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## Oregon Attorney General's Sexual Assault Task Force

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**Testimony in support of SB1562A**

**House Committee on Judiciary**

**Submitted by: Michele Roland-Schwartz, Executive Director**

**February 26, 2018**

Chair Barker and Members of the Committee:

On behalf of the Oregon Attorney General's Sexual Assault Task Force, I submit this testimony in support of SB1562A, which would update the definition of strangulation and upgrade the misdemeanor crime to a class C felony when strangulation is committed against a family or household member.

The Sexual Assault Task Force is a private, non-profit, non-governmental statewide agency with over 100 multi-disciplinary members appointed by Attorney General Rosenblum. Members serve as advisors on 1 of 8 subcommittees including: Campus, Criminal Justice, Legislative & Public Policy, Medical-Forensic, Men's Engagement, Offender Management, Prevention Education, and Victim Response.

Our mission is to advance a multi-disciplinary, survivor-centered approach to the prevention of and response to sexual violence in Oregon. Our goal is to prevent sexual violence from happening in the first place, while simultaneously improving our response efforts to mitigate trauma and ensure the safety and security of all victims.

Nonfatal<sup>1</sup> strangulation is a strong predictor of future violence and a significant risk factor for homicide or attempted homicide (regardless of the relationship or who witnessed it), yet the seriousness remains underappreciated because survivors often have no visible injuries. Victims of non-fatal strangulation may experience brain damage due to the lack of oxygen during a strangulation event, or serious internal injury to the delicate structures of the neck that could lead to death days later. Even in homicidal strangulation, there may be few or no external signs of trauma. While strangulation among victims of sexual assault is often assessed by a Sexual Assault Nurse Examiner (SANE) who provide comprehensive medical care and forensic evidence collection during a medical-forensic exam, the lack of visible injuries results in a minimization and complacency by health care and investigatory professionals in regards to the serious acute and chronic medical and neurological consequences, the potential for future abuse, and the potential for death.

In a recent study on non-fatal strangulation among sexual assault victims, intimate partners were the assailant in 58.2% of cases, and victims were 8 times more likely to experience strangulation compared to women sexually assaulted by an acquaintance or friend. Other abusive tactics included verbal threats and the addition of blunt force trauma, however, external signs of strangulation were absent in nearly 50% of the cases cited<sup>2</sup>.

SB1562A addresses the dire and life-threatening nature of strangulation, and strengthens our public safety system. For these reasons, we urge your full support.

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<sup>1</sup> International Association of Forensic Nurses. The Evaluation and Treatment of Non-Fatal Strangulation in the Health Care Setting. Retrieved February 12, 2018.

<sup>2</sup> RR Zilkens et. Al. (2016) *Non-fatal strangulation in sexual assault: A study of clinical and assault characteristics highlighting the role of intimate partner violence*. Journal of Forensic and Legal Medicine.