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Erotic asphyxiation has become mainstream among under-35s. How did we get here? By Jane Hone

The risks associated with sexual strangulation include death, long-term changes in the brain, miscarriage and thyroid injuries. Illustration: Clemens Habicht/The Guardian

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nthony* has been in a relationship for 10 years and chokes his partner during sex about one in every 10 times. The 29-year-old, who works in the health and fitness industry, noticed she liked to be touched around her neck, which over time led to experimenting with more pressure and

"It was like, 'Oh, OK, like, this is a nice thing," he says. "She likes this. And it's kind of getting me in the mood as well."

Erotic asphyxiation is nothing new. Mention the term to anyone over the age of 30 and they're likely to bring up Michael Hutchence's 1997 death (which was ultimately determined to be <u>a suicide</u>) or Tim Winton's 2008 novel Breath, which depicts a teenage boy getting drawn into sexual asphyxiation with an older friend's wife. Various types of "breath play", as it's often referred to in BDSM communities, have been practised since at least the 1700s – it even appears in the Marquis de Sade's 1791 novel Justine.

But historically representations of sexual strangulation have typically involved doing it to oneself, and erotic asphyxiation has been an <u>uncommon act</u> even in the BDSM communities with which it's commonly associated.

In July researchers from Melbourne and Queensland universities <u>published a study</u> on the prevalence of sexual strangulation among 18- to 35-year-olds in Australia and found that over half of the more than 4,700 surveyed had choked or been choked by a sexual partner. Among young people, sexual choking has become mainstream.

The risks associated with sexual strangulation include the obvious: death. Women have died in this way. But there are numerous other risks, including long-term <u>changes in the brain</u> that can occur whether or not the person being choked remains conscious, as well as miscarriage, thyroid injuries and short-term impacts including vomiting and loss of bowel control.

So how did we get here? And if the risks are so substantial, why is sexual strangulation common among young people?

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The prevalence study is the first of its kind in Australia, so there are no previous figures to measure its findings against. But researchers report seeing an increase in the number of young people mentioning sexual strangulation as par for the sexual course. (Researchers, legislators and the general public use "sexual strangulation" and "choking" interchangeably but some in the BDSM community make a distinction between choking as pressure using one hand and strangulation – gripping the neck with both.)

"Over the last few years, young people spoke incredibly frequently about strangulation, or 'choking'," says Maree Crabbe, who is co-founder and director of Australian violence prevention project <u>It's Time We Talked</u>, and has been interviewing young people about their sexual experiences for 15 years. "They often referred to it as a mainstream practice, and that was new."

Part of our cultural 'soup' or 'natural'?

The prevalence study found that the main way young people were introduced to choking was through pornography (34.8%). The next most commonly reported first exposure to choking was conversations with friends (11.5%), while 9.2% had learned of the practice through discussing it with a sexual partner. One in 10 were unsure how they came across the idea and only 3.9% had never heard of it.

A majority of those surveyed (61.3%) had seen choking depicted in porn, although this included more men (71.4%) than women (51.5%). A third had also seen choking represented on social media. This includes memes, such as the "<u>choke me daddy</u>" memes, which sometimes depict men who don't want to choke women as weak or "vanilla".

Sarah*, a 34-year-old single woman who works in the creative industries and often chokes her male sexual partners, doesn't think porn has influenced her.

"I think it's natural," she says. "It's only natural for lots of things to escalate ... That's just human."

■ Our brain is a really significant sexual organ Maree Crabbe

"Another point is that we're talking about [sex] more. And we're watching TV shows that provide the space to talk about it." (Forty per cent of young people interviewed for the prevalence

study said they had encountered choking in movies.)

The University of Sydney professor Alan McKee, who wrote the 2022 book What Do We Know About the Effects of <u>Pornography</u> After Fifty Years of Academic Research?, says his research indicates that porn might not be as influential on sexual behaviour as many believe. "It doesn't have 'influence'," he says. "It can be a form of education." But he adds: "You do not want pornography to be your children's only source of information about sex. That's absolutely key." Other researchers argue that pornography shapes users' <u>sexual "scripts"</u> and directly influences the sexual behaviours of young people. But it is widely suggested that <u>more research is needed to determine causal links</u> between pornography and sexual behaviours.

Crabbe suggests the prevalence of choking might be caused by a kind of cultural "soup", or a "confluence of factors reinforcing one another". She adds that it can be hard to identify how we first learned of something once it's in the zeitgeist.

"We all make decisions about sexuality in our sociocultural context," Crabbe says. "And it's not just about individual choice, we're also influenced by the people around us and by the culture around us.

"Our brain is a really significant sexual organ. If we repeatedly associate pleasure with, you know, any number of things, then we can eroticise it ... That means we need, I think, to be able to think critically about what we allow ourselves to be eroticised by."

Death, safety and 'euphoria'

James*, 25, and his long-term girlfriend push choking to the limit. James will usually exert pressure on the sides of her neck (sometimes called a "blood choke") that is between a level five and seven out of seven (the scale used in the prevalence study to gauge how much pressure is being exerted during sexual strangulation) – sometimes to the point that she passes out.

"I also know that she enjoys the euphoria around it," he says. (Guardian Australia confirmed this account with James's partner.)

In a study published by researchers in the US, 81.7% of more than 4,200 college students surveyed who had practised sexual strangulation reported experiencing pleasurable sensations and euphoria - which can be caused by a lack of oxygen to the brain - in response to being choked. Some 43% also reported a head rush - the same again had felt as though they could not breathe. About two out of five respondents had experienced difficulty swallowing and being unable to speak. Fifteen per cent had found bruising on their neck and 3% had lost consciousness as a result of having been choked.

While those who practise choking often believe it can be done safely, health experts warn there is no way to strangle someone without risk. Blood and air flow may both be restricted. A person can become unconscious within 10 seconds of being choked, and within 17 seconds they can have a fit due to a lack of oxygen. Death can occur within 150 seconds of being rendered unconscious.

While Anthony is confident he practises choking safely, he says he can understand how it could result in death. "I can fully see that," he says. "Freaks me the fuck out.

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"I reckon as soon as they cough ... you're like, 'Oh, shit, [that's], too much." But, he says, he has spoken to people "that are just like, 'More, more, more, more, more, more' [pressure]. And I'm like, 'Woah. No, thank you."

Prof Heather Douglas, a domestic violence expert from the University of Melbourne school of law, who co-authored the Australian prevalence study, points to <u>a study by</u> <u>researchers at Indiana University</u> that discovered neurological changes among women who had experienced sexual strangulation, finding "preliminary associations with altered working memory function and worse mental health".



Health experts warn there is no way to strangle someone without risk. Photograph: RunPhoto/Getty Images

'By this point I couldn't stop him'

Consent is another problem. It can be difficult to give continuing, clear consent while being strangled due to the loss of breath and speech, and the immediate impact on brain. At the release of the report, Douglas warned a freeze response was common in strangulation and so "safe words" or gestures were less able to be relied upon. There is also concern consent may be given without knowing the risks involved; a survey of 168 Australian university students published this year found that they predominantly did not know strangulation to be harmful.

Sometimes choking is performed without consent being given at all. A 2021 study found it "striking" how little was known, among those who practise, about "how consent may be negotiated, communicated, or understood for choking".

Non-fatal strangulation – not sexual choking – is being taken increasingly seriously by governments around the world. Strangulation accounts for <u>12% of intimate</u> partner violence cases where women have been killed. Last year Victoria made a specific criminal offence of non-fatal strangulation, partly in response to the fact people strangled by a partner are seven times more likely to be seriously injured or murdered by that partner in future. Consensual choking "gone wrong" has been used as a defence in cases of intentional homicide.

But that law made a distinct carve-out for cases of consensual sexual strangulation, indicating institutional acceptance of this as a practice.

McKee uses the term "breath play" when talking about erotic asphyxiation as a way to differentiate between nonconsensual sex acts and consensual kink.

"What we're talking about [in consensual cases] is not choking per se, it's breath play," he says. "The problem is that people are doing it, but without any understanding of the consensual negotiations." A 2021 study of 24 young US women found "only some" had established any safe words or gestures with their sexual partners.

Alice Birbara, a 30-year-old actor from New South Wales, experienced nonconsensual sexual strangulation with a man she met on a dating app. The man asked Alice via message if she was interested in choking, to which she responded that she was – as long as it was practised safely and with consent. A couple of days later they had sex, during which he began choking her "out of nowhere".

■ It's the sense of danger and risk that's appealing Sarah

"I just felt the full force of his whole body weight on me," she says. She tapped him on the shoulder to get him to stop. "He assumed my consent was there because we texted about it two days or so

earlier."

They then agreed her "safe gesture" would be tapping him, and resumed having sex. "Then pretty much within five seconds or so he was back to choking me. But this time he had my arm pinned down so I couldn't actually do the tapping," she says. "By this point I couldn't stop him."

Birbara describes experiencing a freeze response and feeling as though she was on the verge of losing consciousness. After this she had a sore throat, red dots known as petechiae appeared under her eyes and she lost her voice for five days. She ended up going to the hospital so she could be checked for internal damage. Medical staff found no further physical damage but Birbara says the psychological trauma is ongoing. "I think something that people don't understand is that it doesn't just disappear," she says.

After filing a police report against the man involved, Alice reached out to him to explain to him that he had choked her without her consent. He claimed to have had no idea he had sexually assaulted or even hurt her.

"It's all very complex, thorny stuff but I can say wholeheartedly that there's no safe way to choke," she says. "And the risk is just not worth it. Because there's just so many other fun things to do that are nowhere near as risky."

'There's that trust thing'



Consensual choking can 'be a way to demonstrate intimacy and enhance connection', researcher Lily Moor says. Photograph: PhotoAlto/Frederic Cirou/Getty Images

Anthony says choking his girlfriend generally involves a level of pressure between one and four out of seven, and that he only feels comfortable engaging in the practice because they trust each other.

"In a weird way, it kind of helps build that," he says. (Anthony's girlfriend confirmed his accounts.)

Those who practise choking who spoke to Guardian Australia talk of the appeal of the sense of danger it gives them, and report it reflects or enhances intimacy and trust between partners.

Lily Moor, a PhD candidate and research officer at La Trobe University's Australian Research Centre in Sex, <u>Health</u> and Society, explains via email that consensual choking "can also be a way to demonstrate intimacy and enhance connection".

James* also talks about choking his girlfriend as a sort of trust exercise.

"It kind of feels like a very ultimate form of intimacy, in the way that someone actually genuinely trusts you with their life," he says.

"It's something we always do with lights on, it's never a lights off thing because it very much involves looks. Because we've been together for so long there's subtle looks during sex that we have ... 'OK, it's too much', 'keep going'-type situation. It's definitely not anything that could be done verbally. Again there's that trust thing. I know what that look means so I know I have to stop." For Sarah it's also about playing with power dynamics. "It's the sense of danger and risk that's appealing," she says, adding it can be a way to express sex positivity and sexual freedom.

"I like to take control for a bit, and then I also like to have them take control for a bit," she says. "It's a power move, isn't it?"

Moor argues it's important to encourage open dialogue and not to kink-shame or stigmatise consensual sexual behaviour, as this may reduce the likelihood of people seeking out reliable information on it. Public health bodies, such as <u>It Left No Marks</u>, an online learning hub run by Women's Health NSW, aims to offer nonjudgmental information on both nonconsensual and consensual strangulation and combats myths, such as that choking is risk-free.

"People should be able to engage in whatever they want to do, if it's consensual and talked-through and everybody wants to do it and it's feeling good for people," Douglas says. We should stay out of people's private lives, she says. "But I think strangulation is a rather particular thing."

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