

Advanced Institute on Strangulation Prevention

The Training Institute on Strangulation Prevention (Institute) is a program of Alliance for HOPE International (www.strangulationtraininginstitute). The Institute was launched with support from the United States Department of Justice, Office on Violence Against Women. The Institute provides consulting, training, resources, and support services to professionals working in the fields of domestic violence and sexual assault.

The Institute provides the most current and up-to-date curriculum on strangulation crimes from a multi-disciplinary perspective. Attendees of our trainings learn how to: identify the signs and symptoms of non-fatal strangulation cases; understand and recognize the anatomy and medical aspects of surviving and non-surviving victims; investigate and document cases for prosecution; prosecute cases, including using experts in court; and, most importantly, enhance victim safety through trauma-informed advocacy services. Our courses are flexible and can be structured to meet the needs of each individual jurisdiction.

The Indiana Coalition Against Domestic Violence, the Indiana Department of Health Office of Women's Health, and the IU Health Foundation are collaborating to send strangulation response teams from across Indiana to the fall virtual Advanced Institute on Strangulation Prevention. ICADV and our partners want to send 10-12 teams of 5-6 members each to attend the advanced institute with the goal of supporting the implementation of strangulation response teams in jurisdictions across the state. Teams must consist of a local DV/SV program advocate, law enforcement, prosecutor, and a forensic nurse or other medical provider. Additional team members can include judges, emergency medical providers, coroners, or representatives of Department of Child Services. It is preferred but not necessary that applicant team members have received previous training on strangulation.

Please read the information below, identify collaborative team members in your service area, and complete the attached application.

- Institute sessions will be each Friday in October, October 1st, 8th, 15th, 22nd, and 29th from 10:00 am – 5:30 pm EST. Participants must agree to complete ALL sessions.
- The Institute will be virtual using the Zoom platform with use of breakout rooms and other interactive features.
- Participants must identify, apply and participate with a collaborative team of 4-6 that includes representatives from a domestic and/or sexual violence advocacy program, forensic nursing, local law enforcement, prosecutor's office, health care provider, emergency medical services, and/ or coroner's office.

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- Scholarships for attendance are available on a **reimbursable basis**. Scholarship recipients must confirm that they/their employing organization can pay the \$500 registration fee to Alliance for Hope prior to the first session of the Institute. ICADV will reimburse the registration fee once it has been paid.

Application, Deadlines & Acceptance

To apply for the Institute, complete the Institute Application and Employer/Supervisor Certification. Submit applications by email to cburton@icadvinc.org. You will be notified by email that your application has been received. Each member of the collaborative team must submit an application form. You are encouraged to submit applications as a team.

The application deadline is **Friday, July 2, 2021**. Once the application period is closed, a committee of project representatives will evaluate the applications and may possibly reach out to individuals or teams if there are any questions. Participants will be notified of acceptance by email no later than **July 23, 2021**. If you are not selected to receive a scholarship, you can still attend the Institute if you wish to pay the registration fee on your own. If you are not selected, you will receive instructions in your notification email. Please direct any questions or concerns to Caryn Burton at cburton@icadvinc.org.

Institute Application- October 2021

Applicant Name: _____

Title: _____

Email Address: _____

Organization Name: _____

Phone: _____

Mailing Address: _____

Please provide the name and agency of the collaborative team partners with whom you are applying to attend the institute:

Does your county currently have a protocol to respond to strangulation cases: Yes No

Have you previously attended training on strangulation? Yes No

If yes, please provide the agency that conducted the training and when you attended:

Please tell us about any accommodations that you may require to participate in the Academy such as ASL interpretation, materials in large font, or mobility assistance.

Circle the organization type that best describes your organization:

- | | |
|--|---|
| a. Domestic Violence Program | i. Prosecutor's Office |
| b. Dual Sexual Assault/Domestic Violence | j. Court |
| c. Sexual Assault Program | k. State Agency |
| d. Child Advocacy Center | l. County Agency |
| e. Mental Health Organization/Provider | m. Immigration/Refugee Organization |
| f. Substance Abuse Provider | n. Community-based |
| g. Hospital/SART | o. Other Non-profit Victim Service Provider |
| h. Law Enforcement Agency | p. Other: _____ |

I have read the academy description, expectations and requirements. I understand that the Academy is a 5-week course which requires weekly participation on Fridays. I commit to attending fully, participating in, and completing all of the sessions. I also agree to complete a post-Institute evaluation as a part of my scholarship award. I also affirm that (please circle) I / my employer agrees to pay the registration fee of \$500 and submit documentation of payment to be reimbursed.

Student Signature _____

Employer/Supervisor Certification

I acknowledge that _____ has applied to attend the Alliance for Hope Advanced Institute for Strangulation Prevention and does so with my support. I have read the Institute description, expectations and requirements. I understand that the Institute is a 5-week course which requires 1 full day of participation each week on Fridays in October. I will ensure that this staff person is able to attend all sessions and will not be considered available for assignment or contact during those days. I agree to complete a post-Academy survey that evaluates how they utilize the information learned during the Institute.

_____ Initial here if your organization will be paying the initial registration fee to be reimbursed.

Employer/Supervisor Signature

Employer / Supervisor Printed Name

Date

Please email the completed application to Caryn Burton at cburton@icadvinc.org .