

# SENATE BILL REPORT

## SB 6162

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As Reported by Senate Committee On:  
Law & Justice, January 23, 2020

**Title:** An act relating to victims of nonfatal strangulation.

**Brief Description:** Concerning victims of nonfatal strangulation.

**Sponsors:** Senators Dhingra, Wilson, C., Kuderer, Hasegawa, McCoy and Das.

**Brief History:**

**Committee Activity:** Law & Justice: 1/16/20, 1/23/20 [DPS-WM].

### Brief Summary of First Substitute Bill

- Directs the Office of Crime Victims Advocacy (OCVA) to develop best practices for local communities to use to create more patient access to forensic nurse examiner services in nonfatal strangulation assaults.
- Directs OCVA to develop strategies to make forensic nurse examiner training available throughout the state without causing unreasonable travel or expense for nurses.
- Requires OCVA to consult with specified interest groups to develop best practices and strategies for forensic nurse examiner access and training and finish no later than January 1, 2021.
- Authorizes the Crime Victims Compensation Program to pay hospitals or emergency medical facilities for the costs of forensic examinations for domestic violence victims of nonfatal strangulation, and prohibits charging the victims for the examination.

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### SENATE COMMITTEE ON LAW & JUSTICE

**Majority Report:** That Substitute Senate Bill No. 6162 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Pedersen, Chair; Dhingra, Vice Chair; Padden, Ranking Member; Holy, Kuderer, Salomon and Wilson, L..

**Staff:** Melissa Burke-Cain (786-7755)

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Background:** Strangulation occurs when a victim's airways and blood vessels are externally compressed causing reduced air and blood flow to the brain. Strangulation may or may not result in the victim's death. Victims of nonfatal strangulation may show no or minimal external signs of injury, but may have life-threatening internal injuries including traumatic brain injury. Injuries may present immediately following the assault or much later, and may persist for years. Repeated assaults increase the risk of traumatic brain injury. Traumatic brain injury symptoms may include behavioral and cognitive difficulties that often go unrecognized as assault-related. Persons having a traumatic brain injury may have difficulty concentrating, making decisions, or solving problems and may be irritable, impulsive, or have mood swings. Domestic violence victims strangled by an abusive partner are much more likely to be killed in future assaults by that partner.

Forensic nurse examiners are trained to recognize and evaluate victims of nonfatal strangulation for internal and traumatic brain injuries. The Crime Victims Compensation Program does not cover the costs of a forensic nurse examination related to nonfatal strangulation unless it is part of a sexual assault evaluation.

Strangulation or suffocation are often associated with sexual assault and domestic violence and are second-degree assaults and Class B felonies. Second-degree assaults are classified at level IV on the sentencing grid. Class B felonies carry a maximum sentence of ten years in prison, a \$20,000 fine, or both.

**Summary of Bill (First Substitute):** The OCVA must develop recommendations for local community best practices to expand access to forensic nurse examiners in nonfatal strangulation assaults. The OCVA must also develop strategies to make forensic nurse examiner training more readily available in all regions of the state without requiring nurses to travel unreasonable distances or incur unreasonable expenses. The OCVA must work with specified organizations as it develops these recommended best practices and training strategies and must complete its work no later than January 1, 2021. The Crime Victims Compensation Program is authorized to pay forensic examination costs for a domestic violence victim of a nonfatal strangulation assault incurred by a hospital or other emergency medical facility. The examination costs shall not be charged, directly or indirectly, to the victim.

**EFFECT OF CHANGES MADE BY LAW & JUSTICE COMMITTEE (First Substitute):**

- Adds Forensic Nurse Practitioners and the Washington Coalition of Sexual Assault Programs as consulting organizations.
- Limits crime victim's compensation program payments to domestic violence victims of nonfatal strangulation.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** *The committee recommended a different version of the bill than what was heard.* PRO: My experience from many years in law enforcement has been that people who have been strangled are often a hairs' breadth from death, yet from the outside they do not appear to be injured. One might only see some redness around the neck. It is clear that statewide best practices are needed to better help these victims. The OCVA has done an excellent job advocating for sexual assault victims and would do the same with those who are injured by being strangled, often in a domestic violence situation. We would ask that a representative from the association of sexual assault programs be added to the task force. Persons who strangle are among the most violent and difficult to prosecute. There is evidence to be found if a forensic examination is available to the victim, but often there is only review of the medical records by a forensic nurse acting as an expert after the fact. Often there are photos, but they are not forensic photos, and it is difficult to see the injuries clearly. If a forensic examination would be available, it could provide this photographic evidence and document the symptoms that were noted. Often the victim does not receive treatment at the time of the assault. A forensic exam allows the jury to make more informed decisions. These types of assaults are all about power and control. In the family justice center that serviced 2500 victims, 46 percent reported being strangled. Most of the victims are low income, and that is why it is so important to make this service available and provide funding. Victims often minimize their injuries, they may say they were choked rather than strangled. Based on the sheriffs' department information, only 50 percent showed visible evidence of strangulation. The injuries often did not show up on photos. Our officers have extra training, but even with the training, the injuries are often difficult to see, such as petechiae in the eyes or on the face. These assaults occur behind closed doors without third-party witnesses. If there are witnesses, they are usually young children. These victims do not have money, they are worried about the costs of medical care, and they often refuse an ambulance because of the financial burden. Sexual assault nurses have the training to do these exams but it is not funded so it does not occur. As a person who testifies in these cases, there may be a police report, but the hospital photos do not show all the injuries. In a forensic exam, there is a unique way of taking photos and a detailed history. We hope to create a situation that when the patient finally is ready, help is available. Most cases rely on evidence of repeated past crimes; these assaults happen repeated to the victim. It is only in the last year that emergency departments are recognizing the degree of serious injury like a carotid artery dissection can be present. Nonfatal strangulation is recognized as a very serious crime, having a forensic nurse exam is a hospital best practice, a national best practice. This is a serious crime, and it is not enough for forensic nurses to be called as experts later on. In 323 strangulations only 20 percent went to the hospital and only 4 out of 60 had a forensic exam; only those whose injury included a sexual assault. It costs about \$500 per exam. In basic law enforcement training a choke hold is considered deadly force. Nearly all of these cases are male on female. Many women are afraid to fight back. Victims may have trouble recalling events before, during, and after the assaults. They might say "he knows how he can end the argument." Repeated strangulation can lead to TBI. We need to document the crime and the treatment to support the victims' long term health.

OTHER: The OCVA's role is to be the victims' voice within government. Although not in the Governor's budget, this proposal will save lives, and reduce further victimization.

**Persons Testifying:** PRO: Senator Manka Dhingra, Prime Sponsor; David Martin, Domestic Violence Unit Chair, King County Prosecuting Attorney; Terri Stewart, SANE

Program Coordinator, Harborview Abuse and Trauma Center; Coreen Schnepf, Supervisor, Domestic Violence and Human Trafficking Unit, Pierce County Prosecutor's Office; Craig Roberts, Director, Crystal Judson Family Justice Center; Daren Witt, Detective assigned to Domestic Violence Unit, Pierce County Sheriff's Office; Nicolas Carter, Domestic Violence Unit, Seattle Police Department.

OTHER: Rick Torrance, Department of Commerce.

**Persons Signed In To Testify But Not Testifying:** No one.