COORDINATED COMMUNITY RESPONSE TO STRANGULATION

CREATED COLLABORATIVELY BY:
THE MAYOR'S OFFICE OF
DOMESTIC AND COMMUNITY
VIOLENCE PREVENTION
STRANGULATION TASK FORCE

MAYOR'S OFFICE

2025

OBJECTIVE:

The Coordinated Community Response to Strangulation, developed by the City of Rockford Mayor's Office of Domestic and Community Violence Prevention's Multidisciplinary Strangulation Task Force Team, aims to **raise community awareness** and **provide vital information** on addressing non-fatal strangulation. This document memorializes the collaborative efforts of multidisciplinary partners, establishes a unified framework for response and training, and serves as a resource to enhance public understanding and support for survivors. By promoting a consistent and effective approach, it seeks to improve safety, accountability, and access to resources and lifesaving care within our community.

INTRODUCTION:

Non-fatal strangulation is a serious issue that requires community awareness and a strong, coordinated response. Strangulation happens when the flow of oxygen to or from the brain is blocked, preventing the brain from getting the oxygen it needs to function. With little pressure, this can cause unconsciousness in just eight seconds and death shortly after. Survivors of strangulation may suffer long-term physical and emotional health consequences, which can impact them for the rest of their lives.

Strangulation is often part of intimate partner violence, sexual violence, or child abuse. It is a way for abusers to show extreme control by deciding whether their victim can take their next breath. Even though it is highly dangerous, strangulation often leaves little or no visible marks, making it hard to detect without special knowledge. This is why it is so important for first responders, medical staff, advocates, and the criminal justice system to recognize the signs and symptoms and make sure survivors get the care and support they need.

Research shows that people who have been strangled are **750% more likely to be killed by their partner in the future**. This highlights how important it is for our community to work together to protect survivors, hold abusers accountable, and prevent further harm.

The City of Rockford Mayor’s Office of Domestic and Community Violence Prevention, along with our Strangulation Multidisciplinary Team, is committed to ensuring survivors have access to help, resources, and support. By raising awareness, providing education, and creating a coordinated response, we aim to make our community safer and more supportive for everyone.

The City of Rockford Mayor's Office of Domestic and Community Violence Prevention's Multidisciplinary Strangulation Task Force Team includes:

- The City of Rockford, Mayor's Office of Domestic and Community Violence Prevention
- The City of Rockford Fire Department
- The City of Rockford Police Department
- The Family Peace Center
- University of Illinois College of Medicine Medical Evaluation Response Initiative Team (MERIT)
- UW Health SwedishAmerican Hospital
- Winnebago County Sheriff's Office
- Winnebago County State's Attorney's Office

The Mayor’s Office of Domestic and Community Violence Prevention, Strangulation Multidisciplinary Team gratefully acknowledges Alliance for HOPE International for allowing us to reproduce, in part or in whole, the identified documents included in the resource section.

911 DISPATCH

THE ROLE OF DISPATCH:

Training
All newly hired 911 Telecommunicators are required to complete an 8-week classroom training. Part of this training includes a 40-hour NENA Core Competency course. In this course, Telecommunicators are taught skills in customer service and interpersonal communications to ensure that our citizens receive the highest level of care during their emergencies. New Telecommunicators are also required to complete in-person training specific to Domestic Violence. In this training, they are taught about the impact of Domestic Violence, the unique challenges that survivors face, and what resources are available in our community. All members are trained in the City and Department's internal policies as they relate to Domestic Violence and strangulation.

Screening
City of Rockford 911 utilizes the Priority Dispatch call-taking system. This is a structured protocol system that standardizes 911 call taking among all emergency calls. This guarantees that our citizens are receiving the same level of care when calling 911. The system includes protocols that are specific to domestic violence and includes a screening question related to strangulation.

Responding
Information gathering during a 911 call is shared with responding agencies, ensuring that they are receiving the most up-to-date communication.

Communication and Coordination
The 911 Division coordinates with Fire and Police agencies to ensure that proper resources are being dispatched to emergencies involving domestic violence. Internal policy requires that all calls involving strangulation receive an automatic medical response.

Documentation and Evidence Collection
All 911 calls are documented in the Priority Dispatch call-taking system and the Computer Aided Dispatch (CAD) system. A variety of data points are collected and recalled for various analyses.

Data Collection
Weekly, monthly, and quarterly reports are generated on all 911 calls, including domestic violence-related calls. These reports are shared with the Police, Fire, and the Mayor's Office.

EMERGENCY MEDICAL RESPONSE

THE ROLE OF EMERGENCY MEDICAL TECHNICIAN AND PARAMEDIC:

Training

Rockford Fire Department (RFD) Emergency Medical Services (EMS) personnel are trained to recognize signs of non-fatal strangulation and provide appropriate medical care. Training covers symptom identification, lethality risks, and the importance of encouraging hospital transport. EMS staff follow Standing Medical Orders (SMOs) to guide assessment, treatment, and documentation during each response.

Assessment and Response

EMS providers assess survivors for physical signs and symptoms of strangulation, monitor for complications, and offer transport to medical facilities for further evaluation. If a survivor declines transport, EMS personnel educate them about delayed symptoms (e.g., difficulty breathing, voice changes, neurological issues) and encourage follow-up care.

Communication and Coordination

RFD EMS collaborates with:

- 911 Dispatch to ensure a timely response to calls involving strangulation.
- Law Enforcement to preserve evidence and support coordinated responses.
- Hospitals and Advocacy Groups to connect survivors to ongoing medical care, advocacy, and safety planning.
- Through partnership with Family Peace Center (FPC) and other community organizations, EMS ensures survivors are connected to trauma-informed support.

Documentation and Evidence Collection

EMS personnel document all observations and survivor-reported information related to strangulation using standardized SMOs. This documentation supports survivor safety, medical follow-up, and potential legal action. RFD continuously reviews response protocols to strengthen training and improve outcomes for survivors of non-fatal strangulation.

LAW ENFORCEMENT RESPONSE

THE ROLE OF RESPONDING OFFICERS AND DETECTIVES:

The Rockford Police Department provides a proactive, victim-centered approach when responding to domestic violence incidents. Additionally, it is the policy of the Rockford Police Department to take a position of zero tolerance on domestic violence. Any domestic violence incident will be thoroughly investigated, including when law enforcement officers or individuals in positions of power or influence are involved.

Training

- Recruits are sent to the academy at the Police Training Institute (PTI).
- The curriculum includes 10 hours dedicated to Domestic Violence.
- In addition, there are 92 hours of scenario-based training where recruits are required to demonstrate a passing level of proficiency.
- Rockford Police City School – Additional training for new officers, specifically focused on Department Policy, safety, and expectations.
- There is an 8-hour block of instruction on Domestic Violence, including scenarios.
- New officers are provided with handouts and resources they can utilize when they are working in a patrol function.
- Domestic Violence Detectives:
    - Attend domestic violence-focused trainings and seminars.
    - Assist in instructing new recruits at City School.

Screening

Every case that is domestic-related, regardless of the actual offense committed or violence level, is routed to the Investigative Services Bureau and reviewed by the Detective Sergeant of the Domestic Violence Unit. Cases are then either assigned to detectives for follow-up or directly filed with the State's Attorney's Office to review for charges.

LAW ENFORCEMENT RESPONSE

THE ROLE OF RESPONDING OFFICERS AND DETECTIVES:

Responding

Officers' Response/Special Considerations:

- Potentially "high-risk" calls for police officers and victims.
- Backup units should be used.
- Any allegation of strangulation will trigger automatic dispatch of EMS.
- Updated communication with dispatch once on scene.
- Supervisors monitor the calls closely and respond as needed.

Officers' Responsibility at the Scene:

- Separate all parties involved and render any medical aid and/or request EMS.
- Identify and secure weapons within Constitutional bounds; seize any weapons used in a crime.
- Investigate all allegations thoroughly, paying special attention to the environment and those within the immediate area.
- Utilize all investigative resources: Law Enforcement Automated Data System (LEADS), FullCourt Enterprise (FCE), and Records Management System (RMS).
- In cases involving strangulation, the Officer shall submit the Strangulation Supplement and encourage the victim to get medical treatment if they choose not to at the scene.
- If not on scene, the officer shall try to locate the perpetrator.
- Assistance to the victim: Arresting the offending party, where appropriate; Offering the victim transportation; Providing and explaining the Illinois Domestic Violence Act form, which includes a link to strangulation resources, and a case number card.
- Assistance to children and Illinois Department of Children and Family Services (DCFS) notification when mandated.

Detectives' Responsibility:

- Contact the victim to explain the assignment of the case and the process of the investigation.
- Provide contact information for the victim.
- Review the original report case file and create an investigative strategy for the follow-up.
- Investigate all leads, conduct interviews, and document every step of the investigation.
- Review completed cases with the State's Attorney's Office for potential charges.
- Follow up with the victim as to the disposition of the case.

LAW ENFORCEMENT RESPONSE

THE ROLE OF RESPONDING OFFICERS AND DETECTIVES:

Communication and Coordination

- Assistance to children and DCFS notification when mandated.
- Communication with the State's Attorney's Office Domestic Violence Unit, involving follow-ups and case reviews.

Documentation and Evidence Collection

- Every officer investigating an alleged incident of abuse, neglect, or exploitation between family or household members shall make a written police report. If no arrest is made when the suspect is present, the report will clearly state sufficient reasons for not making an arrest.
- Reports must include victim statements, domestic violence history, evidence involved, all other circumstances, witness interviews, and the disposition of the allegation.
- All evidence shall be processed and collected.
- Officers shall process the crime scene to include photos of the premises and/or the victim, including collection of videos, weapons, blood-stained items, or damaged personal possessions of the victim.
- Crime Scene Detectives may be utilized for any domestic violence case where the victim suffers great bodily harm.

Data Collection

- All domestic violence-related calls for service are to be documented within RMS.
- Rockford Police Records Division Supervisor to provide domestic violence statistics by request.

LAW ENFORCEMENT RESPONSE

THE ROLE OF RESPONDING OFFICERS AND DETECTIVES:

The Winnebago County Sheriff's Office (WCSO) uses a comprehensive response protocol when responding to domestic violence calls. Deputies follow established procedures to assess risk, prioritize victim safety, collect evidence, and document incidents per Illinois law. In cases involving high-risk factors such as strangulation, additional screening and documentation are used to support thorough investigations and potential prosecution. Deputies recognize that their response at the scene directly impacts both survivor safety and long-term case outcomes.

Training

New Deputies

All new deputies attend the Police Training Institute (PTI), which includes:

- 10 hours of classroom instruction on Domestic Violence.
- 92 hours of scenario-based training, where recruits must demonstrate proficiency.

County School

After PTI, deputies complete an internal County School program that includes:

- An additional 8-hour block dedicated to Domestic Violence response.
- Scenario-based instruction.
- Locally developed strangulation-specific training delivered through a recorded PowerPoint presentation and video.

Screening

Lethality Assessment Protocol

A Lethality Screen must be completed if any of the following conditions are present:

- An act of domestic violence has occurred.
- The deputy believes there is a heightened risk of serious harm once the deputy leaves the scene.
- There are repeated calls for service at the same location or involving the same parties.

LAW ENFORCEMENT RESPONSE

THE ROLE OF RESPONDING OFFICERS AND DETECTIVES:

Screening

Strangulation Supplement Protocol

A Strangulation Supplement must be completed in all aggravated domestic battery cases involving:

- Allegations of choking, strangulation, or restriction of airflow.

Purpose of the Supplement:

- Supports evidence-based prosecution.
- Guides the deputy's investigation.
- Elicits survivor responses in a consistent way.
- Improves documentation and, therefore, case outcomes.

Deputies should assess the following indicators for non-fatal strangulation

- Bruising on the neck, mouth, or behind the ears
- Petechiae (tiny red spots) in the eyes or eyelids
- Raspy or hoarse voice
- Swollen tongue
- Headaches
- Facial drooping
- Trouble or pain when swallowing
- Seeing stars or blacking out
- Memory gaps
- Involuntary urination or defecation
- Difficulty breathing
- Ringing in the ears

LAW ENFORCEMENT RESPONSE

THE ROLE OF RESPONDING OFFICERS AND DETECTIVES:

Responding

When responding to a domestic violence call, deputies must evaluate probable cause to make an arrest. An arrest is required if:

- The offense is witnessed, or
- Probable cause exists based on the victim's statement, visible injuries (such as bruising on the neck, petechiae in eyes or eyelids, etc.), witness accounts, or suspect confession.

Note: Arrest decisions are made by deputies, not victims. Deputies must sign all criminal complaints and inform both parties that the State of Illinois is initiating legal action.

Every victim of a domestic-related call will be provided with victim rights information. The entire form will be read aloud and provided to the victim, including:

- Investigating deputy's name and star number
- Case number
- Date and time of the incident
- Local victim service contact information
- A link to strangulation information and resources

Communication and Coordination

If a Strangulation Supplemental Form is completed due to identified or suspected strangulation, that form is provided to the Winnebago County State's Attorney's Office for use in detainment hearings, charging decisions, and prosecution.

If requested, deputies will transport the victim to a shelter and, at a minimum, provide the survivor with the number for local domestic violence services.

Documentation and Evidence Collection

A detailed incident report must be written for all domestic violence or domestic trouble calls, regardless of arrest status.
Deputies will collect evidence on-scene, including photographs of visible injuries. If injuries appear later, arrangements will be made to photograph them at that time.
Victims are informed of how criminal proceedings may be initiated and the importance of preserving evidence.

MEDICAL RESPONSE

THE ROLE OF EMERGENCY DEPARTMENT STAFF:

Training

All Emergency Department (ED) nursing staff receive training on mandated reporting and recognizing abuse. New ED nurses are trained in caring for patients impacted by violence, with ongoing education provided during staff meetings.

New ED staff are all provided with information on the Hospital-Based Advocacy Program and supplemental training on strangulation. Training is conducted on an ongoing basis.

Screening

Every patient arriving at the Emergency Room receives a triage assessment by a registered nurse (RN). This includes a safety and security screening to identify patients at risk of violence, including strangulation. The goal is to triage patients quickly and ensure safe, quality care.

Responding

Patients are treated based on the acuity of their chief complaint. If strangulation is identified or suspected, the patient will receive diagnostic studies, which may include the gold standard Computed Tomography Angiography (CTA) imaging and care per Emergency Department protocols and non-fatal strangulation procedures, as assessed by the ED physician or Advanced Practice Provider (APP).

Communication and Coordination

When strangulation is identified or suspected, ED staff inform the patient that a medical advocate from the Family Peace Center (FPC) is available to provide support. If the patient agrees, ED staff will initiate a consult and have the patient complete and sign a consent form.

MEDICAL RESPONSE

THE ROLE OF EMERGENCY DEPARTMENT STAFF:

Communication and Coordination (continued)

If an advocate is on site, they will meet with the patient in their room. If not on site, and the patient requests follow-up, the same consent and consult process is followed, and the information is provided to FPC staff for follow-up contact.

Safety planning is completed before discharge for all patients identified as survivors of violence. A QR code on the After Visit Summary (AVS) links patients to the Strangulation Support Services page (See resource section below).

Data Collection

Cases of trauma and sexual assault are reviewed and reported monthly to the Illinois Department of Public Health (IDPH). A monthly report is also run, and data is collected on cases of domestic violence and non-fatal strangulation to help navigate care for patients and develop the Emergency Department's medical advocacy response program.

Documentation and Evidence Collection

Nursing staff document assessments, observations, and care provided in designated flowsheets for sexual assault and strangulation cases. This standardized documentation supports medical follow-up, survivor safety, and potential legal proceedings.

MEDICAL RESPONSE - PEDIATRIC

THE ROLE OF THE MEDICAL EVALUATION RESPONSE INITIATIVE TEAM :

Training

The Medical Evaluation Response Initiative Team (MERIT) has providers on staff trained in mandated reporting and are experts in child physical and sexual abuse and neglect. MERIT providers consist of a board-certified child abuse pediatrician (CAP) and two advanced practice nurses who are board-certified pediatric nurse practitioners as well as board-certified sexual assault nurse examiners for pediatrics (SANE-P). The providers at MERIT participate beyond required continuing education and training and provide education and training to others in the areas of child abuse and neglect. MERIT maintains at least one provider who has advanced training in strangulation and the pediatric patient.

Screening

Every patient referred to MERIT has an intake process that is completed with an intake coordinator. Each intake is reviewed immediately by a MERIT provider and triaged accordingly. This intake process identifies the safety of the child, the current caregivers, involvement of DCFS or law enforcement, and the presenting issue of the patient, including strangulation.

Responding

If pediatric strangulation is identified in a child victim, that patient will be scheduled immediately for an examination at the clinic if medically stable. A MERIT provider will be contacted by the ED provider and collaborate with MERIT on the treatment of the patient and follow-up. If the MERIT provider feels a response to the ED is necessary, they will respond appropriately.

MEDICAL RESPONSE - PEDIATRIC

THE ROLE OF THE MEDICAL EVALUATION RESPONSE INITIATIVE TEAM :

Communication and Coordination

MERIT will work with DCFS and law enforcement to ensure safety planning following examination in their clinic. If the patient is in the ED, MERIT will collaborate with ED staff, and ED staff will ensure safety planning for the child before discharge. Participation with the MDT (Multidisciplinary Team) by a MERIT provider will continue through the investigative and judicial processes on all patients referred to and seen by a MERIT provider.

Data Collection

MERIT will be developing a means of tracking patients referred to MERIT who have been strangled.

Documentation and Evidence Collection

MERIT providers document assessments, observations, and all care provided for all patients referred for care. This documentation includes diagnosis, treatment, and management, Adverse Childhood Experiences (ACE) screening, psychosocial assessments, and a comprehensive physical examination. Any findings during examination and documented accordingly, including written and photo documentation.

PROSECUTION RESPONSE

THE ROLE OF PROSECUTOR AND VICTIM SERVICES PROVIDER:

Training

Prosecutors handling non-fatal strangulation cases receive specialized training when possible. This includes participation in the Alliance for Hope International's Strangulation Institute's training and relevant conferences, providing training and information about intimate partner violence and strangulation.

Reviewing Evidence

Prosecutors carefully examine evidence to support prosecution, including:

- Officer reports, body-worn camera (BWC) footage, and interviews with survivors to identify signs of strangulation.
- Medical records from hospitals and first responders, even if a survivor is later unable to cooperate as a witness.
- Testimony from medical professionals to explain the seriousness of injuries and confirm evidence of strangulation.

Legal Action and Case Strategy

To ensure accountability, prosecutors follow these steps:

1. Pretrial Detention – Requesting that defendants remain in custody before trial to protect survivors and prevent intimidation.
2. Considering Additional Charges – Reviewing cases for possible Attempted Murder charges based on injury severity.
3. Investigating Past Abuse – Checking police reports and past protection orders to identify previous domestic violence incidents.
4. Making Fair Plea Offers – Taking into account the life-threatening nature of strangulation when negotiating case resolutions.
5. Preparing for Trial – Reviewing BWC footage, 911 calls, and medical evidence to present a clear picture of the survivor's injuries and experience.

PROSECUTION RESPONSE

THE ROLE OF PROSECUTOR AND VICTIM SERVICES PROVIDER:

Communication and Coordination

Prosecutors work closely with:

- Police Investigators – To strengthen cases by gathering additional evidence.
- Medical Professionals – To provide expert testimony on strangulation injuries and long-term health impacts.
- Victim Service Providers (VSPs) – To communicate with survivors, keep them informed about case progress, provide information about them, and ensure their voices are heard in plea discussions.

Evidence Collection and Documentation

- Supplemental Strangulation Form Reports – Officers complete a detailed report specifically for strangulation cases, which helps prosecutors understand the severity of the incident.
- Body-worn camera Footage – Often used to show the survivor's immediate reaction and injuries, providing strong evidence in court.
- Medical and 911 Records – Used to support the case, whether or not a survivor participates in prosecution.

Supporting Survivors

- Prosecutors work with VSPs to keep survivors informed about case progress, including plea deals and sentencing outcomes.
- VSPs help with safety planning and connect survivors to support services, such as the Family Peace Center.
- Survivors are reminded of their right to seek an order of protection as part of their case.

Tracking Case Outcomes

- The State's Attorney's Office tracks all pending cases and records final outcomes, including charges, sentencing, and key evidence used.
- This data is used to improve prosecution strategies and strengthen the response to non-fatal strangulation cases.

ADVOCACY RESPONSE

THE ROLE OF A VICTIM ADVOCATE:

Training

- All Family Peace Center Staff (FPC) receive training on the dynamics and impact of non-fatal strangulation during their orientation phase.
- The FPC integrates introductory strangulation training for all staff into staff orientation, covering signs of strangulation, lethality risks, and available resources.
- Staff can enhance their knowledge by attending specialized strangulation training or conferences.
- All FPC staff complete the Danger Assessment training and certification, which is a data-driven tool to assess lethality risk.

Screening

- Advocates identify signs of strangulation through intake assessments and direct engagement with survivors.
- During intake, Front Line Crisis Navigators administer the Danger Assessment-5, a validated risk assessment that includes direct questions about non-fatal strangulation. This assessment helps staff identify lethality risk factors and informs decisions regarding referrals, safety planning, and domestic violence education.
- If a survivor declines the assessment, staff apply their training to recognize signs of strangulation based on guidance from the Training Institute on Strangulation Prevention.
- Advocates use trauma-informed practices to discuss strangulation risks and provide survivors with the information needed to make informed decisions.

Responding

- FPC acknowledges the complexities of domestic violence and the systemic and cultural barriers survivors face.
- Advocates inform survivors of the risks associated with non-fatal strangulation and discuss medical follow-up options.
- If a survivor declines medical care, advocates provide education on potential symptoms (e.g., headaches, blurry vision, memory issues, petechiae) and distribute visual materials from the Training Institute on Strangulation Prevention for symptom tracking.

ADVOCACY RESPONSE

THE ROLE OF A VICTIM ADVOCATE:

Responding (continued)

- If a survivor presents at the emergency department at UW Health SwedishAmerican Hospital, FPC Medical Advocates who are co-located at the hospital, can provide safety planning, advocacy, support, and resources to survivors of IPV non-fatal strangulation, should the patients choose to meet with an advocate. An advocate will stay with the survivor in the ED for as long as the survivor would like and provide a direct link to the FPC for survivors seeking longer-term supportive services.

Communication and Coordination

- FPC partners with the Mobile Integrated Health Unit through Rockford Fire, allowing advocates to connect survivors with medical professionals trained in strangulation. These professionals can recommend next steps, such as emergency care, primary care, or health education.
- The Rockford Police Department's Domestic Violence Unit is an on-site partner, enabling survivors to file reports or speak with their assigned detective without visiting a police station.
- The State's Attorney's Office and the Winnebago County Sheriff's Office also partner with FPC, providing survivors with direct access to victim service providers and law enforcement for case follow-ups.
- Cases involving lethality factors, such as strangulation, can be referred to the Domestic Violence Enhanced Response Team (DVERT). Led by FPC's High Lethality Case Manager, DVERT includes representatives from law enforcement, prosecution, and city leadership, prioritizing offender accountability and survivor safety.
- FPC collects de-identified data to track outcomes and improve advocacy efforts.

ADVOCACY RESPONSE

THE ROLE OF A VICTIM ADVOCATE:

Documentation and Evidence Collection

- When FPC staff process referrals for survivors, records are maintained in client files with a signed release of information indicating what can be shared with external agencies.
- Survivors can review their files with a manager and request copies of relevant records, including the LAP.
- While FPC does not store evidence or survivor statements related to criminal cases, advocates help survivors safely store or transfer evidence to appropriate entities, such as the State's Attorney's Office.

Survivor Safety and Follow-up

- FPC's services are voluntary, and contact is made based on survivor preferences and safety considerations.
- If a survivor consents to follow-up, staff maintain communication based on the survivor's comfort level.
- Case management services are available upon request and capacity, providing long-term support as survivors navigate legal and safety planning processes.
- Many survivors engage with the court system through protection orders, criminal cases, or family court. Case managers provide advocacy and emotional support throughout these proceedings, which may last months or years.

Data Collection and Outcome Tracking

- FPC tracks service usage, including the number of survivor intakes, phone contacts, and visits.
- Standard demographic data is collected, along with statistics on high-lethality cases and strangulation disclosures.
- The center monitors referral effectiveness by tracking survivor engagement with partner agencies.
- Survivors are encouraged to complete exit surveys to provide feedback on safety, confidentiality, and service experiences, which inform program improvements.
- FPC holds listening sessions to guide advocacy efforts and strengthen partnerships, shaping the work of the FPC.

RESOURCES

TRAININGS:

LAW ENFORCEMENT

Investigating Strangulation

Summary: This training module will take about 25 minutes to complete and will provide methods to recognize various signs and symptoms of strangulation, apply victim interview questions to your investigation, and implement actions to help a victim of strangulation. Developed by the Pennsylvania Chiefs of Police Association

Coordinated Strangulation Incident Response Training for Law Enforcement Officers and Emergency Medical Personnel

Summary: This training handout provides a PDF of 104 slides developed by the Training Institute on Strangulation Prevention that covers information on identifying signs and symptoms, medical risks, and long-term effects of strangulation. Training Institute on Strangulation Prevention

Responding to Strangulation Assault: A Training Video for Law Enforcement

Summary: Developed by the Georgia Commission on Family Violence, this 40-minute Responding to Strangulation Assault training video equips officers with enhanced skills to investigate strangulation incidents, respond appropriately to victims, and collect evidence that supports successful prosecution.

Joanna's Law SB 989: First-Responder Training Video by Sacramento PD

Summary: Developed by the Sacramento Police Department in collaboration with the Sacramento Family Justice Center, this 11-minute training video emphasizes the importance of recognizing hidden homicides—cases where perpetrators stage suicides to conceal their crimes.

Introducing Strangulation Investigation Roll Call Training

Summary: This free training from RESPOND Against Violence, in partnership with ICCR, includes six short video segments (10 to 13 minutes each) and discussion guides to help law enforcement recognize and document evidence of strangulation, supporting stronger felony prosecutions and increased community safety. You will be asked to create a free account to access the content.

ATTORNEYS

What Civil Attorneys Need to Know About Strangulation

Summary: A four-part series presented by the Alliance for Hope International's Training Institute on Strangulation Prevention. This webinar was created in partnership with the American BAR Association on what civil attorneys need to know about strangulation

RESOURCES

TRAININGS:

ADVOCATES

Strangulation, Traumatic Brain Injury, & Domestic Violence: Partner - Inflicted Brain Injury Series

Summary: This is a seven-part series created to prepare professionals working with domestic violence survivors to better understand brain injury and its impact on survivors. Each part is about 10-15 minutes each.

What Every Advocate Needs to Know About Strangulation

Summary: In this 60 minute webinar, Gael Strack of the Training Institute on Strangulation Prevention shares insights and research on the intersection of non-fatal strangulation and domestic violence.

Domestic Violence Advocacy Fundamentals Online

Summary: This 4 ½ hour 15 part training provides advocates with a foundation

Danger Assessment

Summary: The Danger Assessment helps to determine the level of danger an abused woman has of being killed by her intimate partner. The cost for the training is $125. and takes about 80 minutes to complete, including time at the end for the test for certification.

Phases of Trauma Recovery

Summary: This module will take about 30 minutes to complete and covers the phases of trauma recovery outlined in Judith Herman's book "Trauma and Recovery". It will help participants identify the characteristics of each phase, appropriate interventions with survivors for each phase, and the importance of tailoring services to the needs of each survivor.

EMERGENCY MEDICAL SERVICES

What Paramedics Need to Know About Strangulation

Summary: This webinar trains paramedics to recognize the signs and symptoms of fatal and non-fatal strangulation cases and document the injuries in a way that can be helpful to prosecutors. Gael Strack, CEO/Co-Founder of the Training Institute on Strangulation Prevention, a project of Alliance for Hope International, hosted the training.

SURVIVORS

Elevating the Voices of Survivors

Summary: During this webinar, Alliance for HOPE International President Casey Gwinn and several panelists discuss the dangerousness of stranglers, the results of a survivor survey on criminal justice reform, how Family Justice Centers can play a critical role in criminal justice reform and the need to do more advocacy for survivors.

RESOURCES

TOOLKITS, REPORTS, INFOGRAPHICS & BROCHURES

ADVOCACY:


The Advocacy Toolkit for Survivors of Strangulation/Suffocation


Has Your Head Been Hurt


Invisible Injuries


Just Breathe

LAW ENFORCEMENT:


Law Enforcement Strangulation Brochure Trifold


Response to Non-Lethal Strangulation Report Review Checklist

EMERGENCY MEDICAL SERVICES:


First Responders to the Last Warning Shot: The Critical Role of First Dispatchers in Non-Fatal Strangulation Cases


Do You Need a Paramedic?

RESOURCES

EMERGENCY ROOM STAFF

LAFN Non-Fatal Strangulation Documentation Toolkit

Physiological Consequences of Strangulation Seconds to Minutes Timeline

PROSECUTORS:

CDAA Investigation and Prosecution of Strangulation Cases Manual

FOR SURVIVORS:

Vital Facts for Victims of Strangulation

Vital Facts for Victims of Strangulation - Spanish

Ohio Domestic Violence Network - Head Injuries and Strangulation Hurt Your Brain

City of Rockford, Mayor’s Office of Domestic and Community Violence - Strangulation Resource Page

MEDIA

Strangulation Media Guide

RESOURCES

DEFINITIONS:

Domestic Violence: Domestic violence refers to a pattern of harmful behaviors used by one person to maintain power and control over another within the context of a dating, family, or household relationship.
(Source: The Network - Domestic Violence and Abuse: Understand, Recognize and Address it)

Intimate Partner Violence: Although often used interchangeably, the terms Intimate Partner Violence (IPV) and Domestic Violence (DV) have nuanced meanings. Other related terms include family violence, spousal abuse, and marital violence/aggression.

Historically, DV referred to abuse between married individuals of the opposite sex. As society's understanding of relationships and the violence that can occur within them has evolved, IPV has emerged as the more encompassing term.

IPV recognizes a wide range of intimate relationships, both current and former, regardless of gender, marital status, or sexual orientation. The term avoids assigning gender to either the person who perpetrated the violence or the person who experienced it.
Importantly, IPV occurs across all cultural, geographic, religious, and socioeconomic groups.

(Source: Illinois Criminal Justice Information Authority — Understanding Intimate Partner Violence: Definitions and Risk Factors)

Survivor: A person who has endured an ordeal or trauma, including both direct and indirect victims of crime. The term emphasizes the strength and courage required to overcome the impact of a traumatic event.

(Source: Office for Victims of Crime — Model Standards Glossary)

Victim: A person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed against their person or property.

(Source: Office for Victims of Crime — Model Standards Glossary)

Strangulation: A form of asphyxia caused by the intentional closure of blood vessels and/or air passages of the neck due to external pressure. This pressure is sufficient to disrupt blood flow to or from the brain and/or interfere with air exchange, resulting in inadequate oxygen delivery to the brain.

(Source: 2017 San Diego County Strangulation Protocol — PDF link)

RESOURCES

DEFINITIONS:

Asphyxia: A condition in which the body is deprived of oxygen, leading to unconsciousness and, if prolonged, death.

(Source: 2017 San Diego County Strangulation Protocol — PDF link)

"Choking" vs. "Strangulation":

- Choking: A physical obstruction of the windpipe (e.g., by food) that blocks the normal flow of air and prevents normal breathing.
- Strangulation: Often an intentional form of abuse caused by external pressure applied to the neck.

Although victims or witnesses may use the term choking to describe such incidents, law enforcement should understand the distinction. Many victims and witnesses are unfamiliar with the medical definition of strangulation.

For this reason, investigators should use broad, open-ended questions, such as: "During the incident, did anyone put anything around or against your neck or face?"

(Source: 2017 San Diego County Strangulation Protocol — PDF link)

Lethality Assessment Program-Maryland Model (LAP):
Created by the Maryland Network Against Domestic Violence (MNADV) in 2005, the LAP is an innovative strategy to prevent domestic violence homicides and serious injuries. It offers an easy and effective method for law enforcement and other community professionals—such as health care providers, clergy members, case workers, and court personnel—to identify victims at the highest risk of being seriously injured or killed by their intimate partners and to immediately connect them with local domestic violence service programs.

The LAP is a multi-pronged intervention consisting of:

- A standardized, evidence-based lethality assessment instrument
- An accompanying referral protocol that enables first responders to provide responses tailored to the unique needs of High-Danger victims.

(Source: VAWnet — LAP Info Packet and FAQ)

Danger Assessment (DA):
The Danger Assessment is an instrument that helps to determine the level of danger an abused woman has of being killed by her intimate partner. Using the Danger Assessment requires the weighted scoring and interpretation that is provided after completing the training.

(Source: Danger Assessment)

LEGISLATION:

Illinois Strangulation Law (Aggravated Domestic Battery)
720 ILCS 5/12-3.3

Wrongful Death Act
740 ILCS 180/

Medical Mandated Reporting
(20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2) Sec. 3.2.

Dear Survivors,

You are not alone.

This protocol outlines how community partners, health care providers, advocates, first responders, and legal professionals are working together to respond to non-fatal strangulation. We created this process to improve how we support you and others who have experienced this kind of violence.

Our work is ongoing. We continue to meet to examine our approach to make sure our response is effective, coordinated, and survivor-centered.

If you are looking for support, whether medical, legal, or emotional, help is available. We are here for you.

With ongoing commitment and care,

Your Community