

New
Mexico
Intimate
Partner
Violence
Death
Review
Team

Annual Report

2011

The 2011 Annual Report includes a description of the Intimate Partner Violence Death Review Team and its activities, as well as aggregate case review findings and recommendations published by the Team from its review of calendar year 2008 cases.

**Findings &
Recommendations
from CY2008
Intimate Partner
Violence Deaths**

January 1, 2012

The Honorable Susana Martinez
Governor of the State of New Mexico
State Capital Building, 4th Floor
Santa Fe, NM 87503

Governor Martinez:

On behalf of the Intimate Partner Violence Death Review Team (Team), I am pleased to present to you our 2011 Annual Report. This report outlines findings and recommendations from the Team's review of intimate partner and sexual violence related deaths that occurred in New Mexico in 2008. The report also provides a summary of the Team's 2011 activities and highlights the activities of agencies who are engaged in work consistent with the Team's recommendations from previous review years.

The Team is comprised of representatives from numerous local and state-level, community and governmental agencies from across the State. We are a statutory body enabled by the New Mexico Legislature under NMSA 1978 §31-22-4.1 and tasked with the review of the facts and circumstances surrounding domestic and sexual violence related deaths in New Mexico. In reviewing these deaths, the Team identifies gaps in system responses to victims at both local and state levels, and recommends strategies for improving these interventions.

The Team's work is conducted on behalf of and in memory of victims and the family members who have suffered the loss of their loved ones. Our hope is that through the case review process we can create the knowledge necessary for developing strategies to prevent future injury and death associated with domestic and sexual violence.

The members of the Team wish to thank you for your commitment to addressing domestic and sexual violence in New Mexico and hope that you and other stakeholders will use this report to implement changes in policy and practice that will lead to the successful elimination of this type of violence in our State.

Sincerely,



Anthony Louderbough, 2011 Team Chair
Deputy Division Director, Adult Protective Services, Aging & Long-term Services Department

cc: New Mexico Legislature
Chief Justice, New Mexico Supreme Court
Secretary, New Mexico Department of Public Safety
Secretary, New Mexico Children, Youth and Families Department
Secretary, New Mexico Department of Health
Secretary, New Mexico Aging and Long Term Services Department
New Mexico Attorney General
Director, New Mexico Crime Victims Reparation Commission

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Executive Summary

The New Mexico Intimate Partner Violence Death Review Team (Team) is a multi-disciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each intimate partner and sexual violence related death in New Mexico. In 2011, the Team reviewed 34 intimate partner violence (IPV) related deaths that occurred in 13 New Mexico counties during calendar year 2008. This included 21 homicides and 13 suicides. The Team's 2011 group and committee activities beyond case review are detailed on page 24; recommendation updates from prior reports begin on page 28.

The full report of the Team's case review findings can be found on pages 8-16. The following are select findings from the Team's review of CY2008 intimate partner violence related homicides:

Intimate Partner Violence Related Homicides

- 71% of victims were female, 29% male;
- Four of the 21 reviewed homicides occurred in a public place;
- The most frequent cause of death was gunshot wound(s), followed by blunt force trauma.

Homicide Offenders

- 86% of homicide offenders were male, 14% female;
- 76% of homicide offenders had a known history of intimate partner violence;
- A majority of homicide offenders had a history of substance abuse, and over 62% had at least one prior arrest on a criminal charge. Almost half of these offenders had contact with post-conviction services having spent time on either probation and/or parole;
- Two homicide offenders were law enforcement officers and two were military veterans.

Prosecution and Sentencing

- 62% of homicide cases resulted in the prosecution of the offender. Of those not prosecuted, in one case the IPV perpetrator was shot by a law enforcement officer called to the scene, in another case the investigation produced inconclusive evidence, and in the remaining six cases the offender committed suicide at the scene;
- All but one of the prosecuted homicide cases resulted in a guilty plea or conviction. Prison sentences ranged from 8 months for involuntary manslaughter to life for 1st Degree Murder.

The following are select findings from the Team's review of 13 CY2008 intimate partner related suicides:

Intimate Partner Violence Related Suicide Offenders

- 85% of suicide offenders were male;
- 85% had a known history of perpetrating intimate partner violence; the remaining 15% had a known history of either intimate partner violence or sexual assault victimization;
- The offender's intimate partner was present in 85% of reviewed suicides, the intimate partner was injured in 54% of cases, and the intimate partner was killed in 46% of cases.

In 2011, the Team identified recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim service agencies, prosecution, courts, post-conviction services, medical and behavioral health, and cross-cutting recommendations for the broader community. *While these recommendations are organized by system areas, many can only be accomplished through improved coordination across multiple systems and jurisdictions. A coordinated approach can help communities inventory existing resources and identify community-specific needs. The Team recommends a statewide focus on coordinating responses to intimate partner and sexual violence.*

The full report of the Team's 2011 recommendations can be found on pages 17-23. The following are select Team recommendations:

- **Enhance system responsiveness to criminal cases involving strangulation.** Research suggests that strangulation increases the risk for lethality in cases of intimate partner violence (Glass et al. 2008). Efforts should include training for prosecutors, investigators, and court personnel on best practices for the investigation and prosecution of cases involving strangulation.
- **Strengthen relationships between local, county, and state law enforcement agencies and law enforcement agencies on tribal lands.** In reviewing CY2008 homicides, the Team's Native American Committee observed commendable cooperation between local, state, and tribal authorities. However, jurisdictional obstacles continue to be present in investigations. The Committee recommends continued dialogue on addressing jurisdictional barriers and enhancing cooperation among agencies.
- **Improve the distribution and accessibility of safety planning information.** The identification of varied distribution outlets in the community could extend the reach of safety planning information to a broader population. Information should be inclusive of lethality risk factors, and culturally appropriate for the target population.
- **Medical and behavioral health providers should screen for intimate partner violence among patients presenting with suicidal ideation or those who have attempted suicide.** The Team recommends routine clinical screening of patients or clients presenting with suicidal ideation for intimate partner violence risks. Assessments should include a determination of risk for victimization and offending. Those at risk for IPV should be referred to domestic violence service providers.
- **Improve universal awareness and recognition of teen dating violence. Provide public education on appropriate safety planning and safe intervention strategies in incidents of and relationships involving dating violence.** Education efforts should target parents, teachers, and adults in the community at large and include elements on recognizing teen dating violence, talking with teens about violent relationships, lethality risk factors, teen-specific safety planning, and information on appropriate ways to intervene in incidents of dating violence.

Acknowledgments

The New Mexico Intimate Partner Violence Death Review Team is grateful to the Office of the Governor and the New Mexico Legislature for providing us with the opportunity to continue the important work of reviewing intimate partner and sexual violence related deaths in the state.

The Team also wishes to thank:

- The New Mexico Crime Victims Reparation Commission (CVRC), Kristy Ring, Director and Sheila Allen, VAWA Grant Administrator, as well as the entire staff and board of the CVRC, for their support of the Team's work,
- Anthony Louderbough and the Albuquerque Family Advocacy Center for ensuring our Team had a place to meet each month,
- Rebecca Montoya Mora, Dr. Erin Brooks, and Dr. Sarah Lathrop of the New Mexico Office of the Medical Investigator, for assistance with the data collection necessary for the case reviews, and
- All of the criminal justice professionals across the State of New Mexico who assisted with the record collection necessary for conducting effective case reviews.

Danielle Albright, the Team's coordinator, wishes to thank both appointed and invited Team members for all of the work that they do to generate the findings and recommendations contained in this report. She would specifically like to thank Laura Banks, Lisa Broidy, Connie Monahan, Gabe Campos, and Anna Nelson for their contributions to the writing and/or editing of this report. Additionally, the coordinator would like to recognize three students—Jennifer Coffey, Vanessa Pohl, and Laura Sofka—for their contributions to collecting case information, data entry, and the writing of this report.

Finally, this report is written, and the Team's work is conducted, on behalf of and in memory of, intimate partner and sexual violence victims and the family members who have suffered the loss of their loved ones. Our wish is that our reviews and our subsequent recommendations improve responses to victims of intimate partner and sexual violence and ultimately prevent future injury and death associated with this violence.

About the New Mexico Intimate Partner Violence Death Review Team

The Intimate Partner Violence Death Review Team (Team), also known as the Domestic Violence Homicide Review Team, is a statutory body enabled by the New Mexico Legislature under NMSA 1978 §31-22-4.1. The Team is funded by the New Mexico Crime Victims Reparation Commission. Team coordination and staff services are housed at the Department of Emergency Medicine, University of New Mexico Health Sciences Center. The Team is tasked with reviewing the facts and circumstances surrounding each intimate partner and sexual violence related death that occurs in the state of New Mexico, with the aim of reducing the incidence of these deaths statewide.

Types of Deaths Reviewed

The Team only reviews closed cases and does not attempt to re-open the investigations of those deaths. Closed cases are those where the offender is dead or has been convicted in a death and most or all criminal appeals have expired. When a reasonable amount of time has passed since the death, the Team also reviews those cases that are classified as unsolved by law enforcement or where an offender was never criminally charged for the death.

The Team reviews cases where the manner of death is classified by the Office of the Medical Investigator (OMI) as homicide, suicide, or undetermined. The majority of the cases the team reviews fit into the following categories:

- Homicide committed by current or former intimate or dating partner, whether male or female, including same-sex relationships,
- Homicide with a sexual assault component,
- Suicide by a victim of prior intimate partner violence,
- Suicide by an offender of intimate partner violence (even if the victim survives) when the suicide is related to an incident of intimate partner or sexual violence or stalking,

The New Mexico Intimate Partner Violence Death Review Team is authorized by NMSA 1978 §31-22-4.1 in order to:

Review the facts and circumstances of domestic violence related homicides and sexual assault related homicides in New Mexico,

Identify the causes of the fatalities and their relationship to government and nongovernment service delivery systems, and

Develop methods of domestic and sexual violence prevention.

- Homicide of the offender if related to intimate partner violence, sexual violence, or stalking (officer-involved shootings or bystander interventions),
- Homicide of any child, family member or bystander killed during an incident of intimate partner or sexual violence or stalking.

Case Review Process

Case reviews are conducted in confidential sessions. Prior to participating in a review, Team members and invited guests sign an agreement to abide by the confidentiality standards specified in the Team's statute (see Appendix A).

For each case, the Team, through its staff, collects case-specific data, including demographic information, autopsy reports, criminal and civil court histories of the victim and the offender, other known history of intimate partner violence, information regarding the use of legal or advocacy services, media reports, and the details of the incident including those occurring both just prior to and following the death.

At each case review, members first learn the details of the death in a report containing the above listed information. Then members and invited guests contribute any additional information they may know about the death. For this additional information, the Team often asks for assistance from the agencies and individuals who work in the jurisdiction where the death occurred, sometimes the same individuals or agencies that investigated that death or worked with the victim or the offender in that case. Invited guests also provide the Team with details about the local environment surrounding the case, including the attitudes, traditions, and resources of that community, and the policies and practices of local prevention and intervention agencies.

Team members make note of the patterns and trends they observe as well as any known risk factors for the victim or the offender involved in each death. These risk factors include, but are not limited to, prior history of violence or abuse, availability of weapons, pregnancy, alcohol or drug use, mental health conditions, suicidal expressions, and recent separation.

For each case, Team members discuss the ways in which both the victim and the offender interacted with legal and other advocacy systems. These systems can include:

- the criminal justice system (law enforcement, district attorneys, courts, judges, corrections, and/or probation and parole),
- medical, behavioral, and mental health systems,
- social services (health departments, social service departments, child and family services, non-profit victim service agencies, shelters or income assistance agencies),
- the education system (public schools, private schools, higher educational institutions), and
- other systems the victim or the offender may have been in contact with prior to or following the death.

The Team identifies which systems the victim and the offender had contact with prior to, during, and after the death. These interactions are discussed during the case review. Knowledge about system contact and usage helps the Team identify recommendations for improvement to that system's response to intimate partner violence.

In making system recommendations the Team does not aim to place blame on any individual or organization. Instead, the recommendations made throughout the year are compiled and presented as broad, rather than case specific, suggestions for systemic improvements. These recommendations reflect the ways in which what the Team learned can be used to improve system responses across the range of agencies and service providers.

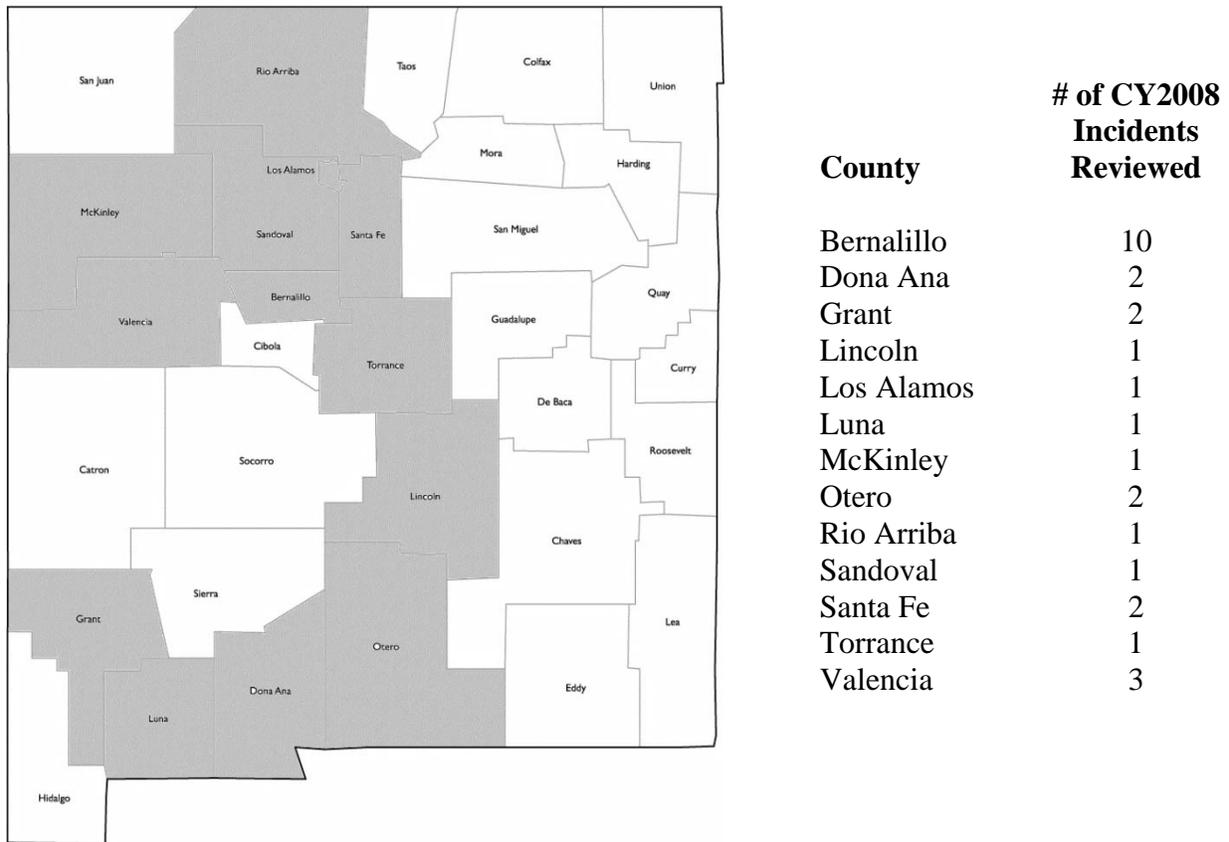
Team Philosophy

The Team recognizes that offenders of domestic violence and sexual assault are ultimately responsible for the death of their victims.

Therefore, when identifying gaps in service delivery or responses to victims, the Team chooses not to place blame on any professional agency or individual but rather learn from our findings in order to better understand the dynamics of intimate partner and sexual violence and how to prevent future associated deaths.

New Mexico Intimate Partner Violence Related Deaths, CY 2008

The team reviewed 34 New Mexico deaths related to intimate partner violence (IPV) occurring during calendar year 2008 (CY2008). Of these deaths, 21 were the result of homicide and 13 were acts of suicide. These deaths occurred in 28 separate incidents. The Team reviewed: 15 homicides, six murder/suicides, and seven suicides. The Team identified four additional IPV related homicides in CY2008 that could not be reviewed because of an unresolved criminal or civil court case during the review year. The highlighted areas of the map identify New Mexico Counties with at least one CY2008 IPV related death reviewed by the Team. Sixty-seven percent of homicides and 54% of suicides occurred in urban areas¹.



This report summarizes case review findings for CY2008 IPV related deaths in two sections:

1. Homicides (including victims of completed murder/suicides), and
2. Suicides (including offenders of completed murder/suicides).

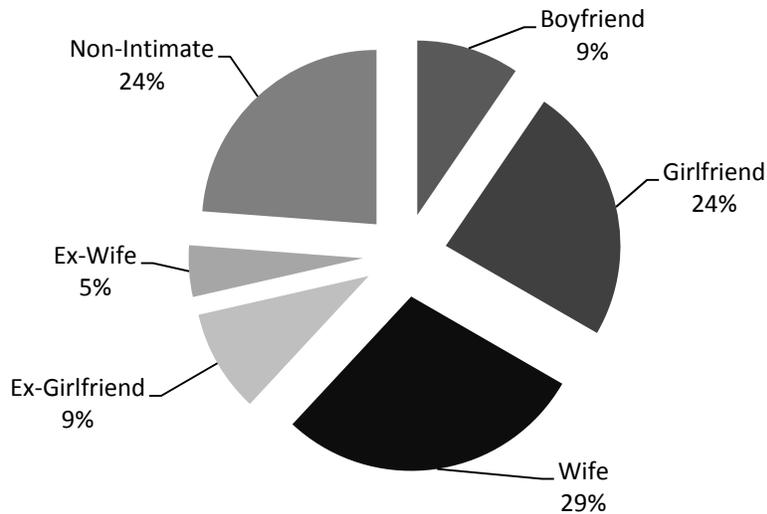
¹ The Team uses the Rural Urban Commuting Areas (RUCA) definition to identify rural and urban areas in the State. This definition is consistent with the Team's purpose of assessing access to resources in the victim's residential community.

Reviewed IPV Related Homicides, CY2008

Relationship between Victim and Offender

The Team reviewed 21 deaths resulting from homicide in CY2008. One reviewed case was a suspected homicide but officially ruled as undetermined by investigators. Sixteen (76%) involved a victim and an offender who were either current or former intimate partners. Of the remaining five homicide cases, two were the murder of a new partner by an ex-partner, one offender was a relative of the victim's partner, one involved a bystander offender who intervened in an incident of IPV, and another involved an IPV perpetrator who was killed by law enforcement.

Homicide Victim's Relationship to the Offender



Relationship Characteristics For the Intimate Partner Pair² (N = 21)

	Number of Cases	%
Lived together at the time of the incident	13	62
Were recently separated or in the process of separating at time of incident	9	43
Shared minor biological or adopted child(ren) in household	7	33
Minor step-child(ren) in household	6	29
Had a known history of intimate partner violence with one another	19	90
Any domestic violence protection order history between parties	6	29
Domestic violence protection order between parties at the time of the incident	3	14

² This table reports relationship characteristics for the partner pair involved in the incident of intimate partner violence, regardless of whether both parties were involved in the actual homicide.

Homicide Victims

Defining Homicide, Victim, Offender, & Bystander

The Team reviews all homicide cases involving an intimate partner victim and offender, as well as any homicide that occurred during an act of intimate partner violence (IPV), dating violence, or sexual violence.

Homicide: Any death not classified as natural, accident or suicide, where a person dies as the result of an act performed by another, regardless of who perpetrated the incident. The Team's definition of homicide includes cases that may not meet the legal definition of murder.

Homicide victim refers to the decedent of the homicide, regardless of whether or not the individual was involved in the act of IPV.

Homicide offender refers to the individual who committed the homicide, regardless of whether or not the individual was involved in the act of IPV.

IPV victim refers to the victim in the act of intimate partner violence, and may be either the victim or offender in the homicide.

IPV perpetrator refers to the identified perpetrator of the act of intimate partner violence, and may be either the victim or offender in the homicide.

Bystander refers to a person who is not involved in the act of intimate partner violence, but is identified as a homicide victim, offender, or a witness to the IPV or homicide incident.

Demographic Characteristics (Number of cases = 21)

- Victims ranged in age from 18 years to 86 years old
- 71% were female
- 76% were White and 24% Native American
- 52% were Hispanic

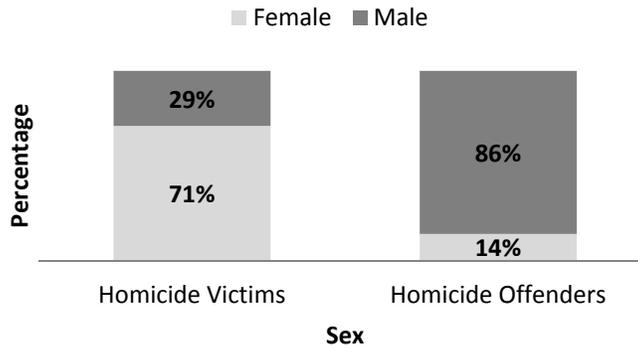
Victim Background Characteristics (Number of cases = 21)

- 76% had a known history of intimate partner violence prior to the homicide
- 43% had been drinking at the time of death, 14% tested positive for illegal drugs
- 19% had a history of depression or mental illness
- 29% had at least one prior contact with a community service provider, medical/behavioral health professional, or other community group providing counseling or support
- 53% had at least one prior contact with the criminal justice system
- 2 homicide victims were military veterans

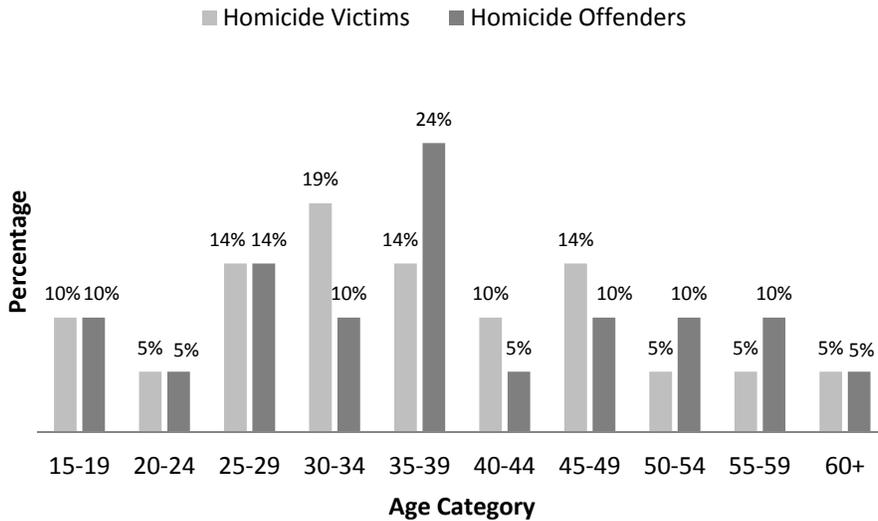
Male Homicide Victims (Number of cases = 6)

- 3 male homicide victims were identified as the IPV perpetrator in the incident leading to the death, 1 was killed by the IPV victim and 2 were killed by bystanders
- 2 additional male homicide victims were bystanders to an IPV incident
- 1 male decedent was identified as the victim of IPV and was killed by his female partner

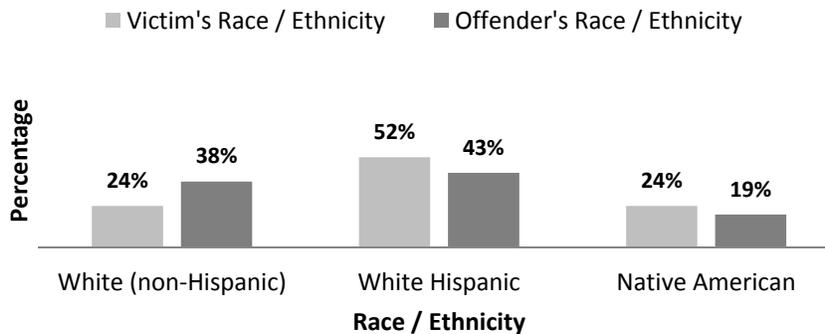
Percentage of Homicide Victims and Offenders by Sex (Number of cases = 21)



Percentage of Homicide Victims and Offenders by Age Category³ (Number of cases = 21)



Percentage of Homicide Victims and Offenders by Race/Ethnicity (Number of cases = 21)



³ The percentages in this chart are rounded up to whole numbers for presentation. One case is equal to 4.7%. With the exception of the 60+ group, age categories are presented in equal size intervals. Both the homicide victim and homicide offender in the 60+ category were age 86.

Homicide Offenders

Demographic and Background Characteristics (Number of cases = 21)

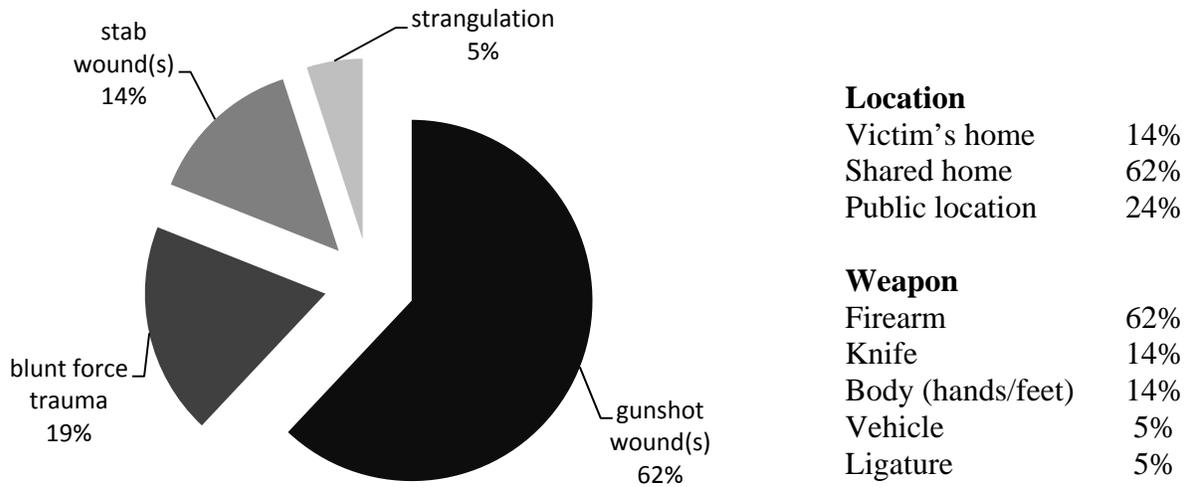
- Offenders ranged in age from 16 years to 86 years old
- 86% were male
- 81% were White and 19% Native American
- 43% were Hispanic
- 16 homicide offenders were identified as the IPV perpetrator in the incident leading to the homicide; 3 homicide offenders were bystanders to the IPV incident, and one homicide involved an IPV perpetrator killed by his female IPV victim
- 52% self-reported drinking at the time of death, 5% reported using illegal drugs
- 76% had a known history of intimate partner violence prior to the homicide

Background Characteristics of Homicide Offenders, CY2008 (Number of cases = 21)		
	Number of Cases	%
Substance Abuse & Behavioral Health		
Known history of alcohol abuse	12	57
Known history of drug use	7	33
Known history of depression or mental health issues	5	24
Known history of services for substance abuse or behavioral health	9	43
Criminal History		
At least one prior arrest	13	62
At least one violent arrest	9	43
At least one conviction for a violent crime	8	38
At least one arrest for DWI	8	38
At least one conviction for DWI	7	33
Convicted of at least one felony crime	5	24
On probation and/or parole at the time of the incident	0	0
Intimate Partner Violence History		
Known history of intimate partner violence	16	76
At least one arrest for domestic violence	7	33
At least one conviction for domestic violence	5	24
Party to at least one prior domestic violence order of protection	4	19
History of Associations		
Suspected gang involvement	2	10
Military veteran	2	10
Current or former law enforcement officer (IPV perpetrator)	1	5
On-duty law enforcement officer (bystander)	1	5

Incident Characteristics

Sixteen of the 21 reviewed homicides (76%) took place at a personal residence; the remaining cases occurred in a public location. These locations included parking lots, motels, parks, and roadways. Victim deaths were most often due to gunshot wound(s). In four homicides (19%), the decedent was the perpetrator in the intimate partner violence incident leading to his or her death. Only one perpetrator was killed by his intimate partner; the remaining three were killed by a bystander. One-third (seven cases) of reviewed IPV-related homicides were witnessed by a minor child.

Homicide Victim’s Cause of Death (Number of cases = 21)



Teen Dating Violence Homicides in Public Places

In 2011, the Team’s Teen Dating Violence Committee reviewed seven homicides involving a victim, offender or both between the ages of 10 and 19 years occurring between CY 2006 and 2008 in New Mexico.

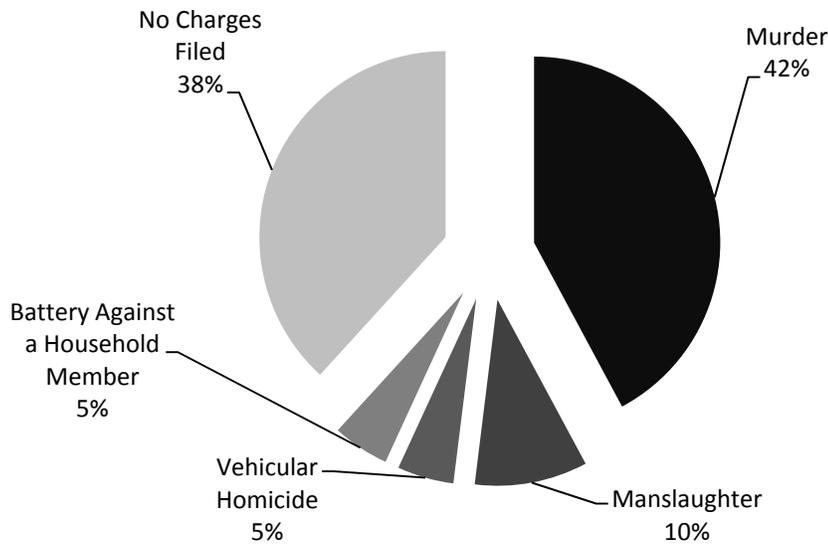
- Six of the seven teen-involved homicides were committed in a public place, such as: roadways, parking lots, and rural wilderness;
- In three of the seven cases, the weapon was a vehicle;
- One victim was either pushed or jumped from a moving motor vehicle during an incident of dating violence, another victim was hit by a moving vehicle during an incident of dating violence, and a third victim was ejected from her vehicle when she was run off the road by her dating partner.

The committee recommends increased attention to violence prevention in public places, especially those where youth are commonly unsupervised; the addition of a teen dating violence prevention component to driver’s education; and increased attention to best practices for the investigation of vehicle involved homicides. See recommendation III.a. More information on the Team’s Teen Dating Violence Committee can be found on page 26.

Criminal Charges

The offender was charged with a crime in 13 of the 21 cases reviewed by the Team. No charges were filed in 38% of reviewed homicide cases. In one case, the suspect was not charged because the evidence of homicide was inconclusive. Another involved an IPV offender killed by an on-duty law enforcement officer. In the remaining six cases, the offender committed suicide following the incident. The chart below displays the proportion of cases by type of charge filed against the offender.

Type of Criminal Charge Filed



Conviction and Sentencing

Of the 13 cases in which charges were filed, 12 ended in conviction, and 1 case was dismissed. Of these 12 cases, 10 resulted in a plea agreement, 2 ended with jury convictions. In cases with a conviction, the minimum sentence was 8 months in prison and the maximum sentence was life in prison.

CY2008 Homicide Conviction Sentence Range by Charge Type (Number of cases = 12)		
Prosecuted Charge	Number of Cases	Sentence Range in Years
Involuntary Manslaughter	1	Less than 1
Shooting at/from a Motor Vehicle	1	5
Vehicular Homicide	1	6
Voluntary Manslaughter	1	6
2 nd Degree Murder	6	15-33
1 st Degree Murder	2	Life

Intimate Partner Related Violent Deaths in Elderly Populations: Caretaker, Service Provider, and Institutional Concerns

Each year, the Team identifies a number of cases involving elders where abuse, neglect, or outbursts of violence, led to the death of an intimate partner or bystander. Not all of these cases meet the Team's criteria for homicide review. In 2011, a special meeting of the Team's Marginalized Populations committee was held to discuss the relevance of these cases to the Team's work.

Three types of cases were identified:

- Homicide of an intimate partner caretaker by a person with dementia and/or cognitive or functional impairment,
- Death of a person with cognitive or functional impairment due to injuries resulting from neglect and financial exploitation by an intimate partner, and
- Homicide of a nursing home resident by a person with dementia who was institutionalized after becoming violent against his intimate partner caretaker.

None of these cases involved a documented history of intimate partner violence. However, as New Mexico's population ages, the need for increased attention to violence prevention and intervention among elderly intimate partners is imperative. This task differs from that of prevention and intervention for intimate partner violence, but shares a number of similar areas of concern.

- Safety planning with caregivers of persons with dementia is largely focused on creating a safe environment to ensure that individuals do not harm themselves. Caregivers are advised on preventing injuries resulting from increasingly difficult daily activities, storing dangerous objects and substances, reducing the likelihood of wandering, and driving prevention. The Team's Marginalized Populations committee recommends including guidelines for caregivers on ensuring their own safety, similar to guidelines for victims of intimate partner violence, when the person they are caring for threatens or commits violence.
- In addition, the committee supports the Alzheimer's Association's (2010) recommendation regarding firearms in the home. Whenever possible, firearms should be removed from the living space. If removal is not possible, firearms should be kept in a locked cabinet, safe, or storage case storing the ammunition separately. Caregivers can contact local law enforcement to discuss firearm safety.
- The committee recommends service and care providers prepare employees to recognize economic exploitation and understand the connection between exploitation, neglect, and life threatening injury.
- In addition, the Team recommends continued research on the dynamics of violence among persons with dementia and the development of best practices in prevention and intervention, in the home, the community, and in long-term care facilities. See recommendation VIII.c.

Reviewed IPV Related Suicides, CY2008

The Team reviewed 13 cases of intimate partner violence (IPV) related suicide for CY2008.

IPV-related suicide is defined by the Team as a suicide that occurs during or directly following an act of intimate partner violence, or one in which the suicide offender cites IPV victimization as the reason for taking his or her own life. IPV-related suicide cases reviewed from CY2008 include: the offender death in six cases of murder-suicide, five cases of IPV perpetrator suicide alone, and two cases of victim suicide. Suicide offenders ranged in age from 18 to 59 years, with an average age of 40 years. The table below provides descriptive information on all 13 reviewed cases.

CY2008 Reviewed IPV-Related Suicides (Number of cases = 13)		
	Number of Cases	%
Sex		
Female	2	15
Male	11	85
Race/Ethnicity		
White (Non-Hispanic)	7	54
White (Hispanic)	5	38
Native American	1	8
Toxicology Results		
Positive for alcohol	7	54
Positive for illegal drugs	4	31
Location of Suicide		
Intimate partner's residence	3	23
Shared residence	7	54
Public location	3	23
Manner of Death		
Gunshot wound(s)	10	77
Hanging	1	8
Multiple drug/alcohol toxicity	1	8
Slit throat	1	8
Criminal History and IPV Background		
Known history of IPV perpetration	11	85
Known history of IPV or sexual assault victimization	2	15
At least one prior arrest	7	54
At least one arrest for domestic violence	5	38
Party to at least one prior domestic violence order of protection	3	23
Substance Abuse and Behavioral Health History		
Known history of substance abuse	12	92
Known history of depression or mental health issues	6	46
Known history of suicidal ideation	3	23
Known history of prior suicide attempt	1	8
Known history of services for substance abuse or behavioral health	5	38
Intimate Partner Information		
Intimate partner present at suicide	11	85
Intimate partner injured during incident	7	54
Suicide followed murder of intimate partner	6	46

CY2008 IPV related suicides overwhelmingly involved the use of a firearm and most often occurred in the presence of the offender's intimate partner. One suicide offender was a military veteran and one was on parole at the time of the suicide.

2011 Team Recommendations

At monthly Team meetings, the review process stimulates discussion about specific case facts and associated system responses. Each Team member submits detailed written recommendations following each case review. These comments are collected and summarized. At the end of the calendar year, the Team organizes the recommendations into system areas and identifies those that are the most pressing and relevant to be included in the Annual Report. These recommendations reflect risk factors and system gaps identified during case reviews as well as those generated by Team members through the discussion of their professional experiences working on similar cases.

In 2011, the Team identified recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim service agencies, prosecution, courts, post-conviction services, medical and behavioral health, and cross-cutting recommendations for the broader community. *While these recommendations are organized by system areas, many can only be accomplished through improved coordination across multiple systems and jurisdictions. A coordinated approach can help communities inventory existing resources and identify community-specific needs. The Team recommends a statewide focus on coordinating responses to intimate partner and sexual violence.* The following are the Team's 2011 recommendations:

I. Legislative

- a. **Create New Mexico legislation that mirrors Federal legislation regarding offender's possession of firearms while subject to an order of protection or once convicted of a misdemeanor domestic violence offense (see 18 U.S.C. 922 (d) and (g)).** The team found that a firearm was used in 62% of reviewed CY2008 homicides and 77% of reviewed IPV related suicides. Two reviewed homicides involved the use of a handgun by an offender restrained by a domestic violence protection order. Four homicide cases involved a convicted felon in possession of a firearm. Not only would State legislation reinforce the importance of removing firearms from the hands of these offenders, but it could also provide resources for retrieving and storing these weapons and create a more comprehensive system for monitoring compliance with the law.
- b. **The Team supports the efforts of House Memorial 45 enacted by the State Legislature in 2011 and encourages continued evaluation and clarification of the State's mental health code.** Slightly less than one quarter of reviewed CY2008 homicide cases and just under one-half of reviewed suicide cases involved an offender with a known history of

depression or mental health issues. Although only a few of these offenders were subjected to competency or civil commitment procedures, the Team observed system gaps related to the mental health code. Court officials, prosecutors and defense attorneys need clarification on the use of competency evaluations, use (or non-use) of dangerousness hearings in the determination of competency, and allowable and appropriate interventions for those found to be incompetent for both fatal and non-fatal violent crimes.

- c. **The Native American Committee recommends that the New Mexico Legislature support participation in projects that improve the enforcement of domestic violence criminal and civil law violations across jurisdictional boundaries.** New Mexico should consider adopting a program such as *Project Passport* that encourages law enforcement agencies and officers to enforce the full faith and credit stipulations of domestic violence orders of protection from the court of another state, Indian tribe, or territory. In addition, the Native American Committee recommends that the Legislature support the enactment of a uniform reporting statute and the adoption of a uniform reporting form that is consistent with national standards.

II. Tribal Agency Recommendations from the Native American Committee

- a. **For tribal governments who have a formalized criminal code, the Committee recommends enacting domestic violence codes within criminal codes.** By including domestic and family violence in the criminal code, tribal law enforcement and prosecutors will have an additional tool to ensure the protection of those who are victims of intimate partner and family violence.
- b. **Develop a culture of intolerance for intimate partner violence in tribal communities.** Tribal agencies should develop and implement culturally appropriate prevention and intervention policies and practices to ensure intimate partner violence is not minimized as a private concern and intimate partner violence victims who are seeking safety do not become isolated from their homes.

III. Law Enforcement

- a. **Improve accountability and quality control measures for the investigation, documentation, and reporting of incidents of violent death in law enforcement agencies throughout the state.** The Team supports the recommendation of the International Association of Chiefs of Police who advocate the standardization of investigations for all violent deaths including suicides and vehicle crashes (IACP 2008; see the special section on teen dating violence and vehicle involved deaths on page 13). Law enforcement agencies should collect information from identified IPV victims and/or other witnesses relevant to understanding the circumstances of these deaths when possible. Agencies should ensure that senior leadership receives proper training on best practices in investigation and documentation and that they hold their staff accountable for following established protocols.
- b. **Agencies should prioritize and create accountability mechanisms to ensure that officers are able to attend court hearings for all violent crimes.** The Team reviewed a number of

cases involving IPV perpetrators with prior charges for domestic violence and other violent crimes where the criminal charge was dismissed due to a combination of officer absence at the hearing and the expiration of time for prosecution. While there are circumstances under which such absences cannot be avoided, the Team encourages law enforcement departments and leadership to prioritize this activity and close this gap.

- c. **Strengthen relationships between local, county, and state law enforcement agencies and law enforcement agencies on tribal lands.** In reviewing CY2008 homicides, the Team's Native American Committee observed commendable cooperative work between local, state, and tribal authorities. This cooperation was specific to serving warrants, conducting searches, and locating offenders in the investigation of homicide incidents. Jurisdictional obstacles continue to be present in the investigation of prior violent and non-violent offenses and service of process on domestic violence protection orders (often leading the evasion of service/charges in the jurisdiction where the offense occurred). The Native American Committee and the Team recognize the complex nature of local, state, tribal and federal jurisdictional issues; however, continued dialogue on jurisdictional issues and cooperation among agencies is needed.

IV. Victim Service Agencies

- a. **Identify, inventory and leverage existing resources to improve the distribution of domestic violence services in rural areas.** In cases where victims were known to seek crisis intervention and domestic violence services, the Team observed gaps in the availability of fully staffed crisis centers (calls going unanswered), counseling providers who did not recognize the warning signs for serious injury or death, and overall limited domestic violence services in rural areas. The Team recognizes that additional resources are needed, but recommends agencies look for ways to maximize existing resources to improve access to services whenever possible.
- b. **Improve the coordination of services for individuals who experience the co-occurrence of intimate partner violence and substance abuse, criminal histories, mental illness, or specialized medical needs.** Decreasing the risk for intimate partner related death requires multiple types of intervention services. For example, multiple cases revealed the co-occurrence of substance abuse and mental health issues. Co-occurring risk factors can present barriers to providing, accessing, and using services. Further, non-domestic violence providers frequently provide services to IPV victims. The Native American Committee observed that when Native American IPV victims seek help, they often reach out to behavioral health and non-domestic violence specific social service agencies (both on and off tribal land). Learning about and collaborating with all available service agencies in our communities helps each agency provide more comprehensive assistance for IPV victims. (See also recommendation on training for private counselors and other service providers section VIII.d).
- c. **Improve the distribution and accessibility of safety planning information.** Many homicide victims in cases reviewed by the Team had little contact with either IPV related service agencies or the criminal justice system. The identification of varied distribution outlets in the community could extend the reach of safety planning to a broader population. Some examples include community centers, medical provider offices, school health

education programs, and other youth serving agencies. Another strategy is to educate members of the news media on safety planning and IPV victim services and encourage them to provide this information when reporting on both fatal and non-fatal incidents of IPV. Information should include lethality risk factors, culturally and age-appropriate, and address the ways in which substance use increase risk for serious injury and death (see Campbell, Webster, and Glass 2009; Campbell 2004).

V. Prosecution

- a. **Identify policy and resource gaps in the prosecution of domestic violence cases.** Nineteen percent of CY2008 homicide offenders had at least one dropped prosecution for domestic violence prior to the homicide; one offender had five separate charges that were not prosecuted. Domestic violence prosecution may be improved if communities were encouraged to develop domestic violence Multi-Disciplinary Teams (MDT) representing participating agencies from advocacy, direct services, law enforcement and prosecution to identify methods to improve logistics in response, investigation, and prosecution. MDTs help communities identify training needs, minimize duplication or barriers in service delivery, and recognize implications of policy changes. The MDT model has been in place with sexual assault programs in New Mexico and has proven effective in improving services to victims, streamlining resources and procedures, and supporting a coherent systems response to sexual violence.
- b. **Improve prosecutorial charge screening for domestic violence cases.** In some cases, offenders had been charged with non-domestic violence offenses for incidents where violent acts were committed against intimate partners. While these charges may be prosecuted successfully, the lack of household member charges may lead to inadequate sentencing or conditions of supervision, and subsequently result in missed opportunities for intervening with domestic violence perpetrators.
- c. **Enhance system responsiveness to criminal cases involving strangulation.** While only one reviewed homicide from CY2008 involved strangulation as the cause of death, 3 additional cases involved an intimate partner pair with a known abuse history that included the strangulation of the victim, at times to the point of unconsciousness. Research suggests that strangulation increases the risk for lethality in cases of intimate partner violence (Glass et al. 2008). This increased risk calls for more serious intervention and increased penalty when strangulation is reported (Laughon, Glass, and Worrell 2009). Efforts should include training for law enforcement and prosecutors on best practices for the identification, investigation, and prosecution of cases involving strangulation.

VI. Courts

- a. **Prioritize monitoring of offenders, both those awaiting trial for violent crimes and those who are subject to domestic violence orders of protection.** The Team has repeatedly observed instances in which an offender commits a new domestic violence offense while awaiting trial on other charges. The National Institute of Justice recommends that courts hold violent offenders accountable for abiding by conditions of release and impose consequences

when they do not (NIJ 2009). Where available, offenders should be supervised by pretrial services while awaiting trial for violent crimes, including both felony and misdemeanor domestic violence charges. Relatively few pretrial services programs exist statewide, with no official pretrial services programs in the magistrate courts and only a handful of counties having pretrial services programs at the district court and/or metro court level. In areas without resources for pretrial services, court officials should ensure that providers of court ordered services associated with conditions of release are reporting violations and lack of compliance in a timely fashion.

- b. **Provide training for Criminal Court Judges and Domestic Violence Special Commissioners on appropriate assessment and interventions for domestic violence offenders.** Comprehensive IPV counseling and education programs for offenders, beyond anger management are rarely available. There is no evidence that anger management reduces reoffending among court-referred batterers (NIJ 2009). Further, research has shown that the success of anger management depends on appropriate assignment, offender readiness and long-term exposure to treatment (Heseltine, Howells, and Day 2010; Howells and Day 2003). The Team recommends consistent use of batterer intervention programs for domestic violence offenders. Further, courts should screen offenders prior to treatment assignment to ensure they receive appropriate interventions. The Team recommends continued statewide training for courts on interventions for domestic violence offenders.

VII. Post-Conviction Services

- a. **Reduce caseloads for post-conviction professionals, especially those who work with intimate partner violence offenders.** A review of homicide offender criminal histories showed that 48% had at least one prior contact with post-conviction services. While serving a probation or parole sentence, a number of offenders committed a new criminal offense, usually either DWI or domestic violence. Even when arrested for new crimes, offenders were not always charged with supervision violations. In a few cases, violations were processed but did not necessarily result in changes to the terms of supervision. Increased monitoring and more frequent drug and alcohol testing is needed, especially for those on probation. Reduced caseloads may also improve violation notifications to the court and provide more comprehensive monitoring for those with violation histories. Courts should hold offenders accountable when violations are identified.
- b. **Improve post-conviction professionals' ability to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators; and ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources in their respective jurisdictions.** The Team found that 48% of offenders and 24% of victims in CY2008 reviewed homicides had at least one prior contact with post-conviction services. These contacts represent opportunities for both prevention and intervention efforts for persons at risk for intimate partner violence. At present, probation and parole officers do not receive training on either the identification of risk factors for intimate partner violence or the availability of appropriate community resources for intervention.

VIII. Medical and Behavioral Health Care Services

- a. **Eliminate barriers and improve knowledge of and access to mental and behavioral health care services throughout the State.** The Team reviewed seven homicide and five suicide cases involving an offender, victim, or surviving intimate partner with a mental health issue. The types of issues observed ranged from self-reported or witness-identified depression to diagnosed mental illness; most individuals were in the former category. Many of those without a major mental illness lacked consistent access to care. The Team recognizes the need for additional resources, especially in rural areas, and recommends the development of culturally appropriate services for military veterans and Native American populations. The Team also recommends that mental and behavioral healthcare providers work to improve both visibility and accessibility of existing services.
- b. **Medical and behavioral health providers should screen for intimate partner violence among patients presenting with suicidal ideation or those who have attempted suicide.** Thirty-eight percent of suicide offenders had at least one contact with a behavioral health care provider prior to the death incident and 23% had a known history of suicidal ideation. We also documented homicide offenders and victims who had contact with behavioral health care providers or medical service providers as a result of depression or suicidal thoughts. The Team recommends routine clinical screening of patients or clients presenting with suicidal ideation for intimate partner violence risks. Assessments should include a determination of risk for victimization and offending. Those at risk for IPV should be referred to domestic violence service providers.
- c. **Encourage safety planning with intimate partners and in-home caregivers who are caring for a person with dementia or any other form of mental or cognitive impairment.** On average, the Team reviews one to two homicides per year that involve either an elderly offender with dementia or a person with a known mental illness. While offenders typically received regular medical care, most were dependent on the intimate partner for care at home. The Team recommends the development of research protocols to examine the prevalence and nature of violence in these populations and the evaluation of best practices in caretaker education on risk factors and response strategies. For more discussion on this issue, see the special section on system issues regarding violence in the elderly population on page 15.
- d. **Enhance knowledge about intimate partner violence for licensed professionals in social work, counseling, psychology, and psychiatry.** Each year the Team reviews a number of cases where victims and offenders received psychiatric care, marriage counseling, or other services from licensed professionals in private practice. Educational requirements in these professions should include training in: identification of risk for IPV victimization and offending, safety planning, and referrals to appropriate IPV interventions. These enhancements may come from curriculum development at schools for higher learning, IPV competency requirements for licensure, or requiring IPV continuing education.

IX. Community

- a. **Improve universal awareness and recognition of teen dating violence. Provide public education on appropriate safety planning and safe intervention strategies in incidents of and relationships involving dating violence.** In reviewing teen homicide deaths, the Teen Dating Violence Committee observed that a parent (or another adult) often knew that the youth's relationship involved dating violence, but either failed to intervene or intervened in inappropriate ways. Education efforts should target parents, teachers, and adults in the community at large and include elements on recognizing teen dating violence, talking with teens about violent relationships, lethality risk factors, teen-specific safety planning, and information on appropriate ways to intervene in incidents of violence.
- b. **Improve access to early intervention for children and youth who have either witnessed or experienced interpersonal violence.** According to the National Survey of Children's Exposure to Violence, 1 in 15 is exposed to intimate partner violence in their home each year (Hamby et al. 2011). One third of CY2008 homicide cases reviewed by the Team involved at least one child witness. In cases involving teen victims and offenders, at least one party had been a witness to or victim of interpersonal violence prior to the homicide. There are a number of agencies throughout the State that provide counseling and support for child witnesses. Agencies in all system areas that come into contact with child witnesses to violence should ensure that proper referrals for intervention and counseling are made and personnel should follow up on these referrals when appropriate.
- c. **Provide universal outreach and education on the importance of bystander safety planning and preparedness to preventing injury and death in incidents of intimate partner violence.** The Team recommends general public education on bystander safety planning, which incorporates information on the basic elements of a safety plan for victims and appropriate intervention strategies for witnesses and bystanders. Bystander education efforts should target apartment complexes and other forms of multi-unit and close proximity housing and consider these living situations when developing messages about intervention.
- d. **Develop a collaborative response to animal abuse that includes prevention and intervention strategies for intimate partner and dating violence.** In a brief synopsis on the connection between animal abuse and perpetration of IPV, the American Society for the Prevention of Cruelty to Animals notes that animal abuse is "one of the most visible parts" of a perpetrators history of violence (ASPCA 2011). Professionals working with animals (veterinarians, animal control and shelter workers) should be knowledgeable about the connection between animal abuse and IPV and be aware of local domestic violence resources for referral. Agencies, responding to incidents of intimate partner violence should document the occurrence of animal abuse. Whenever possible, domestic violence service providers should ask victims about pets and other animals in the household, especially when discussing interventions and safety planning strategies.

2011 Team Activities

In addition to conducting case reviews and fulfilling the tasks mandated by the New Mexico Legislature (*see* Appendix A), the Team works to increase member knowledge about intimate partner violence and associated system responses and to improve the quality and relevance of the case review process. These goals are accomplished through specialized committee work, providing educational activities for Team members, and through the dissemination of the Team's findings and recommendations. Further, Team members share this knowledge with their agencies, staff, and others throughout the State, in hopes of contributing to improved system and community response to intimate partner and sexual violence.

Team Committees

The Team employs working committees to assist with carrying out the Team's goals and objectives. There are currently four committees of the Team: (1) the Native American Committee, (2) the Friends & Family Committee, (3) the Marginalized Populations Committee, and (4) the Teen Dating Violence Committee.

Native American Committee

The Native American Committee collaborates with tribes and Native American organizations from across the state in an effort to facilitate reviews of intimate partner violence deaths that occur on tribal lands as well as those involving a Native American victim or offender regardless of the incident location. The Team recognizes and honors the sovereignty of Native American tribes. Therefore, when reviewing Native American intimate partner deaths, the Team ensures that there is at least one tribal representative at the review and will not review the case if the representative objects to the review or any part of its process. The Committee chooses not to identify the tribal lands on which these deaths occur or the tribal affiliation of the individuals in published reports. Instead, review findings are used as a tool for generating recommendations for both tribal and state lawmakers and agencies.

In 2011, the Native American Committee reviewed ten homicides involving a Native victim, Native offender, or both occurring between January 1, 2007 and December 31, 2008. CY2008 case data are included in the presentation of findings beginning on page 8. Due to data limitations, the Committee did not review cases that occurred on tribal land. The Committee continues to work on improving case identification and data collection efforts for these cases. The Committee's recommendations are included in the 2011 Recommendations section of this report (*see* recommendations: I.c., II, and III.c).

Friends & Family Committee

The Friends & Family Committee is charged with acquiring additional personal and relationship characteristics for case reviews. During the 2011 review year, the Friends & Family Committee completed a protocol for contacting people who knew the victim or the offender, including surviving family members, friends, co-workers or others who may have relevant information. In September 2011, the protocol was finalized and approved by the Human Subjects Research Review committee at the University of New Mexico. The protocol specifies how the interviews will be conducted and the measures that will be employed to protect the confidentiality of interview participants. In the coming year, the Friends & Family Committee will be responsible for interviewing individuals. These details will produce a more complete understanding of the cases and allow the Team to better evaluate risk factors and victim and offender system resource utilization.

Marginalized Populations Committee

The Team recognizes that several populations are underserved or marginalized in our society, including but not limited to people with disabilities, the elderly, and people of color. The

Women are Sacred Conference Participation

Members of the IPV Death Review Team's Native American Committee were invited to share their experience at the 10th Annual Women are Sacred Conference in Mystic Lake, MN.

The purpose of the conference was to provide an opportunity for Native women, advocates, law enforcement, tribal leaders, prosecutors, judges, health care providers, social workers and community members from tribes across North America to exchange information and work together to end violence against Native women.

The Committee wishes to thank the NM Coalition to Stop Violence Against Native Women for supporting our work and our participation in this conference.

Marginalized Populations Committee assesses how these populations are affected by intimate partner violence and creates strategies and recommendations to specifically address the unique needs within these populations. In 2011, the Committee focused on elder abuse and intimate partner violence. Members generated a preliminary set of recommendations and identified areas for further study. For details on the Committee's work, see the special section on violence in elderly populations on page 15 and recommendation VIII.c.

Teen Dating Violence Committee

The Teen Dating Violence Committee, also known as the Dating Violence Systems Analysis Subcommittee (DVSAS) reviews cases of intimate partner or dating violence-related deaths involving victims and offenders ages 10 to 19 years. The DVSAS is comprised of professionals working in youth serving agencies from around the state. The impetus for designating a committee to focus on teen dating violence-related deaths stems from the recognition that teen dating relationships, the dynamics of teen dating violence, barriers to safety, and the systems that teen victims and offenders come into contact with differ from the adult population.

In order to recommend appropriate prevention and intervention strategies, the Team requires a more targeted case review process. Individual risk factors being analyzed for teens include age difference between victim and perpetrator, perception of pregnancy, immigration status, substance use, and access to firearms. Environmental risk factors being analyzed include: levels of caregiver knowledge of and response to dating violence and bystander involvement during public incidents resulting in dating violence related death.

In 2011, the Committee reviewed seven dating violence-related homicides occurring between January 1, 2006 and December 31, 2008. CY2008 case data are included in the presentation of findings beginning on page 8. See the special section on violence in public places, vehicular homicide, and teen dating violence on page 13. Recommendations provided by the Teen Dating Violence Committee are provided in the 2011 Recommendations section of this report (*see* recommendations: III.a, IV.c, IX.a, and IX.b).

2011 Team Presentations

Public presentations provide members with the opportunity to exchange knowledge with other professionals, improve the Team's process, and showcase the Team's work throughout the State and on a national stage.

In February, Anna Nelson, Chair of the Team's Teen Dating Violence Committee, gave a presentation at the Annual Violence Against Women STOP Administrators Conference. Her presentation was based on the Committee's work and titled, "When Dating Turns Deadly: Analyzing Dating Violence-Related Deaths." Ms. Nelson also made this presentation at the New Mexico Statewide Judicial Conclave in June and at the Center for Victims of Crime Annual Conference in Washington, DC.

In February, the Team's Coordinator, Danielle Albright, participated in a panel on intimate partner violence and suicide at the meeting of the Network. The Network is a multi-disciplinary group of domestic violence and sexual assault program providers in New Mexico that meets to share information, resources, and to foster support and collaboration in the community. In May, Ms. Albright gave a presentation of the Team's work at the New Mexico Coalition Against Domestic Violence Advocacy Round Table.

In August, Team members Colleen Vigil, Chair of the Team's Native American Committee, and Evone Martinez represented the Team and the Coalition to Stop Violence against Native Women at the Women are Sacred Conference in Prior Lake, Minnesota. The conference included participants from tribes across North America. In collaboration with Ms. Albright, Ms. Vigil and Ms. Martinez presented on the Native American Committee's work and the rewards and challenges of conducting homicide reviews in Native communities.

In October, Ms. Albright attended a meeting of the New Mexico House Memorial 45 working group to present the Team's findings and recommendations related to mental health issues and intimate partner violence homicide.

Dissemination of Team Recommendations

Each year the Team prepares this Annual Report for the Governor, the New Mexico Legislature, Cabinet Secretaries, professionals from state and local government and non-profit agencies, and other stakeholders. The Annual Report is a tool for educating the public about the dynamics and the potential lethality of intimate partner and sexual violence. The report is available on the Team's website <http://hsc.unm.edu/som/programs/cipre/IPVDRT.shtml>. The website is an additional medium for providing information to the general public, as it also links visitors to each of our member agency websites, including available domestic and sexual violence resources across the State.

Recommendation Updates

The Team monitors statewide developments in legislation, policy, and agency practice in order to assess the relevance of their recommendations over time. In 2011, we identified ongoing progress and accomplishments consistent with the Team's recommendations from previous years. Here we report on the activities of agencies represented on the Team, as well as other efforts throughout the State that address systemic issues previously identified by the Team.

Improve the coordination of services for individuals who are experiencing intimate partner violence but also have substance abuse issues, criminal histories, mental illness, and/or other specialized medical needs.

- S.A.F.E. House is providing substance abuse groups and individual counseling for residents and non-resident survivors. The focus of the group is to help survivors understand the risk associated with substance abuse with one's abuser and to promote recovery. The group is available in both English and Spanish.

- Victims with disabilities face a number of barriers to service acquisition, including: inaccessible services, insufficient public transportation, lack of provider expertise in working with persons with disabilities, communication difficulties, fear of retaliation from caregivers, and a high prevalence of cultural stereotypes and discrimination. In an effort to address these distinct challenges, a specially trained VAWA/VOCA funded advocate from the New Mexico Coalition of Sexual Assault Programs will be working exclusively with victims who had a disability prior to the crime, as well as those who have become disabled as a result of the victimization.

Improve the distribution and accessibility of safety planning information.

- As a result of a VAWA funded project, implemented by the New Mexico Coalition Against Domestic Violence, access to services has increased for victims with limited English proficiency. This project provides translation and interpretation services to assist non-profit, non-governmental victim service providers so that resources can be made available to this underserved population.
- With support from the U.S. Department of Justice, the New Mexico Attorney General's Office produced an educational video on obtaining, issuing, and enforcing domestic violence orders of protection. The video provides information for both petitioners and respondents and is available in English and Spanish. This work was part of a larger effort to improve accessibility and efficacy of the protection order process. A best practices guide and an easy-reference guide were produced for law enforcement and court personnel.

Provide training for tribal law enforcement officers on the investigation and prosecution of domestic violence.

- With support from VAWA funding, the New Mexico Coalition Against Domestic Violence in collaboration with the New Mexico Coalition to STOP Violence Against Native women, will be training rural and tribal law enforcement officer/victim advocate teams to become specialized violence against women trainers for their respective regions of the State.

Statewide education and training on intimate partner violence for court personnel.

- Using funds from a VAWA grant the Administrative Office of the Courts developed and delivered domestic violence training for frontline court staff. The training was made available to staff in district and magistrate courts and distributed to these offices on compact disc to be used during the training of new court staff.
- VAWA grant funds were also used to establish a half-time attorney at the Administrative Office of the Courts to serve as a point of contact on domestic violence, sexual assault, and stalking issues. The position provides support to courts in enhancing their practices and works to connect the courts with community stakeholders. The staff person began working in August 2011.

Enhance inter-professional knowledge on prevention and intervention strategies for intimate partner violence.

- In April, the Office of Interprofessional Education at the University of New Mexico Health Sciences Center connected students from a diverse set of health related fields including medicine, nursing, pharmacy, physical therapy and occupational therapy with experts from multi-disciplinary systems in the community that address intimate partner violence. The students were given a case study and asked to work with students in other disciplines to develop an intervention for a family experiencing intimate partner violence. During the course of the project, the students used a web-based message board to interact with domestic violence experts from medical, legal, advocacy, social service, and academic fields. A number of the Team's members participated in this event.

Support consistent and systemic response by medical investigators in conducting sexual assault exams and evidence collection from suspected IPV and sexual assault related deaths.

- Over 150 field investigators from the Office of the Medical Investigator (OMI) received a workshop at their annual conference on the Sexual Assault Nurse Examiner program (SANE). The workshop included how field investigators can relay suspicion of sexual assault to law enforcement on the scene and document those suspicions to encourage pathologists to collect further evidence at autopsy. In addition, an OMI pathologist presented at the New Mexico Advanced SANE Conference on their injury documentation and evidence collection. The conference was attended by approximately 80 sexual assault nurse examiners, law enforcement officers, prosecutors, crime lab technicians, and crisis advocates. During the past year, the Albuquerque SANE Clinical Coordinator was invited to observe three homicide exams that involved suspicion of sexual assault/abuse promoting an informal sharing of evidence collection techniques and documentation between OMI and SANE.

Improve knowledge on both the extent and nature of teen dating violence.

- The New Mexico Forum for Youth in Community (NMFYC) provided training and guidance for agencies across New Mexico on improving recognition, prevention and intervention in teen dating violence. These efforts included: participation at the San Juan County Teen Dating Violence Town Hall, a presentation on teen dating violence and birth control sabotage at the Making Connections for Success Statewide Planning Forum in May and participation in the Eight Northern Pueblos Annual Domestic Violence Summit in November, where the

presentation focused on culturally relevant approaches to dating violence. In addition to these presentations, NMFYC provided training for School Resource Officers in Albuquerque. The training focused on providing officers with knowledge about the dynamics of teen dating violence, the health and academic impact of dating violence, youth-centered resources for prevention and intervention, and information on creating a plan to address dating violence in schools.

- The New Mexico Attorney General's Office created a Teen Dating Resource Provider position that works within the Violence Against Women Resource Prosecution Unit. The unit provides support and training for students, teachers, and parents on recognizing the risk factors for teen dating violence. In addition, the unit provides dating violence related technical assistance to legal and social service agencies at the federal, state, local, and tribal levels.

Improve referrals and support for child witnesses to violence.

- In June, the NM Coalition Against Domestic Violence and the CYFD's Head Start Collaboration Office provided a conference for providers and advocates working with children exposed to domestic abuse.
- In August, the Children's Law Center at the University of New Mexico School of Law, held a one day summit on domestic violence and child abuse and neglect. The summit focused on building an understanding of the child welfare and domestic violence systems and identifying how collaboration between systems could improve the lives of children who were both witnessing domestic violence and experiencing maltreatment. The target audience included court personnel, advocates, and service providers.
- The New Mexico Children Youth and Families Department (CYFD) is currently producing a video for training law enforcement on the presence of children at crime scenes. The video will address: ensuring child safety when a parent is arrested, using child-sensitive procedures, and how the CYFD determines an alternative caregiver for children present at crime scenes.

The Team will continue to monitor statewide developments in legislation, policy, and agency practice consistent with their recommendations from both previous and current review years.

Appendix A: Statutory Authority for the Domestic Violence Homicide Review Team

(also known as the Intimate Partner Violence Death Review Team)

NMSA 1978 §31-22-4.1: Domestic violence homicide review team; creation; membership; duties; confidentiality; civil liability.

- A. The "domestic violence homicide review team" is created within the commission for the purpose of reviewing the facts and circumstances of domestic violence related homicides and sexual assault related homicides in New Mexico, identifying the causes of the fatalities and their relationship to government and nongovernment service delivery systems and developing methods of domestic violence prevention.
- B. The team shall consist of the following members appointed by the director of the commission:
 - (1) medical personnel with expertise in domestic violence;
 - (2) criminologists;
 - (3) representatives from the New Mexico district attorneys association;
 - (4) representatives from the attorney general;
 - (5) victim services providers;
 - (6) civil legal services providers;
 - (7) representatives from the public defender department;
 - (8) members of the judiciary;
 - (9) law enforcement personnel;
 - (10) representatives from the department of health, the aging and long-term services department and the children, youth and families department who deal with domestic violence victims' issues;
 - (11) representatives from tribal organizations who deal with domestic violence; and
 - (12) any other members the director of the commission deems appropriate.
- C. The domestic violence homicide review team shall:
 - (1) review trends and patterns of domestic violence related homicides and sexual assault related homicides in New Mexico;
 - (2) evaluate the responses of government and nongovernment service delivery systems and offer recommendations for improvement of the responses;
 - (3) identify and characterize high-risk groups for the purpose of recommending developments in public policy;
 - (4) collect statistical data in a consistent and uniform manner on the occurrence of domestic violence related homicides and sexual assault related homicides; and
 - (5) improve collaboration between tribal, state and local agencies and organizations to develop initiatives to prevent domestic violence.
- D. The following items are confidential:
 - (1) all records, reports or other information obtained or created by the domestic violence homicide review team for the purpose of reviewing domestic violence related homicides or sexual assault related homicides pursuant to this section; and

- (2) all communications made by domestic violence homicide review team members or other persons during a review conducted by the team of a domestic violence related homicide or a sexual assault related homicide.
- E. The following persons shall honor the confidentiality requirements of this section and shall not make disclosure of any matter related to the team's review of a domestic violence related homicide or a sexual assault related homicide, except pursuant to appropriate court orders:
 - (1) domestic violence homicide review team members;
 - (2) persons who provide records, reports or other information to the team for the purpose of reviewing domestic violence related homicides and sexual assault related homicides; and
 - (3) persons who participate in a review conducted by the team.
- F. Nothing in this section shall prevent the discovery or admissibility of any evidence that is otherwise discoverable or admissible merely because the evidence was presented during the review of a domestic violence related homicide or a sexual assault related homicide pursuant to this section.
- G. Domestic violence homicide review team members shall not be subject to civil liability for any act related to the review of a domestic violence related homicide or a sexual assault related homicide; provided that the members act in good faith, without malice and in compliance with other state or federal law.
- H. An organization, institution, agency or person who provides testimony, records, reports or other information to the domestic violence homicide review team for the purpose of reviewing domestic violence related homicides or sexual assault related homicides shall not be subject to civil liability for providing the testimony, records, reports or other information to the team; provided that the organization, institution, agency or person acts in good faith, without malice and in compliance with other state or federal law.
- I. At least thirty days prior to the convening of each regular session of the legislature, the domestic violence homicide review team shall transmit a report of its activities pursuant to this section to:
 - (1) the governor;
 - (2) the legislative council;
 - (3) the chief justice of the supreme court;
 - (4) the secretary of public safety;
 - (5) the secretary of children, youth and families;
 - (6) the secretary of health; and
 - (7) any other persons the team deems appropriate.

Appendix B: Team Membership

The IPVDRRT has two types of membership: *appointed members* and *invited members*. Each type of membership has certain responsibilities as a team member and must comply with all confidentiality and other legal and ethical requirements of the team. In 2011, the Team was chaired by Anthony Louderbough of the Aging & Long-term Services Department, Adult Protective Services.

The following are the Team's current *appointed members* and the agencies they represented in 2011:

Medical Representative

Cameron Crandall, M.D. UNM Department of Emergency Medicine

Criminologist Representative

Lisa Broidy, Ph.D. UNM Institute for Social Research & Department of Sociology

Victim Service Provider Representatives

Connie Monahan NM Coalition of Sexual Assault Programs
Pamela Wiseman NM Coalition against Domestic Violence
Doug Southern^F Roswell Refuge
Anna Nelson^T New Mexico Forum for Youth in Community
Claudia Medina Enlace Comunitario
Dale Klein-Kennedy^F S.A.F.E. House

District Attorney's Representative

Kristina Faught-Hollar 13th Judicial District Attorney's Office

Attorney General's Office Representative

Michelle Garcia Attorney General's Office

Civil Legal Services Representatives

Gabriel Campos^M New Mexico Legal Aid
Melissa Ewer^F Catholic Charities VAWA Immigration Project

Public Defender Representative

Hugh Dangler Chief Public Defender

Judicial Representatives

Laura Bassein Administrative Office of the Courts
Judge Sandra Clinton^M Bernalillo County Metropolitan Court
Judge Alisa Hadfield 2nd Judicial District Court Domestic Violence Division

Law Enforcement Representatives

Captain Quintin McShan^M New Mexico State Police
Detective Mark Myers Las Cruces Police Department

State Agency Representatives

Craig Sparks Children, Youth and Families Department
Vicki Nakagawa^{N, T} Department of Health
Anthony Louderbough^M Aging & Long Term Services Department/Adult Protective Services

Tribal Representatives

Evone Martinez^N Coalition to Stop Violence against Native Women
Francine Gachupin^N Southwest Tribal Epidemiology Center
Colleen Vigil^N Coalition to Stop Violence against Native Women

Other Appointed Members

Sheila Allen ^F	Crime Victims Reparation Commission
Joan Shirley ^F	Community Representative
Kari Meredith ^{N, T}	Attorney General's Office
Ella Frank ^F	Adult Parole Board

Special thanks to outgoing appointed members for their service on the Team: Dr. Erin Brooks (Office of the Medical Investigator), Deborah Dungan (Administrative Office of the Courts), Sharon Pino (New Mexico Attorney General's Office), and Darlene Reid-Jojola (Urban Indian Advocacy Program).

The following *invited members* participated in Team meetings and/or committees during the 2011 review year:

Yvonne Archuletta, APD	Rebecca Marianetti, UNM Hospital
Arlene Armijo, BIA ^N	Maya McKnight, CYFD ^T
Rusita Avila, DV Resource Center	Roberta Muro, CYFD ^T
Mary Helen Baber, Attorney General's Office	Amy Ortiz, 2 nd Judicial DA's Office
Louisa Baca, Tewa Women United ^N	Andrea Ortiz, APD Homicide
Laura Banks, UNM Emergency Medicine	Virginia Perez-Ortega, NMCADV
Paula Bauch, Department of Health ^T	Julius Othole, New Beginnings, Pueblo of Zuni ^N
Michael Bauer, UNM School of Medicine	Debra Ramirez, 2 nd Judicial District Court
Mark Benford, 2 nd Judicial District Court	Kristy Ring, CVRC
Kelly Bradford, 2 nd Judicial DA's Office ^T	Shirl Robinson, Coalition to Stop Violence Against Native Women ^N
Angela Campbell, DV Resource Center	Edgar Rosa, Las Cruces Police Department
Domenick Ciccone, APD	Miranda Salazar, PeaceKeepers ^N
Jennifer Coffey, UNM School of Medicine	Heather Sandoval, Attorney General's Office ^T
Rosemary Cosgrove-Aguilar, 2 nd Judicial District Court	Kristina Shelton, Haven House
Sophia Roybal-Cruz, CYFD	David Sklar, UNM Emergency Medicine
Phyllis Dominguez, 2 nd Judicial DA's Office	Edna Sprague, 2 nd Judicial DA's Office
Lloyd Drager, 13 th Judicial DA's Office	Sherry Spitzer, NM Asian Family Center ^M
Dara Ferguson, Probation and Parole	Roberta Stone, FBI ^N
Carla Fisher, Domestic Unity	Rubina Syed, Department of Health
Tammy Fisher, UNM Emergency Medicine	Bianca Villani, Rape Crisis Center ^T
Josephine Gallegos, PeaceKeepers	Sharon Vandever, U.S. Attorney's Office ^N
Andrew Gomez, CYFD ^T	Lydia Vandiver, ABQ SANE Collaborative
Consuelo Gonzales, Catholic Charities	Norma Vasquez, NMCADV
Denise Gutierrez, ICE/Homeland Security ^M	Beatrice Vigil, PeaceKeepers
Cassie Halvorsen, FBI ^N	Loudine Wanoskia, Jicarilla Apache Behavioral Health ^N
Ann Henz, Attorney General's Office	Desiree Weekoty, Coalition to Stop Violence Against Native Women ^N
Carol Horwitz, Santa Fe Police Department	Karen Wyman, NM Coalition Against DV ^{T, M}
Melanie Jacobs, Bernalillo County SO	
Barbara Lambert, Battered Family Services ^N	
Coy Maienza, CYFD	

F: Friends and Family Committee Participant

M: Marginalized Populations Committee Participant

N: Native American Committee Participant

T: Teen Dating Violence Committee Participant

2011 Committee Chairs

Friends and Family	Dale Klein-Kennedy and Joan Shirley
Marginalized Populations	Sherry Spitzer
Native American	Colleen Vigil
Teen Dating Violence	Anna Nelson

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