
SUBSTITUTE SENATE BILL 5183

State of Washington

67th Legislature

2021 Regular Session

By Senate Human Services, Reentry & Rehabilitation (originally sponsored by Senators Nobles, Dhingra, Das, Hasegawa, Hunt, Keiser, Kuderer, Lias, Mullet, Nguyen, Rivers, Salomon, Stanford, Wagoner, and Wilson, C.)

READ FIRST TIME 01/28/21.

1 AN ACT Relating to victims of nonfatal strangulation; amending
2 RCW 7.68.170; adding a new section to chapter 43.280 RCW; creating a
3 new section; and providing an expiration date.

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

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

20 Domestic violence victims who have been nonfatally strangled are
21 eight times more likely to become a subsequent victim of homicide at

1 the hands of the same abusive partner. Research shows that previous
2 acts of strangulation are a unique and substantial predictor of
3 attempted and completed homicide against an intimate partner.

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

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.280
16 RCW to read as follows:

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

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

- 25 (i) The Washington association of sheriffs and police chiefs;
- 26 (ii) The Washington association of prosecuting attorneys;
- 27 (iii) The Washington state coalition against domestic violence;
- 28 (iv) The Harborview abuse and trauma center;
- 29 (v) The Washington state hospital association;
- 30 (vi) The Washington state association of counties;
- 31 (vii) The association of Washington cities;
- 32 (viii) The Washington coalition of sexual assault programs;
- 33 (ix) The schools of nursing at Washington State University and
34 the University of Washington;
- 35 (x) Collective bargaining representatives of frontline nurse
36 examiners; and
- 37 (xi) Other organizations deemed appropriate by the office of
38 crime victims advocacy.

1 (b) The office of crime victims advocacy shall complete the best
2 practices no later than January 1, 2022, and publish them on its
3 website.

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

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

- 10 (i) The Harborview abuse and trauma center;
- 11 (ii) The department of health;
- 12 (iii) The nursing care quality assurance commission;
- 13 (iv) The Washington state nurses association;
- 14 (v) The Washington state hospital association;
- 15 (vi) Forensic nurse practitioners; and
- 16 (vii) Other organizations deemed appropriate by the office of
17 crime victims advocacy.

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

21 (3) This section expires June 30, 2023.

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

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

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