



Melissa Erlbaum, MPA
Executive Director

March 21, 2017
House Committee on Judiciary
Re: Support for HB 2955

Chair Barker and Vice-Chairs Olson and Williamson and Members of the House Committee on Judiciary:

My name is Melissa Erlbaum, and I am the executive director of Clackamas Women's Services (CWS), a community-based non-profit agency that has supported survivors of domestic and sexual violence, stalking, and elder abuse on their pathways to safety and stability for over 30 years.

Domestic violence is an epidemic that has significant public safety and public health implications in our community. In Oregon, 25% of women and girls experience domestic violence in their lifetime, and this does not include the many who suffer in silence because of the very real fear that leaving will result in lethal harm.

As a professional who has worked in this field for over 20 years, I can tell you that survivors of non-fatal strangulation have known for years what we are only recently learning: Many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them—any time they wish. Once victims know this truth, they live under the power and control of their abusers day in and day out.

Non-fatal strangulation has serious medical effects, such as internal hemorrhage, lacerations, miscarriages, chronic pneumonia, brain injury, etc. Signs and symptoms are not easily recognized and, therefore, are often not properly treated.

For many years, medical experts and researchers referred to strangulation assaults as “attempted strangulation.” The vast majority of strangulation or suffocation assaults are not “attempts.” Rather, they are completed criminal acts and should be prosecuted accordingly. Based on current research and state of the law, any intentional effort to apply pressure to the neck in order to impede airflow or blood flow should be viewed as a felony strangulation assault.

Without question, strangulation is one of the most lethal forms of domestic violence. We know that a man who strangles a woman once is 800% more likely to later kill her.

There is also a correlation between perpetrators who strangle and the percentage by which they commit other crimes, including violence against law enforcement and mass homicides. Casey Gwinn, Esq. from the Alliance for Hope International, asserts “The next time you hear the phrase,

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‘He choked me,’ make sure it gets your attention. The victim’s abuser has just raised his hand and said, ‘I’m a killer.’”

As one of the first states to classify strangulation as a felony if it occurred in the presence of a child, Oregon used to be a national leader in the prosecution of this crime. Sadly, this is no longer the case. We now need to ask ourselves a serious and long-overdue question: Why do we require a victim to have children present during a terrifying crime that we know causes significant medical impairments in order for our system to respond with the appropriate penalty? I am confident that the State of Oregon cares about domestic violence victims and does not intend to send a message that indicates otherwise.

The newly re-authorized Violence Against Women Act (VAWA) added strangulation and suffocation language to federal law for the first time, and the majority of states appropriately classify this dangerous and life threatening crime as a felony. I strongly urge Oregon to take a stand to protect the lives of victims suffering in daily terror.

On behalf of the CWS staff, Board of Directors, and the survivors we serve, we ask that you support HB 2955.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Melissa Erlbaum', is written in grey ink.

Melissa Erlbaum, MPA
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