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Proponent Testimony Senate Bill 90
June 21, 2021

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Chairman Manning, Vice Chair McColley, Ranking member Thomas, and members of the Senate Judiciary Committee. Thank you for the opportunity to present proponent testimony on Senate Bill 90. If enacted into law, this bill will expand the offense of domestic violence to also 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 family or household member's throat or neck or blocking the family or household member's nose or mouth.

I have been a registered nurse for 45 years, a forensic nurse for 22 years and a family nurse practitioner for 15 years. My nurse practitioner practice is in urgent care. I am President and Founder 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 sexual assault, domestic violence and 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. I serve on the Medical Advisory Committee for the Training Institute on Strangulation Prevention in San Diego, California.

Over the past 20 years there has been a growing body of research on strangulation as a lethal form of violence. There are multiple health consequences resulting from this type of injury. Only 6 seconds to unconsciousness, minutes to death, and victims that survive initially may die within a few hours or days, or suffer strokes years later, due to the multiple internal injuries that may occur.

These life-threatening injuries can occur with no external signs of trauma. These life-threatening injuries and health consequences include any of the following: brain injury from lack of blood flow to the brain; seizures; fracture or crushing of the airway; airway 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 case studies of victims having strokes during the 2 years following a strangulation injury. These strokes were the result of tearing of the carotid arteries and occurred in women 20-40 years of age.

Many victims have life-long injuries resulting from strangulation. These life-long injuries include permanent voice changes; difficulty swallowing; cognitive deficits such as poor memory or difficulty with activities of daily living; post-traumatic stress disorder; psychosis; and progressive dementia. We understand the debilitating consequences of traumatic brain injury. However, strangulation injuries may be more debilitating as it results from directly blocking blood flow to the brain.

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, we often do not see external signs of heart or abdominal problems. Yet, our concern is for the internal health emergencies and we must evaluate to rule out these life-threatening conditions. 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. MMA 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. He may not kill her by strangulation, but with a gun or other means.

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 domestic 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. In doing so, we can have a major impact on future generations.

Thank you.

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