

RECENT TRENDS IN “CONSENSUAL” SEXUAL CHOKING

Choking was not taught in foundational S/M, Kink, BDSM, or Leather Manuals:

- There is no handkerchief color for breath play or choking in Samois’s *What Color is Your Handkerchief?*
- *Leatherman’s Handbook* (1972) doesn’t mention choking, and advises use of a “keyword” as a warning in case of problems with circulation or breathing during any kind of kink encounter.
- Samois’s *Coming to Power* (1981) warns about suffocation in relation to bondage and how dangerous it is to tie objects around the neck, and that it only takes “a few seconds of pressure on the carotid artery in the throat to cause unconsciousness.”
- Jay Wiseman’s (1991) *SM 101: A Realistic Introduction* was the definitive statement against erotic choking within the BDSM communities for two decades: “As a person with years of medical education and experience, I know of no way whatsoever that either suffocation or strangulation can be done in a way that does not intrinsically put the recipient at risk of cardiac arrest.”

Yet choking is often referred to in mainstream media as an “introductory kink,” along with advice to get training from kink educators on how to do it “safely.”
Note: None of NCSF’s 57 Coalition Partner groups that serve kink practitioners present workshops on how to choke someone.

AUTHORS

Tess Zachary, MBA - Stephen Ratcliff, MA, LPCC, LPC, LMHC, NCC, CST - Susan Wright, MA

INTRODUCTION

Sexual choking usually involves some type of neck compression/strangulation or use of a ligature to restrict blood flow and/or air flow (Herbenick et al., 2022). An increasing engagement in sexual choking, particularly by young adults, has been documented in media reports and recent research. This research has also highlighted the associated physical and psychological effects that come from being choked.

This poster highlights the health risks, prevalence, and legal status of sexual choking.

PREVALENCE

- A U.S. study of 4,989 randomly sampled college students found a gender-based pattern (Herbenick et al., 2021):
- 64% of women, 29% of men, and 55% of gender diverse students had been sexually choked.
 - However, 59% of men and 58% of gender diverse students had choked someone, compared to only 28% percent of women.

51% reported only sometimes or never being asked if it was okay for them to be choked.

In the 2021 National Survey of Sexual Wellbeing of 2,525 adults—35% of women ages 18 to 24 and 11% of women ages 25 to 39 reported having been choked during their most recent sexual event.

- Pop culture articles promote the mistaken belief that there is a “safe way” to choke someone. Of 71 articles published from 2007-2024 (Wright, 2025):
- 17 offered “how-to” advice on how to choke “safely.”
 - One-third (n=23) didn’t state that death is a potential risk of being choked.
 - Only 9 stated that choking is “risky,” can cause brain damage, or you can’t choke someone “safely.”

LEGAL STATUS

The latest Appellate Case involving choking is Oregon v. Sunny Sky Stone (2023). The couple were in a BDSM relationship and consensually engaged in sexual choking, however the court instructed the jury that **consent is not “a portion or element of”** the crimes of strangulation or second-degree assault.

IMPORTANT!
Strangulation & Suffocation are Illegal under Federal Law (Title 18 USC § 113), the U.C.M.J. (H.R. 5515), and Explicit Prior Permission (MPC Section 213:10) for consent to erotic force or restraint.

OBJECTIVES

It is important to understand that legally, “serious injury” includes the risk of death or permanent harm that comes with sexual choking. **This means that consent is not a defense for sexual choking.**

It is also important to understand the current research on the harms caused by sexual choking, including emotional and mental health risks. It’s also important to recognize there are harm reduction alternatives to sexual choking.

RISK OF DEATH

A review of U.S. news articles found reports of 58 deaths (2000-2025) from alleged “consensual” sexual choking (Wright, 2025):

- Women were more likely to be choked, while men were more likely to do the choking: 1/5 (20.6%) of the victims were male (n=12) and 95% of the perpetrators were male (n=55).
- The majority (69%, n=40) of the fatalities happened after the publication of *Fifty Shades of Grey* (2011).
- 9 of the perpetrators claimed “she/he asked for it,” however 8 of these victims had no known preference for kink activities.

- NCSF Incident Reporting & Response Data (2014-2024)** out of 688 criminal reports:
- 7% (n=49) involved choking, suffocation or breath play
 - **45 since 2017, indicating this is a more recent trend**
 - 8 people died
 - 6 people were choked to unconsciousness
 - 63% of the survivors reported to the police (n=26)
 - 40 of the victims were kinky
 - 47 of the perps were kinky

Federal Law: Title 18 USC § 113; Assault within Maritime and Territorial Jurisdiction (2013) states: “Strangling” is intentionally, knowingly, or recklessly impeding the normal breathing or circulation of the blood of a person by applying pressure to the throat or neck, regardless of whether that conduct results in any visible injury, any intent to kill, or injure the victim.

Consent is not a defense for choking in all but four states (Florida, Kentucky, Virginia and West Virginia). In 20 states, choking is illegal regardless of whether there is any injury or intent to harm. Seven states require “intent to harm,” and 11 states require injury to occur for it to be illegal. In a few states, choking is part of domestic violence laws.

HARM REDUCTION ALTERNATIVES

- **Breath Play:** Telling someone to hold their breath or obstruct their own nose or mouth, or rebreathing in each other’s mouth to get a “high.”
- **Jaw or Neck Holding:** Placing a hand on the lower jaw or on the neck without any pressure from pressing or squeezing (typical in pornography depictions of “choking” and in power exchange roleplay).
- **Collar Bone Pressing:** Putting pressure on the collar bone to simulate choking without blocking the blood vessels or airway in the neck.
- **Gags, Hoods, and Collars:** Items that are placed around the neck that do not impede the normal breathing or circulation of the blood.

HEALTH RISKS

- **Signs of Injury:** Up to 40% of fatal strangulations have no signs of injury, with People of Color significantly less likely to show visible injuries (de Boos, 2019).
- **Memory issues:** People who are choked need more neural resources to do memory tests (Huibregtse, 2022).
- **Motor control:** Being choked multiple times is associated with an imbalance in neural activation pattern and hyper-connectivity between the brain regions related to motor control, consciousness, and emotion (Hou, 2023).
- **Brain Damage:** Compressing or blocking the blood vessels or airway leads to decreased blood flow to the brain, both of which can induce brain damage with only minimal force (Bichard et al., 2022).
- **Structural Brain Damage:** There is no 3-4 second “rule.” Once blood flow is stopped and then re-established, the brain tissue suffers from damaging proteins and lipids, and pro-inflammatory mediators are produced, triggering cell death (Busl & Greer, 2010).
- **Mental Health:** Women who had been choked more than five times in the past month were more likely to feel sad, lonely, anxious, and depressed compared to women who haven’t been choked (Herbenick et al., 2021).

RELATED LITERATURE

Bichard, H., Byrne, C., Saville, C. W. N., & Coetzer, R. (2022). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological rehabilitation*, 32(6), 1164–1192. DOI: 10.1080/09602011.2020.1868537

De Boos, J. (2019). Review article: Non-fatal strangulation: Hidden injuries, hidden risks. *Emergency Medicine Australasia*, 31: 302-308. DOI: 10.1111/1742-6723.13243

Busl, K.M., & Greer, D.M. (2010). Hypoxic-ischemic brain injury: pathophysiology, neuropathology and mechanisms. *NeuroRehabilitation*, 26 1, 5-13. DOI: 10.3233/NRE-2010-0531

Herbenick, D., Patterson, C., Beckmeyer, J., Gonzalez, Y. R. R., Luetke, M., Guerra-Reyes, L., Eastman-Mueller, H., Valdivia, D. S., & Rosenberg, M. (2021a). Diverse sexual behaviors in undergraduate students: Findings from a campus probability survey. *The Journal of Sexual Medicine*, 18(6), 1024–1041. DOI: 10.1016/j.jsxm.2021.03.006

Herbenick, D., Fu, T. C., Valdivia, D. S., Patterson, C., Gonzalez, Y. R., Guerra-Reyes, L., Eastman-Mueller, H., Beckmeyer, J., & Rosenberg, M. (2021b). What Is rough sex, who does it, and who likes it? Findings from a probability sample of U.S. undergraduate students. *Archives of Sexual Behavior*, 50(3), 1183–1195. DOI: 10.1007/s10508-021-01917-w

Hou, J., Huibregtse, M. E., Alexander, I. L., Klemsz, L. M., Fu, T.-C., Rosenberg, M., Fortenberry, J. D., Herbenick, D., & Kawata, K. (2023). Structural brain morphology in young adult women who have been choked/strangled during sex: A whole-brain surface morphometry study. *Brain and Behavior*, 00, e3160. DOI: 10.1002/brb3.3160

Wright, S. (2025) Deaths from Sexual Choking: A review of U.S. News Reports (2000-2025). NCSF website: <https://ncsfreedom.org/2025/07/01/deaths-from-sexual-choking-a-review-of-u-s-news-reports-2000-2025/>