

School of Nursing

www.nursing.jhu.edu

525 N. Wolfe Street/Room 436
Baltimore, Maryland 21205
410-955-2778/ Fax 410 614-8285

The Honorable Susan Lee and Delegates Pippy and Atterbeary
James Senate Office Building, Room 223
11 Bladen St., Annapolis, MD 21401

January 8, 2020

Dear Senator Lee and Delegates Pippy and Atterbeary,

I am writing in strong support of your bill to amend Maryland law making strangulation or suffocation during an assault become an assault in the first degree. I am a nurse, a Professor at Johns Hopkins University School of Nursing, live in the city of Baltimore and have been conducting research on domestic violence and health outcomes here in Maryland since 1993. I have more than 280 publications and 7 books on violence and health outcomes and am nationally known for my research on risk factors for homicide. My federally funded research established that intimate partner strangulation was a strong risk factor for intimate partner homicide. That study was conducted in Baltimore as well as in 11 other cities across the country. We found that abused women who were strangled by a husband, boyfriend or ex-husband or ex-boyfriend were 750% more likely to be murdered by that man.¹ We have also done research on the importance of the health care system in identifying women who have been strangled and providing appropriate care here in Baltimore. Our research team's studies show that approximately 68% of women abused so badly that the police were called in Oklahoma reported that they had been strangled one or more times by their abusive partner. Those who had been strangled more than once were more likely to have had a miscarriage than abused women never strangled.²

I also work with the national Training Institute on Strangulation Prevention program (funded by the Office on Violence Against Women in the US Department of Justice) as a member of their Medical Advisory Committee. Through my work with that team I have learned much about how state laws on strangulation can strengthen the criminal justice system attention to these extremely dangerous abusers and sexual assaulters. Also important is how legislation provides an impetus to the health care system to better identify strangulation victims and attend to their injuries so that lives can be saved. A woman is at increased risk of death in the 24-72 hours after a non-fatal strangulation from a stroke or a carotid artery dissection (tear) if not correctly diagnosed and treated. In working with the Institute, I

¹ Glass, N., Laughon, K., Campbell, J.C., Block, C. R., Hanson, G., Sharps, P. W., Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *Journal of Emergency Medicine*, 35, 329-335.

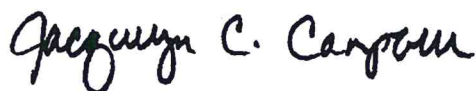
² Messing, J. T., Patch, M., Wilson, J., Kelen, G., & Campbell, J. C. (2018). Differentiating among attempted, completed and multiple nonfatal strangulation of female intimate partner violence victims. *Women's Health Issues*, 28(1), 104-111. <https://doi.org/10.1016/j.whi.2017.10.002>

have been chagrined to learn that 47 of our 50 states already have state laws strengthening penalties for strangulation. Let us make sure that Maryland becomes one of those states.

Our science is also showing that men who strangle women are causing brain injury and long-term health consequences in the thousands of women in MD who are strangled by the partners but survive.³ There were at least 15,000 Domestic Violence incidents in the state of MD in 2016, the latest year for which that data is available. Only about half of DV victims report the crime to police, suggesting about 30,000 DV victims in Maryland. The vast majority of those victims are women. A synthesis of all the research suggests that at least 10% of abused women have been strangled by their partners and 68% of women abused so severely that police were involved have been strangled by the men who abused them. Bottom line, we can confidently estimate that at least 3000 and as many as 10,000 women in Maryland are strangled every year. These women are at significantly increased risk to be killed by that partner resulting in lifetime trauma for their children.

Thank you for introducing this important legislation for the state of Maryland. Amending Maryland law to make strangulation and suffocation a first degree assault can literally save lives of abused women in our great state. This is not a partisan issue. It is a matter of increasing safety and saving lives for thousands of our domestic violence victims and their children.

Sincerely,



Jacquelyn C. Campbell, PhD, RN, FAAN
Anna D. Wolf Chair & Professor
Johns Hopkins University School of Nursing

³ Campbell, J. C., Anderson, J. C., McFadgion, A., Gill, J., Zink, E., Patch, M., Callwood, G., & Campbell, D. W. (2018). The Effects of Intimate partner violence and probable traumatic brain injury on central nervous system symptoms in women of African descent. *Journal of Women's Health* 27(6) published online. <http://online.liebertpub.com/doi/10.1089/jwh.2016.6311>



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

January 23, 2020

Raymond L. Crowel, Psy.D.
Director

The Honorable Susan Lee and Delegates Pippy and Atterbeary
James Senate Office Building, Room 223
11 Bladen Street, Annapolis, Maryland 21401

Dear Senator Lee and Delegates Pippy and Atterbeary:

I am writing in strong support of your bill to amend Maryland law to make attempted strangulation and suffocation First degree assault. I am the Manager for Trauma Services: Abused Persons Program and Victim Assistance and Sexual Assault Program, in the Montgomery County Department of Health and Human Services. I have been managing these two trauma programs and have seen firsthand the negative psychological and physical sequelae that domestic violence and sexual assault victims suffer after an attempted strangulation.

Apart from the research that points out that these women are 750% more likely to be murdered subsequently to the strangulation attempt, they also suffer from physical injuries, damage to their interior neck anatomy, lack of oxygenation and an increase risk for strokes that can last many months and even into years after the crime.

Montgomery County Trauma Services responds to the hospital together with our partners, the SAFE nurses as well as the Police department to provide coordinated assistance to rape/sexual assault and physically assaulted domestic violence clients presenting at the Emergency Room. Since the beginning of the fiscal year, July 2019, we have collected a five-month sample of such crime victims, overwhelmingly, women who have reported attempted strangulation. We have been able to document 15 attempted strangulation victims of crime from July 2019 through November 2019, a mere 5 months of data collection! Last year in 2018 from July 2018 through November 2018, another 5 months sample, we were able to provide services at the hospital to 10 attempted strangulation victims. These victims suffer not only from psychological trauma but also have to cope with the physical negative after-effects for years to come!

Thank you for introducing such important legislation and holding perpetrators accountable for these horrific crimes. Amending Maryland law to include attempted strangulation and suffocation as first degree assaults will assist in keeping women safe in the State of Maryland.

Sincerely Yours,

Nadja S.P. Cabello, L.C.S.W.-C.

Manager Trauma Services: Abused Persons Program and Victim Assistance and Sexual Assault Program

Behavioral Health and Crisis Services • Victim Assistance and Sexual Assault Program

1301 Piccard Drive, Suite 4100 • Rockville, Maryland 20850 • 240-777-1355 • 240-777-1329 FAX
www.montgomerycountymd.gov/vasap