

HOUSE BILL REPORT

SHB 1532

As Passed House:
March 6, 2019

Title: An act relating to traumatic brain injuries in domestic violence cases.

Brief Description: Concerning traumatic brain injuries in domestic violence cases.

Sponsors: House Committee on Public Safety (originally sponsored by Representatives Mosbrucker, Pettigrew, Dye, Goodman, Griffey, Walsh, Eslick, Corry, Graham, Kraft, Appleton, Senn, Shea, Stanford, Valdez, Kloba, Leavitt and Macri).

Brief History:

Committee Activity:

Public Safety: 1/28/19, 2/19/19 [DPS];
Appropriations: 2/26/19, 2/27/19 [DPS(PS)].

Floor Activity:

Passed House: 3/6/19, 97-0.

Brief Summary of Substitute Bill

- Requires the Department of Social and Health Services (DSHS) to work with specified partners in developing recommendations to improve the statewide response to traumatic brain injuries (TBIs) suffered by domestic violence survivors.
- Requires the DSHS, in collaboration with the Washington Traumatic Brain Injury Strategic Partnership Advisory Council, to develop a statewide website for victims of domestic violence with information regarding TBI.
- Requires the Criminal Justice Training Commission's curriculum on domestic violence to include curriculum focused on understanding the risks of TBI posed by domestic violence.
- Encourages officers responding to a domestic violence incident to inform victims that information related to TBI can be found on the statewide website created in the bill.

HOUSE COMMITTEE ON PUBLIC SAFETY

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.

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Goodman, Chair; Davis, Vice Chair; Klippert, Ranking Minority Member; Sutherland, Assistant Ranking Minority Member; Appleton, Graham, Griffey, Lovick, Orwall, Pellicciotti and Pettigrew.

Staff: Omeara Harrington (786-7136).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Public Safety be substituted therefor and the substitute bill do pass. Signed by 31 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Schmick, Senn, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Staff: Linda Merelle (786-7092).

Background:

Law Enforcement Training and Response to Domestic Violence.

The Criminal Justice Training Commission (CJTC) provides basic law enforcement training through the Basic Law Enforcement Academy (BLEA). The BLEA consists of a 720-hour program covering a wide variety of subjects. The basic law enforcement curriculum must include at least 20 hours of basic training instruction on law enforcement response to domestic violence. In addition, the CJTC must maintain an in-service training program to familiarize law enforcement officers with domestic violence laws.

Officers responding to domestic violence calls must advise victims of all reasonable means to prevent further abuse, including advising as to available shelters or other local services and giving immediate notice of legal rights and remedies available. As part of providing the required notice, the officer must give the victim a standardized statement detailing victim rights.

Law enforcement agencies must make and maintain written records of all reported incidents of domestic violence, which are in turn submitted to the Washington Association of Sheriffs and Police Chiefs (WASPC). The WASPC produces an annual report on crime in Washington, which must include the total number of domestic violence offenses and the number of offenses attributed to certain listed crimes.

Washington Traumatic Brain Injury Strategic Partnership Advisory Council.

The Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Advisory Council) was established in 2007 to advise the Governor, the Legislature, and the Department of Social and Health Services (DSHS) on issues related to TBI. Represented on the TBI Advisory Council are: tribes; TBI nonprofits; medical professionals; social workers

and others with experience working with adults and children with TBI; rehabilitation specialists; individuals and family members of individuals with TBI; members of the public with experience in the causes of TBI; and government agencies. The TBI Advisory Council is responsible for collaborating with the DSHS to develop and revise a comprehensive statewide plan to address the needs of individuals with TBI, among other duties.

Summary of Substitute Bill:

The DSHS, in consultation with the TBI Advisory Council, at least one representative of a community-based domestic violence program, and one medical professional with experience treating survivors of domestic violence, must develop recommendations to improve the statewide response to TBI suffered by domestic violence survivors. In developing recommendations, the DSHS may consider the creation of an educational handout regarding TBI for distribution to victims of domestic violence. The DSHS, in consultation with the TBI Advisory Council, must establish and recommend or develop content for a statewide website for victims of domestic violence. The website must include:

- an explanation of the potential for domestic abuse to lead to TBI;
- information on recognizing cognitive, behavioral, and physical symptoms of TBI, and potential impacts to a person's emotional well-being and mental health;
- a self-screening tool for TBI; and
- recommendations for persons with TBI to address or cope with the injury.

The DSHS must update the website and the educational handout, if created, on a periodic basis.

The domestic violence component of the basic law enforcement curriculum must include curriculum focused on understanding the risks of TBI posed by domestic violence. Officers responding to a domestic violence incident are encouraged to inform victims that information on TBI can be found on the statewide website developed by the DSHS and the TBI Advisory Council.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony (Public Safety):

(In support) There is a correlation between domestic violence and TBI, and many people in domestic violence situations have at least one concussion as a result of the domestic violence. There is concussion training for youth sports, but nobody wears a helmet when they are involved in domestic violence. People being abused are not protected. Sustaining a TBI can lead to poor decisionmaking, attention deficits, and other outcomes that complicate the response to domestic violence. There is a need to make information available showing the connection between domestic violence and TBI. When a person is getting a protection order,

it would help for them to know what to do to be safe and recognize the signs of TBI. Law enforcement may also be able to recognize the signs.

These are injuries that you cannot see. Early detection is the key, as treatment is much more successful if the injury is detected early. People have these injuries and do not seek treatment, often because they do not know something is wrong. Many people have long-term disability from TBI. Brain injury sufferers share that they did not have mental health issues prior to sustaining a TBI, but after, suffer depression or suicidal thoughts. Other issues associated with TBI can include communication problems, problems with stamina, and other problems.

(Opposed) None.

(Other) Though the intent of the bill is good, there remain technical questions around implementation, and certain components may need more consideration. Additional stakeholder work would be beneficial.

Given the correlation between domestic violence and TBI, something larger in scope may be worth considering, such as amending the scope of the TBI Advisory Council to add domestic violence. Awareness is just one of the barriers to survivors seeking treatment.

These changes need to work, not just in concept, but also in the chaos of a domestic violence scene. There is only so much expertise humans can be expected to have. Recognition and diagnosis of medical conditions must be done by professionals. There are challenges with adding another brochure, as the existing brochure is difficult to manage. Providing this vital information is a good idea. However, it may work to develop a website where all of this information can be housed instead of shuffling paper at a crime scene.

Staff Summary of Public Testimony (Appropriations):

(In support) Health care workers see the impacts of domestic violence in emergency rooms and shelters. An estimated 60 to 90 percent of women who are the victims of domestic violence have traumatic brain injuries (TBIs). The Centers for Disease Control and Protection estimate that the economic costs of domestic violence are in the trillions of dollars. The requirements under this bill are a minimal investment for providing an immediate response. The resources provided under this bill should lead to reduced downstream costs in health care and other areas from the effects of domestic violence. The detection of a TBI is of primary importance, and the requirements under this bill will provide additional tools for detection. Early intervention and cost savings are only possible after early detection.

(Opposed) None.

Persons Testifying (Public Safety): (In support) Representative Mosbrucker, prime sponsor; and Mike Hoover, Traumatic Brain Injury Advocates.

(Other) Tamaso Johnson, Washington State Coalition Against Domestic Violence; and James McMahan, Washington Association of Sheriffs and Police Chiefs.

Persons Testifying (Appropriations): Lindsey Grad, Services Employees International Union Healthcare 1199NW; Mike Hoover and Daniella Clark, Traumatic Brain Injury Advocates; and Luke Esser, City of Yakima.

Persons Signed In To Testify But Not Testifying (Public Safety): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.