECTORS OF THE NI GOVERNMENT AND THE HEALTH AND SOCIAL CARE OF NORTHERN IRELAND:**

- **CONDUCT A REVIEW OF NFS WITHIN HEALTH AND SOCIAL CARE;**
- **AMEND EXISTING FORENSICS COLLECTION PROTOCOLS TO ACCOMMODATE THE CHALLENGES NFS PRESENTS, INCLUDING;**
  - **DOCUMENTATION ACCOUNTING FOR THE POSSIBILITY OF MEMORY LOSS, AND,**
  - **DOCUMENTATION ACCOUNTING FOR THE ABSENCE OF EXTERNAL INJURIES.**
- **ENCOURAGE MEDICAL PROFESSIONALS, IN EMERGENCY AND GENERAL PRACTICE SETTINGS, TO AMEND THEIR INTAKE QUESTIONS AND APPROACH TO ADDRESSING POTENTIAL AND REPORTED CASES OF NFS.**

**Non-fatal strangulation (NFS) is the intentional and/or reckless restriction of breathing or blood circulation to the brain. It can include putting hands around someone's neck, choking someone in an arm lock, using an item such as a scarf around someone's neck, covering someone's mouth and nose, or applying pressure to the chest.**

Strangulation and Asphyxia are the second highest cause of femicide across the UK, resulting in 39.8% of all documented femicides from 2009-2022<sup>1</sup>. Despite this, there is no medical study in Northern Ireland about the experiences of survivors of NFS. The exact number of women, men, and children who are subjected to NFS within NI is not known due to the lack of research, varying understandings of what constitutes NFS within medical systems, difficulties in collecting data within emergency medicine, and clinical settings which will be discussed further.

Studies from England, Wales, Australia, and the USA show that many survivors of NFS interact with the medical services within 24 hours of the assault<sup>2</sup>. Initial interactions between survivors and medical services impact their physical and mental well-being, and their ability to seek legal resources in the future through forensic collection. As a result, the awareness of the medical sector to NFS is vital in addressing the epidemic of intimate partner abuse, domestic abuse, and femicide across NI and the rest of the UK.

## ISSUES OF DEFINITION

One of the main reasons for varying definitions of NFS within the medical sector is the assumption that NFS is limited to hand-on-throat strangulation. Instead, NFS can include a range of acts that limit the respiratory and circulatory functions granting the abuser the feeling of complete control over the victim resulting in ligature strangulation, compression asphyxia, poster asphyxia, carotid restraint, and lateral vascular restraint. NFS occurs through assaults including choke holds, garrotting (with a necklace, belt, or other flexible object), crushing with body weight the subject's chest, back, neck, or face, and hog or hobble tying. Furthermore, in Northern Ireland, for prosecution, there does not need to be visible signs of external injury to the victim.

## ISSUES IN SAFEGUARDING

The goal of strangulation is often not to kill, rather, it is used as means for an abuser to demonstrate their complete control over the life or death of their victim.<sup>3</sup> NFS is highly correlated to other forms of coercive violence in both intimate and non-intimate relationships, such as stalking and isolation. NFS has high rates of revictimization. Studies have shown that 61% of female survivors of NFS are at high risk of later revictimization<sup>4</sup> and the risk of subsequently being killed by the same perpetrator increases by 7.5%.

A high number of survivors report the presence of children in the vicinity or witnessing the strangulation, with some bringing children to the emergency department when they seek medical care for themselves.

## ISSUES IN FORENSICS

Only 50% of people who report NFS have visible injuries. Many emergency services have forensic collection protocols for when a patient reports abuse or assault. However, existing protocols can be ineffective due to NFS not always leaving external injuries in the immediate aftermath of assault that can easily be documented.

Additionally, NFS can impact the brain's ability to form memories of the assault by depriving the hippocampus of oxygen. This is true particularly when NFS manifests as arterial occlusion which can result in complete anoxia in 6-10 seconds.<sup>5</sup> This places additional expectations on medical professionals to remain vigilant to the signs of NFS and other abuse because survivors are not always able to advocate for themselves due to memory disturbances.

Both factors make documenting NFS injuries difficult, limiting the legal prospective of survivors seeking judicial recourse against their abusers. They compound with existing difficulties for people of colour in accessing treatment and proper documentation.

Given the current situation as outlined above, we would ask the health sector of the NI government and the Health and Social Care Northern Ireland to implement the following recommendations.

## **CONDUCT A REVIEW OF NFS WITHIN THE HEALTH AND SOCIAL CARE OF NORTHERN IRELAND.**

This review should include rates of reported and suspected NFS within Emergency Medical and General Practice services across the territory to gain clear numbers of impact NFS has had on the NI population. The review should also gather information on the demographics of survivors who report to Medical Services including age, gender, relationship to abuser, and so with the intention of identifying risk factors within the NI population, as well as commonalities in the types of injuries sustained and forensic information gathered. This review should be made publicly accessible once completed.

## **AMEND EXISTING FORENSICS COLLECTION PROTOCOLS AND DOCUMENTATION TO ACCOMMODATE THE CHALLENGES NFS PRESENTS.**

Memory disturbances caused by NFS can make survivors unable to give full testimony of their assaults. Amendments should prompt medical professionals to document what is remembered prior to the assault including threats, controlling behaviour or tendencies, and any past abuse. Professionals should also be aware that memory disturbances can be impartial and be encouraged to document particle accounts, rather than dismissing them.

The deleted nature of external injuries means that many visual signs of assault manifest outside of the 48-hour window survivors are most likely to seek medical care. In cases of reported or suspected NFS, survivors should be encouraged by medical professionals to return for a follow-up appointment with clinical staff both for the collection of forensic but, more importantly, reassess injuries to ensure that symptoms of any lasting effects are documented and treated. Forensic documents should be amended to include a continuous narrative of events and injuries with follow-up appointments, and protocols put in place to ease follow-up appointment scheduling for the survivor.

## **ENCOURAGE MEDICAL PROFESSIONALS, IN EMERGENCY AND PRACTICE SETTINGS, TO AMEND THEIR INTAKE QUESTIONS AND APPROACH TO ADDRESSING POTENTIAL AND PAST NFS. ACCOMMODATE THE CHALLENGES NFS PRESENTS.**

Internal injuries resulting from NFS, including hyoid bone fracture and bruising, jugular and arterial dissection, intracranial haemorrhaging, and cardiac complication from vagal stimulation, can be better assessed through internal imaging. MRIs have proven more capable of identifying internal injuries while CT scans do not provide further information that cannot be gleaned from external physical examinations. Medical professionals should proceed with a heightened index of suspicion for patients presenting NFS injuries and be encouraged to take internal imaging, even if there are limited external injuries visible.

Medical personnel should also incorporate questions about NFS into medical history intake during visits to the EA, GPs, or other doctor appointments. NFS can lead to higher rates of future seizures, strokes, and aneurysms; recent studies suggest that NFS increases this risk the same amount chronic high blood pressure does. By having NFS be a part of a person's medical history, physicians and nurses can better understand and mitigate this risk.

# REFERENCES:

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<sup>1</sup> O'Callaghan, Clarie et al., "Femicide Census 2022" [www.FemicideCensus.org](http://www.FemicideCensus.org).

<sup>2</sup>Parekh, Vanita et al., (2024), "Non-fatal strangulation versus general assault in a clinical medicine cohort: Characteristics of patient, perpetrator and presentation" in Journal of Forensic and Legal Medicine, 102, pp. 1-5; and, White, Catherine, et al., (2021) "'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" in Journal of Forensic and Legal Medicine, 79, pp. 1-10.

<sup>3</sup>White, Catherine, et al., (2021) "'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" in Journal of Forensic and Legal Medicine, 79, pp. 1-10.

<sup>4</sup>Spencer, Chelsea et al., (2023) "Factors Associated with Non-Fatal Strangulation Victimization in Intimate Relationships: A Meta-Analysis" in Trauma, Violence & Abuse, 25(3), pp. 2103-2114.

<sup>5</sup>de Boos, Julia, (2019) "Review Article: Non-Fatal Strangulation: Hidden injuries, hidden risks" Emergency Medicine Australasia 31, pp. 302-308.

<sup>6</sup>Mullin, Scotia & Harmann, Rita, (2025) "The Characteristics and Circumstances of Fatal Interpersonal Strangulation in Australian Adults" in The Journal of Interpersonal Violence, 41(5-6), pp. 1370-1402; Spencer et al., "Factors Associated with Non-Fatal Strangulation Victimization in Intimate Relationships," 2023)

<sup>7</sup>Sharman, Leah S et al., (2023) "Medical Evidence Assisting Non-Fatal Strangulation Prosecution: A Scoping Review" in Health Service Northern Ireland.

<sup>8</sup> de Boos, Julia, (2019) "Review Article: Non-Fatal Strangulation: Hidden injuries, hidden risks" Emergency Medicine Australasia 31, pp. 302-308.

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## NON-FATAL STRANGULATION ● *KNOW THE SIGNS*

### WHO ARE WE?

## NON-FATAL STRANGULATION: KNOW THE SIGNS

**The starting point of this project was a simple statistic. People who are subjected to non-fatal strangulation (NFS), are 750% more likely to subsequently be murdered by that same perpetrator<sup>[1]</sup>. The lived reality of this statistic is that many organisations working to combat domestic abuse (DA) and/or intimate partner violence (IPV), consider NFS as the last 'warning shot' before fatalities occur<sup>[2]</sup>.**

Whilst we are aware that statistics can often silence complexity, our research into NFS, particularly in Northern Ireland (NI), does not mirror this. For us, it rapidly became clear that NFS was more common than it was understood.

- ▶ NFS is in the conversations with peers and friends that equate this crime with a kink, namely choking, during sex.
- ▶ NFS is ubiquitous in pornography, where violence against women and girls is being normalised and men's control over women's bodies is rehearsed and performed.
- ▶ NFS is also a pattern occurring in the violent deaths of women in Northern Ireland. Non-fatal strangulation or death by strangulation was a feature in 52% of all femicides in Northern Ireland since 2020.<sup>[3]</sup>

### THUS, THIS PROJECT SEEKS TO:



**RAISE AWARENESS OF NON-FATAL STRANGULATION**



**OFFER IMPARTIAL ADVICE AND AVENUES FOR SUPPORT**



**PRESENT RESEARCH-LED RECOMMENDATIONS FOR CHANGE TO TACKLE NFS**

**This project was undertaken by the following students undertaking the MA in Conflict Transformation and Social Justice at Queen's University Belfast:**

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**CIVIC ENGAGEMENT  
AND STRATEGIC  
COMMUNICATIONS**

[1] Training Institute for Strangulation Prevention; Domestic Violence Services Network, Inc.

[2] Alliance for Hope International, <https://www.allianceforhope.org/training-institute-on-strangulation-prevention/online-courses>

[3] Where details of cause of death are known. The real figure could be much higher (Mc Morrow, forthcoming)

