
What does this bill do?

Provides equitable access to crime victim compensation, as a payor of last resort, to all victims of strangulation who undergo a forensic medical examination.

Clarifies the cooperation with law enforcement requirement is satisfied by submission to the medical forensic examination and ensures access to care in the absence of visible injuries post assault.

Encourages cooperation between systems to cover healthcare expenses related to strangulation and suffocation without presenting the survivor with the balance of the bill when possible.

Why do we need this change?

Adults and children who have experienced an assault involving strangulation can show no symptoms at first but then die weeks later because of brain damage and other internal injuries due to a lack of oxygen. The full impact of surviving a strangulation or suffocation event is never immediately realized by the survivor patient which creates a clear need for swift and ongoing medical evaluation.

Strangulation is an anoxic brain injury. Assaults involving domestic violence and strangulation also often also result in concussions. Both injuries create a tremendous and immediate deficient in memory and clarity of thought. Meaning the hours and first days after such a brain injury people may not be able to clearly give informed consent to make a police report, or complete paperwork to request financial assistance prior to receiving care but have an immediate need for medical evaluation and care.

Sex assault survivors in Colorado have access to the Sexual Assault Victim Emergency Payment Program (SAVE) to provide financial assistance to medical and anonymous reporting victims of sexual assault. Survivors of strangulation who are overwhelmingly victims of domestic violence (which or may not also include a sexual assault) do not currently have a comparable statutory payor of last resort to assist with deductibles and co-pays, or to assist survivors who may be uninsured.

Many survivors have expressed knowing they “should have” or needed to seek medical care after experiencing an assault by strangulation but lacked the financial means to do so. We have also heard from sexual assault survivors they were empowered to seek medical care post assault because they knew they would be financial help if needed. Clarifying in statue a mechanism for people to access care will remove a barrier to medical evaluation and care for assault survivors. This also allows for domestic violence survivors to be referred to confidential community-based advocacy services at a critical time for their safety as we know strangulation is a predictor for future lethal violence.

For more information please contact:

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