



Nevada Office of the Attorney General Committee on Domestic Violence (CDV) Fatality Review Team Report

December 3, 2024

Summary of Review:

On December 3, 2024, the Nevada Office of the Attorney General Committee on Domestic Violence Statewide Fatality Review Team (AG-DVSFRT) conducted a review of domestic violence fatalities in Elko County. The purpose of the review was to gather information about fatalities related to domestic violence in Nevada and to identify any opportunities for intervention. In addition to this review, the subcommittee also worked to generate discussion about the 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.

Below is a list of identified opportunities for improvement as well as resources and suggested strategies for implementation.

Opportunities Identified by the Review Team:

Issue #1: *Children who have immediate placement such as next of kin or friend of the family quite often are missed in the aftermath of the traumatic incident they experienced and do not receive immediate and ongoing mental health services.*

Without treatment, childhood exposure to traumatic events, especially an extremely traumatic event can affect the brain and nervous system and increase risk-taking behaviors resulting in low attendance at school, interpersonal issues, increased involvement with the juvenile justice system, run aways, etc.

It is extremely important for children to receive immediate mental health support after a traumatic event, as early intervention can significantly reduce the long-term negative impacts on their development and well-being, potentially preventing more severe mental health issues like PTSD, anxiety, and depression later in life; untreated trauma can affect brain development, emotional regulation, and social functioning in children resulting in behavior issues through adulthood.¹

During the review it was identified that one of the surviving/witnessing children, after witnessing the horrific event of a double homicide/suicide, began missing school, getting suspended from school, got arrested for battery of an ex-girlfriend while in high school, was in a juvenile detention facility, was expelled from school, then at 18 years old, while on probation, brought a gun to the high school and threatened someone. He was arrested and sentenced to three (3) years in prison. Sadly, the exact outcomes stated in the cited research on the topic of the impacts of childhood trauma.

*As stated in the Children's Legal Rights Journal "there is a strong likelihood that this pattern of abuse will become a continuing cycle of violence for the next generation. **Whether or not children grow up in a home where there is domestic violence is the single best predictor of whether children eventually become either perpetrators or victims of domestic violence themselves.**"²*

Proposed Response:

It is recommended agencies that operate to serve youth or have the opportunity to interact with youth in any way make ongoing training a priority especially focusing on creating an atmosphere of trust, non-judgment, patience and safety among Department of Child and Family Services staff, school social workers, teachers, school administrators, law enforcement officers, juvenile justice officers, etc. so families are even willing to look at interventions for themselves and their children. By doing this we can strengthen family wrap around supportive services and make early interventions for high-risk families and children.

To support the identification of high-risk youth it is recommended for strong interdisciplinary teams to work regularly tracking these children and teens for the

¹ [https://www.nctsn.org/what-is-child-trauma/about-child-trauma#:~:text=Without%20treatment%2C%20repeated%20childhood%20exposure%20to%20traumatic,ea,ting%20disorders%2C%20substance%20use%2C%20and%20high%2Drisk%20activities\).&text=Traumatic%20stress%20can%20also%20lead%20to%20increased,the%20child%20welfare%20and%20juvenile%20justice%20systems.](https://www.nctsn.org/what-is-child-trauma/about-child-trauma#:~:text=Without%20treatment%2C%20repeated%20childhood%20exposure%20to%20traumatic,ea,ting%20disorders%2C%20substance%20use%2C%20and%20high%2Drisk%20activities).&text=Traumatic%20stress%20can%20also%20lead%20to%20increased,the%20child%20welfare%20and%20juvenile%20justice%20systems.)

² Centers 2021] 64 2 Children's Legal Rights Journal, Vol. 41, Iss. 1 [2021], Art. 7
<https://lawcommons.luc.edu/clrj/vol41/iss1/7>

purpose of developing the best approach and person to begin the intervening process and provision of services.

We do understand that this will take additional resources that are not available now for these services. For this reason, the Team requests the State fund the “Account to Support Children’s Advocacy Centers (CAC’s), The Division of Child and Family Services may use the money in the Account to provide monetary support for the establishment and operation of children’s advocacy centers.” (NRS 432B.4019). The CAC’s model is designed to serve this exact purpose. A CAC intentionally creates a fully immersive child-friendly, safe space that can serve as a counseling center for primary and secondary child victims of violence whenever they are identified.

Issue #2: *There is a significant need of pro-bono attorneys especially in the areas of child welfare and guardianship statewide. Many children and non-offending family members suddenly having to take responsibility for children unexpectedly are left to struggle and fail in a system that is not designed to be user friendly adding to the already high-risk designation inherent in living through violence.*

Proposed Response:

Each county identifies the most appropriate agency or group to run an ongoing campaign for pro bono attorneys in their jurisdiction. Personal requests from professionals in your own community have a much greater impact from requirements from the bar or pleas from Legal Aid organizations.

Issue #3: *Reporting suspected child abuse or neglect can be an intimidating process. This is true even for professionals whose work revolves around children and families including: advocates, health care professionals, teachers, and mental health providers.*

In a 2017 meta-analysis published in the Journal of Nursing and Midwifery Sciences titled Challenges of reporting child abuse by healthcare professionals: A narrative review³, the research authors concluded that healthcare professionals struggled for a number of reasons (some of these especially resonate with what is experienced across Nevada).

- *Lack of knowledge – healthcare professionals needed more information about the “rules, procedures, and the way to report child abuse;”*

³ Azizi M ShahhosseiniZ. Challenges of reporting child abuse by healthcare professionals: A narrative review. J Nurs Midwifery Sci 2017;4:110-6

- *Attitudes and beliefs – healthcare professionals often based their decisions to report on outcomes of previous reporting. They also had fears that are especially relevant in domestic violence situations including:*
 - *Fear of threats and family retaliation;*
 - *Fear of upsetting the family;*
 - *Fear that the children will be further isolated and stigmatized*
 - *Fear of making the family situation worse; and*
 - *Fear of intensifying the abuse.*

- *Interpersonal barriers –*
 - *Service providers are often concerned that reporting will cause a disconnect between the family and current services.*
 - *Some healthcare professionals do not fully understand how to handle the professional ethics of confidentiality as it pertains to mandated reporting*

- *Poor communication between organizations and systems – there is often “inadequate interaction between child protection systems and healthcare professionals.”*

Proposed Response:

These challenges are not unique to healthcare professionals but are shared across mandated reporters. A variety of cross-sector trainings should be developed to meet these challenges.

- **Mandated Reporting Fundamentals** – A basic mandated reporting training should be developed and made available for all mandated reporters to learn the basic laws, definitions, and processes of reporting in Nevada.
 - New York State has a robust on-line, bilingual training which can be found here as an example. (<https://ocfs.ny.gov/programs/cps/mandated-reporter-training.php>)

- **Possible Outcomes of Reporting** – The fear of causing harm to a family is valid and should not be ignored. DCFS and local CPS offices should provide training with local mandated reporters and the community at large to increase understanding of:
 - Possible and most likely results of a report
 - Process of evaluating a report
 - Resources available to families through DCFS / CPS
 - Family experiences in CPS

- **Family Communications Skills** – The best practice in making reports is to partner with the family and involve them in the reporting process. This also is the most trauma informed way of making a report. Most mandated reporters never receive

training on how to talk with a family about their need and intent to report. Mandated reporters should receive training on building and maintaining family trust throughout the reporting process. This should include clearly explaining any reporting requirements at the beginning of the relationship; talking with the family when the provider first has a concern; engaging the family in the call when possible; and continuing to partner with the family throughout the CPS process.

Issue #4: *Rural, single-employer towns, lack resources for prevention programs with their staff and the community. An additional barrier to prevention of domestic violence in a rural community in Nevada is when there are not enough local workers to fill the need, then contracted workers are often employed with little or no connection to the company they are working for or the community they are temporarily passing through.*

Proposed Response:

Utilize large employers such as the mines, Tesla, or the local unions, as part of a public-private partnership in order to create support and safety programs, as well as to bolster prevention strategies within the structure of the company and community awareness campaigns to do the same in the community.

The Committee on Domestic Violence along with other stakeholders could partner with a human resources administrator to develop a virtual manual specifically tailored for the transient worker contract companies to hold them accountable for their behavior and contribution to the community. The manual would be made available to the general public as well to apply to their own situations or businesses.

Issue #5: *Law enforcement and medical providers are suffering vicarious trauma after dealing with extreme violence and fatality needs to be addressed as it happens and not only dealing with the aftermath.*

Proposed Response:

There are three (3) counties in Nevada out of 17 which have Mobil Outreach Safety Teams, M.O.S.T.. According to the description below, these teams are made up of mental health providers currently working with law enforcement to respond to calls where a member/s of the public who are in a mental health crisis. This would be a great avenue to expand throughout the state for the same purpose they serve now, as well as adding fatality calls for them to respond to

for the first responders and any witnessing survivors support and resources which often times are the children in the home.

M.O.S.T., Mobile Outreach Safety Team, is a partnership between public mental health providers and law enforcement agencies. The team assesses a person's mental health and needs, then helps direct them to the most appropriate resources. The goal of M.O.S.T. is to keep people out of the criminal justice system and divert them to mental health services instead.

Proposed Action Plan:

The Attorney General's - Domestic Violence Statewide Fatality Review Team developed each of the recommendations listed above. The report of recommendations is provided to the Committee on Domestic Violence (CDV) for discussion to identify ways the CDV and/or its members and their networks can take action in implementation. In addition, the Committee on Domestic Violence and the Ombudsman for Domestic Violence, Sexual Assault, and Human Trafficking can help support expanding immediate mental health resources for children who witness violence and first responders on scene, increasing pro bono attorneys, especially in the areas of child welfare and guardianship, training initiatives regarding mandatory reporting, and assisting stakeholders in establishing public/private partnership awareness campaigns and establishing prevention strategies within in the structure of the company.

Attachment A: Domestic Violence Training and Resource List



**Domestic Violence Resource List for Judges,
Prosecutors, Law Enforcement, Service Providers, and
anyone interested in preventing Domestic Violence
Homicides**

Monday, October 21, 2024

To our fellow champions:

The following list of trainings and organizations are focused on first responder mental health. We are hopeful this list will serve you well as you assist victims and any children involved. The Attorney General's Committee on Domestic Violence and the Attorney General's – Domestic Violence Statewide Fatality Review Team say we appreciate you for all you do protect and save lives.

Wishing safety and success,

The Teams

Resource List

1. <https://cops.usdoj.gov/lemhwaresources>
2. [The Training Institute on Strangulation Prevention \(strangulationtraininginstitute.com\)](http://strangulationtraininginstitute.com)
3. <https://www.sheriffs.org/mental-health-tools-and-other-resources>
4. <https://www.justice.gov/archives/asg/officer-safety-and-wellness-resources>
5. <https://www.apexofficer.com/resources/mental-health-resources-for-law-enforcement>
6. <https://www.nami.org/advocacy/crisis-intervention/crisis-intervention-team-cit-programs/>