

TESTIMONY OF ALEXANDRIA RUDEN on HB 3

Chair LaRe, Vice Chair Swearington, Ranking Member Leland, and Members of the House Criminal Justice Committee:

My name is Alexandria Ruden. I am an attorney with the Legal Aid Society of Cleveland. I have been a practicing attorney with a focus on domestic violence since the Ohio Domestic Violence Act was enacted by the Ohio General Assembly in 1979. I have represented thousands of survivors of domestic violence in divorce and protection order proceedings. I am a member of the Supreme Court's Advisory Committee on Domestic Violence and the Ohio Department of Public Safety's Family Violence Prevention Center Advisory Council. Additionally, I co-author *Ohio Domestic Violence Law* with Judge Sherrie Miday and retired Judge Ronald Adrine, a yearly publication.

I am here to strongly offer my support for HB 3, one of the most comprehensive pieces of legislation introduced since the passage of HB 335 in 1994 and Ohio's Domestic Violence Act in 1979. Our collective understanding about the dynamics of domestic violence, the protections it affords, and the enforcement of the laws has led to an ever-expanding evolution in the efforts to reduce domestic homicide. HB 3 is designed to further that goal. By focusing on the challenges that affect domestic violence victims, this legislation will save lives.

To meet the goal of enhanced safety for an ever-increasing number of victims, it is crucial to identify the most dangerous offenders and manage the risks

posed to these victims. In response, domestic violence risk assessment tools have been developed to assess the predictive risk of lethal assault. While there is no single cause or factor which leads to domestic homicide, several risk factors increase the likelihood of re-assault or death such as firearms and strangulation. Screening is a safety precaution designed not only to identify risk but to enable early intervention by way of immediate referrals and supportive services.

Studies demonstrate the effectiveness of these evidence-based models in preventing future assault and homicide. The detrimental consequences of not passing HB 3 are significant...the prevention of domestic homicide is essential.

A primary goal of these tools is to help first responders, such as law enforcement officers, identify high-risk victims. The use of validated risk assessment tools will assist survivors in recognizing their danger and enable the development of more realistic and effective safety plans. Additionally, these tools enable the criminal justice system to identify which offenders need higher bail, inform conditions of release, and craft enhanced supervision strategies. The enactment of HB 3 will educate all justice system partners and other allied professionals about domestic violence and provide a shared language about risk.

Over the past 20 years, there has been a growing body of research on strangulation as a lethal form of violence. The inclusion of strangulation and suffocation to the Ohio Revised Code indicates an understanding of the danger and

increased probability of lethality. Research also bears out what victims, advocates, and legal practitioners already know-strangulation is alarmingly, quite common in the context of domestic violence.

Studies show that, of high-risk women, up to 68 % will experience near fatal strangulation by their partner. A victim can become unconscious after only 6-10 seconds. A victim can die within minutes. Even those victims who survive initially may die soon thereafter, due to the numerous internal injuries that can occur.

As a power and control tactic, strangulation is tremendously effective for abusers. Victims may believe they are going to die, and, as a result, are terrified both during the incident and for a long time afterwards. This one act sends a message to the victim that the abuser holds the power of life and death. With little effort on the part of the abuser, this is often accomplished in a manner that may leave little evidence of an altercation.

These life-threatening injuries often occur with no external signs of trauma. They include brain injury from a lack of blood flow to the brain, convulsions, and obstruction of the airway from swelling. Many victims suffer life-long injuries, including permanent voice changes, difficulty swallowing, vision changes and cognitive deficits. The absence of external or visible signs of injury, however, is not indicative of the level of harm or lethality.

As written, the language in HB 3 acknowledges this truth and addresses

these concerns. A visible focus on strangulation will encourage more survivors to seek help. In fact, increased medical intervention should help reduce the detrimental neurological and psychological trauma experienced by those who are strangled or suffocated and live to tell about it.

Victims can face significant challenges when accessing the criminal justice system after an abusive incident. Quick and ready access to assistance and remedies are critical to their safety. Emergency Protection Orders, which provide the issuance of after hours, weekend and holiday protection orders, fill a crucial emergency gap in Ohio's schema to enhance safety during a crucial time. The addition of EPOs demonstrates what must be Ohio's purpose in the passage of this significant piece of legislation, which is to enhance victim safety and reduce domestic homicide.

The trends of the past few years reflect an increasing response on the part of legislatures and the judiciary to do just that. It is essential that Ohio continue this progress.

Thank you for the opportunity to provide testimony.

Alexandria M. Ruden