

# **2023 Committee on Domestic Violence (CDV) Biennial Report**

**A Report to the Nevada Legislature by the  
Committee on Domestic Violence**

**In Compliance with Nevada Revised Statute 228.470**



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# **2023 COMMITTEE ON DOMESTIC VIOLENCE (CDV) BIENNIAL REPORT**

## **Introduction**

The Committee on Domestic Violence was established July 2017 by Senate Bill (SB) 25 which consolidated the Nevada Council for the Prevention of Domestic Violence (NCPDV), Committee on Domestic Violence (CDV) – Batterer’s Intervention Program Certification, and Attorney General Statewide Domestic Violence Fatality Review Team (AGSDVFRT) into a single committee now known as the Committee on Domestic Violence (CDV). The Committee assumes responsibility for the work of the Nevada Council for the Prevention of Domestic Violence, which was established in 1995 by Former Attorney General Frankie Sue Del Papa as an advisory committee on domestic violence issues. In 2005, the 73rd Session of Nevada Legislature officially established the Council with the passage of Assembly Bill 219, see NRS 228.480. The Council has been responsible for the creation of standards for Batterer Intervention Programs, the creation of the Domestic Violence Ombudsman in the Office of the Attorney General, establishment of the Protection Order registry as part of the Department of Public Safety, the creation of the Nevada Domestic Violence Fatality Review Team (under Former Attorney General Catherine Cortez Masto) and many other policies and programs to address domestic violence in Nevada.

The mission of the CDV is to encourage the elimination of domestic violence and to help break the cycle of violence in Nevada. The purpose of the CDV is to prevent and eliminate domestic violence through increased awareness of the existence and unacceptability of domestic violence in our state, review the death of a victim of domestic violence, and recommend legislation.

The membership requires at least two individuals must be residents of a county whose population is less than 100,000 with the overall membership representing a variety of disciplines, including law enforcement, the judiciary, prosecution, victim services, a batterer’s treatment provider, a mental health care provider, and domestic violence survivors. The CDV meets at least three times each calendar year, one of which must be held in the Fourth, Fifth, Sixth, Seventh or Eleventh Judicial Districts (which includes Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, and White Pine counties).

## **Committee on Domestic Violence Meeting Highlights (2021-2022)**

### **2021**

- In 2021, the Committee on Domestic Violence (CDV) conducted multiple meetings at the Nevada Office of the Attorney General through in-person and videoconferencing meetings, and one meeting in Mesquite, Nevada for the annual CDV Rural Meeting.
- The CDV created subcommittees to help navigate projects of interest for all CDV members. Those subcommittees include the Services & Training Subcommittee, Justice Partners Subcommittee, and Domestic Violence Statewide Fatality Review Team (DVSFRT).
- The Domestic Violence Statewide Fatality Review Team met one time to update the protocols, the confidentiality agreement, and to discuss potential cases for review. There was not a case identified that met the Review Criteria of being fully adjudicated, therefore a case review was not held in 2021.
- A total of five meetings were held in 2021.

### **2022**

- In 2022, the Committee on Domestic Violence (CDV) conducted multiple meetings at the Nevada Office of the Attorney General through in-person and videoconferencing meetings, including one virtual meeting and one meeting in Lovelock, Nevada for the Annual CDV Rural Meeting.
- The CDV supported the implementation of the Domestic Violence High Risk Team Model in local jurisdictions.
- The Services and Training Subcommittee met four times.
- The Justice Partners Subcommittee met five times.
- The Domestic Violence Statewide Fatality Review Team (DVSFRT) identified a case that met the Review Criteria and a meeting was held in September 2022 to review the case, identify issues, and develop recommendations for the DVSFRT Report.
- A total of 14 meetings were held in 2022.

## **2021 Meetings**

### ***February 18, 2021***

#### **Committee on Domestic Violence (CDV)**

The CDV recommended changes to Senate Bill 45 (SB45) during the 81<sup>st</sup> 2021 legislative session. The references to sexual assault and human trafficking only apply to the Ombudsman and the Nevada Attorney General's Office and were removed as they related to the Committee except for addressing the intersection of sexual assault and human trafficking as they relate to domestic violence.

*July 12, 2021*

**Committee on Domestic Violence (CDV)**

CDV Member Jamie Gradick, Rural Courts Coordinator, Administrative Office of the Courts, discussed Judicial Training Topics. The members will develop a list of training topics to be provided to the Administrative Office of the Courts (AOC) with a request for these topics to be included on Judicial Training Agendas. Battersers' Intervention Efficacy Project, Pamela Payne, PHD, CFLE, Assistant Professor, University of Nevada, Reno. Dr. Payne discussed offender treatment and ongoing research to evaluate the efficacy of offender treatment programs.

*August 30, 2021*

**Committee on Domestic Violence (CDV)**

The committee discussed filling vacant positions. Ombudsman Reilly nominated two members as Co-Chairs to the Attorney General Statewide Domestic Violence Fatality Review Team. AGSDVFRT will canvas all domestic homicide cases that have been fully adjudicated in the past year and decide which one will be reviewed (specifically cases that provide most feedback related to gaps in the system).

*September 23, 2021*

**Attorney General Statewide Domestic Violence Fatality Review Team (AGSDVFRT)**

The team updated, reviewed, and approved the Review Protocol and the Confidentiality Agreement. The team discussed the review of adjudicated cases and how important it is to review such cases in the rural areas. The team also discussed the importance of adjudicated cases when state and county child protective services are involved and their roles in these cases.

*November 8, 2021*

**Committee on Domestic Violence (CDV)**

Mesquite Police Department announced a new robust victim services program to the City of Mesquite through the collaboration with SafeNest. The program was started October 1st. Mentors across the country are assisting with the establishment of the program backed by the standards of the International Association of Chiefs of Police Victim Advocacy Program. University of Nevada, Reno (UNR) partnered with representatives to seek statewide funding to implement high risk team models throughout Nevada. They have gone forward with the process and acquired funding to begin two High Risk Teams. Once the teams are operational with their facilitators, Memorandums of Understanding (MOUs) will be developed as cases are reviewed using the High-Risk Team and success factors measured throughout duration. CEO, Liz Ortenburger advocated for a statewide hotline for victims and survivors of domestic violence, sexual assault, and human trafficking. A statewide response would allow for statewide data. That same hotline could have personnel that can support a police officer in completing a lethality risk assessment to reduce domestic violence homicide. Ombudsman encouraged the consolidation of the subcommittees as the previous subcommittees were built for the previous two-year term. Chairman Ford made an executive decision to retain two subcommittees especially since they require extensive planning due to being subject to Open Meeting Law.

## 2022 Meetings

*February 3, 2022*

### **Committee on Domestic Violence (CDV) Services and Training Subcommittee**

Members discussed standards of advocates who should have privilege and what additional expectations should be considered for the State of Nevada. This will allow the possibility of developing an impactful curriculum. The training would need to be overseen by an entity that can continuously update the training and screen all trainees who qualify for training. Once standardized, we can have additional training modules to introduce new topics. Members discussed the need for service providers to collaborate with law enforcement and the justice system to help victims and survivors without using confidentiality as an excuse to withhold critical information. Greene encouraged a conversation related to grant funding and requirements to receive funding that would support credible agencies with privilege. Members also discussed the possibility of a statewide hotline and education for school children about protecting oneself from abuse or what is appropriate physical touch.

*February 10, 2022*

### **Committee on Domestic Violence (CDV) Justice Partners Subcommittee**

Members discussed the High-Risk Team Model that is being implemented through University of Nevada, Reno (UNR). UNR received funding for project and will be moving forward with the team(s). The plan is to expand services throughout State of Nevada.

Members added a community coordinated response team (CCRT) and will further explore data collection and reporting statewide to the action plan.

*February 24, 2022*

### **Committee on Domestic Violence (CDV)**

Members discussed the responsibilities of response units to victims. They also discussed issues of the intake processes of the victims and that the process should be streamlined. Members discussed the turnover rates, funding issues and scheduling issues of advocates. The data collection from the courts needs to be addressed, along with batterer's treatment programs. The members also discussed the history of a statewide hotline.

*March 3, 2022*

### **Committee on Domestic Violence (CDV) Services and Training Subcommittee**

Members discussed the crisis-hotline and having a centralized number. Members will review current law for legislative changes and/or adjustments. The members will discuss an implementation plan and will discuss the statutes that surround the Blue Card. Nicole will keep an updated and current list for the Blue Card. Nevada Department of Education- Nicole stated the standards will be reviewed first then we will research other states' practices. Mental Health Provider Services MAP- Liz stated this is outdated, stated this needs to intersect at many points.



*March 11, 2022*

**Committee on Domestic Violence (CDV) Justice Partners Subcommittee**

Ortenburger shared that the Clark County Domestic Violence Subcommittee is a place for agencies and their representatives to learn about each other. Members discussed the type of stakeholders necessary to be part of the CCRT template. Reilly suggested a presentation from Gradick at the next meeting related to data collection from courts. Members adjusted the action plan for a statewide template for the community coordinated response team (CCRT). Members will also obtain information from the grant unit related to Nevada Office of the Attorney General, Committee on Domestic Violence coordinating a CCRT and will Jamie Gradick to present on data collection oversight in the courts.

*April 14, 2022*

**Committee on Domestic Violence (CDV) Services and Training Subcommittee**

Members discussed revising the NRS for victim advocate requirements. They discussed following California as a model for its victim advocacy training. Greene stated that current Nevada law includes HT, DV, and SA advocacy and Best Practices information. Members will review a draft revision and discuss at the upcoming CVD meeting. Ortenburger stated the DA-LE vs. Lethality Assessment Program (LAP) should be added as it is a better screening mechanism as it is weighted in the scoring. DA-LE is a more meaningful and effective mechanism in comparison to LAP. Reilly suggested to continue the discussion on LAP and DA-LE mechanisms at the next subcommittee.

*April 25, 2022*

**Committee on Domestic Violence (CDV) Justice Partners Subcommittee**

Members discussed in detail the CCRT Characteristics and CCR Tool Kit. The goal will be to distribute these statewide and circulate it once the CCRT document is approved. Examples of agencies who will receive the CCRT documents will be the District Attorney's Association, the Sheriff's and Chief's Association, and the Prosecution Counsel.

The Members discussed incentivizing OVW funding. Reilly will check to see if there is an opportunity to expand OVW funding to the tri counties and smaller areas.

Members discussed implementing a plan to collect court data and how they use that data. Reilly will report once she receives more information. Members discussed there needs to be more judicial responsibility.

*June 29, 2022*

**Committee on Domestic Violence (CDV) Justice Partners Subcommittee**

April Green proposed a framework for implanting the CCRT Characteristics and CCR Tool Kit. CCRTs would be for coordinating responses to sexual assault and domestic violence victims and discuss expected protocols: responders need to act as one coherent body. Will allow for more effective services for victims. April Green's proposed framework is on page 116 of the June 29,

2022, Agenda. The process will require grant funding. April's proposed framework is three pages long in comparison to the 100+ pages in the CCR Tool Kit.

***July 18, 2022***

**Committee on Domestic Violence (CDV) Services and Training Subcommittee**

Members discussed revising Nevada's statutory victim advocacy training requirements. They recommended utilizing the BDR Committee to make these revisions. Members also discussed the DA-LE and LAP assessments wherein they compared the two. It was decided to utilize the DA-LE as a statewide assessment tool.

***August 25, 2022***

**Committee on Domestic Violence (CDV)**

Members discussed how community response teams can be a place to collaborate, educate, work with stakeholders, and assist the victims in need. A standard inter-agency referral process would be effective. Anyone who works with agencies who works with victims would be considered a community response team. The coalition started working closely with rural agencies who were in dire need and are continuing to do so over the next year. Strangulation exams are difficult for victims to obtain. Funding for CCRT can get funding for CCRT for to introduce a strangulation specific bill at the upcoming legislation.

Members also discussed BDR recommendation for NRS 49.2545 that governs advocate training. Members discussed changing the 20-hour recommendation to a 40-hour mandatory training requirement, supervised by a qualified agency or advocate who is specifically trained. Members suggested adding topics to the trainings such as ethics, civil and criminal law as it pertains to domestic violence, trauma training, and ongoing continuing education. Members are concerned that Nevada needs a basic level of training that meets a national standard of approval.

***September 21, 2022***

**Committee on Domestic Violence (CDV) Justice Partners Subcommittee**

Subcommittee members discussed the overview of the CCRT Proposal and CCRT Toolkit. Nevada Coalition to End Domestic Violence and Sexual Assault have been working diligently on the CCRT Toolkit processes. The coalition is implementing processes in the rural areas such as Humboldt and Winnemucca counties. Members decided it will be a better process for the coalition to continue the work they are doing and will collaborate with the coalition to develop a streamlined and concise recommendation together.

***October 12, 2022***

**Committee on Domestic Violence (CDV)**

Members discussed Division of Child and Family Services' domestic violence protocols. Members discussed the Nevada's Coalition to End Domestic and Sexual Violence progress and updates statewide. Members also discussed the Services and Training Subcommittee's plans and suggestions. Members discussed Justice Partners Subcommittee's plans and recommendations. Members created questions for the Judicial Review. And lastly, members discussed the Fatality Review Team's case review and discussed any changes and/or additions.

## **Judges' Survey**

Per NRS 228.470(2)(f), the CDV shall solicit comments and recommendations from district judges, municipal judges, and justices of the peace in rural Nevada and include them in its report as a separate section.

The CDV in collaboration with the Administrative Office of the Courts compiled a survey for the Nevada Judiciary in November 2022. A Summary of this Survey is attached to this report.

**Appendix A.**

## **Attorney General Statewide Domestic Violence Fatality Review Team (AGSDVFRT)**

The CDV – Attorney General Statewide Domestic Violence Fatality Review Team (AGSDVFRT) met virtually to conduct domestic violence fatality case review. Opportunities identified for improvement and suggested strategies for implementation are attached to Case Review Summary Report.

**Appendix B**

# Appendix A

Legislative Report

Judges' Survey

## 2022 Committee for Domestic Violence Judicial Survey Questions and Answers

### 1. Did you receive any education on how to adjudicate domestic violence cases?

Yes.

Yes

Yes

I was recently appointed and then elected to the bench. I have not received education except for the conferences I attended as a prosecutor.

no

Yes

yes

Yes

Not this year

no

I believe there was a small section during the required new judge training offered by NCJFCJ

### 2. Did you receive any education on how to adjudicate sexual assault cases?

Not specifically, but our Court would only handle sexual assault cases to Preliminary Hearing.

No

no

Yes

yes

I believe courses I have taken have provided education on these types of cases. I would be open to additional training opportunities.

Not this year

no

no

### 3. Where and how often do you receive the domestic violence and sexual assault education?

- AOC Judge's Seminars
- Various judicial education seminars, no consistent time frame, but approximately every 2-3 years
- Domestic-Variou s times and ways throughout every year
- There is none currently set up. Municipal court does not handle sexual assault cases.
- rarely
- National Judicial College in Reno Nevada. One time so far.
- continuing education classes. Irregularly
- Domestic violence training is regularly provided at limited jurisdiction conferences for Nevada Judges.
- Not often enough, but through CLE programs maybe every 4 years
- unknown
- once in the two years I've been on the bench

4. What is your understanding of how programs for the treatment of persons who commit domestic violence work i.e., Batterers' Intervention Programs?

- Those programs are meant to provide a treatment based educational set of courses to help provide awareness and behavior modification in hopes that it will stop/prevent repeat offense and/or break the chain of domestic violence.
- It is lengthy course and classes teaching the abuser not only about DV means but all the various ways it can be abuse. The classes also teach the abuser what their triggers and issues are within themselves and teaches them to handle it in better ways
- we know they exist and that they are generally 6 month programs or 12 month programs
- I am most familiar with Battery Domestic Violence classes/counseling which require attendance at classes one time per week for 26 or 52 weeks.
- classes, reading
- These programs are aimed at rehabilitating and educating people accused or convicted of domestic violence. Generally, participants pay their own fees for these programs. Participants in the program may be required to be in the programs 6 months or more depending on the court requirements/case type.
- The length, the various components of the program
- little
- none

5. Do you know how to locate programs for the treatment of persons who commit domestic violence that have been certified by the State?

Yes.

Yes

Yes

Yes.

yes

I would use the internet if I looked myself. The Public Defenders Office also has a lot of information on these types of resources.

yes

The state maintains a list of certified providers that is accessible through the internet.

Yes

no

no

6. Do you believe that programs for the treatment of persons who commit domestic violence are effective? Why or why not?

- Moderately. Not all programs resonate with all defendants.
- It depends on if the person attending actively participates as well as the organization providing the program. Not all people participant, and not all programs provide the level of oversight for required interaction, causing ineffective outcomes

- Sometimes
- I think they are effective if the person in the program is interested or becomes interested in making a change in their behavior.
- I have not attended any programs so I would have no basis to know. I think 6 - 12 months of DV counseling once a week is too long and too expensive. I think its likely to escalate tensions between a batterer and his/her victim. Not the best way to handle this issue.
- Yes. As a former criminal defense attorney, I received positive feedback from some of my clients who were required to take these classes stating that they learned a lot and found them helpful.
- no. forcing education doesn't force change.
- Yes, I believe that the programs are worthwhile. As participants gain greater knowledge about the subject matter and learn better ways to handle situations, it can make a positive difference in their lives and reduce criminal recidivism.
- Somewhat - I hear feedback from participants that it was helpful, but there are always those who come back with a second or third offense
- unknown
- not sure

7. If you do not sentence domestic violence offenders to a program for the treatment of persons who commit domestic violence, why not?

- If the negotiation between the parties was for the offender to plead to a non-DV charge and not attend a treatment program, then I would follow the negotiation.
- I do sentence them to treatment programs.
- It is required by statute. I only do not sentence to that program when the prosecution and defense have come to an agreement whereby it isn't required.
- I do sentence these offenders to treatment programs.
- By the nature of the case in this court it has either already been done or is not an option usually.
- I always do
- I only handle felony level DV cases.
- most DV offenses in district court are mandatory prison

8. Approximately what percentage of domestic violence cases filed with your court are dismissed by the prosecutor? Reduced by the prosecutor? Dismissed by the court? Acquitted at trial?

- Dismissed by Prosecutor - 45%  
Reduced by Prosecutor - 45%  
Dismissed by the Court - 5%  
Acquitted at trial - 5%
- As I do not provide over a DV caseload, that data is not readily available to me and should be obtained from our court administration
- 80 percent.....usually due to victim refusal to continue to cooperate with DA after/if charged. NEVER dismissed by Judge
- This information is unavailable at this time.
- most are dismissed or reduced. few go to trial.

- Dismissed by the Prosecutor: None  
Reduced by the Prosecutor: 10%  
Dismissed by the Court: None  
Acquitted at trial: None
- ridiculous question
- Historically, I would estimate that around a quarter of the domestic violence cases filed with the court are dismissed by the prosecutor. Less than that amount are reduced by the prosecutor. We don't have a significant number of domestic violence cases that go all the way to trial.
- There are many that are reduced to misdemeanor batteries now that having a jury trial is an option. Those that I see dismissed seem to be because the victim was unwilling to participate and testify.
- dismissed by prosecutor: unknown; reduced: unknown; dismissed by Court: none; acquitted at trial: no data.
- unknown

9. What are the most common reasons you believe prevent you from being able to issue a temporary order against domestic violence?

- Insufficient grounds stated on TPO application.
- Requests for those types of TPOs go thru the family court division of the district court, not our justice court
- I very rarely do not issue.....if I have it's mainly due to an ongoing custody battle and parties are trying to use it to keep a child from other parent. This court ALWAYS sends those parties to District Court to obtain TPO from that court.
- Lack of information
- The moving party can't articulate a threat or pattern of harassment.
- incomplete information
- unknown

10. Have you had formal education for handling stalking prosecutions or orders of protection against stalking? If yes, where and what was the education?

Yes. AOC Seminars.

No

yes; yearly; various

Municipal court does not issue TPOs.

no

National Judicial College in Reno Nevada. One time so far.

yes

Some training on protection orders has been provided at limited jurisdiction conferences for Nevada Judges.

No

no

no



11. Other than what you may have learned from hearing evidence in a case, have you received any education about the effects of trauma, brain injury or strangulation on a victim?

Minimal

No

No

no

No

yes

Some of the training sessions I have attended have discussed that topic.

Yes, as part of being a specialty court judge I've received a lot of training in this area

no

no

12. Would you support courts reporting statistics on domestic violence conviction rates, how many of those convictions were jury trials, how many Domestic Violence Temporary Protective Orders applications were filed, how many denied Domestic Violence Temporary Protective Orders are denied, and other statistical information?

No. Courts have to do enough statistical reporting. We do not have enough personnel to handle all the reporting as it is.

Yes

Yes

The court reports numerous stats to the AOC. Municipal court does not issue TPOs. Municipal court issues no contact orders.

yes, so long as its possible using our case management system and that we have sufficient resources

Yes

Yes

Yes!

yes

yes

# Appendix B

Legislative Report

Attorney General Statewide Domestic  
Violence Fatality Review Team  
(AGSDVFRT)

**Nevada Office of the Attorney General  
Committee on Domestic Violence  
Fatality Review Subcommittee**

Case Review Summary Report  
September 28, 2022

**Summary of Review:**

On September 28, 2022, the Nevada Office of the Attorney General Committee on Domestic Violence Fatality Review Subcommittee conducted a case review. The purpose of the review was to gather information about a fatality related to domestic violence and understand the circumstances leading up to the fatality to identify any opportunities for intervention. In addition to this case-specific review, the subcommittee also worked to generate discussion about the local community and/or state response to domestic violence, prevention, and intervention efforts. The multidisciplinary review process works to identify opportunities for improvement and make recommendations for prevention of future deaths related to domestic violence.

While the focus of the subcommittee was on the details of one specific case, through discussion the Fatality Review Team discussed general community concerns related to domestic violence. Below is a list of identified opportunities for improvement as well as resources and suggested strategies for implementation.

**Opportunities Identified by the Review Subcommittee:**

***Issue #1: Medical Professionals***

*While reviewing screenings for violence by professionals at the Emergency Room, Mental Health Response Team, and the Mental Health facilities identified that the victim disclosed domestic violence only One (1) out of seven (7) screenings. Four (4) of those screenings the victim reported depression and anxiety but no abuse and only one (1) of the screenings the victim reported depression, anxiety, and abuse. In comparing the timeline of the screenings with the timeline of the relationships it was noted the victim had been in an abusive relationship concurrently with being given the screenings. At none of these screenings was the victim provided education on dynamics of domestic violence, resources for victims of domestic violence, or asked if they could be given a warm handoff to a service provider.*

**Proposed Response:** Implementing intervention tools to medical professionals wherein warm handoffs are provided when domestic violence and/or sexual assault is disclosed. Educational and informational packets, cards, and brochures about domestic violence, sexual assault, and human trafficking should be provided to all pregnant females and anyone who discloses depression/anxiety even if they don't disclose abuse. The primary focus here is to educate a victim.

### **Issue #2: Strangulation Exam Costs**

*Many medical professionals of Nevada are not properly equipped to examine victims of domestic violence, sexual assault, and human trafficking. Typically, in an incident of strangulation, a victim will seek medical attention right away to report the strangulation only to find a clipboard with the cost of the examination before the examination begins. Oftentimes, medical professionals do not have strangulation kits in their facilities, some are not properly trained to assess and examine a victim of strangulation. In 2022, within one month, Safenest in Las Vegas had 116 victims due to the cost of the exam and lack of qualified providers. This is problematic because the victim of strangulation, as in the same case with a rape victim, needs to be examined within 72 hours after the attack. The process of a victim reporting to a medical professional should be efficient and productive. Nevada's victims deserve the right to a strangulation exam immediately after the attack, regardless of the cost. Moreover, there currently are no mandates to assist in the proper treatment and care of a victim of strangulation.*

**Proposed Response:** First and foremost, Strangulation exams need to mirror the sexual assault forensic exam and be free of charge to the victim. A victim who discloses strangulation should never be turned away. Rather, they should be examined immediately regardless of cost, treated with respect, and provided a warm hand off to an advocate of domestic violence, sexual assault and/or human trafficking.

### **Issue #3: Strangulation Assessments**

*Strangulation has been identified as a significant indicator of violence escalation, increasing the chance of homicide by 750% (Ketchmark, 2020). Signs of strangulation are often not visually apparent and frequently have a latent presentation (Faugno et al., 2013). Symptoms can mimic that of an anoxic brain injury, causing memory loss, confusion, and psychosis. Victims may have*

*serious internal injuries resulting in permanent impairment or death days or weeks after the strangulation event (Clarot et al., 2005). In Nevada, there is no standard training for judges, prosecutors, law enforcement, first responders, or healthcare providers. Therefore, strangulation occurrences are often missed, leading to not only a missed medical diagnosis but also a missed opportunity to appreciate the true lethality risk a survivor faces and hold the offender accountable.*

**Proposed Response:** All persons experiencing intimate partner violence should be screened universally for strangulation and when identified, should be offered comprehensive medical-forensic assessments, in accordance with IAFS standards (International Association of Forensic Nurses [IAFS], 2016). This dictates that law enforcement, first responders, medical providers, prosecutors, and judges receive evidence-based training to the identification and long-term ramifications of strangulation. There is a three (3) part recommendation to address this issue. The immediate recommendation is that the Nevada Coalition to End Domestic and Sexual Violence conduct a statewide needs assessment for Strangulation Exam Providers. The mid-range recommendation is to train existing Sexual Assault Response Team providers in performing strangulation exams according to recommendations by the International Association of Forensic Nurses (IAFN). A long-range recommendation would be to have a trained provider in every hospital and tribal clinic in the state competent in conducting non-lethal strangulation exams in accordance with the IAFS standards.

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<https://www.strangulationtraininginstitute.com/all-abusers-are-not-equal-new-ipv-research-reveals-an-indicator-of-deadly-abuse/>

#### **Issue #4: Healthcare System**

*The absence of a trauma informed healthcare system with protocols implemented for identifying and referring victims can have deadly consequences. The healthcare system is one of the best places to screen a patient for domestic violence, sexual assault, and human trafficking. Without proper trauma training a healthcare provider does not have the tools to identify and assist victims with available resources to promote their safety and success. Without trauma informed healthcare, victims are not given the much-needed opportunities to support their survival and fatalities continue to occur. If staff were sufficiently trained and protocols were routinely implemented, healthcare systems would better support the community.*

**Proposed Response:** Literature has demonstrated the economic and societal benefits of healthcare providers taking an active role in the screening, referral, and treatment of domestic violence, sexual assault, and human trafficking patients (Peterson et al., 2018; Curry et al., 2018). Trauma informed care (TIC) is recognizing the signs and symptoms of trauma in patients and families, understanding the negative health consequences associated with a history of trauma, including the increased risk for future potential victimization, and implementing strategies and protocols that recognize this understanding (Schimmels & Cunningham, 2021). TIC is recognized as a best practice in clinical guidelines to ensure comprehensive primary, secondary, and tertiary prevention strategies (Duffee et al., 2021) and the American Academy of Family Physicians recommends all medical schools and residencies offer instruction in TIC (AAFP, 2021) Educating our healthcare workforce in trauma informed care, which includes the identification and treatment of victims of domestic violence, sexual assault, and human trafficking should be a priority. Nursing and medical schools in Nevada should implement evidenced based curricula on TIC (Cannon et al., 2020), which is supported by the American Association of Colleges of Nursing (2020).

Healthcare facilities should include TIC into their educational offerings for all staff members, which will not only increase the identification of victims but also work to normalize the understanding of the intersection of trauma and community health. On the federal level, the Center for Disease Control's Office of Public Health Preparedness and Response (OPHPR) and Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care (NCTIC) has developed a training program for first responders to be used during public health emergencies (CDC, 2020). This training program can be implemented on a community level with first responders through private and government agencies. Finally, the various state consumer protection regulatory boards (Board of Nursing, Medical Board, etc.) should require this training as ongoing continuing education requirements that may be fulfilled either by in person instruction or virtual, as is currently standard with other educational requirements.

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## Issue #5: Courts

*Courts are not providing all disposition to the Central Repository or providing certified criminal disposition in a timely manner for enhancement purposes. Prosecution Office would be unable to enhance the criminal offense nor the enhanced sentence. The issue is that courts are NOT providing Prosecution Offices with the certified disposition in a timely manner.*

**Proposed Response:** NRS 179A.075 3 (c) within 60 days after the date of the disposition of the case, the agency must submit a record of the disposition. Engage DPS for possible regulations requiring Courts to provide Prosecution Office with certified disposition within 60 days.

## Proposed Action Plan:

The Fatality Review Team developed each of the recommendations listed above and the local community where the review was completed has already started to discuss ways that some of these recommendations can be implemented. The report of recommendations is provided to the Committee on Domestic Violence for discussion and possible action. In addition, the Committee on Domestic Violence and the Ombudsman for Domestic Violence, Sexual Assault, and Human Trafficking can also help to support training initiatives, the dissemination of best practices and implementation of the recommendations statewide.