

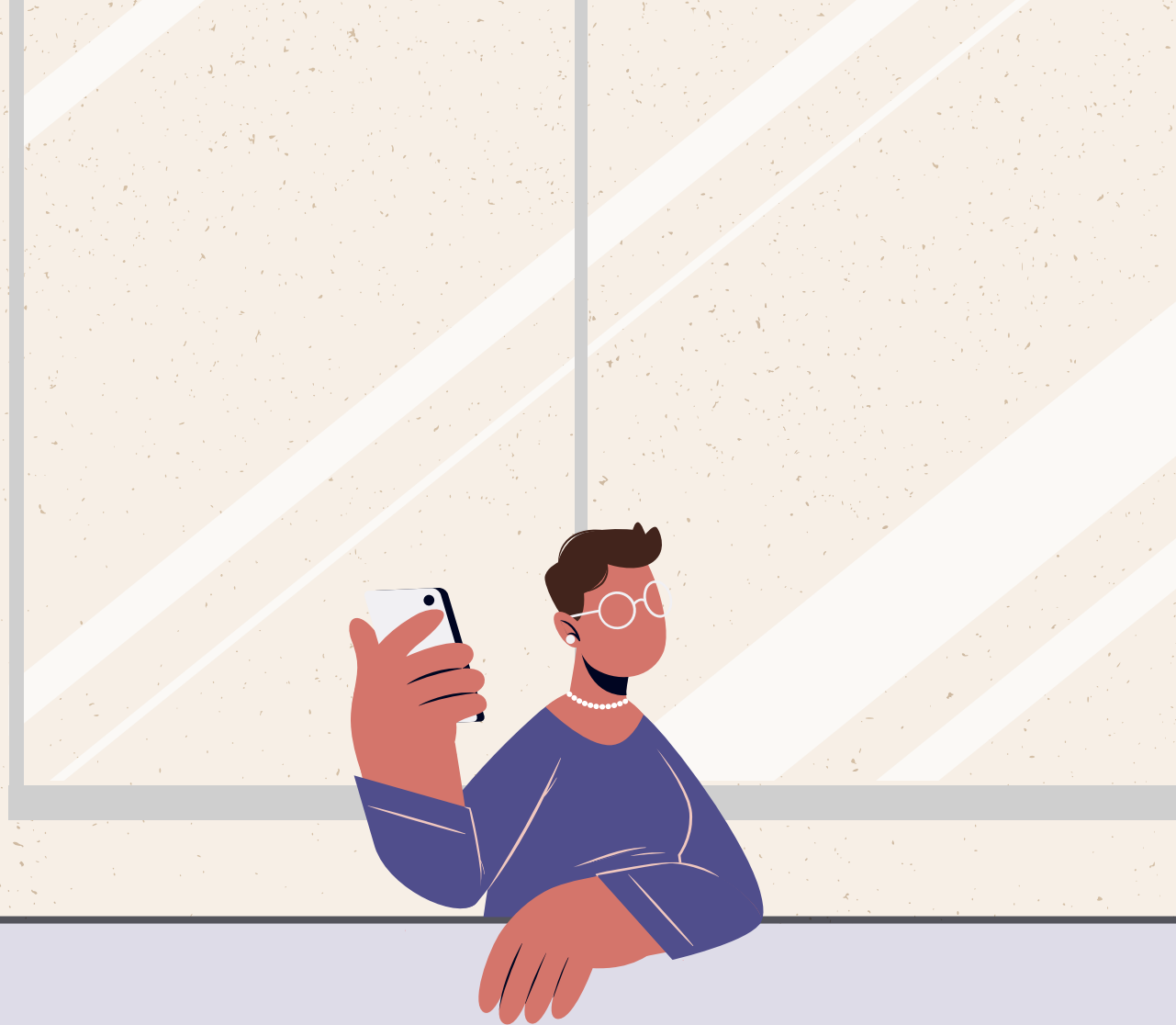
Sexual choking:

A health promotion approach



While sexual choking may be pleasurable, it is not risk-free.

Health promotion is the process of enabling people to increase their control over, and improve, their health¹. By taking a health promotion approach to sexual choking, and focusing on improving health literacy and strengthening capability, we can equip people with the information they need to find ways to lower the risk of serious consequences and support their long-term health.



GUIDING PRINCIPLES

To deliver effective health promotion and empower people to make healthier choices, create a supportive environment by being professionally curious (curious with a purpose) and non-judgemental, trauma-informed, sex-positive, culturally safe, and gender-affirming. Health promotion messages should be evidence-based and informed by current medical and safety standards where they exist.

DIFFERENT WAYS TO APPROACH HEALTH PROMOTION

This booklet sets out some evidence-based ways you might approach health promotion with people who engage in, or who may be considering engaging in, sexual choking. The approach you take will depend upon the person, how they relate to sexual choking, and your role and setting. While you might only use one approach with a person engaging in, or considering engaging in, sexual choking, it's useful to understand them all so you can move between them as required.

Reinforce that sexual choking is never risk-free

When a person is choked, there is a period of time when oxygen supply and blood supply to their brain is cut off or reduced. Each time this happens there may be damage to brain cells, and this damage can build up over time, and lead to problems with brain function.

There is legal risk for the person doing the choking, even with consent. People may argue whether there was consent or not, especially if they have suffered injury. Alongside the risk of criminal charges, there is also a risk of civil legal claims, particularly if the person being choked suffers long-term impacts like a brain injury.

The timeline between sexual choking and fatal strangulation is measured in seconds rather than minutes, and the consequences of getting it wrong are extreme.



I say, there is no safe way to do sexual choking. I encourage them to consider the impact if they do cause damage. I drop in the likelihood of her losing control of her bowels or urine, which makes the men reel back.

Men's behaviour change practitioner

I might say, I've heard you share some examples of sexual choking today and appreciate you've felt safe enough to share such personal, sensitive information with me. I would also like to share some information with you today about the harmful effects of sexual choking. Would you be open to me sharing some information with you about this today? Alternatively, you could take home a brochure to read that explains the risks and discuss it with your partner, and we could revisit this next week?

Counsellor

Women **considering** sexual choking

Women **actively engaging** in sexual choking

Young people

LGBTQ+ people

Men **considering** sexual choking

Men **actively engaging** in sexual choking

SUPPORTING EVIDENCE AND RESOURCES

[Australian research](#) found that the idea that sexual choking is safe to do was a compelling reason to start doing it.² [Research from the United States](#) found brain changes occurred in young college-aged women (between 18 and 30) who were exposed to frequent choking.³

Even consensual choking carries legal risk. Strangulation is covered under s 37 of the [Crimes Act 1900 \(NSW\)](#).⁴ We unpack legal risk further in this [evidence brief](#).⁵

[One study](#) found a consistent sequence of symptoms occurring when pressure was applied to the neck interrupting blood flow to the brain. This timeline included loss of consciousness at 4 to 10 seconds, convulsion at 15 seconds, involuntary urination at 14 to 40 seconds, and loss of bowel control at 30 seconds.⁶ The timeline to a fatal event being measured in seconds rather than minutes is discussed in [this Women's Health NSW video](#) for service providers working with men who use violence.⁷

Explore normalisation of sexual choking as an ordinary part of sex

Explain that it is easy to get the idea that everyone is engaging in sexual choking, but there are plenty of people who don't practice sexual choking who have satisfying sex lives.

Reinforce that not everyone likes rough sex or kinky sex; it's okay to be "vanilla". Being vanilla doesn't mean sex has to be boring. Encourage the person to explore what they both like with their partner, and to make sure they both consent to each new sex act.

Make it clear that saying yes to sex doesn't automatically mean you agree to sexual choking.

Make sure they know that even if you have choking or rough sex on their dating profile it doesn't mean they have to do it every time they have sex. It's still okay to want varied or gentle sex!

Being trans and gender-diverse doesn't mean you have to like, consent to, or perform rough sex, kinky sex, or risky sexual practices, including sexual choking.

SUPPORTING EVIDENCE AND RESOURCES

[Australian research](#) into sexual choking found that social factors, like the idea all your friends are doing it, impacts young people's decision to engage in sexual choking.⁸

[Anecdotal evidence](#) shows that, especially among younger cohorts here in Australia, far too many people incorrectly believe that choking is both routine and risk-free.⁹

[Australian research](#) suggests trans and gender-diverse people aged 18 to 35 engage in sexual choking at a higher rate (79%) than cis¹⁰ women (61%) or cis men (43%)¹¹ [Research from the United States](#) suggests that trans and gender-diverse college undergraduates choked their partners at their most recent sexual event at a higher rate (25.9%) than cis men (24.8%) or cis women (5.7%).¹²

Women **considering** sexual choking

Women **actively engaging** in sexual choking

Women **reluctantly** engaging in sexual choking

Young people

LGBTQ+ people

Men **reluctantly** engaging in sexual choking

Men **considering** sexual choking

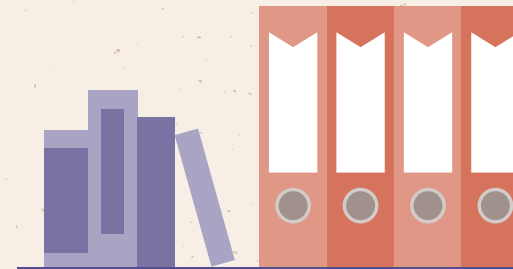
Men **actively engaging** in sexual choking

Many young people I meet feel pressure to do things during sex because they think it is expected of them. They might have seen it in porn, or heard about it in the media and think "Everyone is doing it". It's important to realise that you never have to do anything you don't want to do, or don't feel comfortable with. And wanting to do it once doesn't mean you always want to.

Women's Health GP

Young people don't like to think that choking is almost mainstream because of how much it is featured in porn. Mentioning their parents might even be into it because of all the Fifty Shades books and movies is also a moment of reflection for them.

Consent educator



The hyper-sexualisation and fetishisation of trans and gender-diverse people¹³ contributes to the misconception that all trans and gender-diverse people engage in rough, risky or kinky sex. As [this practitioner guide explains](#), the lack of accessible information about sex with trans and gender-diverse people can contribute to us learning from pornography rather than educational sources that have a strong focus on consent and respect.¹⁴

Build capacity to identify and redirect to alternative sexual activities

Workshop potential ways to redirect to other sexual activities without saying no – for example, moving a partner's hands from throat to hips and saying, "I like being held here".

Discuss a continuum of risk and redirect to lower risk ways to explore sexual choking that do not involve putting pressure on the neck. This might include the person holding their own breath, playing with role-play/fantasy without applying pressure to the neck, or making sure sexual positions mean the choking partner can always see the face of the person being choked.

Help the person develop boundaries relating to when it's not okay to choke. This might be when either partner is under the influence of drugs or alcohol, as it's harder to control pressure or notice signals; or when they are alone and using a ligature (autoerotic asphyxiation), as the risk of injury in both cases is high.



Women **considering** sexual choking

Women **actively engaging** in sexual choking

Women **reluctantly** engaging in sexual choking

Young people

LGBTQ+ people

Men **reluctantly** engaging in sexual choking

Men **considering** sexual choking

Men **actively engaging** in sexual choking

As a sex worker, when I agree to sexual choking, I make it clear that I mean one hand around my throat but no pressure. Role-playing choking lets you explore the fantasy of choking without risking your health and safety. Sex workers aren't seeing more random sexual choking because they negotiate and set boundaries before sex happens..

Peer outreach officer

We are a sex-positive organisation, so we discuss a range of sexual behaviours that are all completely valid, as long as there is informed consent. Reinforcing for young people that sexuality is a smorgasbord of delicious and not so appealing things encourages them to prioritise exploration and pleasure rather than what porn, and their friends, and pop culture is telling them.

Consent educator

SUPPORTING EVIDENCE AND RESOURCES

A continuum of risk for sexual choking is discussed by clinical sexologist, Dr Lindsey Doe, in her podcast [Sexplanations](#).¹⁵

[Australian research](#) identified 44 deaths in a 7-year period from autoerotic asphyxiation,¹⁶ placing it at the top of any risk continuum.

This [Scarleteen article](#) breaks down the various reasons that young people might want to try sexual choking and offers lower risk alternatives.¹⁷

[This research](#) shows young men are aware alcohol impacts sexual consent, and when drunk, they risk "getting lost in the moment and for 'lines to be crossed'".¹⁸ The consequences of missing signals when engaging in sexual choking can be even more significant because [the timeline](#) between pleasurable sexual choking and a strangulation death is measured in seconds.¹⁹

Strengthen use of consent

Unpack affirmative consent and the law requiring affirmative, ongoing and specific consent for each sex act, including that consent can be withdrawn at any time.

Some people may talk about using safe words or safe gestures (for example, tapping an arm) to indicate when sexual activities move from consent to non-consent. Make sure they are aware that safe words or gestures may not work for sexual choking, as being choked can impede a person's ability to speak, move, or think clearly.



I have an open conversation about sexual choking, and ask, "How do you feel about it? Do you feel you're able to set boundaries and that they're respected? You may want to do this sometimes and not at others. Do you feel you're able to communicate this to your partner?."

Health promotion officer

Being into kink and BDSM, I use safe words so the person can scream "No" or "Stop" if they want to. With sexual choking, I make them hold a rubber ball to indicate they are still consenting. If they drop it, I know they don't consent anymore. Choking can make it hard to speak or remember your safe word is "Elephant" so I also make sure they're standing upright and facing me so I can see if they start to faint or panic. Nothing is fail-safe though; it's called "edge play" for a reason.

Professional dominatrix

Women **actively engaging** in sexual choking

Women **reluctantly** engaging in sexual choking

Young people

LGBTQ+ people

Men **reluctantly** engaging in sexual choking

Men **actively engaging** in sexual choking

SUPPORTING EVIDENCE AND RESOURCES

Affirmative consent amendments to s 61HI of the [Crimes Act 1900 \(NSW\)](#) focus on the need for free and voluntary consent at the time of the sexual activity (s 61HI(1)) and make it clear that consent to one form of sexual activity does not mean consent has been given for another form of sexual activity (s 61HI(5)).²⁰

The NSW Department of Communities and Justice has created [this explainer](#) for NSW laws relating to sexual consent.²¹

The Australian Government have created a number of resources about consent, including [this guide](#) for yarning with Aboriginal and Torres Strait Islander young people,²² and [these translated resources](#)²³ for people where English isn't their first language.

Encourage help-seeking behaviour

Ensure people know how to access mainstream services and can identify when they need them. Mainstream health and legal services aren't always safe and accessible for all clients. Support diverse clients by also offering specialised services, like Aboriginal medical services, multicultural services, or LGBTQ+ services; or by encouraging the use of a safety person for support when accessing mainstream services.

Encourage the person to make a plan with their partner about what to do if something goes wrong before they engage in sexual choking. This might be as simple as keeping a mobile phone nearby to call an ambulance, or discussing when they should call an ambulance.

Go over the visible signs of sexual choking so all sexual partners know if the choked person experiences these signs they should seek medical help.

Identify help-seeking pathways for those wanting to begin the conversation. These might include healthy relationships workshops, groups, or individual counselling to help them unpack the behaviour.

SUPPORTING EVIDENCE AND RESOURCES

Signs of life-threatening injury are set out in Figure 4 of [these guidelines](#).²⁴

This [Australian evidence](#) shows nearly 50% of people who experienced strangulation as part of a sexual assault have no external physical signs it occurred.²⁵ Despite the lack of external signs, as [this clinical practice guide](#) points out, there can still be internal injuries.²⁶

Women **considering** sexual choking

Women **actively engaging** in sexual choking

Women **reluctantly** engaging in sexual choking

Young people

LGBTQ+ people

Men **reluctantly** engaging in sexual choking

Men **considering** sexual choking

Men **actively engaging** in sexual choking



Often accessing mainstream services can be really challenging for our groups because some people aren't eligible for Medicare so mainstream services can be a bit out of reach. Generally, people are aware of the Refugee Health Service which can provide excellent support. Similarly, if people are eligible for Medicare and feel safe enough to access mainstream health services there may not be staff readily available that speak their language. Even though they are always entitled to a health interpreter, they may not always be listened to, or provided the opportunity to engage with an interpreter, which again hinders accessing correct support.

Migrant and refugee support worker

During consultations with clients I encourage an open and shame-free space. Asking about sexual choking as part of a general sexual health consult allows the client and I to openly discuss the practice and gives me an opportunity to not only provide education about physical effects of the practice but also provide info about local services available in the region to support them.

Women's health nurse and midwife

If the person who has engaged in sexual choking does have signs and symptoms, fill out a [medical referral letter](#) with them to encourage a GP visit.²⁷

What happens in the body when someone is sexually choked is the same as what happens when they are strangled. [This Women's Health NSW video](#) explains strangulation and encourages help-seeking.²⁸

Improve understanding of informed consent

Reinforce that it is everyone's individual responsibility to be informed about the sexual practices they engage in.

Support the person to assess sources of information about sexual choking that are relevant, evidence-based and up to date. Compare these sources to anecdotal advice on safety they've heard from movies, memes, pornography, peers, and sexual partners.



SUPPORTING EVIDENCE AND RESOURCES

[Research](#) from the United States shows us that while men who engaged in sexual choking showed concern about inflicting harm, almost no one had sought out any specific information, education, or training on how to mitigate risk during choking.²⁹

This [Australian research](#) found that young people aged 18 to 29 years deliberately sought out digital health content when practitioners did not listen to them, validate their concerns, or provide relevant and accessible information.³⁰ It Left No Marks has [information on sexual choking](#) appropriate for this age group.³¹

Women **considering** sexual choking

Women **actively engaging** in sexual choking

Women **reluctantly** engaging in sexual choking

Young people

LGBTQ+ people

Men **reluctantly** engaging in sexual choking

Men **considering** sexual choking

Men **actively engaging** in sexual choking

We are honest about risks to the person being choked and the person doing the choking. Even if there is fully informed consent, boundaries and safety things, it could still go wrong ... and realistically no one wants to accidentally kill someone during sex.

Consent educator



During our sexual health workshops with young people we have a specific slide on sexual choking. This allows us to approach the topic openly. We talk about the many ways sex can be pleasurable, the importance of informed consent and how sexual choking impacts on their bodies. We also ensure the young people know they can come and talk to us privately either after the session or over the phone if they want to discuss this issue.

Women's health nurse

This [Australian research](#) found that teens aged 11 to 17 years saw a need for more explicit educational materials to assist those practicing risky behaviours to engage in ways that can potentially reduce harm.³² In The Know has [information on sexual choking](#) appropriate for this age group.³³

Reduce frequency of sexual choking

Support long-term health by encouraging people to reduce the frequency of sexual choking, including by leaving sufficient time between choking experiences to allow swelling to fully emerge and start to dissipate.

Frequent sexual choking is associated with structural and functional brain changes and poorer mental health.

LGBTQ+ people

Women actively engaging in sexual choking

Men actively engaging in sexual choking

Young people

Each time you are choked, there is [a] period of time when the oxygen supply to your brain is cut off or reduced. Every time this happens there may be damage to brain cells, and this damage can build up over time, and lead to significant problems with your brain function, so we do not recommend that choking becomes part of your “daily” or regular sexual practice but instead is something that you practice occasionally.

Medical educator



There are two main risks with choking that we need to be careful about: damage to the neck, and damage to the brain. When you are choked the blood vessels in your neck and your airway can be damaged or can be narrowed due to swelling of the skin and soft tissues in the neck. This swelling is at its greatest about two days after you choke, and then slowly reduces, so we recommend that you wait at least four days between choking experiences.

Medical educator

SUPPORTING EVIDENCE AND RESOURCES

[Research](#) from the United States shows that women who had been choked during sex more than five times in their lifetime were more likely to report depression, anxiety, sadness, and loneliness than women who had not been choked.³⁴

Another US [study](#) has shown brain changes (cortical thickening across multiple regions and reduction in gyrification) occurred in young college-aged women (between 18 and 30) who were exposed to frequent choking during sex.³⁵

Address co-occurrence of sexual choking and strangulation

Ensure that people experiencing domestic, family and sexual violence understand the cumulative effects of strangulation and sexual choking both add to the number of times they cut off oxygen and blood supply to their brain and increase their risk of brain injury.

Discuss the way that sexual choking can further normalise your partner putting their hands around your throat. This can increase risk of a fatal event for people who have experienced strangulation in the context of domestic, family and sexual violence.

Ensure that people using violence are aware that genuine consent for sexual choking may not be achievable in the context of a violent relationship. Make sure they understand both strangulation and sexual choking come with legal risk. Invite them to consider how courts will differentiate between strangulation in one part of the home, and sexual choking in another, in the context of a violent relationship.

Women **reluctantly** engaging in sexual choking

Women **actively engaging** in sexual choking

Men **actively engaging** in sexual choking

LGBTQ+ people

There is no greater shame than being humiliated, denigrated, and made to feel unsafe during sex by someone you love. Even though I never wanted to feel that way, I did crave intimacy with my partner. It was the work of specialist practitioners who supported me to make sense of how I loved a man who would harm me this way. Those practitioners were gentle and careful in their conversations with me, slowly unpacking my experiences and holding that shame with me. They took time to listen, to understand, and to support me to understand power and control while highlighting risk factors, including strangulation. They upheld my dignity while fulfilling their professional responsibilities around assessing risk.

Lived expertise advocate

I explain that coercion doesn't stop at the bedroom door.

Men's behaviour change practitioner



SUPPORTING EVIDENCE AND RESOURCES

This [US study](#) found the risk of future homicide was more than seven times higher for women who experienced strangulation than for those who had not been strangled.³⁶

This [Women's Health NSW video](#) for service providers working with men who use violence covers legal risk, explaining consensual sexual choking that results in someone's death is manslaughter.³⁷

[The case of Rian Toyer](#), a man who told police he accidentally killed his partner in an act of consensual sexual strangulation gone wrong, demonstrates that calling an ambulance and showing care and concern for your partner wasn't enough to avoid a custodial sentence.³⁸

REFERENCES

- [1] World Health Organization. (1998). *Health Promotion Glossary*. WHO/HPR/HEP/98.1 <https://www.who.int/publications/i/item/WHO-HPR-HEP-98.1>
- [2] Sharman, L. S., Fitzgerald, R., & Douglas, H. (2024). Prevalence of sexual strangulation/choking among Australian 18–35 year-olds. *Archives of Sexual Behaviour*. <https://doi.org/10.1007/s10508-024-02937-y>
- [3] 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*, 13, e3160. <https://doi.org/10.1002/brb3.3160>
- [4] *Crimes Act 1900* (NSW). https://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/nsw/consol_act/ca190082/
- [5] Women's Health NSW. (2024). *Non-fatal strangulation and acquired brain injury in the context of sexual violence: An evidence brief*. WHNSW. <https://www.itleftnomarks.com.au/an-evidence-brief/>
- [6] Rossen, R., Kabat, H., Bethesda, D., & Anderson, J. P. (1943). Acute arrest of cerebral circulation in man. *Archives of Neurology and Psychiatry*, 50, 510–528. <https://litfl.com/wp-content/uploads/2019/09/Rossen-1943-Acute-Arrest-of-Cerebral-Circulation-in-Man.pdf>
- [7] Women's Health NSW. (2025). *It Left No Marks for service providers working with men* [Video]. WHNSW. <https://www.itleftnomarks.com.au/resources/it-left-no-marks-for-service-providers-working-with-men/>
- [8] Sharman et al., 2024.
- [9] Contos, C. (2022, December 8). Sexual choking is now so common that many young people don't think it even requires consent. That's a problem. *The Guardian*. <https://www.theguardian.com/commentisfree/2022/dec/08/sexual-choking-is-now-so-common-that-many-young-people-dont-think-it-even-requires-consent-thats-a-problem>
- [10] Cis, short for cisgender, means the gender you are now is the same as the one you were assigned at birth. To learn why this term is necessary, see <https://www.transhub.org.au/101/cis>
- [11] Sharman et al., 2024.
- [12] Herbenick, D., Fu, T., Patterson, C., Rosenstock Gonzalez, Y.R., Luetke, M., Svetina Valdivia, D., Eastman-Mueller, H., Guerra-Reyes, L., & Rosenberg, M. (2023). Prevalence and characteristics of choking/strangulation during sex: Findings from a probability survey of undergraduate students. *Journal of American College Health*, 71(4), 1059–1073. <https://www.tandfonline.com/doi/full/10.1080/07448481.2021.1920599>
- [13] Anzani, A., Lindley, L., Tognasso, G., Galupo, M. P., & Prunas, A. (2021). "Being talked to like I was a sex toy, like being transgender was simply for the enjoyment of someone else": Fetishization and sexualization of transgender and nonbinary individuals. *Archives of Sexual Behavior*, 50(3), 897–911. <https://doi.org/10.1007/s10508-021-01935-8>
- [14] Starlady, Fairchild, J., Diamonds, L., & O'Connor, B. (2024). *Responding to the objectification and fetishisation of trans women and trans feminine people by cisgender men: A Transfemme practice guide*. Zoe Belle Gender Collective. https://zbgc-web.s3.ap-southeast-2.amazonaws.com/uploads/2024/12/Transfemme_Practitioner_Guide-2024.pdf
- [15] Sexplanations. (2018, March 22). Erotic choking [Video]. YouTube. <https://www.youtube.com/watch?v=DPIrum6p4xg>
- [16] Byard, R. W., & Winskog, C. (2012). Autoerotic death: Incidence and age of victims – A population-based study. *Journal of Forensic Sciences*, 57(1), 129–131. <https://doi.org/10.1111/j.1556-4029.2011.01898.x>
- [17] Corinna, H., & Woodley, G. (2024, October 2). Breathe: Risks, realities and safer alternatives to choking and breath play. *Scarleteen*. <https://www.scarleteen.com/read/sex-sexuality/breathe-risks-realities-safer-choking-breath-play>
- [18] Goodyear, T., Oliffe, J.L., Kia, H., Jenkins, E. K., & Knight, R. (2023). "You kind of blame it on the alcohol, but ...": A discourse analysis of alcohol use and sexual consent among young men in Vancouver, Canada. *Health*. <https://doi.org/10.1177/13634593231214>
- [19] Rossen, R., Kabat, H., Bethesda, D., & Anderson, J. P. (1943). Acute arrest of cerebral circulation in man. *Archives of Neurology and Psychiatry*, 50, 510–528. <https://litfl.com/wp-content/uploads/2019/09/Rossen-1943-Acute-Arrest-of-Cerebral-Circulation-in-Man.pdf>
- [20] *Crimes Act 1900* (NSW). https://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/nsw/consol_act/ca190082/
- [21] NSW Government Department of Communities and Justice. (2023). *Sexual consent*. Retrieved October 14, 2024, from <https://dcj.nsw.gov.au/children-and-families/family-domestic-and-sexual-violence/sexual-violence/sexual-consent.html>
- [22] Australian Government. (2024). *Consent can't wait: First Nations conversation guide*. Retrieved October 14, 2024, from <https://www.consent.gov.au/first-nations-conversation-guide>
- [23] Australian Government. (2024). *Consent can't wait: Translated resources*. Retrieved March 21, 2025, from <https://www.consent.gov.au/translated-resources>
- [24] Women's Health NSW. (2024). *Guidelines: Responding to non-fatal strangulation, sexual choking and acquired brain injury*. WHNSW. <https://www.itleftnomarks.com.au/resources/guidelines-responding-to-non-fatal-strangulation-sexual-choking-and-acquired-brain-injury/>
- [25] Zilkens, R., Phillips, M., Kelly, M., Aqif Mukhtar, S., Semmens, J., & Smith, D. (2016). Non-fatal strangulation in sexual assault: A study of clinical and assault characteristics highlighting the role of intimate partner violence. *Journal of Forensic and Legal Medicine*, 43(10), 1–7. <https://doi.org/10.1016/j.jflm.2016.06.005>
- [26] Agency for Clinical Innovation. (2022). *Clinical practice guide: Managing non-fatal strangulation in the emergency department*. NSW Health. <https://aci.health.nsw.gov.au/networks/eci/clinical/clinical-tools/non-fatal-strangulation>
- [27] Women's Health NSW. (2024). *Medical referral template*. WHNSW. https://www.itleftnomarks.com.au/resources/medical-referral-template_print-version/
- [28] Women's Health NSW. (2024). *It Left No Marks for women* [Video]. WHNSW. <https://www.itleftnomarks.com.au/resources/it-left-no-marks-for-women/>
- [29] Herbenick, D., Guerra-Reyes, L., Patterson, C., Rosenstock Gonzales, Y. R., Wagner, C., & Zounlome, N. O. O. (2022). "If their face starts turning purple, you are probably doing something wrong": Young men's experiences with choking during sex. *Journal of Sex & Marital Therapy*, 48(5), 502–519. <https://doi.org/10.1080/0092623X.2021.2009607>
- [30] Albury, K., Mannix, S., Learmonth, C., Mills, X., & Arnot-Bradshaw, A. (2024). *Building digital and data capabilities for sexual health policy and practice stage two report: Working with young adults aged 18–29*. Swinburne University of Technology. <https://apo.org.au/node/328554>
- [31] Women's Health NSW. (2024). *It Left No Marks: Sexual choking*. Retrieved 21 October, 2024, from <https://www.itleftnomarks.com.au/sexual-choking/>
- [32] Woodley, G., & Jaunzems, K. (2024). Minimising the risk: Teen perspectives on sexual choking in pornography. *M/C Journal*, 27(4). <https://doi.org/10.5204/mcj.3088>
- [33] The Light Project. (2024). *In the know: Sexual choking*. Retrieved 21 October, 2024, from <https://www.intheknow.co.nz/choking/>
- [34] Herbenick, D., Fu, T., Kawata, K., Eastman-Mueller, H., Guerra-Reyes, L., Rosenberg, M., & Valdivia, D. (2021). Non-fatal strangulation/choking during sex and its associations with mental health: Findings from an undergraduate probability survey. *Journal of Sex & Marital Therapy*, 48(3), 238–250. <https://www.tandfonline.com/doi/full/10.1080/0092623X.2021.1985025>
- [35] Hou et al., 2023.
- [36] Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *Journal of Emergency Medicine*, 35(3), 329–335. <https://doi.org/10.1016/j.jemermed.2007.02.065>
- [37] Women's Health NSW, 2025.
- [38] Kinsella, E., & Burns, A. (2021, 2 July). Mhelody Bruno's killer was jailed for 22 months. This is the information the court never heard. *ABC News*. <https://www.abc.net.au/news/2021-07-02/background-briefing-mhelody-bruno-investigation/100256330>

Published by

Women's Health NSW. PO Box 341,
Leichhardt NSW 2040 www.whnsw.asn.au

Suggested citation

Women's Health NSW. (2025). *Sexual choking: A health promotion approach*. WHNSW. <https://www.itleftnomarks.com.au/resources/sexual-choking-a-health-promotion-approach>

Acknowledgments

This material was produced as part of the NSW Sexual Violence Project Fund administered by the NSW Department of Communities and Justice. Women's Health NSW gratefully acknowledges the financial and other support it has received from the NSW Government, without which this work would not have been possible. We thank Dr Samantha Keene (Te Herenga Waka – Victoria University of Wellington), Giselle Woodley (Edith Cowan University), and Hamish Whelan (ACON) for reviewing it, and all the practitioners who provided quotes. Illustrations by Eleanor Grace Shepherd, design by Missy Dempsey

Creative Commons Licence

With the exception of the Women's Health NSW branding, content provided by third parties, and any material protected by a trademark, all material presented in this publication is licensed under a Creative Commons Attribution–NonCommercial 3.0 Australia (CC BY-NC 3.0 AU) licence.

The full licence terms are available at <https://creativecommons.org/licenses/by-nc/3.0/au/legalcode>



Was pressure applied to your neck or were you held in a way that made it hard to breathe... even during sex?



**It left
no marks**

itleftnomarks.com.au

