



The comprehensive resource on domestic violence

**Testimony on SB 207**  
**Nancy Neylon, Executive Director**  
**Ohio Domestic Violence Network**

Chairman Bacon, Vice Chair Dolan, Ranking Member Thomas and members of the Senate Judiciary Committee, thank you for allowing me to testify on behalf of SB 207.

I am the Executive Director of the Ohio Domestic Violence Network, representing 70 local domestic violence organizations. Together we strive to provide comprehensive, trauma informed services to survivors of domestic violence and their children. On an average day in Ohio, our programs serve almost 2,000 survivors and provide emergency shelter to over 700 survivors.

Over the past decade, the incidence of non-fatal strangulation in the context of domestic violence has come to the attention of policy makers, law enforcement, prosecutors and medical professionals. In the context of domestic violence, the act of strangulation lets the victim know that the perpetrator can end their life when they choose. When a victim is asked what she thought was going to happen during her strangulation, the most frequent answer is, "I thought I was going to die." As a power and control tactic, strangulation is effective for the abuser as the victim not only believes they are being killed but they feel deeply and justifiably terrified during the incident and for a long time afterward.

With strangulation, loss of consciousness can occur within 5 to 10 seconds and death within minutes. Death can occur days or even weeks after an attack due to respiratory complications. However according to studies, over 50% of non-fatal strangulation victims do not present external visible injuries.

One landmark medical study in 2001 in San Diego found that in 300 victims of strangulation, 89% suffered from a history of domestic violence and yet in 50% of the cases there were no visible injuries and only 15% of the cases had injuries where a photograph of high enough quality could be used as evidence in

prosecution. This study was an eye opener and contributed to legal reforms and new research into the subject. Homicide researchers subsequently found that a prior history of strangulation increased the risk of homicide 7 to 8 times higher for women. A survey of women in domestic violence shelters in Texas and Los Angeles found that over half had experienced multiple non-fatal strangulations. In addition to the prevalence of strangulation in domestic violence, research has found that strangulation typically occurs later in the progression of violence. Strangulation is accompanied by threats of death, as well as other types of physical violence and sexual abuse.

Although the risk of death from strangulation places it on the same level of seriousness as most felony assaults, there are difficulties to prosecuting non-fatal strangulation under existing statutes. These difficulties lie in proving intent and the ability to prosecute without physical evidence, which is typical of strangulation cases. The heightened awareness of the seriousness and prevalence of strangulation in domestic violence has resulted in 43 states having a statute that address strangulation. As these statutes are relatively new, there is limited research examining the impact of these laws. *Watch*, a Minnesota organization that monitors domestic violence cases, found that the law had a positive impact on victim safety, offender accountability and awareness of the seriousness of this type of violence. However, improvements needed to be made in training for criminal justice personnel. Another study by New York's Division of Criminal Justice found offenders being arrested and prosecuted once the strangulation law was enacted.

Why a separate crime for strangulation? This was a question that was asked when the domestic violence law went into effect in this state in 1978. It can just be charged as an assault, but, in fact, domestic violence was very infrequently charged at all. The same is true today of the crime of strangulation.

Of course we also know that strangulation has an incredible physical impact on its victims with or without visible injuries. It is incumbent on law enforcement, emergency personnel, and prosecutors to ask the questions that will demonstrate the impact on the victim. Even when there is no external physical evidence, there are many questions that can relay the extent of the physical effects for strangulation on the victim. Questions to ask include: How was the victim's breathing affected during and after the strangulation? Were there changes to her voice such as a raspy voice? Difficulty talking, swallowing or breathing? What physical changes did she experience? Dizziness, nausea, headache, disorientation, loss of bladder control, chest pain, loss of consciousness? What physical

responses occurred such as vomiting or dry heaving? Did she experience a change or loss of hearing, a change or loss of vision? How did her head and body feel - like a noodle? Any tingling sensation on lips, arms or legs? What did the perpetrator use - his hands, arms, or an object? How long did the assault last and how many times?

The more serious effects such as memory loss, chronic headaches, chronic extremity weakness or loss of sensation, paralysis and strokes while not immediately apparent are also possible. Furthermore, non-fatal strangulation can have devastating physiological affect. Assault victims report nightmares, depression, suicide ideation, and PTSD.

When legislation passes in Ohio, the work of the Ohio Domestic violence Network will continue. We will promote training to law enforcement to ask victims about strangulation, to recognize and document the evidence and ensure emergency treatment. We will also continue to promote training of emergency personnel to look for possible forensic evidence and treat victims for the potential long-term consequences of strangulation. And as always we will continue to assist survivors and their children.

I would be happy to answer any questions.

Nancy Neylon, Executive Director  
Ohio Domestic Violence Network  
1855 E Dublin-Granville Road, Suite 301  
Columbus, OH 43229  
614-781-9651