

Testimony in Support of SB90
To address prohibiting the impediment of breathing or circulation of family members
Sponsors: Senator Kunze and Senator Antonio

Chairman Manning, Vice Chair McColley, Ranking Member Thomas, and members of the Judiciary Committee, thank you for the opportunity to testify in support of Senate Bill 90, legislation that would amend sections 2919.25, 2929.13, and 2929.14 of the Revised Code to 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. As a registered nurse for the past 24 years, seven of which were spent as a sexual assault nurse examiner (SANE), I have conducted forensic examinations for over 100 victims of sexual assault, many of which involved strangulation and/or suffocation. I am submitting testimony because I feel the passage of this legislation is a matter of life and death. Strangulation is not only a means for power and control, but one study found that prior non-fatal strangulation was associated with greater than six-fold odds of becoming an attempted homicide, and over seven-fold odds of becoming a completed homicide (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2573025>). Those who survive the attack often have pain with swallowing, voice changes, and headache. Victims of strangulation typically lose consciousness after 6-10 seconds and die if the event lasts just several minutes. Those who regain consciousness report feeling dazed and confused and their memory is often affected. There is usually little or no visible external injury with strangulation, but the hidden dangers are immense.

Some of the serious health issues that may result from non-fatal strangulation include anoxic brain injury, seizures, swelling of the airway, stroke, heart arrhythmias, rupture of arteries or veins in the neck due to weakening, swelling and fluid in the lungs, and organ failure. Swelling of the airway can be a delayed effect, with the most swelling occurring 4-5 days after the strangulation event. Victims must be educated to seek immediate medical care if they feel tightness in their throat in the days after the attack. We know that victims who report urinating or defecating on themselves during a strangulation event were near death because it is a sign they were losing control of their bodily functions. They do not always offer this information to law enforcement because they are embarrassed. Victims also experience emotional trauma from strangulation events including depression, anxiety, fear, and suicidal thoughts. As a sexual assault nurse examiner (SANE), the patients I cared for who presented to the hospital after strangulation usually verbalized that they thought they were going to die and worried about who would care for their children. This was a consistent response from survivors and always elicited a very emotional response during my nursing interviews.

There are many excellent trainings offered to first responders, health care providers, victim advocates, and prosecutors throughout the state, and I feel the tide is turning on education related to strangulation and suffocation. Prosecutors seem eager to charge it as felonious assault, but it can be difficult to convince a judge or jury that a victim with no visible external injuries has serious physical harm. Previous attempts to amend the felonious assault and domestic violence law have been unsuccessful, and it is time law in Ohio reflects the seriousness of this violent and dangerous crime.

Those who oppose this legislation often site the cost it will impose on our already crowded correction system. They pose scenarios such as seemingly harmless brawls between brothers and question the level of injury to victims. These are concerns raised by those who oppose the legislation, but 48 other states have passed legislation on strangulation and suffocation and proved these theories false. I challenge you to consider the physical and mental health care costs associated with strangulation and suffocation, which usually falls on the victim. I challenge you to consider the short- and long-term effects of strangulation and suffocation. I challenge you to consider that no person should be strangling or suffocating another person, family members or not. It is time for Ohio to join the other 49 states in the U.S. and pass this legislation. The last three General Assemblies could not get it done. The time has come and I hope this committee is willing to prioritize this legislation and be part of the progress that needs to happen.

Amendments to our state law are crucial to the safety of Ohioans. Strangulation and suffocation are serious crimes, worthy of serious punishment, and it is time for Ohio law to reflect that. These amendments to the law will save lives and send a clear message to criminals that there is serious punishment associated with the violent acts of strangulation and suffocation. Thank you for your time and attention to this matter.

Sandy Parker, MSN, RN
Director of Services
Hope & Healing Rape Crisis Center of Medina and Summit Counties