TESTIMONY OF ALEXANDRIA RUDEN,
ON BEHALF OF THE LEGAL AID SOCIETY OF CLEVELAND ON HB 3
TO SENATE JUDICIARY COMMITTEE

Chairman Eklund, Vice Chairman Manning, Ranking Member Thomas, and Committee Members:

My name is Alexandria Ruden. I am an attorney with the Legal Aid Society of Cleveland. I have practiced in the area of 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 train attorneys, advocates, the judicial system, law enforcement and other professionals on Ohio domestic violence law. In addition, 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. I also write *Ohio Domestic Violence Law* with Judge Ronald Adrine and Judge Sherrie Miday, a yearly publication.

I am here to strongly offer my support for House Bill 3. Since the passage of 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 have led to an ever-expanding evolution in the efforts to reduce domestic homicide, and HB 3 is designed to achieve that goal.

All professionals who play a role in the criminal and civil justice systems need a comprehensive understanding of domestic violence. 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 both an offender's risk of re-offending and a victim's risk of lethal assault. Risk assessment is a procedure whereby some characteristics of a person are measured and used to predict the likelihood of re-assault or homicide. While there is no single cause or factor which leads to domestic homicide, several risk factors or markers-the characteristics that increase the likelihood of re-assault or death-have been identified as being associated with perpetrators of domestic violence. Strangulation and firearm access are two such risk factors.

Screening for risk should always be the first step in the criminal and civil justice process. Screening is, thus, a safety precaution and not only supports identification of those at risk but enables early intervention by way of immediate referrals and supportive services.

A primary goal of these tools is for first responders, such as law enforcement officers, to identify high-risk victims in order to reduce and prevent future domestic violence injury or death and to ensure the safety of survivors, their children and the communities in which they live. The benefits of using a validated risk assessment tool can not be overstated. It will assist victims in recognizing the danger they are in and enable the development of more realistic safety plans. As an

example of a coordinated community response, it will enable the criminal justice system to identify which offenders need higher bail, inform conditions of release, and craft enhanced supervision strategies. It also helps educate all justice system partners and other allied professionals about domestic violence and provides a shared language about risk factors.

Studies demonstrate the effectiveness of these evidenced-based models in preventing homicide before it happens. The detrimental consequences of not passing HB 3 will leave many victims at unnecessary risk and suggests an unwillingness to place survivor safety above other considerations.

By adding strangulation and suffocation to the domestic violence statute, Ohio will demonstrate its understanding of the danger and enhanced probability of lethality to survivors of domestic violence. Studies show that 1 in 4 women will experience IPV in their lifetime. Of women at high risk, up to 68 % will experience near fatal strangulation by their partner. In fact, many of my clients have commonly reported strangulation events as one of the many violent tactics used regularly by their abusers. Research also bears out what victims, advocates and legal practitioners already know – strangulation is, alarmingly, quite common in the domestic violence context.

As a power and control tactic, strangulation is tremendously effective for abusers. Victims may believe they are being killed and, as a result, feel justifiably

terrified both during the incident and for a long time afterwards. This is because these acts send a message to the victim that the abuser holds the power to take the victim's life, with little effort, in a short period of time, and in a manner that may leave little evidence of an altercation.

Oftentimes, and even in fatal cases, there are no external signs of injury. The absence of external or visible signs of injury does not indicate the level of harm or lethality after strangulation occurs. In fact, studies indicate that unconsciousness can occur within seconds. Death can occur within minutes. This is despite the absence of external visible injury.

To better appreciate the dangers associated with strangulation, it is essential to understand some rudimentary human physiology. [Training Institute on Strangulation Prevention: www.strangulationtraininginstitute.com .] Strangulation is a type of asphyxiation "characterized by a closure of blood vessels and/or air passages of the neck as a result of external pressure." Ligature strangulation includes the use of any type of cord-like object, such as an electrical cord or purse strap. Manual strangulation may be done with hands, forearms (i.e. the "sleeper hold"), or even kneeling or standing on the victim's neck or throat.

Research indicates that manual strangulation is the most common form of strangulation used in domestic violence cases. The neck contains bones and cartilage that include the larynx, trachea, and the hyoid bone. Carotid arteries in

the sides of the neck are the major vessels in which oxygenated blood travels from the heart and lungs to the brain. *Blocking* the carotid artery with external pressure deprives the brain of oxygen. Jugular veins are the major vessels in the neck that transport deoxygenated blood from the brain back to the heart. *Blocking* the jugular vein prevents deoxygenated blood from exiting the brain. *Closing off* the airways prevents a person from breathing. Any or a combination of these events can result in unconsciousness or death. Because strangulation is primarily about *blocking* blood flow to the brain, most strangulation cases DO NOT involve external or visible injury to the structures of the neck.

In addition to the horror of a near fatal strangulation attack, strangulation is also extremely physically painful for survivors. Researchers report that the general clinical sequence of a victim who is being strangled is: severe pain, followed by unconsciousness, followed by brain death. Evidence of strangulation may include some of the below physical, neurological and psychological signs and symptoms and many of these signs and symptoms occur without external visible injury. These may occur concurrently with or after an attack:

- Voice changes (hoarseness, raspy voice, or loss of voice)
- Swallowing changes (difficulty or pain)
- Breathing changes (difficulty or inability to breathe)
- Involuntary incontinence
- Miscarriage
- Mental status changes (sleep disturbance, amnesia, stress, restlessness or combativeness)

- Nausea or dizziness
- Scratches/fingernail marks, scrapes, and abrasions (from offender or defensive injuries)
- Redness, swelling, abrasions, or bruising on the neck
- Petechiae (tiny ruptured capillaries that look like red spots) on eyes, face or neck
- Ligature marks
- Broken/fractured bones or injured cartilage in the neck
- Lung damage, fluid in the lungs, or pneumonia
- Brain injury caused by lack of oxygen
- Vision or hearing changes
- Memory loss

HB 3 aggressively addresses strangulation by encouraging more strangulation victims 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. Additionally, it will reduce homicide in Ohio and may even alert abusers to the criminal consequences of strangling their partners.

The trends over the past several years reflect an increasing response on the part of the Ohio legislature to consider society's interest in the prevention of domestic violence. As concern over domestic violence continues to grow, as the number of those killed continues to grow, it is likely jurisdictions will continue to review their statutes. It is essential that Ohio do the same.

With that in mind, Ohio is one of only 2 remaining states that does not have specific strangulation legislation. HB 3 will put Ohio in line with the rest of the

United States of America. In fact, the passage of HB 3 will be the most significant and comprehensive piece of legislation since the enactment of HB 335 in 1994.

Thank you for the opportunity to provide testimony.

Alexandria M. Ruden