

**New  
Mexico  
Intimate  
Partner  
Violence  
Death  
Review  
Team**

Annual  
Report

**2024**

**Findings &  
Recommendations  
from FY2024  
Intimate Partner  
Violence Deaths**



July 1, 2024

The Honorable Michelle Lujan Grisham  
Governor of the State of New Mexico  
State Capitol Building, 4<sup>th</sup> Floor  
Santa Fe, New Mexico 87503

Governor Lujan Grisham:

On behalf of the Intimate Partner Violence Death Review Team, we are honored to present our 2024 Annual Report to you. This report outlines findings and recommendations from our review of intimate partner and sexual violence-related deaths that occurred in New Mexico between 2010-2020. The Intimate Partner Violence Death Review Team usually reviews cases that occurred in a particular calendar year. The cases reviewed for the 2024 Annual Report were those that had not previously been reviewed because charges had not yet been filed or the case was still awaiting disposition in the criminal courts during that calendar year review. In reviewing these deaths, Team members identify gaps in system responses to victims at both local and State levels and recommend strategies for improving these interventions to prevent future injury and death related to domestic and sexual violence.

The Team's findings are on pages 9-15 and recommendations are on pages 16-27. There is an executive summary on pages 1-4. The report also briefly summarizes the Team's duties, lists appointed and invited members, and acknowledges the support of various individuals and agencies.

The Intimate Partner Violence Death Review 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. We are tasked with the review of the facts and circumstances surrounding domestic and sexual violence-related deaths in New Mexico.

On behalf of the victims and family members who have lost loved ones, as well as those who continue to suffer the effects of domestic and sexual violence, we wish to thank you for your commitment to these issues. We hope that you and other stakeholders will use this report to implement changes in policy and practice to create a more comprehensive and effective response to domestic and sexual violence in New Mexico.

Respectfully,



Lourdes McKenna, 2024 Team Chair  
New Mexico Crime Victims Reparation Commission

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

# **New Mexico Intimate Partner Violence Death Review Team Annual Report 2024**

July 2, 2024

The New Mexico 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 §31-22-4.1 (Appendix A). The Team is funded by the New Mexico Crime Victims Reparation Commission. Team coordination and staff services are housed at the New Mexico Statistical Analysis Center (NMSAC) in the Institute for Social Research, University of New Mexico. 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. The Team is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each New Mexico death related to intimate partner violence (IPV) or sexual assault (SA). This report presents findings and recommendations from the Team’s review of intimate partner violence and sexual assault related deaths.

## **Contents**

<b>Executive Summary.....</b>	<b>1</b>
<b>Acknowledgements.....</b>	<b>5</b>
<b>Team Membership .....</b>	<b>6</b>
<b>Introduction.....</b>	<b>8</b>
<b>Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death .....</b>	<b>9</b>
<b>Relationship and Person Characteristics in IPV and SA Related Death Incidents .....</b>	<b>11</b>
<b>Team Recommendations.....</b>	<b>16</b>

## Executive Summary

The New Mexico Intimate Partner Violence Death Review Team (Team) is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding New Mexico deaths related to intimate partner violence (IPV) or sexual assault (SA). The Team reviewed 19 deaths related to 18 incidents of IPV or SA in Fiscal Year 2024 (FY2024).<sup>1</sup> The reviewed deaths occurred between calendar year 2010 and 2020. The Team reviewed 18 incidents of homicide, and one incident with an undetermined manner of death. The following are select findings from the Team's FY2024 review of IPV-related deaths:

### **Incidents of Intimate Partner Violence (IPV) and Sexual Assault (SA) Resulting in Death**

- The team reviewed 18 incidents of IPV and SA that resulted in 20 deaths committed by 19 offenders.
- These incidents occurred in 10 New Mexico counties and 33% were in rural areas.
- Firearms were used in 11 deaths. Six IPV perpetrators were prohibited by federal law from possessing a firearm, four of whom used a firearm in the incident.
- While most incidents transpired in a private residence, six deaths (33.3%) took place in a public location, including on streets and driveways.
- Eighteen offenders were charged for the death, and sixteen were convicted. After accounting for time suspended, sentences ranged from 0 years in prison for voluntary manslaughter to over 49 years for 1<sup>st</sup> Degree Murder.

### **Relationship & Person Characteristics**

#### *Relationship between the intimate partner pair (IPP)*

- The IPP were currently married in 2 incidents (11.1%) and dating in 12 incidents (66.7%).
- In 3 incidents (16.7%), the IPP were former spouses or dating partners.
- Five (27.8%) were in the process of separating at the time of the incident.
- Fifteen (83.3%) IPPs had a prior history of violence within their relationship.

#### *IPV victims*

- There were 18 IPV and SA victims among the cases reviewed in FY2024. The victim of IPV or SA may be the decedent (N=11), offender (N=3), or surviving partner (N=4) in the death incident.
- Victims ranged in age from 22 to 54 years old and 77.8% of IPV victims were female.
- Ten (55.6%) had a history of previous IPV victimization.

#### *IPV perpetrators*

- There were 18 IPV perpetrators. An IPV perpetrator may be the decedent (N=4), offender (N=13), or surviving partner (N=1) in the death incident.
- Perpetrators ranged in age from 22 to 59 years old and 77.8% of perpetrators were male.
- Fourteen perpetrators (77.8%) had a history of previous IPV perpetration.

---

<sup>1</sup> The Fiscal Year begins on July 1 and ends June 30.

### *Contacts with service providers*

- Victims most frequently had previous contact with health care services (33.3%).
- Perpetrators most frequently had previous contact with the Children, Youth, and Families Department (27.8%) or health care providers (27.8%).

### *Secondary offenders and victims*

- At times, individuals outside of the intimate partner relationship are identified as a party to IPV-related homicides, as either the decedent (secondary victim) or offender (a secondary offender).
- Four cases involved secondary victims, two involved secondary offenders, and one involved both a secondary offender and victim as well as IPV homicide.

## **Team Recommendations**

In FY2024, the Team developed recommendations for a number of systems. These are summarized below. Details for each recommendation can be found in the report, beginning on page 16.

### *Legislation/Policy*

- Amend the Children's Code to require that the Children, Youth, and Families Department assess any children present at a homicide for services.
- Create and fund a task force to research, evaluate, and recommend a uniform lethality assessment to be used across all system areas in New Mexico.

### *Cross-Cutting Recommendations for Outreach, Training, and Service Provision*

- Emphasize efficacy, inclusivity, and equity throughout all training, outreach and service delivery.

### *Criminal Justice Cross-Cutting*

- Improve criminal justice professionals' capacity to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators; ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources in their respective jurisdictions including referrals for children present in the household.

### *Law Enforcement*

- Provide training to law enforcement officers to ensure timely and appropriate service referrals for victims of intimate partner violence and sexual assault.
- Increase capacity of law enforcement agencies to respond to intimate partner and sexual violence by improving the availability of victim centered resources and advocate support.
- Evaluate responses to domestic violence calls and ensure personnel are following best practices models during dispatch, response, and incident documentation; encourage alliances across law enforcement agencies.
- Create model policies to improve accountability and quality control measures for the investigation, documentation, and uniform reporting of incidents of violent death by law enforcement agencies statewide.

- Enhance pre-hire screening, expand post-hire outreach and training, and identify and document patterns of abusive behavior by law enforcement officers.

#### *Courts*

- Courts should make available local domestic and sexual violence resource information in clerk's offices. Individuals petitioning for domestic violence orders of protection may not know about the resources available to them.
- Address policy and resource gaps for pre-trial services statewide to improve screening for and addressing substance use and mental health needs.
- Encourage courts to include screening for substance abuse and mental health needs as part of post-adjudication proceedings.
- Encourage judges to monitor offenders for strict compliance with court-ordered domestic violence treatment programs, substance abuse, and/or mental health treatment both pre- and post-adjudication.
- Offer ongoing training to improve and maintain judicial officers' capacity to engage with victims, children present in the household, and perpetrators of domestic violence in both a trauma-informed and culturally sensitive manner both pre- and post-conviction.
- Expand training and statewide funding for court personnel for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection; encourage the use of an integrated family court system.

#### *Prosecution*

- Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases by creating specialized domestic violence prosecution units within every district attorney's office.
- Enhance prosecutor training on intimate partner violence, interviewing victims, evidence-based prosecutions, and identifying risk of lethality in domestic violence and sexual assault cases.
- Prosecutors should coordinate with victim advocates to facilitate follow-up and case management services for victims after incidents of intimate partner and sexual violence.

#### *Probation and Parole*

- 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.
- Probation/parole officers should monitor offenders for strict compliance with ordered domestic violence treatment programs, substance use, and/or mental health treatment and report that to the court.
- Assess the ability of post-conviction professionals to monitor and supervise caseloads, and where need is indicated, reduce caseloads for post-conviction professionals.

#### *Victim Services*

- Improve the visibility of intimate partner violence, sexual assault, and trauma-informed grief services among all local stakeholder agencies and the community.

- Improve access to postvention, grief, and support services for children, their caretakers and other adults who have either witnessed or have been exposed to interpersonal violence.
- Identify gaps and leverage existing resources to improve the distribution of and access to domestic violence services, especially in rural areas.
- Expand availability and accessibility of safe housing and shelter services for victims of intimate partner violence where it is lacking.

#### *Children, Youth, and Families Department (CYFD)*

- The Children, Youth, and Families Department (CYFD) should improve personnel knowledge and capacity to advocate for and intervene with families in which children are present in homes experiencing domestic violence.
- Initiate and facilitate collaboration with local community stakeholders to provide pathways to CYFD prevention services.
- Identify and respond to the needs of justice-involved youth and their families upon entry into the juvenile justice system and provide ongoing assistance.

#### *Medical, Mental, and Behavioral Health Care Services*

- Identify, inventory, and leverage existing resources to eliminate barriers to mental health and substance abuse services in the state, especially in rural communities.
- Improve and coordinate follow-up and case management with individuals who seek medical, mental, or behavioral health treatment, particularly in rural areas.
- Assess and adjust service provision policies to ensure effective and evidence-based support tailored to community needs.
- Encourage medical providers to follow best practices to address patient safety risk through screening during intake, intervention, and departure from services.

#### *Cross-Cutting Recommendations for the Community*

- Improve universal awareness and recognition of intimate partner violence to change the climate of IPV tolerance.
- Increase public outreach efforts regarding how and when to report witnessed incidents of intimate partner violence and sexual assault.
- Improve access to social and legal resources for teen parents throughout the state and improve awareness and recognition of teen dating violence.



## Acknowledgements

The New Mexico Intimate Partner Violence Death Review Team wishes to thank:

- The New Mexico Crime Victims Reparation Commission (CVRC), Director Frank Zubia and the entire Crime Victims Reparation staff and Commission, for their support of the Team's work and assisting the Team with procuring meeting space;
- Dr. Sarah Lathrop and staff of the New Mexico Office of the Medical Investigator, for assistance with case identification and data collection;
- All of the criminal justice and community service professionals across the State of New Mexico who assisted with the record collection necessary for conducting effective case reviews;
- Nancy Shane and Grace Cairo of the New Mexico Sentencing Commission for assisting with case preparation;
- Andrew Johns from the Office of Injury & Violence Prevention, New Mexico Department of Health for providing data for the report, and;
- The appointed and invited Team members for all the work that they do to generate the findings and recommendations contained in this report.

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.

Visit our website for more information about the New Mexico Intimate Partner Violence Death Review Team, our case review practice, and the production of findings and recommendations for this report. Visit (<https://isr.unm.edu/centers/new-mexico-statistical-analysis-center/ipvdrt/index.html>) to access our report archive and view multi-year data by person, relationship, and incident characteristics.

## Team Membership

### Appointed Members

Rosemary Cosgrove-Aguilar, Bernalillo County  
Metropolitan Court

Cameron Crandall, University of New Mexico  
Department of Emergency Medicine

Cheryl Eaton, Federal Bureau of Investigations  
(FBI)

Sara Yvonne “Bonnie” Escobar, Enlace  
Comunitario

Patricia Galindo, Administrative Office of the  
Courts

MaryEllen Garcia, New Mexico Coalition Against  
Domestic Violence (NMCADV)

Cheryl Hobbs, Probation and Parole

Heather Jarrell, Office of the Medical  
Investigator (OMI)

Anastasia Martin, Aging and Long-Term Services

Tatiana Matlasz, University of New Mexico  
School of Medicine Psychiatry and  
Behavioral Sciences

Lourdes McKenna, Crime Victims Reparation  
Commission (CVRC)

Adaline Nuanez-Baca, New Mexico Corrections  
Department

Raylyne Quintana, Eight Northern Indian  
Pueblos Council, Inc. PeaceKeepers  
(ENIPC)

Debra Ramirez, 2nd Judicial District Court  
Demica Reagan, New Mexico Coalition Against  
Domestic Violence (NMCADV)

David River, Children, Youth, and Families  
Department (CYFD)

Miranda Salazar, Eight Northern Indian Pueblos  
Council, Inc. PeaceKeepers (ENIPC)

Edna Sprague, New Mexico Legal Aid

Gail Starr, Albuquerque Healthcare for the  
Homeless

Liza Suzanne, New Mexico Department of  
Health (NMDOH)

Eric Threlkeld, Eddy County Sheriff’s Office

### Invited Members

Chearie Alipat, New Mexico Asian Family Center  
Danielle Albright, Emergency Medicine,  
University of New Mexico

Laura Banks, Emergency Medicine, University of  
New Mexico

Dana Beyal, 2nd Judicial District Attorney's  
Office

Stacy Blazer-Clark, New Mexico Coalition of  
Sexual Assault Programs (NMCSAP)

Cassie Brown, University of New Mexico School  
of Medicine Psychiatry & Behavioral  
Sciences Division of Forensic Behavioral  
Sciences

Pat Caristo, NIANM Resource Center for Victims  
of Violent Death

Tiffany Corn, United States Attorney’s Office of  
New Mexico (USAO-NM)

Ernest Frenier, Eight Northern Indian Pueblos  
Council, Inc. PeaceKeepers (ENIPC)

Christyana Jaramillo, New Mexico Corrections  
Department

North Kanyuck, Valencia County Sheriff's Office

Jennifer Kletter, New Mexico Legal Aid

Edwin Lente, Jicarilla Behavioral Health

Julianna Lujan, Eight Northern Indian Pueblos  
Council, Inc. PeaceKeepers (ENIPC)

Kathleen Maese, New Mexico Department of  
Health (NMDOH)

Quintin McShan, Homeland

Esperanza Montoya, Eight Northern Indian  
Pueblos Council, Inc. PeaceKeepers  
(ENIPC)

Dr. Carolyn Morris, Psychologist

Becky O’Gawa, 2nd Judicial District Attorney’s  
Office

Donna Richmond, Crime Victims Reparation  
Commission (CVRC)

Melissa Riley, Native Community Development  
Associates  
Steven Sierra, 2nd Judicial District Court  
Domestic Relations  
Rhianon Tafoya, Eight Northern Indian Pueblos  
Council, Inc. PeaceKeepers (ENIPC)  
Sarah Tafoya, Albuquerque Sexual Assault Nurse  
Examiners (SANE) Collaborative  
Rosemary Traub, 2nd Judicial District Court  
Michelle Valerla, The New Mexico Office of the  
Attorney General  
Sharon Vandeever, U.S. Attorney's Office  
Shelby Whitehill, United States Attorney's Office  
of New Mexico (USAO-NM)  
Erik Wolf, Transgender Resource Center of New  
Mexico (TGRCNM)  
Kristin Wood-Hegner, Crime Victims Reparation  
Commission (CVRC)

#### **Special Thanks to Outgoing Team Members**

Rachel Ralya, New Mexico Department of  
Health (NMDOH)  
Miranda Salazar, Peacekeepers Domestic  
Violence Program (Eight Northern  
Indian Pueblos Council, Inc.)

#### **Special Thanks to Team & Committee Chairs**

Lourdes McKenna, Team Chair  
Eric Threlkeld, Vice Chair  
Chearie Alipat, Chair of the Marginalized  
Populations Committee  
Cheryl Hobbs, Chair of the Teen Dating Violence  
Committee  
Ernest Frenier, Chair of the Native American  
Committee

## Introduction

Intimate Partner Violence (IPV) is prevalent. Over one-third of adults living in New Mexico have experienced intimate partner violence.<sup>2</sup> Rates of lifetime IPV are slightly higher for New Mexico women (37.6%) than national estimates (37.3%) while rates for New Mexico men are 2.4% higher than the national rate (33.3% versus 30.9%, respectively). Sexual assault (SA) rates in New Mexico also exceed national averages.<sup>3</sup> In 2021, the rate of sexual assault offenses was 66.5 per 100,000 in New Mexico and 42.4 per 100,000 nationally. In 2022, these numbers slightly decreased but remained higher in New Mexico. The 2022 rate in New Mexico was 54.6 per 100,000 people compared to 40 per 100,000 nationally.

At its most extreme, IPV and SA result in death. In 2020, the National Violent Death Reporting system reported that nationally, 8.1% of homicides were committed by an intimate partner.<sup>4</sup> This rate was higher in New Mexico, at 9.6%. These rates, though, slightly underrepresent IPV homicides, at least in New Mexico. According to the New Mexico Department of Health, 10.7% of homicides in New Mexico in 2020 were due to intimate partner violence. Further, once rates are disaggregated by gender, there is a notable difference. Nearly one-third (31.3%) of female victims were killed by an intimate partner in 2020, and 6.5% of male homicide victims were killed by an intimate partner.

Many of these deaths could have been prevented. The New Mexico Intimate Partner Violence Death Review Team (Team) is a statutory body, enabled by law to review the facts and circumstances of deaths related to IPV and SA. Cases are identified for review using several methods: researching death records at the Office of the Medical Investigator, reviewing media reports regarding domestic and sexual violence, and receiving case suggestions from Team members or other professionals. During the review process, the Team identifies system failures, gaps and successes that occurred in each case. They then make recommendations based on the data with the aim of preventing future deaths. Since 1998, the Team has been reviewing cases involving IPV-related homicides. Each year, the Team publishes a report presenting its findings and recommendations.

Historically, the Team has reviewed cases from one calendar year or from a handful of prior years. Each year, there are some cases that do not get reviewed for a variety of reasons. Thus, during Fiscal Year 2024 (FY2024), rather than review cases from a particular calendar year, the Team reviewed cases that had not been reviewed in prior years; cases we call “pending.”<sup>5</sup> There were 137 cases in the pending files that occurred between 2010 and 2020. A little under half of the cases (N=62, 45%) were in the pending list because the suspect was not identified; it is likely that some of these cases do involve intimate partner violence. Among the remaining 75 cases, the most frequent reason a case was still pending was because charges had not yet been filed or the case was still awaiting disposition in the criminal courts (N=64) at the time cases in that calendar year were reviewed. All cases we reviewed this year were from this category. Cases chosen for review this year were those that both were resolved and had complete data. In addition to these cases, there were 11 that had missing information or were incomplete; the Team did not review any of these cases.

---

<sup>2</sup> Caponera, B. (2022). Incidence and Nature of Domestic Violence In New Mexico XX: An Analysis of 2021 Data from the New Mexico Interpersonal Violence Data Central Repository. New Mexico Coalition of Sexual Assault Programs.

<sup>3</sup> Federal Bureau of Investigation. (2022). Trend of Rape from 2012 to 2022 [Data set].

<https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>

<sup>4</sup> National Center for Injury Prevention and Control (2020). NVDRS Violent Deaths Report [Data set].

<https://wisqars.cdc.gov/nvdrs/>

<sup>5</sup> The Fiscal Year begins on July 1 and ends June 30.

## Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death

The Team identified a total of 64 incidents of intimate partner violence (IPV) or sexual assault (SA) that resulted in at least one death per incident. These incidents occurred between 2010 and 2020 and had not been reviewed previously due to pending charges or dispositions. The Team reviewed 18 out of those 64 incidents. Of those reviewed:

- 10 were intimate partner homicide
- 4 were secondary victim homicide
- 2 were secondary offender homicide
- 1 was intimate partner and both secondary offender and victim
- 1 was a sexual assault-related homicide.

The remaining 46 incidents were not reviewed due to insufficient information and/or time constraints. This report excluded incidents leading to a death classified as suicide alone or murder-suicide.

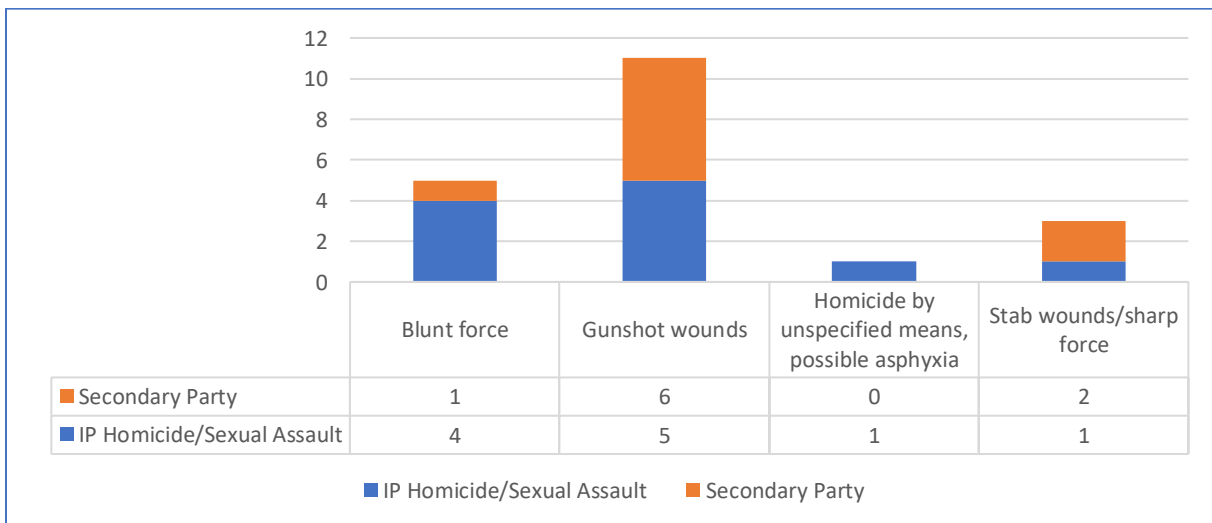
In the 18 reviewed incidents, 20 people died, 19 from acts of homicide and one whose manner of death was undetermined. There were 19 offenders.

The Team reviewed IPV-related death incidents that occurred in 10 counties across the state and 33% of these incidents occurred in rural or tribal areas.

Of 20 decedents, 11 deaths (55%) were the result of gunshot wounds. Five deaths were the result of blunt force trauma, three deaths were the result of sharp force injuries or stab wounds, and one was undetermined but thought to be asphyxia.

Two decedents received postmortem sexual assault analysis, neither of which had evidence that a sexual assault had occurred.

**Cause of Death in IPV and SA Related Death Incidents (Number of decedents = 20)**



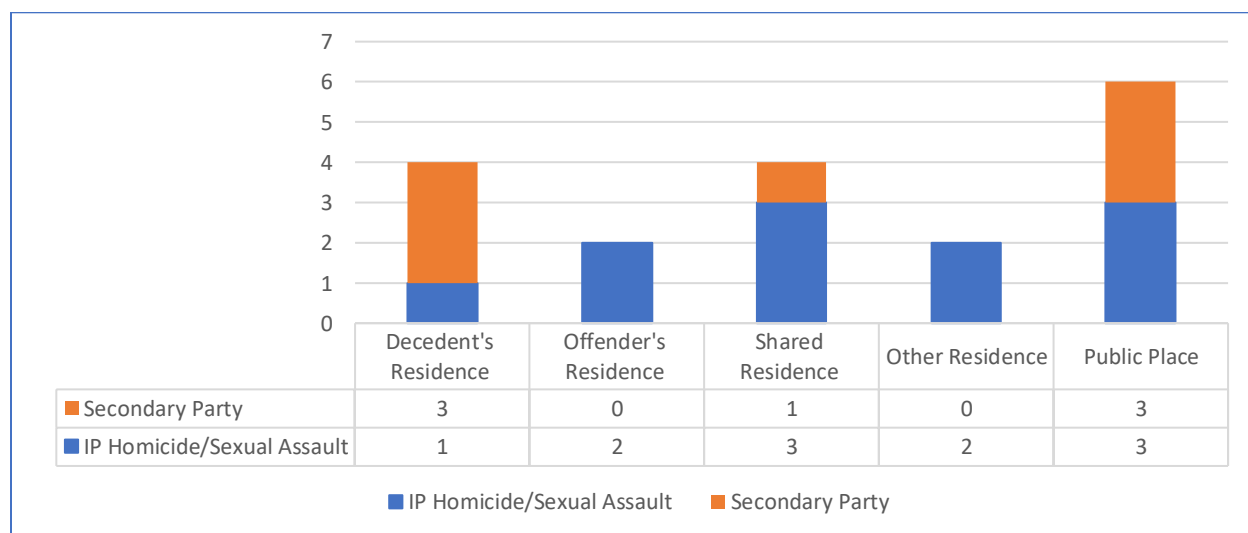
The Team reviewed six cases with IPV perpetrators who were prohibited by federal law from possessing a firearm; in four of these, the perpetrator used a firearm during the death incident.

Six IPV related death incidents (33.3%) occurred with a minor child present at the scene.

The location of the incidents varied. Six death incidents (33.3%) occurred in a public location. Of these, two occurred in the parking lot or on the street outside the IPV couple's shared

residence, one occurred outside a relative's home, and the remaining three occurred in the street. Ten incidents occurred at the decedent or offender's residence; four were at the decedent's residence, two at the offender's residence, and four at a shared residence. One death occurred in multiple locations, including the shared residence of the IPV couple and a neighbor's home. The last incident occurred at a friend's apartment. The figure below shows the distribution of type of death incident by type of location.

**Location of IPV and SA Related Death Incidents (Number of incidents = 18)**



## Criminal Charges

Murder charges were filed in 17 of the 18 homicide incidents reviewed, which includes 18 of the 19 offenders. One case was determined to be a justifiable homicide; therefore, no charges were filed.

The next table shows the adjudicated murder charge and sentence range for all homicide convictions among cases reviewed in FY2024.

## Conviction and Sentencing

Prosecutors obtained convictions on a murder charge in 15 of the 17 cases in which charges were filed resulting in convictions of 16 people. Two cases resulted in an acquittal.

Ten people were convicted as a result of a plea agreement and six from a jury trial. After accounting for time suspended, incarceration varied from 0 years to 49 years and 8 months.<sup>6</sup> This also varied by the type of conviction charge. This is illustrated in the following table.

**Homicide Conviction Sentence Range by Charge Type (N = 16)**

<b>Most Serious Adjudicated Charge</b>	<b>Number of Convictions</b>	<b>Years Sentenced to Prison after Time Suspended</b>
1 <sup>st</sup> Degree Murder	3	30 to 49+ years
2 <sup>nd</sup> Degree Murder	7	8 to 39 years
Voluntary Manslaughter	3	0-10 years
Homicide by vehicle	2	6 to 12 years
Conspiracy to commit 1 <sup>st</sup> Degree murder	1	5 years

## Relationship and Person Characteristics in IPV and SA Related Death Incidents

### **Relationship between the Intimate Partner Pair<sup>7</sup>**

For all reviewed cases, the death incident occurred either during or immediately following a threatened or actual incident of IPV or SA. In two incidents (11.1%), the intimate partner pair was married at the time of the death; one of these couples was separated at the time of the incident. Twelve incidents (66.7%) involved couples who were currently dating, and three incidents (16.7%) involved former spouses or dating partners. One incident involved a sexual assault between a victim and perpetrator with no prior intimate relationship but were known

to each other. Five intimate partner pairs (27.8%) were separated or in the process of separating at the time of the incident.

Ten incidents involved minor children who either were present during the incident and/or who lived in the household at the time of the incident. Nine of these incidents involved children who were biologically related to one or both parties and lived with the intimate partner pair. Seven incidents involved couples with shared biological children, six of whom were present or lived in the household at the time of the incident.

<sup>6</sup> One person received a fully suspended sentence.

<sup>7</sup> The IPV pair refers to the victim and perpetrator of IPV or SA leading to a death incident. The victim or perpetrator may be the homicide decedent, homicide offender, or surviving intimate partner following the homicide.

The following table reports relationship characteristics for victim and perpetrator pairs

involved in an incident of violence resulting in a death reviewed by the Team in FY2024.

**Relationship between the Intimate Partner Pair (N = 18)**

	# of incidents	%
<b>Relationship Status</b>		
Spouse or Partner	2	11.1
Ex-spouse or Ex-partner	1	5.6
Boyfriend or Girlfriend	12	66.7
Ex-boyfriend or Ex-girlfriend	2	11.1
No known intimate relationship prior to the incident	1	5.6
In the Process of Separating	5	27.8
<b>Habitation Status at Time of Incident</b>		
Living together	9	50.0
Previously Lived Together	4	22.2
Never Lived Together	4	22.2
Living arrangement is unknown	1	5.6
<b>Children</b>		
Minor children present or lived in household at time of the incident	10	55.6
Any minor child(ren) in shared household	9	50.0
Couple has any shared biological child(ren) of any age	7	38.9
Shared biological minor child(ren) in household	6	33.3
Stepchild(ren) in household	4	22.2
<b>History of Intimate Partner Violence within Pair</b>		
Known history of intimate partner violence in relationship	15	83.3
At least one domestic violence police call for service	4	16.7
At least one arrest for intimate partner violence	4	22.2
Any history of a domestic violence order of protection between parties <sup>8</sup>	3	16.7
Any history of child custody cases	3	16.7

<sup>8</sup> Denotes a DVOP at any time during the relationship between the intimate partner pair.



## IPV and SA Victims

***IPV and SA victim refers to the victim of intimate partner violence or a sexual assault leading to a death incident.*** The IPV or SA victim may be the decedent, offender, or surviving partner in the death incident. For the FY2024 review, there were 18 IPV and SA victims who were either the decedent (N=11),

offender (N=3), or the surviving intimate partner (N=4). Victims ranged in age from 22-54 years old; the median age was 32.5 years. Most of victims (N= 14, 77.8%) were women. Four victims (22%) became a parent when they were a teenager. Seven IPV victims (38.9%) had a prior arrest for a domestic violence offense. The table below presents background characteristics for IPV and SA victims in reviewed incidents.

**Background Characteristics of IPV and SA Victims (N = 18)**

	# of Victims	%
<b>Gender</b>		
Woman	14	77.8
Man	4	22.2
<b>Race/Ethnicity</b>		
White	4	22.2
Hispanic	8	44.4
Native American	3	16.7
African American	3	16.7
<b>Health</b>		
Known history of alcohol abuse	4	22.2
Known history of Illicit drug use <sup>9</sup>	9	50.0
Known history of depression or other mental illness	0	0.0
<b>Criminal History</b>		
At least one prior arrest	10	55.6
Convicted of at least one felony crime	2	11.1
At least one term supervised probation or parole	7	22.2
On probation or parole at the time of the incident	2	11.1
<b>Intimate Partner Violence History</b>		
Known history of intimate partner violence victimization	10	55.6
Known history of intimate partner violence perpetration	6	33.3
At least one arrest for domestic violence	7	38.9
At least one conviction for domestic violence <sup>10</sup>	2	11.1
Party in at least one prior domestic violence order of protection <sup>11</sup>	8	44.4

<sup>9</sup> One IPV or SA victim had a known history of prescription drug misuse.

<sup>10</sup> Domestic violence includes any household member; it is not limited to the intimate partner.

<sup>11</sup> May be either the petitioner or respondent.

## IPV and SA Perpetrators

**IPV and SA perpetrator refers to the identified perpetrator of intimate partner violence or sexual assault in an incident leading to a death.**

The perpetrator may be the decedent, offender, or surviving partner in the death incident. For the 18 cases reviewed in FY2024, there were 18 perpetrators, four of whom were decedents, 13 were offenders, and one surviving partner.

Perpetrators ranged in age from 22 to 59 years old; the median age was 31.5 years. Most (N= 18, 77.8%) of the IPV and SA perpetrators were men.

At the time of the incident, 38.9% of IPV and SA perpetrators were drinking alcohol and 33.3% were using illicit drugs.

**Background Characteristics of IPV and SA Perpetrators (N=18)**

	# of Perpetrators	%
<b>Gender</b>		
Woman	4	22.2
Man	14	77.8
<b>Race/Ethnicity</b>		
White	4	22.2
Hispanic	9	50.0
Native American	3	16.7
African American	2	11.1
<b>Health</b>		
Known history of alcohol abuse	7	38.9
Known history of illicit drug use	10	55.6
Known history of depression or other mental illness	10	55.6
Known history of chronic disease	6	33.3
Use of alcohol at time of death incident	7	38.9
Use of illicit drug at time of death incident	6	33.3
<b>Criminal History</b>		
At least one prior arrest	16	88.9
Convicted of at least one felony crime	4	22.2
At least one term supervised probation or parole	9	50.0
On probation or parole at the time of incident	2	11.1
<b>Intimate Partner Violence History</b>		
Known history of intimate partner violence victimization	5	27.8
Known history of intimate partner violence perpetration	14	77.8
At least one arrest for domestic violence	8	44.4
At least one conviction for domestic violence	1	5.5
Party in at least one prior domestic violence order of protection	6	33.3

### Contacts with Service Providers

In addition to formal criminal and civil legal systems, the Team evaluates other known service contacts for both IPV and SA victims and perpetrators.<sup>12</sup>

The most common known contacts for victims were contact with the health care services. The most common contact for perpetrators was the Children, Youth and Families Department, and health care services. The table below shows the distribution of known help seeking and system contacts.

**Known Contacts with Service Providers for IPV and SA Victims and Perpetrators**

	IPV and SA Victims (N = 18)		IPV and SA Perpetrators (N = 18)	
	# of victims	%	# of perpetrators	%
<b>Service Contact History</b>				
Domestic violence related friends and family support	3	16.7	0	0.0
Children, Youth and Families Department	3	16.7	5	27.8
Domestic violence related services	3	16.7	0	0
Health care services	6	33.3	5	27.8
Mental health services	1	5.6	2	11.1
Government services	1	5.6	4	22.2
Sexual assault related services	0	0	0	0.0
Substance abuse treatment program	1	5.6	3	16.7

### Secondary Offenders and Victims

***Individuals outside of the intimate partner relationship are sometimes a party to IPV-related homicide, as either the decedent (a secondary victim) or offender (a secondary offender).*** The Team reviewed seven incidents involving secondary offenders and victims. Two incidents involved secondary offenders who committed an act resulting in homicide. Four incidents involved victims who were not the intimate partner, and one case involved both a secondary offender and secondary victim.

In two of the three cases involving a secondary offender, the secondary offender was the spouse of the surviving intimate partner. In the remaining case, the offender was a close family friend.

Among the five cases involving a secondary victim, one was an on-duty police officer. Two were relatives of the IPV victim, one was the current spouse of the IPV victim, and one was a friend of the IPV victim.

<sup>12</sup> Our identification of known contacts with services outside the criminal and civil justice system is limited. We document known contact from prior court history and investigative documents related to the homicide and other prior interactions with the police or courts.

## Team Recommendations

### Legislation/Policy

**Amend the Children's Code to require that the Children, Youth, and Families Department assess any children present at a homicide for services.** *In the FY2024 review, the Team reviewed several death incidents occurred with minor children present.* Children present at the scene of a homicide can experience incredibly negative developmental effects. The Team strongly recommends that all children who are present at or living in the home where a homicide has occurred be referred to CYFD and receive trauma informed, developmentally appropriate intervention and counseling. Receiving services immediately after a homicide provides an opportunity to break potential intergenerational cycles of violence.

**Create and fund a task force to research, evaluate, and recommend a uniform lethality assessment to be used across all system areas in New Mexico.** *During the FY2024 review, the Team observed multiple cases involving prior IPV incidents; lethality was not adequately assessed.* The Team recognizes that there are multiple tools used to identify lethality risk. They recommend that the legislature create and fund a task force to research and evaluate existing or new lethality tools and issue a recommendation for a uniform lethality assessment tool to be used by New Mexico law enforcement agencies. The tool could also be used by other system areas victims engage with, such as service providers.

### Cross-Cutting Recommendations for Outreach, Training, and Service Provision

**Emphasize efficacy, inclusivity, and equity throughout all training, outreach and service delivery.** Any outreach or training offered should be developmentally, culturally, and linguistically appropriate for the intended audience. All training, outreach, and service provision should be accessible to all persons, and be respectful of and address diverse experiences. When applicable, educational content should be produced in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be trauma-informed, inclusive as well as developmentally, culturally, and linguistically appropriate. That training should be incorporated into continuing policy and procedure.

### Criminal Justice Cross-Cutting

**Improve criminal justice professionals' capacity to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators; ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources in their respective jurisdictions including referrals for children present in the household.** Contacts with the criminal justice system represent opportunities for both prevention and intervention efforts for persons at risk for intimate partner violence. Law enforcement agencies, the courts, and the Department of Corrections should ensure agency personnel have current knowledge of lethality indicators, and the availability of appropriate victim services and offender intervention resources in their respective jurisdictions. Professionals should collaborate with CYFD to strengthen the referral process.

## Law Enforcement

**Provide training to law enforcement officers to ensure timely and appropriate service referrals for victims of intimate partner violence and sexual assault.** *The Team observed*

*inconsistencies in the way law enforcement agencies engaged with survivors following domestic violence incidents.*<sup>13</sup> Law enforcement is the most commonly accessed formal system of intervention for domestic violence in New Mexico. Law enforcement agents provide victims with information on safety planning and community resources. These efforts may be enhanced by increased use of victim advocates on domestic violence calls. To ensure that victims receive the services needed, law enforcement agencies should provide training to officers on locally available victim services, the delivery of information, referrals for victims, and encourage the use of victim advocates in the field.

**Increase capacity of law enforcement agencies to respond to intimate partner and sexual violence by improving the availability of victim centered resources and advocate support.** *The Team observed inconsistencies in the way law enforcement agencies engaged with survivors following a domestic violence incident, including children present at the scene.* Law enforcement agencies are short-staffed, and officers often are called upon to do advocacy work. Developing an advocate workforce may ensure appropriate response while also lessening the workload of officers responding to these incidents of violence. Victim advocates with training on the dynamics of domestic violence should be called to the scene to assist with survivors, victims, and children exposed to violence and their adult

caretakers, when applicable. The role of the advocates is to ensure that all parties are receiving appropriate services by assisting with orders of protection, shelter access, and referrals to other services such as counseling and aftercare. Advocates may also provide a point of contact for victims following the incident and improve victim access and use of services, regardless of whether an arrest occurs.

**Evaluate responses to domestic violence calls and ensure personnel are following best practices models during dispatch, response, and incident documentation; encourage alliances across law enforcement agencies.** *The Native American Committee (NAC) reviewed a case in which a single officer was dispatched to respond to a domestic violence call and was subsequently killed.* The NAC recommends law enforcement agencies evaluate all calls related to domestic violence to improve safety for officers and the community. The evaluation should include a review of policies, procedures, and training for dispatchers and law enforcement. All law enforcement agencies should ensure that their officers are trained to appropriately and safely respond to domestic violence calls. The NAC also recommends strengthening relationships between municipal, county, and state law enforcement agencies and law enforcement agencies on tribal lands. The NAC recommends finding ways to increase cooperation across law enforcement agencies that would allow law enforcement to overcome jurisdictional barriers and increase availability of officers to respond to high-risk situations, including domestic violence.

---

<sup>13</sup> In some cases, law enforcement provided the victim with information, offered assistance, or called an advocate to the scene, but in others they did not. Additionally, there were multiple cases involving children who were exposed to violence and were not provided with referrals for social services.

**Create model policies to improve accountability and quality control measures for the investigation, documentation, and uniform reporting of incidents of violent death by law enforcement agencies statewide.** *The Team noted that in some cases, the law enforcement investigation of domestic violence incidents was insufficient, resulting in a lack of prosecution, delays in prosecution and an escalation of violence, sometimes leading to homicide.* The Team supports the recommendation of the International Association of Chiefs of Police (IACP) who advocate for the creation and implementation of a model policy that includes standardized investigations for all domestic violence related incidents.<sup>14</sup> This includes standardized evidence collection protocols, mandated uniform domestic violence incident reporting forms with a uniform lethality assessment, and the utilization of domestic violence advocates on scene to support survivors. The policies should also include continuing education for law enforcement officers about investigation, emergency orders of protection, summons, warrants, and providing trauma-informed, developmentally appropriate responses to children exposed to violence. Agencies should ensure that senior leadership receives proper training and holds their staff accountable for following best practices in investigation, documentation, and interacting with children on the scene.

**Enhance pre-hire screening, expand post-hire outreach and training, and identify and document patterns of abusive behavior by law enforcement officers.** *The Team observed one case involving a law enforcement officer who perpetrated IPV.* The Team supports adopting the International Association of Chiefs of Police (IACP) model policy for domestic violence by police officers.<sup>15</sup> Key components of IACP's model policy include pre-hire screening, prevention through collaboration with victim advocacy organizations, and ongoing training. Candidates with a history of perpetrating violence or have indicators of abusive tendencies should be screened out of the hiring process. Upon hire, the department should communicate a zero-tolerance policy of domestic violence by officers to the candidate and their families, and engage in periodic outreach about these policies, providing points of contact for assistance, and referrals when applicable. Supervisors should document behavior potentially indicative of domestic violence. This information should be maintained in a database or other tool to facilitate the early identification of risk behaviors. Officers who are identified as high-risk should be confidentially and properly referred for counseling and other support resources outside of the disciplinary process, when possible. Additionally, officers should be required to engage in ongoing training to understand intimate partner violence (IPV), departmental response to IPV, warnings signs of IPV by officers, victim safety, and federal IPV laws. Disciplinary actions should be taken against agencies who fail to report sustained complaints of domestic violence to the Academy Board in Santa Fe.

---

<sup>14</sup>IACP National Law Enforcement Policy Center. (2016). *Domestic Violence Model Policy*.

<https://www.theiacp.org/sites/default/files/2019-04/Domestic%20Violence%20Policy%20-%202019.pdf>

<sup>15</sup> International Association of Chiefs of Police. (2003). *Domestic Violence by Police Officers: Model Policy*.

<https://www.theiacp.org/sites/default/files/all/d-e/DomesticViolencebyPolicePolicy.pdf>

## Courts

**Courts should make available local domestic and sexual violence resource information in clerk's offices. Individuals petitioning for domestic violence orders of protection may not know about the resources available to them.** Local service providers should provide the courts with fliers and other resource materials that can be made available to any individual. The information on resources should be made available in Spanish and other languages commonly used throughout the State.

**Address policy and resource gaps for pre-trial services statewide to improve screening for and addressing substance use and mental health needs.** *72% of cases reviewed during FY2024 involved one or more individuals who had untreated or insufficiently treated substance use or mental health issues, many of whom had one or more prior charges.* Relatively few pretrial monitoring programs exist statewide, with no comprehensive pretrial monitoring system in the magistrate courts and only a handful of counties with programs at the district court level. The pretrial monitoring programs that do exist can serve as a model for statewide expansion. Increasing resources for pretrial services should also include developing tools to evaluate risk factors, such as substance abuse, mental health, and others, for perpetrators of domestic violence who are charged at both the felony and misdemeanor level. This would allow judges to make more informed decisions about pretrial supervision.

**Encourage courts to include screening for substance abuse and mental health needs as part of post-adjudication proceedings.** *During the FY2024 review, the Team noted several cases with individuals who had untreated or insufficiently treated substance use or mental*

*health issues and had prior court involvement.* Addressing substance use and/or mental needs may reduce individual's legal involvement and prevent domestic violence. Judges should order screening for substance abuse, behavioral health, and mental health needs to ensure treatment is ordered as needed.

**Encourage judges to monitor offenders for strict compliance with court-ordered domestic violence treatment programs, substance abuse, and/or mental health treatment both pre- and post-adjudication.** *The Team observed that in at least 5 cases, an individual violated the terms of their probation/parole and there was no indication that they received referrals to get treatment for ongoing domestic violence, substance abuse, or mental health needs.* Domestic violence offender treatment/batterer's intervention is required for persons convicted of certain misdemeanor domestic violence offenses. The Children Youth and Families Department (CYFD) evaluates and approves programs meeting best practice standards. Courts should ensure that offenders are assigned to and completing CYFD approved programs, as well as substance abuse and mental health treatment as needed. Judges should also consider requiring CYFD certified domestic violence offender treatment programs in both felony and misdemeanor cases involving domestic violence, even if the underlying household member charge is dropped. Courts should hold regular compliance hearings to monitor adherence to ordered intervention. The Team also supports the guiding principles from the National Center for State Courts (NCSC), advocating for accessible and effective diversion programs for individuals with behavioral, mental health and substance use needs when appropriate.<sup>16</sup>

---

<sup>16</sup> National Center for State Courts. (2022). *Judges' Guide to Mental Health Diversion*. [https://www.ncsc.org/\\_data/assets/pdf\\_file/0031/85189/Judges-Guide-to-Mental-Health-Diversion.pdf](https://www.ncsc.org/_data/assets/pdf_file/0031/85189/Judges-Guide-to-Mental-Health-Diversion.pdf)

**Offer ongoing training to improve and maintain judicial officers' capacity to engage with victims, children present in the household, and perpetrators of domestic violence in both a trauma-informed and culturally sensitive manner both pre- and post-conviction.** *The Team reviewed several cases where one or both parties were named as victims of domestic violence in prior court cases and there was no indication that they received referrals for services.* The Team suggests that judges engage in training to improve both pre- and post-conviction engagement with victims and perpetrators. This training should provide information not only on safe and appropriate responses to incidents of physical abuse, but also should help judges and hearing officers members identify controlling behaviors, stalking, and other forms of abuse as well as to identify lethality risk. Training should also include providing safe and appropriate responses to assist children who are exposed to violence. Educational content should be produced in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be developmentally, culturally, and linguistically appropriate for the intended audience.

**Expand training and statewide funding for court personnel for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection; encourage the use of an integrated family court system.** *Several cases reviewed in FY2024 included parties with open custody cases at the time of the incident and experienced ongoing domestic abuse.* Both domestic matter and domestic violence civil cases can result in orders related to joint property, child custody, visitation, or the use of services like mediation or family counseling. While divorce and custody cases do not include proving and adjudicating domestic violence, judges in these cases do have the discretion to consider the safety of household members and make recommendations related to screening, counseling, and service referrals. Additionally, both civil and criminal courts can issue stay away orders. The Team recommends that judges and other court personnel engage in training to improve safe and appropriate responses to abuse, and help them to identify controlling behaviors, stalking, and other forms of abuse as well as lethality risk. Training should also include providing safe and appropriate responses to assist children who are exposed to violence. Training may also assist courts in developing policies and procedures to effectively prevent or address conflicting orders and consolidate services. The Team also encourages courts to research implementing a unified family court model, such as the system used in Florida.<sup>17</sup> In that system, one judge is assigned to all matters that affect one family, including dissolution of marriage, custody, domestic violence, and juvenile delinquency proceeding, as well as other matters.

---

<sup>17</sup> Florida Office of Family Courts. (2024). *One Judge/One Family Vs. One Judge/One Team*. <https://www.fljud13.org/Portals/0/Forms/pdfs/UFC.pdf>



## Prosecution

**Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases by creating specialized domestic violence prosecution units within every district attorney's office.** *The Team observed several cases in which prosecutors dropped one or more prior cases involving intimate partner violence or dismissed the charge specifying an offense against a household member.* Although guided by departmental policies, prosecutors have discretion in decisions regarding charging, prosecuting, reducing, and dismissing charges. Charging decisions should be based on thorough investigations regardless of whether victims are available for testimony. Prosecutors may improve victim safety by ensuring victims are notified about charging decisions and collaborating with other agencies to improve investigations. Prosecutors should avoid dismissing domestic violence cases when feasible and avoid plea agreements that result in the dismissal of domestic violence charges; offenses committed against household members should be charged as such. The Team recommends that plea agreements include domestic violence treatment.

**Enhance prosecutor training on intimate partner violence, interviewing victims, evidence-based prosecutions, and identifying risk of lethality in domestic violence and sexual assault cases.** Require prosecutors and all related staff to obtain yearly training and continuing education on the social dynamics of intimate partner violence (IPV), understanding how victims of IPV and sexual assault experience trauma, recognizing lethality risk factors, the availability of community resources for victim support in their respective jurisdictions, as well as domestic violence and the law. District attorneys should also participate and support the participation of their investigators, advocates, and prosecutors in local or regional coordinated community response or multidisciplinary teams as part of these educational efforts.

**Prosecutors should coordinate with victim advocates to facilitate follow-up and case management services for victims after incidents of intimate partner and sexual violence.** Prosecutors are in a unique position to offer survivors of violence resource lists and referrals after incidents of violence. Local district attorney's offices should work with victims' advocates to ensure that victims of crime have access to services. Advocates, especially those in rural areas, should work with victims who would like to file domestic violence orders of protection, seek medical treatment, or seek therapy. These advocates should engage with victims to determine their needs and risks, including assessing lethality risk, and making referrals for services. Additionally, lethality risk information should be relayed to the judge for their consideration when ruling on DVOPs.

## Probation & Parole

**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.** *The Team observed several cases involving an individual who violated the terms of their probation/parole and there was no indication that they received treatment referrals for ongoing domestic violence, substance use, or mental health needs.* Post-conviction contacts represent opportunities for both prevention and intervention efforts for persons at risk for intimate partner violence. The Department of Corrections should ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources in their respective jurisdictions.

**Probation/parole officers should monitor offenders for strict compliance with ordered domestic violence treatment programs, substance use, and/or mental health treatment and report that to the court.** The

Team recommends that probation officers monitor and enforce court-ordered treatment and provide navigation, support, and hold offenders who are not following the treatment protocols accountable. Probation/parole supervisors should ensure that officers are providing notice of non-compliance in a timely and consistent manner to the courts.

**Assess the ability of post-conviction professionals to monitor and supervise caseloads, and where need is indicated, reduce caseloads for post-conviction professionals.** *In*

*at least one case reviewed in FY2024, the offender was on probation and had absconded at the time of the incident.* The Team suspects that ineffective monitoring is at least due in part to understaffing and excessive caseloads. Reduced caseloads may improve violation notifications to the court and provide more comprehensive monitoring for those with violation histories. The Native American Committee (NAC) further recommends increased communication, accountability, and resources for all systems involved in supervising individuals, post-conviction. This includes, but is not limited to, reentry centers, probation and parole, the courts, and law enforcement. They also recommend increased recruitment and funding for probation/parole officers.

### **Victim Services**

**Improve the visibility of intimate partner violence, sexual assault, and trauma-informed grief services among all local stakeholder agencies and the community.** *Among the cases*

*reviewed during FY2024, several involved prior IPV incidents, including some with children present in the household and there was no indication that they received service referrals.* The Team recommends that intimate partner

violence or sexual assault community coordinated response or multidisciplinary teams should include representation from, and communicate with, intervention agencies outside of those directly focused on IPV. Victim services agencies should collaborate with local law enforcement agencies to improve knowledge of services available for referral. Broader knowledge of the available service agencies within a community may help IPV service agencies provide more comprehensive services for victims. The Team also recommends that agencies engage in community outreach. This may occur via K-12 classroom presentations, community fair workshops, and providing IPV related curriculum in higher education. Agencies should encourage community outreach and increase the capacity of advocates to facilitate it. Community outreach should be led by DV service providers and include communication in confidential, nonjudgmental, availability of local services as well as the requirements for qualification of those services. Victim service providers should also ensure that the courts have the most accurate and up to date resources information for survivors.

**Improve access to postvention, grief, and support services for children, their caretakers and other adults who have either witnessed or have been exposed to interpersonal violence.**

*Most cases involved parties with histories of intimate partner violence witnessed by others, including children.* Agencies in all system areas that come into contact with children exposed to both fatal and non-fatal violence should ensure that proper referrals for developmentally, culturally, and linguistically appropriate intervention and counseling are made and that personnel follow up on these referrals when appropriate. Counseling and support resources are also needed for adult persons who are exposed to violence, including those charged with caretaking of surviving children and elders. The Native American Committee also recommends establishing and maintaining partnerships between tribal governments and

service providers. Service providers should provide outreach and education to community members in locations such as community centers and chapter houses. They also recommend increased funding to provide these needed services.

**Identify gaps and leverage existing resources to improve the distribution of and access to domestic violence services, especially in rural areas.**

*The Team observed that many cases reviewed had prior IPV, and some of the reviewed deaths occurred in rural areas of the state. The Team recognizes that additional resources are needed and that those needs and gaps vary by community.* The Team recommends that agencies look for ways to maximize existing resources to improve access to services whenever possible. One strategy may involve establishing or strengthening community-coordinated-response (CCR) or multi-disciplinary teams (MDT) in specific locations to facilitate collaboration between criminal justice and community organizations to include cross-training and joint scene response when responding to incidents. Agencies may also explore creating or expanding domestic violence and sexual assault volunteer training program. The Team also suggests increasing remote service delivery such as telemedicine. The Native American Committee recognizes that telemedicine may not be accessible in some rural and tribal lands. They recommend providing broadband services when appropriate, as well as increasing resources to address IPV. This includes, but is not limited to, increasing the availability of domestic violence shelters that provide wraparound services, promoting the use of the 988 Suicide and Crisis Lifeline to get help, the use of peer support specialists when applicable, and increased funding for these efforts.

**Expand availability and accessibility of safe housing and shelter services for victims of intimate partner violence where it is lacking.**

*The Team reviewed several cases involving victims who were living with the offender due*

*and had a history of housing insecurity.* The Team recommends increasing the availability, accessibility, and funding for emergency, transitional, and temporary housing services for those experiencing intimate partner violence. This includes expanding options such as safe homes, shelters, and both short-term and long-term transitional housing, with a particular focus on rural communities. Additionally, the Team recommends that shelter services accommodate children, non-traditional families, and pets where applicable, and create low barrier access to services. Shelters should provide victim-centered, culturally specific, trauma-informed comprehensive support services that address financial, mental health, and behavioral health needs, as well as safety planning which includes victims' extended family. The Team further recommends that providers evaluate the underlying factors inhibiting individuals from accessing existing shelter and transitional housing and addressing those needs.

**Children, Youth, and Families Department (CYFD)**

**The Children, Youth, and Families Department (CYFD) should improve personnel knowledge and capacity to advocate for and intervene with families in which children are present in homes experiencing domestic violence.** CYFD plays an important role in keeping children safe in New Mexico. In at least three cases, the family had prior involvement with CYFD. CYFD should increase ongoing training for all staff on intimate partner violence, including screening/identification, early intervention, lethality risk, referrals, documentation of coercive control patterns, and the effects of domestic and sexual violence on children. Training should aim to protect children, while avoiding victim blaming. The Team recommends that initial training be followed up with ongoing education and supervision and that agencies maintain intensive and prolonged contact with families experiencing domestic or sexual

violence, as appropriate. The Team recommends that CYFD assess and improve current child custody and monitoring practices.

**Initiate and facilitate collaboration with local community stakeholders to provide pathways to CYFD prevention services.** *In at least two cases reviewed during FY2024, law enforcement had responded to prior instances of domestic violence where children were present and were not referred to CYFD and in some cases, a child was present during the homicide.* The Team recommends that CYFD collaborate with local schools, law enforcement agencies, victim service providers and others who have contact with children to strengthen referrals, empowering these groups to report when a child has been exposed to violence. CYFD agents should follow up with a victim and child-centered approach that provides families with autonomy. CYFD should increase appropriate Child Advocacy Center involvement to enhance their capacity to conduct interviews. The Team also recommends that CYFD offer counseling and intervention services to children present in the household. Services should be trauma informed and developmentally, culturally, and linguistically appropriate.

**Identify and respond to the needs of justice-involved youth and their families upon entry into the juvenile justice system and provide ongoing assistance.** *The Team reviewed several cases in FY2024 in which one or both parties had early involvement with the juvenile justice system and had needs that were left unmet.* The Team recommends that agencies within the juvenile justice system better screen juveniles and their families upon entry, ensuring proper referrals for developmentally, culturally, and linguistically appropriate intervention and counseling. The Native American Committee (NAC) recommends comprehensive psychosocial screening to include measures for serious mental illness (SMI) when a child first encounters the juvenile justice system. Referrals should be comprehensive and include substance abuse treatment, violence intervention, and

mental health supports, as appropriate. Agency actors must follow up on these referrals to ensure effective support. The Team also recommends CYFD's Juvenile Justice Advisory Committee (JJAC) identify and implement effective, evidence-based early intervention programs for juveniles on probation as well as treatment-focused intervention for incarcerated juveniles. Program curriculum should include tools to prevent intimate partner violence/domestic violence and maintain healthy relationships. These programs should be developed in collaboration with teens and professionals in domestic and sexual violence advocacy and service provision, ensuring they are developmentally, culturally, and linguistically appropriate.

#### **Medical, Mental, and Behavioral Health Care Services**

**Identify, inventory, and leverage existing resources to eliminate barriers to mental health and substance abuse services in the state, especially in rural communities.** *Among the cases reviewed in FY2024, 72% involved at least one individual who had known substance use and 50% involved at least one individual with mental health needs.* The Team recognizes the need for additional trauma informed, long-term, and holistic services in urban, tribal, and rural areas. The Team recommends that providers assess current treatment practices and adopt evidence-based, developmentally, culturally, and linguistically appropriate and holistic treatment for all those who need it; this includes, but is not limited to, teens and young adults, military veterans and active personnel and their families, law enforcement officers, Native American populations, people who lack adjudicative competency, and people with serious mental illness (SMI). The Team also recommends that providers work to improve both visibility and accessibility of existing services. The Native American Committee (NAC) recommends improved availability of and access to mental health and substance use services

that are developmentally, culturally, and linguistically appropriate for tribally affiliated individuals; agencies should allocate funds for these services. The NAC also recommends promoting the use of the 988 Suicide and Crisis Lifeline to get help and the use of peer support specialists when applicable.

**Improve and coordinate follow-up and case management with individuals who seek medical, mental, or behavioral health treatment, particularly in rural areas.** *In several cases reviewed in FY2024, one or more individuals involved needed mental or behavioral health services but did not receive them. This includes children present during the homicide or prior domestic violence, individuals with competency issues, military personnel, law enforcement, and individuals with chronic illnesses.* The Team recognizes that there is a shortage of services in all of these areas throughout the state and that when these services exist, coordination may be lacking. Coordination of services can ensure that individuals are accessing and adhering to the services they need, including long-term services. Coordinated case management also gives more opportunities for providers to screen their patients for IPV, lethality risk, and identify other needs, such as family counseling, grief services, substance abuse treatment and primary prevention. The Team recommends - training for service providers in each of these areas. Service providers should consider the developmental-level, mental health status, and competency of patients when making referrals. The Native American Committee (NAC) recommends referrals be made by Native American providers, where possible. The NAC further recommend establishing and maintaining partnerships between tribal governments and service providers. Service providers should provide outreach and education to community members in locations such as community centers and chapter houses. The NAC also recommends that agencies seek and allocate funds to provide these needed services.

**Assess and adjust service provision policies to ensure effective and evidence-based support tailored to community needs.** *The Team reviewed some cases during FY2024 in which at least one of the individuals involved were provided with medical, mental health, or behavioral services, but there did not appear to be observable changes in the trajectories of their behavior/lives.* The Team recommends service providers assess their current policies, procedures, practices, and training to ensure efficacious services provision. This assessment should review current practices to determine if they are evidence-based, data-driven, and culturally informed. This assessment should also consider the needs of the sub-populations served and adjust practices to fit the needs of those populations. The Team supports the use of peer support groups as well as hiring staff with lived experience, when applicable.

**Encourage medical providers to follow best practices to address patient safety risk through screening during intake, intervention, and departure from services.** The Team recommends that medical providers evaluate their responses to instances of patient safety risk and ensure personnel are following evidence-based best practices models throughout service delivery. Best practices models are evidence-based, data-driven, and developmentally, culturally, and linguistically appropriate. Recognizing that medical providers currently screen for intimate partner violence, the Team suggests adding screenings for substance abuse, traumatic brain injury, and lethality assessments, particularly for those with chronic illnesses or pain. Screening for intimate partner violence should take place only when the patient is alone. The Team suggests that medical providers adopt a model to ensure strategic crisis response to all cases where there is an indicated risk of IPV. Medical practitioners should receive updated information and training on adopted models. Additionally, the Team recommends the use of victim advocates and the Sexual Assault Nurse Examiner Program

(SANE), when possible, to aid in the response to patients experiencing IPV.

### **Cross-Cutting Recommendations for the Community**

**Improve universal awareness and recognition of intimate partner violence to change the climate of IPV tolerance.** *The Team observed multiple cases involving prior IPV incidents and friends or family members did not recognize the actions as IPV or may have not detected the lethality risk.* The Team recommends expanding public education to improve the recognition of intimate partner violence (IPV). This includes raising awareness about warning signs, lethality risk factors, safety planning, and how to discuss violent relationships. Prevention advocates should coordinate local resources and a broad set of stakeholders to develop community capacity to engage in IPV prevention. The target audience should be broad, incorporating inclusive messaging for children, parents, organizations, and adults, and should include education on male victimization and engaging men as allies. Professionals in domestic and sexual violence advocacy should develop and provide curricula in public schools on dating violence and sexual assault. The Native American Committee (NAC) recommends beginning prevention efforts at an early age and to address topics such as preventing violence, mental health, bullying, establishing boundaries, and sharing/seeking help for problems. They also recommend statewide training on Adverse Childhood Experiences (ACEs) and enhancing the knowledge, skills, and abilities of caretakers. Educational content should be developed with professionals in domestic and sexual violence advocacy and be developmentally, culturally, and linguistically appropriate, tailored to local communities, and widely shared.

### **Increase public outreach efforts regarding how and when to report witnessed incidents of intimate partner violence and sexual assault.**

*The Team reviewed several cases involving friends, family, or community members who were aware of prior abuse and did not intervene or report it.* 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 bystanders. Bystanders include individuals who observe or learn about the abuse without being directly involved; they can play a key role in addressing the situation. Bystander safety efforts should address response to the disclosure and witnessing of domestic violence, as well as awareness of and reporting lethality risk. Service providers can support these efforts by increasing the visibility of services and resources in their communities and empowering community members to find help through the systems available to them. Outreach efforts may include community workshops, workplace training, public service announcements, social media and other outlets. Efforts should be inclusive and designed for local communities. Efforts should also be developmentally, culturally, and linguistically appropriate for targeted audiences.

### **Improve access to social and legal resources for teen parents throughout the state and improve awareness and recognition of teen dating violence.**

*The Team observed several cases where one or both parties had been teen parents and, in at least one case, there was a history of teen IPV.* The Team recognizes the need to improve access to social and legal resources for teen parents statewide. Inter-agency collaboration should enhance educational, social, and legal support for teen parents, including the expansion of GRADS (Graduation Reality and Dual-role Skills) sites in high schools. These programs support graduation and provide education on child development, parenting skills, and teen dating violence awareness, linking teen parents to

community resources for navigating co-parenting and relationship conflict. Education initiatives should extend beyond schools and have a broad community reach, targeting teens, parents, school personnel, persons working in youth serving organizations, and adults in the community at large. Outreach activities should consciously target teen parents who have graduated or dropped out of school, ensuring they receive necessary services and support before violence occurs.





**For more information or for additional copies, please contact:**

**Intimate Partner Violence Death Review Team**

**New Mexico Statistical Analysis Center  
Institute for Social Research  
University of New Mexico  
Building 085  
400 Cornell NE  
Albuquerque, New Mexico 87106  
[nmsac@unm.edu](mailto:nmsac@unm.edu)  
505-277-0829**

**<https://isr.unm.edu/centers/new-mexico-statistical-analysis-center/ipvdrt/index.html>**



New Mexico Statistical Analysis Center

