

SENATE BILL REPORT

SHB 1532

As of March 19, 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: Passed House: 3/06/19, 97-0.

Committee Activity: Law & Justice: 3/18/19.

Brief Summary of Bill

- Requires the Department of Social and Health Services (DSHS) to work with specified partners to develop recommendations for improving the statewide response to domestic violence-related traumatic brain injuries (TBIs).
- Requires DSHS, with the Washington Traumatic Brain Injury Strategic Partnership Advisory Council, to develop a website with information regarding TBI for domestic violence victims.
- Requires the Criminal Justice Training Commission's domestic violence curriculum to include training about the risks of TBI posed by domestic violence.
- Encourages officers responding to domestic violence incidents to inform victims about the statewide website resource regarding domestic violence-related TBI.

SENATE COMMITTEE ON LAW & JUSTICE

Staff: Melissa Burke-Cain (786-7755)

Background: Traumatic Brain Injury and Domestic Violence. Traumatic brain injury (TBI) is a specific type of brain damage caused by external physical force rather than a congenital or degenerative condition. One or more blows to the head, shaking of the brain, insufficient

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oxygen (anoxia), or colliding with a stationary object, may cause a TBI. TBIs are common when an intimate partner uses physical force to injure a victim's head, neck, or face. TBI often goes unrecognized among domestic violence survivors. TBI victims may show depression symptoms, sleep disorders, anxiety, or executive functioning difficulties. TBIs symptoms also may include memory loss, loss of concentration, or slowed speed of information processing which may result in problems completing tasks with multiple steps, keeping track of appointments, or learning difficulties.

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. The basic law enforcement curriculum must include at least 20 hours of instruction on law enforcement response to domestic violence. 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 about available shelters, other local services, and giving a victim immediate notice of legal rights and remedies. As part of providing the required notice, the officer must give the victim a standardized statement detailing victim rights.

Law enforcement agencies must maintain written records of all reported domestic violence incidents. The agencies submit records of domestic violence incidents to the Washington Association of Sheriffs and Police Chiefs (WASPC). WASPC produces an annual report on crime in Washington, which includes 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 Legislature established the Washington Traumatic Brain Injury Strategic Partnership Advisory Council (TBI Advisory Council) in 2007 to advise the Governor, the Legislature, and DSHS on TBI-related issues. There are 25 members of the TBI Advisory Council including tribal, public, and private sector representatives, medical professionals, social workers, rehabilitation specialists, individuals with TBI, and family members of persons with TBI. The TBI Advisory Council works with DSHS to maintain a comprehensive statewide plan to address the needs of individuals with TBI.

Summary of Bill: 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 TBIs suffered by domestic violence survivors. In developing recommendations, DSHS may create an educational TBI handout for distribution to domestic violence victims.

DSHS, working with the TBI Advisory Council, must develop a statewide website for domestic violence victims. The website must:

- explain the potential for domestic abuse to lead to TBI;
- inform victims about the cognitive, behavioral, and physical symptoms of TBI, and the potential impacts to a person's emotional well-being and mental health;

- provide a TBI self-screening tool; and
- make recommendations for persons with TBI to address or cope with the injury.

DSHS must periodically update the website and any educational handouts created.

The domestic violence component of the basic law enforcement curriculum must train law enforcement officers to understand the risks of TBI posed by domestic violence. When officers respond to a domestic violence incident, they are encouraged to inform victims about the statewide website developed by DSHS and the TBI Advisory Council.

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: PRO: One in three persons are touched by domestic violence. In one legislative district in the state there were five deaths from domestic violence in just the last two years. As a state we have a lot of work to do in the area of domestic violence response and prevention. Sixty to ninety percent of domestic violence victims have a TBI; unlike athletes, DV victims do not wear helmets. Repeated impacts can cause a long term injury in the sports context. TBIs resulting from DV have the same outcome. At least with this bill we can ensure that every DV protection order comes with information about TBI. Law enforcement officers on the scene of a domestic incident have to ask hard questions. But consider how hard it is for a domestic violence victim, who may have had multiple incidents of head trauma, to answer those hard questions and make a choice about what to do and where to go. Like most situations, you can do so much more to address a health problem when it is caught early. At least there is a better chance to do that when we provide DV victims with TBI screening and information. We need to get victims screened earlier. In a conversation with a plastic surgeon whose work included repairing facial fractures inflicted upon domestic violence victims by intimate partners, I began to wonder, what are we doing to address the brain injury underlying the facial fractures caused by the same domestic violence injury. Victims who may be in a DV shelter may have no idea that they have suffered a TBI. A TBI can alter the victim's personality. The effect on cognitive functioning and processing makes it difficult for a victim to formulate a plan to get safe. Other states are doing something to address TBI resulting from DV, but our state has not. This bill is the result of collaboration between the domestic violence advocacy community and the TBI advocacy community. The actions of DSHS working with the TBI advisory group to look at what other jurisdictions are doing should provide meaningful medical care for DV TBI victims in a timely way.

Persons Testifying: PRO: Representative Gina Mosbrucker, Prime Sponsor; Mike Hoover, Traumatic Brain Injury Advocates; Daniella Clark, Traumatic Brain Injury Advocate; Tamaso Johnson, Washington State Coalition Against Domestic Violence.

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