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# < Sexual choking is on the rise and has become a lifestyle choice



Lara Leahy  
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An image used in a medical paper on sexual choking (Image credit: Health Ed [https://www.healthed.com.au/clinical\\_articles/non-fatal-strangulation-detection-and-management/](https://www.healthed.com.au/clinical_articles/non-fatal-strangulation-detection-and-management/))

Disturbing findings surrounding the number of people, women in particular, who experience sexual choking have brought about the need for a deeper understanding in the medical profession and in communities.

Sexual choking, also known as breath play, strangulation of erotic asphyxiation, does the same thing as violent, forced choking - stopping the blood from delivering oxygen to the brain.

Scarleteen reports, "A recent study in Australia found that out of 4,702 individuals 18 to 35 years old, of all genders, a total of 57% reported being sexually strangled."



Emma Siegel, the Manager at Lismore Women's Health & Resource Centre (LWHRC) talks about the recent increase in frequency and the concern it is causing for women's health.

"Women's Health New South Wales, have been running a project with all the women's health centres across New South Wales, and they've developed this amazing resource. It's called, "It left no marks."

The LWHRC facility has just had all staff trained in speaking to women who have experienced choking or choose sexual strangulation as part of their lifestyle.

"Our staff are trained to support women with assessment and accessing services. We can also support them to access information so that they can make informed decisions about their own health.

"Whether that's continuing to engage in consensual sexual choking, or whether it was something they experienced in the context of violence, our staff are supporting both groups.

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"The main health message is that we want people to know that it's a high risk sexual practice. There is a misbelief that it is harmless and that everyone's doing it when that's not the case.

"In fact, there have been studies to show that among men who choked their partners during sex, even the ones who knew that there were potential risks, didn't know how to respond if their partner lost consciousness, or was having some kind of medical need during the act."

As with anything involving risk, it is best to consider the consequences before they catch you short.

"If it's something that you do want to continue engaging in, make sure that it is being enacted with enthusiastic consent by both parties and that all your boundaries are communicated, and that your partner knows how to access help when it's necessary."

Emma speaks of the "popularity" of the act, and the assumption that it's a desired practise, when often it isn't. Often there is a perception of normalcy or for heightened pleasure. Communicating what is important to each other is vital to understanding if it really is the right thing for a couple.

If, after any sort of choking, you feel any of these new or evolving neurological signs, it is an indication that a possible brain injury has occurred:

- feeling slow or foggy,
- difficulty processing information,
- memory problems,
- changes in Mood or sleep,
- muscle fatigue or limb weakness,
- bowel disturbance,
- severe headaches or migraines,
- changes in vision or sight.

"Brain injury can have serious and long term impacts on that woman's functioning, especially if she's not provided with the support that she needs in the time after the incident. It is best to seek

help within seven days of the event.

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"In research where people, young people, were asked to do cognitive tests, those that had engaged in sexual choking four times in the last six months, could get the same results in the same time as young people who hadn't engaged in sexual choking. But the difference is that different parts of their brain lit up.

"This suggests that the brain is actually recruiting different pathways to do the same job, which would suggest that there was some damage to the original pathways. So we know that this experience is changing young people's brains.

"The other thing is that, due to the pressure being applied around the arteries in the throat, it can actually increase people's risk of stroke up to 10 days after the event. The highest risk being the first four days.

"If people are choosing to continue to engage in sexual choking, the recommendation is to try and leave at least four days between different acts. That gives your brain and your body time to recover from any physical damage."

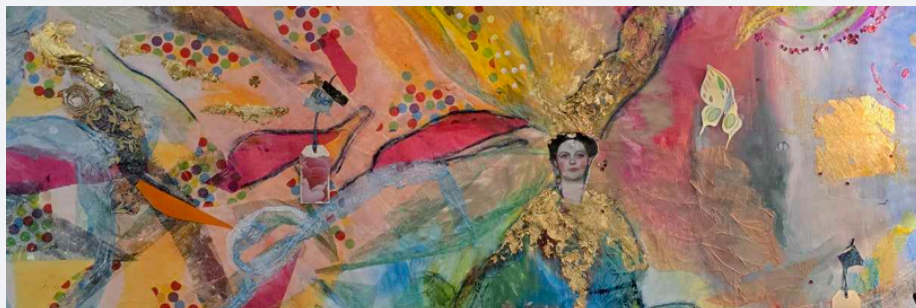
Strangulation in the context of intimate partner violence, is an extremely serious situation, "It is a significant risk factor for escalating violence, and it increases the chance that a woman will die.

"Those women are also potentially experiencing other forms of violence, like blows to the head, which would also have impacts on the brain.

"Strangulation has been legislated as a criminal offence. So it is something that people can be charged with.

"It's generally accepted that you cannot consent to harm on your own body. So even if, if somebody dies in the act of consensual sexual choking, there still are avenues for the person who has been choking to be charged with a criminal offence.

"Also consider, if a woman died as a result of stroke following an experience of strangulation, it wouldn't always be connected, because in up to 50% of cases where women have experienced strangulation, they don't have any external or visible signs of the assault. So if there's no background history to suggest that that woman was a victim of violence, it may not be picked up."



(One of the beautiful artworks in the Lismore Women's Health and Resource Centre)

If you find yourself inadvertently the victim of strangulation, or are concerned about the effects after a choking event, you can immediately report to an Emergency Department at a hospital or call or visit LWHRC or NORWACS.

"We can provide case management support. We can support that woman to access appropriate referrals. If she does want to get medical services or healthcare services, we can support her to check her brain health.

"Some women might be more interested in learning strategies to manage some of the symptoms, so around executive functioning or memory. They might want to see an OT or a neuropsychologist to work through some of those daily living skills that they have been struggling with.

"These kind of brain injuries don't always show up on scans, we don't have the technology. And it can be invalidating for women if they don't have that proof."



Visit and speak to one of the case workers about your situation and what you need help with. If you call and request a case worker, at the intake stage, some details will be asked to match you with the right facilitator, but it is all in confidence.

Lismore Women's Health & Resource Centre (LWHRC)  
 Northern Rivers Women and Children's Services Inc (NORWACS)  
 On 02 6621 9800

For immediate support after strangulation and sexual violence call 1800 FULL STOP (1800 385 578)

The article [discussing statistics can be found here.](#)

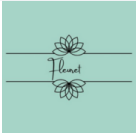
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Strangulation and [brain injury information](#)

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