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Proponent Testimony Senate Bill 146
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Chairman Eklund and members of the Ohio Senate Judiciary committee. Thank you for the opportunity to present proponent testimony on Senate Bill 146, legislation that if enacted into law, would expand the offense of domestic violence to prohibit a person from knowingly impeding the normal breathing or circulation of the blood of a family or household member by applying pressure to the throat or neck or blocking the nose or mouth.

I am a registered nurse for 43 years, a forensic nurse for 20 years and a family nurse practitioner for the past 13 years. My nurse practitioner practice is in urgent care. I am Founder and President of Forensic Healthcare Consulting, providing education and consulting services to healthcare and legal professionals focused on improving the community response to violence. Since my initial training on strangulation in 2005, I have provided multidisciplinary trainings on strangulation injuries, and have consulted and/or testified as an expert on strangulation cases in Ohio and other states as well. I have cared for many strangulation victims, and have heard numerous accounts of non-fatal strangulation from survivors.

Over the past 17 years there has been a growing body of research on strangulation as a lethal form of violence. There are many health consequences resulting from this type of injury. Only 6-10 seconds to unconsciousness, minutes to death, and victims that survive initially may die within 36 hours, and sometimes even later, due to the numerous internal injuries that can occur.

These life-threatening injuries many times occur with no external signs of trauma. The life-threatening injuries include any of the following: brain injury from lack of blood flow to the brain; convulsions; fracture or crushing of the airway; obstruction of the airway from swelling that increases over hours to days; severe decrease in heart rate; cardiac arrhythmias; aspiration pneumonia; fluid in the lungs; spinal injuries; multisystem organ failure; and even brain death. There are documented cases studies of strokes that occurred during the 2 years following a strangulation injury due to carotid artery trauma. These strokes occurred in women in their 20s, 30s and 40s.

Many victims have life-long injuries resulting from strangulation. These life-long injuries include: permanent voice changes; difficulty swallowing; vision changes; cognitive deficits such as poor memory; post-traumatic stress disorder; psychosis; and progressive dementia.

Strangulation is the ultimate form of power and control. An abuser does not need a gun. He only needs to reach out his hand and he controls her next breath – and victims know this. An abuser knows he can strangle her to unconsciousness without leaving a mark on her neck. I recall a young woman with two children, who disclosed that she had been strangled repeatedly by her partner. She said that this occurred about once a week. She would lose consciousness and wake up on the floor. Most of the time she had lost control of her urine. She said she had not told anyone because he told her no one would believe her since he knows how to do it without leaving a mark.

When a person comes to the ER with chest pain or abdominal pain from an injury, we often do not see external signs of trauma. Yet, our concern is for the internal injuries that may have occurred, and the patient is evaluated to rule out these life-threatening injuries. This same evaluation is necessary with strangulation injuries, as even with no external trauma, these patients may have life-threatening internal injuries.

Our military receives training on strangulation as a lethal form of close combat. Cage fighters fight for a living, yet if they find themselves in a choke hold, they tap out immediately, as they know it is the end of the fight. It is time that we transfer this knowledge to the victims of non-fatal strangulation by passing this legislation and acknowledging the seriousness of this lethal form of violence.

If a woman is strangled one time by her partner, the chance of her partner killing her increases by more than 700%, and some women are strangled multiple times. Strangulation is a strong indicator for future homicide.

One of the concerns I have heard regarding this legislation is the increased cost to the correctional system. A study conducted by Iowa State University evaluated the cost of one murder in 2010. They found the cost to be \$17 million. In contrast, this study showed the cost of aggravated assault to be only \$145,000, less than 1% the cost of murder.

Consider the following mass killings: Sutherland Springs Texas, November 2017, when 26 people were killed while attending church; the gunman in 2 Kansas towns, February 2016, that killed 3 and wounded 14; the Orlando Pulse Nightclub, June 2016, when 49 people were killed and 58 wounded. In each of these cases the killer had a history violence, including strangulation of their partner. Strangulation is a red flag for future homicide.

When our healthcare and legal systems treat strangulation as a lethal form of violence, we will protect our women and children in Ohio, hold abusers accountable for their actions, and prevent homicides.

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