



Research Study on Child Strangulation, Domestic Violence, and Child Advocacy Centers

Wisconsin Child Advocacy Centers (CACs) collected data on forensic interviews of children under the age of 18 from March 1 – May 31, 2025. Here's what we learned:

Of 986 total forensic interviews:

86

children were identified as having been strangled.

75

children disclosed being strangled during the forensic interview.

40

children disclosed being strangled *for the first time* during the forensic interview.

Children victimized by a **current or ex-significant other** were **5.25 x** as likely to be strangled as children victimized by someone else.



Children referred for **child physical abuse** were **3.34 x** as likely to be strangled as children referred for something else.



Children in households where **someone else was strangled** were **2.81 x** as likely to be strangled as children in households with no other strangulation.



Children referred for **child sexual abuse** were **0.64 x** as likely to be strangled as children referred for something else.



Children were **5.38 x** as likely to disclose being strangled in interviews where **strangulation screening questions were asked**.

Strangulation-specific screening questions in forensic interviews increased the likelihood that a child would disclose strangulation by **4.83 x** in cases where there was **no prior concern** of strangulation in the household. However, there was **no difference** in likelihood of disclosure in cases where there was **already prior concern** for strangulation.



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Background. A 2024 exploratory project conducted by a team at the Wisconsin Department of Justice revealed potentially concerning prevalence of child strangulation among children seen at Wisconsin CACs for forensic interviews, especially when there was other domestic violence occurring in the home. The research team decided to conduct a follow-up study to more systematically investigate the issue.

The follow-up study leveraged the unique position and expertise of forensic interviewers at CACs to understand the prevalence of child strangulation and cooccurrence of child physical abuse/strangulation with domestic violence by collecting data from forensic interviews conducted at Child Advocacy Centers (CACs) in Wisconsin. The study also investigated the impact of screening for strangulation during forensic interviews of children.

Research Methods. Forensic interviewers at each Child Advocacy Center (CAC) in Wisconsin were asked to complete an electronic anonymous survey about every forensic interview they conducted between March 1 and May 31, 2025, for cases where the interviewee was a child under the age of 18. Interviewers were asked to complete the survey as soon as possible after the conclusion of the interview. The questionnaire gathered information about the circumstances of the referral, demographics of the child being interviewed, whether strangulation screening questions were asked, whether strangulation was identified, and information about any strangulation that was identified. The research team asked CACs and forensic interviewers to not change any of their existing strangulation screening practices during the data collection period in order to take advantage of natural variability. Forensic interviewers at all 14 CACs in Wisconsin participated in the study. Surveys were completed for 986 out of 1,269 total forensic interviews (78%) conducted during the study time frame, as reported by CAC at the conclusion of the data collection period.

Following the conclusion of the forensic interview data collection period, CAC managers also completed a one-time survey about the unique interview practices and protocols at their CAC in order for the researchers to understand the full context in which these interviews took place.

This study was reviewed and approved by the University of Wisconsin-Parkside Institutional Review Board.

Development of Recommendations. Based on the findings of the study, the research team developed recommendations for best practice for multidisciplinary teams (MDTs) responding to child maltreatment, forensic interviewers, and medical-forensic professionals. The research team sought feedback and input from members of the Wisconsin Task Force on Children in Need, the Wisconsin Crime Victims Council, and other stakeholders on these recommendations.

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Guidelines for Identifying and Responding to Pediatric Strangulation

Guidance for the Multidisciplinary Team

Children in households where someone else has been strangled (such as a sibling or parent/guardian) are at greater risk for being strangled themselves. Identifying one victim of strangulation in a household (either child or adult) may result in identification of additional victims (either child or adult). Identification of child victims is best accomplished through forensic interviews for children who may have witnessed or experienced violence. Responding to cooccurring domestic violence and child maltreatment requires coordination and cooperation between law enforcement and child welfare. Cross-reporting between law enforcement and child welfare is an important consideration in cases of child maltreatment, and it should be implemented as a best practice in cases where children witness domestic violence or live in homes where domestic violence is present.

Utilize Forensic Interviews

When investigation reveals that a child has been exposed to domestic violence, law enforcement and/or child welfare should request a forensic interview when:

- The child is aged 3 or older, and
- The child was present during the incident(s), or
- There is present or historical concern of strangulation of another household member (depending on the context of the strangulation incident, the identity of the perpetrator, and whether that person has ongoing access to the child)

Identify All Strangulation

Multidisciplinary teams should find and encourage other avenues to identify adult strangulation, such as referring adult domestic violence victims to a medical-forensic nursing program for evaluation.

Document and Cross-Report Domestic Violence and Child Maltreatment

When responding to a domestic violence incident, law enforcement should document the following for any children living in the home:

- their ages
- if they were in the home at the time of the incident (having the potential to see or hear the incident)
- whether law enforcement spoke to them (and what the child said verbatim)

Additional Resources:

[Strangulation in Intimate Partner Violence Fact Sheet \(Training Institute on Strangulation Prevention\)](#)



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Document and Cross-Report Domestic Violence and Child Maltreatment

Communities should develop a cross-reporting protocol in instances of suspected child maltreatment and domestic violence. Historical reports of child maltreatment and domestic violence are crucial in accurately identifying risk factors for pediatric strangulation. Consider the following in order to maximize information sharing between law enforcement and child welfare:

The definitions of child physical abuse and neglect are different under Wisconsin's criminal code (chapter 948) and children's code (chapter 48). Communities should develop cross-reporting and collaboration-related policies that take into consideration the following:

- Mandatory reporting statute requires the reporting to child welfare of neglect that "seriously endangers the physical health of the child" (Wisconsin Statute 48.02(12g)).
- A child's exposure to domestic violence may be considered criminal neglect as a failure to provide "necessary care" under Wisconsin Statute 948.21(2) if it is "seriously endangering physical, mental, and emotional health of the child".

Even if neither law enforcement nor child welfare ultimately take action in a particular incident, documentation of the incident may prove useful in identifying risk factors for the strangulation of children.

Law enforcement should be aware of the criteria used by child welfare to make determinations in cases of suspected child abuse or neglect (see Access and Initial Assessment Standards and Safety Intervention Standards), and should document this information in cases of domestic violence where children were present:

- Level of involvement of the child in the incident(s)
- Physical proximity of the child to the incident(s) (especially when toddlers or infants)
- Whether the child was injured as a result of the incident(s)
- Whether the reason for the violence or escalation involved the child
- Whether the violence is prohibiting the non-offending parent from providing adequate care to their children

Investigators should offer referrals to local community-based victim service providers to assist victims and non-offending caregivers with navigating criminal, civil, and child welfare interventions.

Additional Resources:

[Child Protective Services Access & Initial Assessment Standards \(Wisconsin Department of Children and Families\)](#)

[Child Protective Services Safety Intervention Standards \(Wisconsin Department of Children and Families\)](#)



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Provide Information and Resources to Victims of Strangulation

Multidisciplinary teams should ensure that there are medical-forensic evaluation options in place for child and adult victims of strangulation and that families are strongly encouraged to use them.

Upon learning that an adult or child was strangled, investigators should provide written information/resources on the medical and psychological consequences of strangulation to the protective caregiver and/or child if developmentally appropriate.

Connect with your closest medical-forensic nursing program to obtain information and resources to give to patients/victims. See also the suggested resources below.

Investigators should also offer referrals to local community-based victim service providers.

Suggested Resources for Adult Strangulation:

- [Strangulation in Intimate Partner Violence Fact Sheet](#) (Alliance for HOPE International, Training Institute on Strangulation Prevention)
- [Law Enforcement Strangulation Brochure](#) (Alliance for HOPE International, Training Institute on Strangulation Prevention)
- [Signs and Symptoms of Strangulation](#) (Alliance for HOPE International, Training Institute on Strangulation Prevention)
- [Vital Facts for Victims of Strangulation](#) (Alliance for HOPE International, Training Institute on Strangulation Prevention)
- [Adult Strangulation and/or Suffocation Discharge Information](#) (Alliance for HOPE International, Training Institute on Strangulation Prevention)
- [“My Partner Choked Me” Pocket Guide](#) (Alliance for HOPE International, NYC Mayor’s Office to End Domestic and Gender-Based Violence)

Suggested Resources for Pediatric Strangulation:

- Pediatric Strangulation: Important Information for Parents and Guardians (Alliance for HOPE International) [English Version](#) | [Spanish Version](#)
- [Symptoms of Pediatric Strangulation](#) (Alliance for HOPE International)
- [Signs of Pediatric Strangulation](#) (Alliance for HOPE International)
- [Pediatric Strangulation Discharge Instructions](#) (Alliance for HOPE International)



Guidelines for Identifying and Responding to Pediatric Strangulation

Guidance for the Forensic Interviewer

Certain groups are at a higher risk of strangulation in general (including children referred for physical abuse, children in a household where someone else was strangled, and children who were victimized by a current or ex-significant other). However, there is a demonstrated benefit to screening for strangulation for cases of all types, including child sexual abuse. Between March 1 and May 31, 2025 in Wisconsin, there were at least 8 cases referred to a forensic interview for child sexual abuse that resulted in a disclosure of pediatric strangulation where there was no prior indication of strangulation and strangulation screening questions were asked during the interview.

Screen for Strangulation

Routinely screen for strangulation in all cases where children are actively reporting abuse, but especially cases where:

- Offender is current/former significant other of teen victim
- Child physical abuse is present
- Someone else (other than child interviewee) in household has been strangled

These groups were at greater risk for strangulation overall, but screening increased the likelihood of disclosure for all referral crime types.

To prevent false denials, screening questions are NOT recommended in cases where the child is not in active disclosure and presents as reluctant.

Screening questions may identify other victims of strangulation in a household other than the child interviewee.

Implement the following standard strangulation screening questions in interviews where screening questions are warranted (see above). These screening questions should be followed up with breadth and depth (narrative) prompts to gather more information.

- “Does someone else get _____?” (“choked”, etc., whatever word the child uses)
- “Does something ever happen to your neck?”
- “Does something ever happen to your breathing?”
- “What were [offender]’s hands doing?”



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Screen for Strangulation

Be aware of the potential for strangulation even in cases where it might not be expected. Listen for other statements from the child interviewee that may indicate strangulation such as:

- “They grabbed me by the shirt and held me up”
- “I woke up on the floor”
- “She jacked me up”
- “I couldn’t breathe”

Additional questioning to follow-up on identification of strangulation is beyond the scope of this document. See the following resources for further information:

- [Association of Professionals Solving the Abuse of Children \(APSAC\) Forensic Interview Guidelines](#)
- Pediatric Strangulation: Important Information for Parents and Guardians (Alliance for HOPE International) [English Version](#) | [Spanish Version](#)
- [Symptoms of Pediatric Strangulation](#) (Alliance for HOPE International)
- [Signs of Pediatric Strangulation](#) (Alliance for HOPE International)
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