
SENATE BILL 5183

State of Washington

67th Legislature

2021 Regular Session

By Senators Nobles, Dhingra, Das, Hasegawa, Hunt, Keiser, Kuderer, Liiias, Mullet, Nguyen, Rivers, Salomon, Stanford, Wagoner, and Wilson, C.

Read first time 01/13/21. Referred to Committee on Human Services, Reentry & Rehabilitation.

1 AN ACT Relating to victims of nonfatal strangulation; amending
2 RCW 7.68.170; and creating new sections.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The legislature finds that nonfatal
5 strangulation is among the most dangerous acts of domestic violence
6 and sexual assault. Strangulation involves external compression of
7 the victim's airway and blood vessels, causing reduced air and blood
8 flow to the brain. Victims may show no or minimal external signs of
9 injury despite having life-threatening internal injuries including
10 traumatic brain injury. Injuries may present after the assault or
11 much later and may persist for months and even years postassault.
12 Victims who are strangled multiple times face a greater risk of
13 traumatic brain injury. Traumatic brain injury symptoms are often not
14 recognized as assault-related and may include cognitive difficulties
15 such as decreased ability to concentrate, make decisions, and solve
16 problems. Traumatic brain injury symptoms may also include behavior
17 and personality changes such as irritability, impulsivity, and mood
18 swings.

19 Domestic violence victims who have been nonfatally strangled are
20 eight times more likely to become a subsequent victim of homicide at
21 the hands of the same abusive partner. Research shows that previous

1 acts of strangulation are a unique and substantial predictor of
2 attempted and completed homicide against an intimate partner.

3 For years, forensic nurses in Washington have provided high-level
4 care to sexual assault victims. Forensic nurses are also trained in
5 medical evaluation of nonfatal strangulation, but only provide this
6 evaluation in cases of sexual assault involving strangulation, as
7 crime victims' compensation will not reimburse in nonsexual assault
8 cases. Strangulation affects victims physically and psychologically.
9 These victims deserve a higher standard of response and medical care.
10 Allowing crime victims' compensation to reimburse for forensic nurse
11 examinations for victims of domestic violence strangulation will
12 provide a better, more victim-centered response in the most dangerous
13 of domestic violence felony cases.

14 NEW SECTION. **Sec. 2.** (1) The office of crime victims advocacy
15 shall develop best practices that local communities may use on a
16 voluntary basis to create more access to forensic nurse examiners in
17 cases of nonfatal strangulation assault including, but not limited
18 to, partnerships to serve multiple facilities, mobile nurse examiner
19 teams, and multidisciplinary teams to serve victims in local
20 communities.

21 (a) When developing the best practices, the office of crime
22 victims advocacy shall consult with:

- 23 (i) The Washington association of sheriffs and police chiefs;
- 24 (ii) The Washington association of prosecuting attorneys;
- 25 (iii) The Washington state coalition against domestic violence;
- 26 (iv) The Harborview center for sexual assault and traumatic
27 stress;
- 28 (v) The Washington state hospital association;
- 29 (vi) The Washington state association of counties;
- 30 (vii) The association of Washington cities;
- 31 (viii) The Washington coalition of sexual assault programs;
- 32 (ix) The schools of nursing at Washington State University and
33 the University of Washington; and
- 34 (x) Other organizations deemed appropriate by the office of crime
35 victims advocacy.

36 (b) The office of crime victims advocacy shall complete the best
37 practices no later than January 1, 2022, and publish them on its web
38 site.

1 (2) The office of crime victims advocacy shall develop strategies
2 to make forensic nurse examiner training available to nurses in all
3 regions of the state without requiring the nurses to travel
4 unreasonable distances or incur unreasonable expenses.

5 (a) When developing the strategies, the office of crime victims
6 advocacy shall consult with:

7 (i) The Harborview center for sexual assault and traumatic
8 stress;

9 (ii) The department of health;

10 (iii) The nursing care quality assurance commission;

11 (iv) The Washington state nurses association;

12 (v) The Washington state hospital association;

13 (vi) Forensic nurse practitioners; and

14 (vii) Other organizations deemed appropriate by the office of
15 crime victims advocacy.

16 (b) The office of crime victims advocacy shall report the
17 strategies to the governor and the appropriate committees of the
18 legislature no later than January 1, 2022.

19 **Sec. 3.** RCW 7.68.170 and 1979 ex.s. c 219 s 11 are each amended
20 to read as follows:

21 No costs incurred by a hospital or other emergency medical
22 facility for the examination of the victim of a sexual assault or
23 domestic violence assault involving nonfatal strangulation, when such
24 examination is performed for the purposes of gathering evidence for
25 possible prosecution, shall be billed or charged directly or
26 indirectly to the victim of such assault. Such costs shall be paid by
27 the state pursuant to this chapter.

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