



May 24, 2024

Subject: Opposition to AB 3127 (McKinnor)

Dear California Board of Registered Nursing Members,

The Training Institute on Strangulation Prevention urges you to OPPOSE AB 3127 (McKinnor) seeking to end California's Medical Reporting Law (PC 11160 et seq). This terrible bill has already failed twice in the California Senate and should be stopped again. As physicians, we have been opposed to any effort to end the reporting of strangulation assaults by healthcare providers in California since the sponsors and author began trying to end reporting of domestic violence by healthcare providers. In this third iteration of their bill, AB 3127 now adds the word "strangulation" to gunshot wounds but only strangulation assault injuries "likely to result in death" are going to be reportable. While strangulation assaults are capable of causing death, most of them are not, in isolation, likely to result in death. "Likely to result in death" is a small number of cases – leaving most terrified, high risk, and seriously injured victims responsible for reporting their abuser themselves even if they have internal injuries, major trauma, or traumatic brain injury when brought to the hospital. The author's addition of the word "strangulation" is worthless in the statute. We urge you to unanimously OPPOSE AB 3127.

History of the Institute and Its Advisors

As background, the Training Institute on Strangulation Prevention (Institute) has been funded by the U.S. Department of Justice, Office on Violence Against Women, to address non and near-fatal strangulation cases since 2011. When the Institute was officially launched, our primary goal was to improve the handling of strangulation assaults by all disciplines.

The Institute was critically needed in the field. Lack of visible neck injury following strangulation has been extremely problematic for decades. Traditionally, when a surviving strangulation patient presented to the Emergency Department (ED) with a normal neck exam, that criteria alone was often used to eliminate consideration of any serious problem and the patient was discharged without adequate evaluation and told to return if real problems developed. Because of this prevailing medical attitude and limited research data, the medical community provided no "red flags" for the legal community, so law enforcement and prosecutors also treated non-fatal strangulation (generally referred to as "choking" by victims) as an insignificant event. Non-fatal strangulation had traditionally been handled as a misdemeanor crime and law enforcement continued to



use various strangulation techniques to subdue resistance and officers trained and practiced these maneuvers on each other.

It was not until the late 1990's that it was realized that the lack of training on the recognition and documentation of the strangled victim, the lack of published articles, and the lack of protocols and laws for addressing strangulation assaults without visible injury, was allowing many instances of strangulation to go undetected and unprosecuted. It is understandable. Much of the early literature on strangulation was published by pathologists regarding autopsy findings and most of the published criminal cases concerned homicides.

From the outset of the Institute, we convened a small group of nationally recognized experts from around the country. Our advisors consisted of academic and clinical emergency medicine physicians, forensic pathologists, forensic nurses, prosecutors, civil attorneys, judges, law enforcement, researchers, trainers, advocates, and survivors. Since 2011, our multi-disciplinary team of experts has grown into three advisory committees: Medical, Legal, and Advocacy. We now evaluate current practices, develop resource materials, provide training, and make recommendations to improve the handling of strangulation assaults, including best practices for the essential medical evaluation of the strangled patient.

Current Knowledge and Efforts Regarding Strangulation as a Lethality Factor

Today, the research is clear that more victims survive strangulation assault than originally thought. It is estimated that between 68% to 79% [Wilbur, et al, 2001; Messing, et al, 2018] of domestic violence victims who are seeking medical assistance at hospitals, safety at shelters, and protection from law enforcement, have been the victims of non-fatal strangulation. Non-fatal strangulation is recognized as one of the most accurate predictors of eventual death from domestic violence. We now realize non-fatal strangulation has both immediate and long-term health consequences. Additionally, there are significant safety consequences for victims of non-fatal strangulation. In 2008, researchers found that ***victims of intimate partner violence who are strangled even one time are 750% more likely to be murdered (by any method) by the partner who strangled them.*** [Glass, et al, 2008].

As a result of these findings, laws have been passed in all 50 states, 3 U.S. Territories, the Federal and Military Codes making strangulation a felony in order to prevent homicides and hold offenders accountable for the crimes they commit. Strangulation and suffocation has also been included in at least 20 Tribal Codes. Thankfully, the medical research and case law are finally catching up with each other, recognizing that strangulation is not only a predictor of future homicide, but also that strangulation can cause serious bodily injury and/or substantial risk of delayed death.



We have also learned that ***men who strangle women are more likely to shoot and kill police officers and most likely to be involved in mass shootings*** [\[Gwinn, et al, 2022\]](#). The link to health consequences for victims, and the risk to officers and public safety, led the passage of SB 40 in 2017 amending California Penal Code section 13701(i) to include the seriousness of non-fatal strangulation by requiring officers to warn strangled victims about the immediate and long-term health consequences of strangulation. To track the most dangerous offenders, the new law also requires officers to document incidents of strangulation and suffocation in their reports including reports received by medical professionals.

Conclusion

To now, have California end reporting of strangulation assaults by healthcare providers is INCONCEIVABLE. We urge the Board of Registered Nursing to OPPOSE AB 3127. It is the ultimate affront to our calling as physicians and nurses to “Do No Harm.”

Respectfully,

Dr. William Green, Training Institute on Strangulation Prevention, Medical Advisory Committee Co-Chair

Dr. William Smock, Training Institute on Strangulation Prevention, Medical Director



MAY 20, 2024

RE: Assembly Bill 3127 (McKinnor) Reporting of crimes; Mandated reports

San Diego Emergency Physicians: OPPOSE

DEAR MEMBERS OF THE STATE SENATE,

San Diego Emergency Physicians (SDEP), Inc., is a group of 40 emergency physicians who practice at one of San Diego's five major trauma centers. We oppose Assembly Bill 3127. The proposed amendments to PC 11160-1163.6 continue to fall short in providing adequate protection to domestic violence victims. Limiting mandated reporting to only "life threatening" injuries, grossly neglects protecting all those who have suffered only slightly less severe forms of injury. It is unacceptable to wait until these victims are either dead or suffer injuries where "death is likely."

Addressing patient autonomy is important and providing a safe place to seek medical care, for those who do not want to report, equally so. These victims are scared and often in no position to pursue help on their own outside of the hospital. Mandated reporting provides those who need it most with access to police protection, advocates, social workers, shelters, and Family Justice Centers. Failing to report (before they have been killed or permanently disabled by their aggressors) is failing to keep them from harm. The day we took the Hippocratic Oath, we swore to do no harm.

AB 1028 was rejected by the Legislature last year and the proposed changes to the language of the bill (AB 3127) continue to fall short. We hold that it should NOT be passed in its current form. We ask for continued review of up-to-date studies and more progressive dialogue between the authors, sponsors, health care providers, and the community. California currently has one of the most comprehensive domestic violence reporting statutes in the US and one of the lowest per capita domestic homicide rates. We strive to keep it that way.

On behalf of the 40 Physicians who represent San Diego Emergency Physicians, Inc, WE OPPOSE AB 3127!

A handwritten signature in blue ink that reads "Joseph M. Bellezzo".

Joseph M. Bellezzo M.D.

President/CEO

A handwritten signature in blue ink that reads "Asia M. Takeuchi".

Asia M. Takeuchi M.D.

Director of Legislative Affairs