

**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.

#### References

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#### **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.

## References

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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.