

Testimony on SB 146 before the Senate Judiciary Committee
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Ohio Domestic Violence Network

Good morning. I am the Executive Director of the Ohio Domestic Violence Network, representing 72 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 more than 700 survivors. Last year our programs served more than 60,000 survivors and their children.

Strangulation has traditionally been minimized, primarily due to a lack of understanding of its true lethality, and a lack of evidence to prove a serious physical injury occurred. However, research in the last decade or so has shown how truly lethal any act of strangulation can potentially be.

A study published in the Journal of Emergency Medicine in 2008 showed that the odds of becoming an attempted homicide victim increased by 7 times for women who had been strangled by their partner compared to victims who had never been strangled.¹

Put simply, strangulation is one of the best predictors of a future homicide in domestic violence cases. Almost half of all domestic violence homicide victims had experienced at least one episode of strangulation prior to a lethal incident, according to research funded by the Department of Justice.

The research is also telling us how common strangulation is. According to research funded by the US Department of Justice, as many as 68% of high-risk domestic violence victims reported near fatal strangulation at least one or more

¹ Glass et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. The Journal of Emergency Medicine, 35(3), 329-335.

times.² Research also consistently finds incidents of non-fatal strangulation greatly increase the risk of harm or death in an intimate relationship.

A study by the Ohio Domestic Violence Network (ODVN) and researchers at Ohio State of survivors at five ODVN programs in 2017 shows how common strangulation is. Of 49 survivors interviewed, 83% reported ever having been strangled. Of those that had been strangled, more than half said it happened to them a few times, and one in five said that it happened too many times to count.³

The act of strangulation can leave victims close to death, but unlike blows that produce a black eye or broken nose, a strangulation victim can show few external signs of injury. In a 1996 study of strangulation cases in San Diego, victims did not have visible injuries in 50% of the cases and in 15% of the cases the injuries were too minor for the police to photograph.⁴

Even “minimal” pressure exerted can cause death. Strangulation requires only the same amount of pressure as it would to pop the top on a can of soda.

In the context of domestic violence, strangulation is a powerful method of coercion and control. Experts compare the sensation to waterboarding.

Strangulation has a chilling impact on the victim--and can hurt her brain in ways that make her planning for her safety and escaping the abuse all the more difficult. The long-term cognitive impacts of brain injury can sabotage her ability to move on, hold a job, and be able to live a violence-free life.

One of the most serious non-lethal consequences of strangulation is Traumatic Brain Injury (TBI). Strangulation also can result in stroke and blood clots.

In 2013, the Violence Against Women Act (VAWA) added strangulation and suffocation to federal law, and 48 states have strangulation statutes. Research examining the impact of these laws is limited because most of these laws are

²Wilbur L, Higley M, Hatfield J, Surprenant Z, Taliaferro E, Smith DJ, et al. Survey results of women who have been strangled while in an abusive relationship. *The Journal of Emergency Medicine*. 2001;21:297–302.

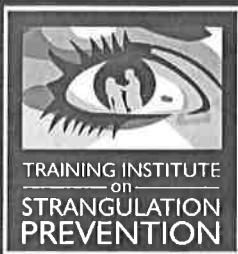
³ Nemeth JM, Menco C, Ramirez R, Kulow E, Brown A. Provider perceptions and domestic violence (DV) survivor experiences of traumatic and anoxic-hypoxic brain injury: implications for DV advocacy service provision. *Journal of Aggression, Maltreatment & Trauma*. 2019

⁴ Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective*. Oxford University Press, Inc., 217-235.

relatively new. However, we are hearing from the field loud and clear that if Ohio passes a strangulation law, criminal justice personnel will need additional training.

Opponents of SB 146 say strangulation crimes can be prosecuted under existing assault laws, but we know that most cases are prosecuted as misdemeanor assaults or wanton endangerment -- charges that do not reflect the gravity and potentially deadly nature of this offense. It's time we acknowledge this extensive evidence-based research and recognize this serious crime by passing SB 146.

Passing felony strangulation legislation this session sends a message that Ohio takes this crime as seriously as the rest of the nation. Most important, by making strangulation a felony, you will tell victims that their experiences matter, that we care, and that people who make the choice to do this will be held accountable.



STRANGULATION IN INTIMATE PARTNER VIOLENCE FACT SHEET

STRANGULATION:

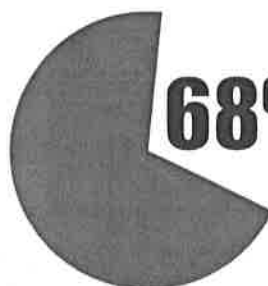
the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia.



1 in 4

women will experience intimate partner violence (IPV) in their lifetime.¹

Of women at high risk, up to...

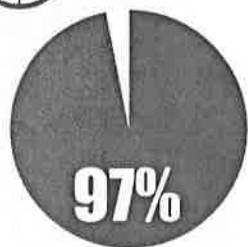


68%

will experience near-fatal strangulation by their partner.²

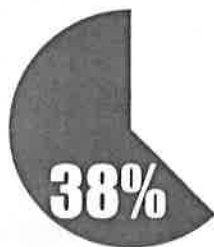


Loss of consciousness can occur within 5 - 10 seconds. Death within minutes.²



97%

are strangled manually (with hands).³



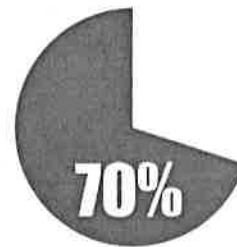
38%

report losing consciousness.⁴



35%

are strangled along with sexual assault/abuse.⁵ 9% are also pregnant.⁴



70%

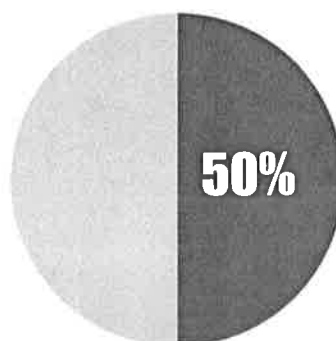
of strangled women believed they were going to die.⁶

And odds for homicide increase **750%**

for victims who have been previously strangled, compared to victims who have never been strangled.⁷

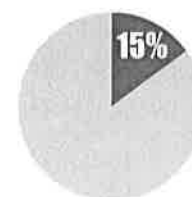
HOWEVER...

Oftentimes, even in fatal cases, there are **NO EXTERNAL SIGNS** of injury.³



50%

Only half of victims have visible injuries



15%

Of these, only 15% could be photographed

STRANGULATION

SIGNS AND SYMPTOMS ²

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

FACE

- Petechiae (tiny red spots-slightly red or pink)
- Scratch marks
- Facial drooping
- Swelling

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

CONSEQUENCES ⁹

PSYCHOLOGICAL INJURY

PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia, and psychosis.

DELAYED FATALITY

Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, ARDS and the risk of blood clots traveling to the brain (embolization).

Today,
45 States
have legislation
AGAINST
STRANGULATION ⁸

VAWA 2013
added strangulation
and suffocation to
FEDERAL LAW

1 Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR* 2014; 63(SS-8): 1-18.

2 Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009). Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective*. Oxford University Press, Inc., 217-235.

3 Strack, G.B., McClane, G.E., & Hawley, D. (2001). A review of 300 attempted strangulation cases: Part I: Criminal Legal Issues. *Journal of Emergency Medicine*, 21(3), 303-309.

4 Shields et al. (2010). Living victims of strangulation: A 10-year review of cases in a metropolitan community. *American Journal of Forensic Medical Pathology*, 31, 320-325.

5 Plattner, T. et al. (2005). Forensic assessment of survived strangulation. *153 Forensic Science International* 202

6 Wilbur, L. et al. (2001). Survey results of women who have been strangulated while in an abusive relationship. *21J. Emergency Medicine* 297.

7 Glass et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335.

8 Mack, M. (2013) States with strangulation legislation. A product of the Training Institute on Strangulation Prevention. www.strangulationpreventioninstitute.com

9 Funk, M. & Schuppel, J. (2003) Strangulation injuries. *Wisconsin Medical Journal*, 102(3), 41-45.



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