

Attachment Three (3)

Committee on Domestic Violence Agenda
May 30, 2018

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NEVADA OFFICE OF THE ATTORNEY GENERAL, COMMITTEE ON DOMESTIC VIOLENCE FATALITY REVIEW STATEWIDE TEAM SUBCOMMITTEE PROTOCOLS

DRAFT: Updated March 19, 2018, Approved May 14, 2018

These Protocols are designed to help guide process and provide structure for the Nevada Office of the Attorney General, Committee on Domestic Violence, Fatality Review Statewide Team Subcommittee (FRST). The FRST will review and modify these Protocols as needed.

Purpose

The purpose of the Nevada Office of the Attorney General, Committee on Domestic Violence, Fatality Review Statewide Team Subcommittee (FRST) is to review selected cases of domestic violence related deaths in communities where a domestic violence fatality review team does not exist, or if a local team, established pursuant to NRS 217.475, has requested a review by the FRST. The FRST is created by the Nevada Office of the Attorney General, Committee on Domestic Violence (Committee) in order to carry about the Committee's duties prescribed by NRS 228.495 through NRS 228.497.

Mission

The FRST will carefully select and review deaths of victims of crimes that constitute domestic violence pursuant to NRS 33.018, in order to improve the coordination and delivery of service outcomes and prevent incidents and deaths related to domestic violence.

Goals and Objectives

The FRST will achieve its mission by:

- Identifying adjudicated domestic violence fatalities for review;
- Reviewing circumstances of domestic violence related deaths;
- Identifying patterns that lead to fatal outcomes;
- Determining whether reviewed deaths may have been preventable;
- Identifying strategies for prevention of domestic violence related deaths, including but not limited to, delivery of agency services and intervention methods;
- Developing intervention strategies to reduce fatalities and eliminate ongoing abuse;
- Identifying ways to improve and enhance interagency reporting and communication;

- Identifying methods, services, and strategies that were used effectively and efficiently; and
- Following any and all statutory requirements, including those set forth in NRS 228.495 through NRS 228.497.

Meetings

Any meeting of the Committee or the FRST held to review the death of a victim pursuant to this section, or any portion of a meeting of the Committee or the FRST, during which the Committee or the FRST reviews such a death, is not subject to the provisions of Nevada Revised Statutes (NRS) Chapter 241.

Case Selection and Review Process

The FRST will only review adjudicated cases where the victim's death occurred because the victim was a victim of a crime that constitutes domestic violence pursuant to NRS 33.018. In addition, the FRST may choose to review a case at the written request of a victim's family member if the case fits the criteria established by NRS 228.495. Written requests must be made to the Office of the Attorney General.

The review process will take a timeline approach whereby the FRST members share case specific information to create a timeline of the relationship between the victim and perpetrator. The FRST's discussion will be led by a facilitator who will help to guide discussion of case details. The timeline approach has been recognized as a best practice by the National Domestic Violence Fatality Review Initiative. Case reviews may also involve non- FRST members ("case review participants") with pertinent information to assist in a more comprehensive review of each case. Case review participants may be invited to participate in the review by the Committee.

Confidentiality

All information shared during these review meetings is confidential and cannot be used for any purpose other than the review itself. *See* NRS 228.495(4). All FRST members, staff and case review participants will sign a confidentiality agreement at the beginning of each review meeting, and all materials collected for the review will be destroyed with the exception of the data collection tool and the recommendations drafted by the FRT. The confidentiality agreement is attached in Appendix A of this document.

Reporting

The FRST shall submit a report of its activities pursuant to this section to the Committee on Domestic Violence for ratification and submission to the Attorney General. *See* NRS 228.495(10). The report must include, without limitation, the findings and recommendations of the FRT. The report must not include information that identifies any person involved in a particular case under review. This report will be compiled with a data collection tool prepared by the Nevada Ombudsman for

Domestic Violence in the Office of the Attorney General. The Attorney General shall make the report available to the public. *See* NRS 228.495(10).

Statutory Authority

NRS 228.495; NRS 228.497; NRS 239.010; NRS 241.016.

**Nevada Office of the Attorney General
Committee on Domestic Violence
Fatality Review Statewide Team (FSRT) Subcommittee
Confidentiality Agreement**

The purpose of the State of Nevada, Office of the Attorney General, Committee on Domestic Violence, (FSRT) Fatality Review Statewide Team Subcommittee is to review selected cases of domestic violence related deaths pursuant to the provisions of NRS 228.495 through NRS 228.497. All information shared during case review is confidential and cannot be used for any purpose other than the review itself. As a condition of participation, the undersigned agrees to the following:

1. SCOPE OF PARTICIPATION. Pursuant to the provisions of **NRS 228.495**, the undersigned may share with the FSRT information concerning the victim who is the subject of a review or any person who was in contact with the victim and any other information pertinent to the review.

2. TREATMENT OF INFORMATION SHARED; CONFIDENTIALITY.

a. Pursuant to the provisions of **NRS 228.495(4)**, any information shared by and between the FSRT and the undersigned is confidential.

b. The undersigned shall keep confidential all information, in whatever form, produced, prepared, observed or received through participation in the FSRT as required by **NRS 228.495(4) and (7)**.

c. The undersigned shall return any materials received through participation in the FSRT to ensure compliance with **NRS 228.495 (4) and (7)**.

d. The undersigned acknowledges that pursuant to **NRS 228.495(7)**, each member of the FSRT who discloses any confidential information concerning the death of a child is personally liable for a civil penalty of not more than \$500.

3. EARLY TERMINATION. Participation by the undersigned may be terminated by the Attorney General with or without cause prior to the conclusion of a case review. In the event of early termination the provisions of paragraph (2) survive termination

IN WITNESS WHEREOF, the parties hereto have caused this Confidentiality Agreement to be signed and intend to be legally bound thereby.

Participant [NAME] _____ :

BY: _____
Signature Title/Agency Date

**Nevada Office of the Attorney General,
Committee on Domestic Violence, Fatality Review Statewide Team (FRST)**

Data Collection Instrument – Created by Washoe County FRT

Personal History – Victim

- 1. Name: _____
- 2. DOB: _____
- 3. Gender: Male Female
- 4. Race: _____
- 5. Employed: Yes No
If yes, occupation? _____
- 6. US. Citizen: Yes No
If no, immigration status? _____
- 7. Veteran: Yes No
- 8. Disabled: Yes No
- 9. Pregnant: Yes No
If yes, gestation? _____
- 10. Alcohol Use: Yes No
- 11. Illegal Drug Use: Yes No
- 12. Prescribed medications: Yes No
- 13. Criminal History: Yes No

- 14. Incarceration History: Yes No

- 15. Parole/Probation/Suspended Sentence: Yes No

- 16. Mental Health History: Yes No

- 16. History of Suicide Attempts/Threats? Yes No

- 17. CPS history Yes No: _____

Personal History – Perpetrator

- 1. Name: _____
- 2. DOB: _____
- 3. Gender: Male Female
- 4. Race: _____
- 5. Employed: Yes No
If yes, occupation? _____
- 6. US. Citizen: Yes No
If no, immigration status? _____
- 7. Veteran: Yes No
- 8. Disabled: Yes No
- 9. Pregnant: Yes No
If yes, gestation? _____
- 10. Alcohol Use: Yes No
- 11. Illegal Drug Use: Yes No
- 12. Prescribed medications: Yes No
- 13. Criminal History: Yes No

- 14. Incarceration History: Yes No

- 15. Parole/Probation/Suspended Sentence: Yes No

- 15. Mental Health History: Yes No

- 16. History of Suicide Attempts/Threats? Yes No

- 17. CPS history Yes No : _____

RELATIONSHIP HISTORY

18. Relationship Status: (Check all that apply) Married Divorced Separated Boyfriend/Girlfriend Cohabitants
 Ex-Boyfriend/Girlfriend Sexual Relationship Blood Related Related by Marriage Same Sex Relationship Other

Notes: _____

Duration/Timeline of Relationship? _____

Other relationship details: _____

CHILD HISTORY

19. Did the victim and perpetrator have children together Yes No
If yes, were they Biological Step children Adopted Foster child Other _____

20. What were the living arrangements of the children? _____

21. Did the child/children ever witness domestic violence within the home? Yes No
If yes, please describe: _____

22. Has the family and children been involved with CPS? Yes No
a.) If yes, what were the allegations of abuse and/or neglect? _____

b.) Were any of the allegations substantiated? Yes No
If yes, provide details: _____

26. Risk Factors: (Check all that apply) Has threatened to/threatens to kill Obsessive Controlling Jealous Children
 Forced Sexual Contact Violent outside of relationship Mentally/Verbally Abusive Stalking Violated TPO Other
 No regard for authority Sleeplessness Degradation of mental/physical/emotional health _____

FATALITY DETAILS

27. Date: _____
28. Time: _____
29. Location of Incident: _____

30. Location of Death: _____

31. Method of Death: _____

32. Manner: (Check all that apply) Homicide Suicide
 Accident Other _____

33. Did perpetrator commit suicide Yes No N/A
 Attempt If yes: How? _____

When? _____
Where? _____

34. Was note left? Yes No Unknown
If yes, describe contents: _____

35. Perp Alcohol/Drug use Yes No

36. Victim Alcohol/Drug use Yes No

37. Sexual Violence/Trauma Yes No If yes, details: _____

38. Children present Yes No If yes, details: _____

39. Injuries: (Check all that apply) Gun shot wounds
 Stab wounds Broken bones Asphyxiation Burns
 Strangulation Cuts/Lacerations Other _____

40. Weapon(s) used: (Check all that apply) Gun Blunt
Object Knife/Cutting Instrument Hands, Fist, Feet
 Unknown Other Weapon _____

41. Others present Yes No If yes, details: _____

42. Toxicology findings: _____

