



Getting away with murder

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

Getting away with murder

A Report of

The New Mexico Female Intimate Partner Violence Death Review Team

Investigators

Lenora M. Olson

Cameron S. Crandall

Center for Injury Prevention Research and Education

Department of Emergency Medicine

School of Medicine

University of New Mexico

David Broudy

Office of the Medical Investigator

School of Medicine

University of New Mexico

Project Staff

Connie Monahan, Project Coordinator

Lori Zink, Medical Student

Greg Payne, Emergency Medicine Resident

Center for Injury Prevention Research and Education

Department of Emergency Medicine

School of Medicine

University of New Mexico

©1998, Second Printing 1999.

Executive Summary

This report summarizes the work of the New Mexico Female Intimate Partner Violence Death Review Team which was funded by a subgrant of the STOP Violence Against Women Act (VAWA) administered by the New Mexico Crime Victims Reparation Commission. The multi-disciplinary review team met every month for one year to review the deaths of women who were killed by a former or current male intimate partner. The University of New Mexico's Department of Emergency Medicine and the New Mexico Office of the Medical Investigator (OMI) were the lead agencies for this project. Twenty additional agencies, representing state and local government, courts, law enforcement, community organization and support programs, and private citizens participated and contributed to this project.

The project detailed in the following report focuses on the period 1993–1996. The Review Team identified 129 female homicides using New Mexico OMI autopsy records and determined that 46 (36%) involved a former or current male intimate partner. Of the 46 women, the average age was 37.5 years, and approximately 59% of the women were Hispanic, 26% were Anglo, 11% were American Indian, and 4% were African American. Over half of the women had evidence of previous injury on autopsy. Two of the women were pregnant at the time of their death. In half the cases, children either witnessed or were present during the homicide. The majority (63%) of women died from firearm injuries. Half (48%) of the homicides occurred in the woman's home; four women (9%) were killed at their work place. Of those cases that were closed with sentence and judgment, one-third of the perpetrators received life imprisonment; otherwise, the average sentence for intimate partner homicide was 7 years.

The medical investigator descriptions provide chilling details of how these women were killed. For example: Barbara (not her real name) was a 26-year-old Hispanic woman with two children, ages 5 years and 6 years. Her boyfriend reportedly "hit her all the time." Barbara apparently never took refuge in a domestic violence shelter nor requested an order of protection. The local police had been previously called to her home and had charged her boyfriend with domestic violence. Barbara had previous charges of disorderly conduct, assault, and vandalism. Barbara's six-year-old son told police that his mom and her boyfriend had been fighting in the backyard the morning her boyfriend shot her once in the chest. Barbara had purchased the gun to protect herself. At her autopsy, pathologists found evidence of bruises in the shape of a hand. Barbara's boyfriend pled no contest to Second Degree murder, and was sentenced to 16 years in prison.

While there were many incidents where women accessed protective services and were known to service providers, we encountered other cases where the systems involved with protecting women and their families did not work optimally. The discussion of the deaths was emotional for team members. All of the deaths were tragic; many were gruesome. Each review highlighted areas for improvement. Many times, team members said "This women might be alive today, if only... ." This report presents the findings of our review team meetings. It concludes with a systematic examination of system failures and presents recommendations for change. Team members felt strongly that the deaths of the women we reviewed should not be in vain—that the review of their deaths would lead to recommendations and prevention strategies to bring changes to our legal, law enforcement, health care and service systems.

Selected System Failures

- The medical system failures included lack of recognition and documentation of intimate partner violence as well as inadequate mental health and substance abuse services for both the women and the perpetrators.
- The social service system failures included lack of appropriate services, such as shelters, especially in rural areas, and inadequate information for victims on how to obtain orders of protection.
- The prosecution and judicial system failures included juvenile court leniency and a lack of mandated or uniform penalties for intimate partner homicide. Also, prosecutors are not equipped with sufficient knowledge to respond to this crime.

Selected Recommendations

- Train police on the importance of reporting and investigating intimate partner violence.
- Implement standardized protocols for responding when orders of protection are violated.
- Train health care providers to recognize intimate partner abuse.
- Increase the availability of mental health and substance abuse counseling and interventions within the health care system, at shelters, and through victim advocate services.
- Encourage the judicial system to standardize the orders of protection, the reporting system, and penalties that are commensurate with the severity of the offense.
- Implement a statewide centralized reporting system to document and track orders of protection and prior histories of intimate partner violence.
- Require education for judges and district attorneys on responding to intimate partner violence, including the dynamics of intimate partner violence, prosecution, and judicial strategies.
- Train pre-hospital emergency responders to recognize and report intimate partner violence; emergency medical responders may be the only link to the health system, especially in rural areas.
- Develop, fund, and implement counseling and intervention services for children who witness intimate partner violence.
- Support and expand the presence of victim advocates to provide immediate, caring, and consistent intervention.
- Raise awareness among employers about the importance of safety plans in the work environment and provide training to institute work-based, anti-violence policies.

Conclusion

Intimate partner violence is a major public health, social, and criminal justice problem in New Mexico. Every year in our state alone, approximately 12 women are killed by a former or current male intimate partner. Our review identifies some of the obstacles these women may have encountered and highlights possible solutions to improve services as well as prevent future violence and deaths. The issue of intimate partner violence deserves our serious attention. We must continue the death review team. If we are to make a change for tomorrow, we must start today in implementing these recommendations.

ACKNOWLEDGMENT and APPRECIATION

The efforts of the Violence Against Women Act's (VAWA) Female Homicide Review could not have been possible without the support from these participating agencies. In addition to acknowledging the agencies listed, we would like to extend our sincerest appreciation to the individuals who gave their time and active involvement toward making the review process a success. While our Monday morning meetings were a sobering way to start the work week, the energy and commitment from all the members was rewarding throughout the project period. Thank you.

Albuquerque Police Department
Bernalillo County Sheriff's Office
Indian Health Service
Indian Pueblo Legal Services
Judicial District Attorney's Offices for all thirteen Districts
Morningstar House
New Mexico Coalition Against Domestic Violence
New Mexico Coalition of Sexual Assault Programs
New Mexico Crime Victims Reparation Commission
New Mexico Department of Health, Family Health Bureau
New Mexico Department of Health, Injury Prevention and EMS Bureau
New Mexico Department of Health, Public Health Division, District I
New Mexico Department of Public Safety
New Mexico District Attorneys
Victim Advocate Programs, New Mexico District Attorneys' Offices
New Mexico Domestic Violence Legal Helpline
Office of the Attorney General
Office of the Medical Investigator
Private Attorneys at Law
Resources, Inc.
Second Judicial District Court
Survivors of Domestic Violence
UNM Department of Emergency Medicine
UNM Department of Psychiatry
Women's Community Association

The success of this effort was based entirely on agencies' willingness to share information and we want to gratefully acknowledge the data that were provided by members, especially: Sandy Dietz and Viola Torrez, of the Second Judicial District Attorney's Office; Kathryn Chaney of the Women's Community Association; David Lynch of Albuquerque Police Department's Records Division; the New Mexico Chiefs of Police Association; and all the victim advocates and private attorneys. In addition, certain members attended each and every meeting, offering insightful comments and energy, and we would like to extend our warmest thanks to: David Sklar, Deb Boehme, Nan Nash, Debra Seeley, Sally Severino, Grace Barreras, Sandra Gardner, and Pam Gonzales. Together, we approached the difficult issues of intimate partner violence with an eye toward solutions and improved services for New Mexicans.

The investigators and team members wish to give special thanks to Connie Monahan, project coordinator. This project would not have succeeded without her enthusiasm and tireless effort.

A STOP Violence Against Women Act subgrant award, administered by the New Mexico Crime Victims Reparation Commission, partially funded this project. The Injury Prevention and Emergency Medical Services Bureau (IPEMSB) partially funded the second printing of this document.

Table of Contents

Executive Summary	2
Acknowledgments	4
Statement of the Problem	6
Goals of the Death Review Team	6
Getting the Team Started	7
Information Gathering Process	8
Select Case Synopses	9
Findings	13
Risk Factors	18
Family Stressors	18
Separation Issues	18
Law Enforcement	18
Health Issues	18
Perpetrator Issues	18
System Failures and Recommendations	19
Law Enforcement	19
<i>Failures</i>	19
<i>Recommendation</i>	19
Legal, Prosecution, and Judicial	20
<i>Failures</i>	20
<i>Recommendations</i>	20
Health Care Services	21
<i>Failures</i>	21
<i>Recommendations</i>	21
Intervention Services	21
<i>Failures</i>	21
<i>Recommendations</i>	21
Prevention, Advocacy, and Awareness	22
Conclusion	23
Suggested Reading	24
Appendices	
Appendix A Confidentiality Form	25
Appendix B Data Collection Form	26
Appendix C All Case Synopses	30

Statement of the Problem

Intimate partner violence is recognized as a serious public health problem. Every year in the United States approximately two million women report that they are severely beaten by their male intimate partners. Previous studies conducted in New Mexico show that intimate partner violence is a serious threat to the women in our state: approximately half of female homicides in our state were perpetrated by a former or current intimate partner of the decedent. As a result of these startling statistics, we applied to and received funds from the STOP Violence Against Women Act (VAWA) Formula Grant, administered by the New Mexico Crime Victims Reparation Commission, to develop and implement an intimate partner violence death review team.

The New Mexico Intimate Partner Violence Death Review Team was based on the model used by Child Fatality Review Teams. Child Fatality Review Teams around the country review preventable child deaths with a multi-agency approach. The goals of the Child Fatality Review Teams are to identify the possible causes of these deaths, identify and correct system failures, and develop strategies and recommendations to prevent future deaths.

We used the same model in the investigation of female homicide deaths where the alleged perpetrator was a former or current male intimate partner. We used statewide medical examiner data from 1993–1996 as our starting point. Our multi-agency team met monthly to review the deaths of women who had been killed by a former or current intimate partner. During our review, we were able to reconstruct part of each women's history and the events that caused her death. Women from all walks of life were represented in our case reviews, as intimate partner violence affects families from all socioeconomic and ethnic groups.

The discussion of these deaths was emotional for team members, and often seemed to bring the decedents back to life. All of the deaths were tragic; many were gruesome. Some were familiar or known to team members. Each review highlighted areas for improvement. Many times we said, "This woman might be alive today, if only..." Team members felt strongly that the deaths of these women should not be in vain—that the review of their deaths would lead to recommendations and prevention strategies to bring changes to our health care, legal, and law enforcement systems.

Goals of the Death Review Team

The team goals included:

1. ensuring that deaths from intimate partner violence and abuse were recognized;
2. ensuring that appropriate agencies were involved in developing recommendations for prevention and intervention initiatives to reduce the incidence of intimate partner violence;
3. focusing on improving the systems and services that respond to battered women and their families;
and,
4. continuing the process of identification and review of cases.

We developed a procedure that can be used by other states for our review team.

1. **Identify a convening or lead agency to be responsible for housing the team, sending out notices, gathering information, and generating reports.** In the case of the New Mexico team, the agency was the University of New Mexico Department of Emergency Medicine's Center for Injury Prevention Research and Education (CIPRE).
2. **Identify agencies and request that those agencies identify individuals as representatives to participate in the reviews.** Because the treatment and prevention of intimate partner violence cross-cuts many agencies and individuals, we included a broad range of participants including medical personnel, victim services providers, law enforcement officers, legal service providers, survivors of intimate partner violence, health agency representatives, and others.
3. **Require everyone to sign confidentiality agreements.** We developed a confidentiality form (Appendix A) with the aid of UNM's legal department and several attorneys who were members of our team. All team members signed this form which was kept on file. Confidentiality was raised at the beginning of each review meeting.
4. **Determine the goals and purposes of the team.** Our goals are described above.
5. **Develop a procedure and criteria for identifying reports of homicides and suicides and whether intimate partner violence was a factor in the death.** We began by reviewing all female deaths determined by the medical examiner to be a homicide death. We then reviewed each homicide case to ascertain if the alleged perpetrator was a current or former male intimate partner. We developed a standard form (Appendix B) that was used to abstract information for each case. The form included information on demographics of the decedent, method of homicide (*e.g.*, firearm, stabbing), location of death, information from police, shelter services, and information about the perpetrator.
6. **Select cases for review.** Based on our criteria, we identified all cases for the four-year time period that would be reviewed. For each meeting, we selected cases for review based on the geographic location of the death. We found that our monthly review of cases by geographic location was most efficient: often one shelter would serve several counties or one victim advocate was responsible for several counties.
7. **Develop a uniform procedure for obtaining information from multiple agencies.** Many of the agencies that were part of the team did not have computerized records. We developed several methods to gather information. For shelter and court restraining order information, we sent a confidential letter to the director of the shelter and to the court clerk with the names of the decedents, their birth dates, and dates of death. For the police information, we were most successful when we made telephone contact with the detective who had handled the case. We then interviewed these individuals over the phone to obtain the information we needed.
8. **Encourage each agency to report on their own findings.** We asked the team members who were responsible for their agency's information to report on their findings. If they could not attend the meeting, a member of the lead agency would report the findings. We provided mileage and travel support for outlying agencies to attend. Using a geographic focus for the review of cases facilitated this process.

9. **Develop a protocol for the discussion of each case at the team meeting.** Using the form found in Appendix B, we began each case by reviewing the findings from the medical examiner files. Information from the other agencies was discussed as we encountered it in the form. Once all information had been reported, the team discussed the at-risk identifiers (*e.g.*, alcohol/drug abuse, separation, prior history of abuse) and system interventions or failures (*e.g.*, lack of recognition/intervention by law enforcement or medical providers, lack of legal services, limited access to services) for each case. We also identified what could have been done to prevent the death and made recommendations to improve the delivery of services. We were able to discuss approximately four to five cases during our monthly two-hour meetings.
10. **Designate a recorder to summarize all information and findings from the review process.** One member of the lead agency recorded all comments and recommendations for each case to ensure consistency.
11. **Decide upon the level of information that can be released to the public.** We wanted to protect the confidentiality of the decedents and their families. As a result, we reported information in the aggregate and were careful with what information we released for press conferences and other venues for raising awareness.
12. **Develop recommendations and reports for release to the public, media, and involved agencies.** The following report outlines key points and recommendations as discussed by the members of the Intimate Partner Violence Death Review Team.

These steps adapted from Bowman (1997).

Information Gathering Process

We used state medical examiner data as our starting point. As a result, we only reviewed deaths that had been reported to and certified by the medical examiner as homicide. We did not include cases that the medical examiner classified as undetermined. Also, not all cases of homicide are reported to the medical examiner. Deaths that occur on federal land such as American Indian reservations and military bases are not necessarily reported to the state medical examiner. As a result, it is possible that American Indian deaths and others occurring on federal lands were underreported in our reviews. We did not look at homicides for females under the age of 15 years.

We read through every case of female homicide to ascertain the perpetrator. If the perpetrator of the homicide was identified as a current or former male intimate partner, that case was reviewed by our team. If we could not identify the perpetrator or if the perpetrator was a non-intimate family member, we did not review that case. We did not review cases if the perpetrator was identified as a female or same-gender intimate partner.

Our state does not have a centralized reporting system for law enforcement data, orders of protection, or shelter use. While we included information from these sources, the level of information may not be complete. For example, we contacted the police department in the jurisdiction in which the woman was killed. However, either the decedent or the perpetrator may have lived in other jurisdictions before her death. We encountered similar limitations when we tried to determine the use of orders of protection. Information on whether the decedent had used domestic violence shelters was limited; many times the shelter personnel

had to look through records manually. If the woman had used an alias, she might not have been identified. Information about either the victim's or the perpetrator's history of a mental health illness was also very limited.

The level of information obtained for each case varied. While several urban areas of our state have multiple services with computerized, cross-referenced, and detailed databases, information obtained from rural areas was more informal but also more personal. For example, the district attorney's office in one county had burned down and the information obtained was based on memory. In one small community, the victim advocate from the district attorney's office was related to the decedent.

One notable absence of information involved the children who witnessed the homicide. Members continually wondered about follow-up services: Had the children received counseling? Did the schools have information that would add to the case? After the death of the mother and incarceration of the perpetrator, what happened to the children?

Last, our ability to gather information on the perpetrator was limited. Often, we did not know the perpetrator's name. When we did know the name, the available data were often limited. For instance, we were not always able to obtain information on the perpetrator's prior criminal history. Some histories were incomplete; in one case, the perpetrator had a prior felony but we did not know for what reason. Comparable to issues of jurisdiction identified for the decedent, the information on the perpetrator was limited to the county where the death had occurred. While we obtained information on the perpetrator's sentence and judgment, we did not obtain information on parole and members were frustrated knowing that the actual sentences served were probably less than the sentences given. Finally and repeatedly, members were frustrated with the lack of information on the perpetrator's blood alcohol level: even when arrested on scene, blood alcohol levels were not obtained for the perpetrator.

Throughout the review process and within this report, our reference to perpetrators included both alleged and convicted. Several cases we reviewed were open and still under investigation; several homicide cases did not have enough evidence for legal closure.

Despite these limitations, we were able to gather information and review each death. Our discussions led to discoveries regarding risk factors for women and their families as well as system failures. For each failure identified, we discussed a solution. The solutions and recommendations are found at the end of this report. In the end, the stories of the women who died speak for themselves.

Select Case Synopses

On the next three pages we have selected seven of the cases reviewed by the team to convey the personal stories of the women who were killed. We have used fictitious names. The term perpetrators refers to alleged or convicted. The cases reflect women from a wide range of social, economic, ethnic, and age groups. We hope that these stories give a dimension to the lives of women who are killed by their intimate partners. These women are not just statistics: they were once alive, and they are the basis for our recommendations. (A complete list of case synopses can be found in Appendix C).

Following each of the selected cases, we have highlighted system failures and list a few recommendations toward future interventions.

Select Case Synopses

Anne was 35-years old and lived with her two small children when she was killed. She had been separated from her husband for two months and had an order of protection against him. While it does not appear that Anne used the local domestic violence shelter, she did make two calls to local police that resulted in her husband being charged with domestic violence. One night around eight o'clock, she and her 8-year-old daughter were watching television and preparing dinner when her husband approached the house from outside. He raised a .12 gauge shotgun and fired once through a sliding glass window, hitting Anne in the back and killing her. Her daughter witnessed the killing. Anne showed signs of previous injury in the form of multiple bruises of various ages present at the time of death. Anne's husband pled no contest to First Degree murder, tampering with evidence, and child abuse. He was sentenced to life imprisonment.

System failures: Lack of centralized system documenting prior intimate partner violence and violations of orders of protection; lack of documentation of previous medical injuries, lack of information on threat assessment for woman.

Patricia was a 23-year-old Hispanic woman with three small children: an infant, a four-year-old and a six-year-old. The infant had brain damage thought to be due to being shaken by her father—Patricia's boyfriend. Patricia and her boyfriend had recently separated. Patricia had two orders of protection. The first was dismissed; the second had been violated. According to Patricia's mother, Patricia used the order of protection as a way to get her boyfriend to leave when fights started. According to the mother, he consistently beat Patricia. Patricia had used the local domestic violence shelter. Police had four domestic violence/family dispute calls to Patricia's house, only one of which resulted in arrest. Police also had records that the boyfriend had been arrested for battery against a previous girlfriend. Weeks before her death, Patricia's mother had arranged to have Patricia's brother live with his sister for safety. One afternoon, Patricia's boyfriend came by her apartment; she told him to leave. She and her brother tried to gather up the children and leave. Her boyfriend went to his truck and then came back with his gun. Patricia was heading out her back door with her infant in her arms when her boyfriend shot her three times in the back, once in the arm, and once in the head. Her brother was also shot in the back. A neighbor called 911. EMS arrived and transported Patricia and her brother to a local medical center. Patricia died. Her brother survived and is now paraplegic. Patricia's toxicology was positive for alcohol and cocaine. Her boyfriend was charged with First Degree murder, child abuse, and attempted First Degree murder. He was sentenced to life imprisonment plus nine years for firearm enhancement.

System failures: Lack of a statewide centralized reporting system to document and track orders of protection and prior histories of intimate partner violence; lack of an earlier identification and intervention of perpetrator; lack of identification and intervention for the children who witness family violence; lack of intervention strategies for other family members who recognize intimate partner violence is occurring.

Recommendations:

Require law enforcement to provide notice to issuing civil court when there is a violation of order of protection; implement a statewide centralized reporting system to document and track orders of protection and prior history of intimate partner violence; standardize medical protocols for documenting injuries from intimate partner violence.

Recommendations:

Implement a statewide centralized reporting system to document and track orders of protection and prior histories of intimate partner violence; train law enforcement in responding to intimate partner violence; promote an earlier identification and intervention of perpetrator; enhance efforts to facilitate the legal process for the victim; provide information and strategies for family and community members to respond to cases of intimate partner violence; provide intervention services for children who witness family violence.

Cathy was a 27-year-old Hispanic woman. She had been married for ten years and had two children. She had been involved in some verbal altercations with her husband but no one knew of any physical altercations. It was suggested that she was about to terminate the marriage, may have had a boyfriend, and was in the process of moving out. One night around midnight, she came home from a night of bingo with friends. She entered the house through the laundry room and was immediately attacked by her husband with a baseball bat. He chased her through the laundry room and into the living room hitting her on the head, arms, right leg, and left foot. Blood was spattered on the floor, walls, and furniture of both rooms. He knocked her down in the living room and then strangled her with the collar of her sweater. Both children were in the house during the homicide. Barbara had no signs of previous injury at the time of death; her toxicology was positive for alcohol. There was no indication that she had used a shelter or obtained an order of protection. Local police reported no calls to the house. Cathy's husband pled an Alford plea and was sentenced to 2 years imprisonment and referral for anger management. He is currently prohibited from seeing his children. The children were referred for counseling.

System failures: Lack of consistency or standardization in prosecution and sentencing.

Gloria was a 34-year-old Hispanic woman. She lived with her two young sons, 8 and 10 years old. Police had a prior record of three assaults against Gloria; her husband was arrested for each. He also had a prior arrest for trafficking in cocaine. Gloria had used the local domestic violence shelter. She and her husband had been separated for two months, and she had an order of protection against him. She had gotten her own place and had started college in a nearby town. She was at home with her two sons when her husband showed up one morning. He grabbed a mesquite root from the front yard and beat her head, saying, "So you think I'm crazy." Her 10-year-old son tried to pull him off of her and was thrown across the room. The young boy then ran to a neighbor's to call 911. The husband left before EMS responded and transported Gloria to a local emergency room. She had both eyes black and swollen, both sides of her face swollen, her left hand swollen and blue, and several gashes on her head. She had two skull fractures, multiple contusions to her brain, bleeding within her skull, two rib fractures, and broken bones in her left hand. She died in the Emergency Department. Meanwhile, her husband went to his parents' home and later called an ambulance for himself complaining of a headache and a possible overdose on an antidepressant medication. He was tried, found guilty of First Degree murder, and was sentenced to life imprisonment.

System failures: Lack of centralized system documenting police response to intimate partner calls and previous domestic violence charges; lack of vigor and consistency by law enforcement in responding; lack of systematic approach to intervention services once the woman has entered the system; lack of intervention for children who witness family violence.

Recommendations:

Standardize penalties commensurate with severity of crime, especially for first-time offense by perpetrator.

Recommendations:

Require law enforcement to provide notice to the issuing civil court when there is a violation of orders of protection; implement a statewide centralized reporting system to document and track orders of protection and prior histories of intimate partner violence; train law enforcement on responding to intimate partner violence; promote an earlier identification and intervention treatment for the perpetrator.

Rosa was a 43-year-old American Indian woman. According to her adult daughter, Rosa and her boyfriend had been having domestic problems and as a result, separated. While there is no indication that she accessed her local domestic violence shelter, Rosa had obtained an order of protection the day before her death. Rosa worked as a maid in a local motel. Late one morning, she was exiting one of the motel rooms when her ex-boyfriend accosted her. He grabbed her and put his arm around her, stabbing her nine times in the chest. A witness called 911. Paramedics arrived and transported her to a local emergency department where she was pronounced dead. She had evidence of previous injuries in the form of multiple bruises of varying ages. Her ex-boyfriend was charged with premeditated murder and sentenced to life imprisonment.

System failures: Lack of centralized system documenting prior intimate partner violence and violations of orders of protection; lack of information on threat assessment for women; lack of awareness among employers about safety plans in the work environment.

At 52 years of age, **Veronica** remembered dating Ralph twice, twenty-five years earlier when they both were in college. Veronica, meanwhile, had married and had two children. Within the previous few years, Veronica noticed Ralph watching and following her at home and work. Veronica took initiative and had a restraining order issued against Ralph. At one point, Ralph was arrested for harassment. One afternoon, three months after the arrest, Ralph approached Veronica in a grocery store parking lot, shooting her in the head and chest and then turning the gun on himself. Both were dead at the scene.

System failures: Lack of centralized system documenting prior intimate partner violence and violations of orders of protection; lack of information on threat assessment for woman; lack of education and training among legal professionals; lack of consistency in prosecution and sentencing.

Barbara was a 26-year-old Hispanic woman with two children, ages 5 and 6. She had a boyfriend who reportedly "hit her all the time." It does not appear that Barbara used a domestic violence shelter or sought an order of protection. The local police had been called once to her house and charged her boyfriend with domestic violence. She had prior police charges for disorderly conduct, aggravated assault, and vandalism. She had recently purchased a gun. Her boyfriend shot her with that gun; both children were home. Her 6 year-old son told police that mom and her boyfriend had been "fighting" in the back yard, and then he shot her. Barbara was shot once in the chest at distant range. She had signs of previous injuries in the form of contusions and abrasions, including a bruise that looked like three adjacent fingers on a hand. Her boyfriend pled no contest to Second Degree murder plus firearm enhancement. He was sentenced to 16 years in prison.

System failures: Lack of centralized system documenting police response to intimate partner calls; lack of documentation on previous medical injuries; lack of consistency in prosecution and sentencing.

Recommendations:

Implement a statewide centralized reporting system to track orders of protection; provide information on threat assessment for women who obtain an order of protection; conduct public awareness campaign for employers to establish a work-safety

Recommendations:

Enhance feedback among law enforcement, district attorneys, courts, and victim advocates; support law enforcement's continued investigation of intimate partner homicides even in those cases where the perpetrator commits suicide; enhance efforts to facilitate the legal process with a sensitivity for the victim.

Recommendations:

Implement a statewide centralized reporting system to document prior police responses for intimate partner violence; standardize medical protocols for documenting injuries from intimate partner violence; standardize penalties commensurate with severity of crime; conduct public awareness campaign about firearms in the home as a risk for intimate partner violence.

We identified a total number of 129 female homicides in New Mexico from 1993–1996. Of these, 46 (36%) involved an intimate partner and 83 (64%) involved a non-intimate or unknown perpetrator. The 46 cases that were known to be intimate partner homicides were examined in greater detail through the homicide death review team. Our findings are reported below:

Table 1. Characteristics of the women and men.

	Women		Men	
Age (average, in years)	37.5		42.7	
Race				
Hispanic	27	59%	14	30%
Anglo	12	26%	11	24%
American Indian	5	11%	3	7%
African American	2	4%	3	7%
Unknown			15	33%
Evidence of previous injury	24	52%		
Chronic medical conditions	11	24%		
Mental health history	3	7%		
Pregnant at the time of death	2	4%		

Table 1 provides demographic characteristics of the women and men. On average, the women were 37½ years of age and men were 43 years old. The youngest woman who died was 17 years of age; the eldest was 80 years of age.

Most of the women were Hispanic (59%), followed by Anglos (26%), American Indian (11%), and African American (4%). For the men,

ethnicity was unknown for a substantial proportion (33%). In the 31 cases where ethnicity was available, most were Hispanic (45%) or Anglo (35%).

Two of the women were pregnant at the time of their death, one in the first trimester and one in the second trimester of pregnancy. Over half of the women had evidence of previous injury on autopsy. Evidence of previous injury usually included healing cuts, abrasions, or bruises of uncertain age. One woman had a broken arm; one had a broken mandible (jaw bone). As expected for forensic autopsy files, a history of mental illness was documented for very few cases (7%).

Table 2. Living arrangement and relationship of the women and men.

With whom the women lived		
Husband or intimate partner	20	43%
Children less than 18	13	28%
Parents	3	7%
Children 18 or older	2	4%
Roommate	1	2%
Other family members	1	2%
Alone	0	0%
Other	2	4%
Relationship of the men to the women		
Husband	18	39%
Boyfriend	16	35%
Ex-Husband	7	15%
Ex-Boyfriend	3	7%

Most (43%) of the women who died lived with their intimate partner, 13 (28%) lived with a spouse and 7 (15%) lived with a non-married intimate partner. Over a quarter of the women lived with children under the age of 18 years. There were no cases where the woman lived alone.

Three-fourths (74%) of the women were in a current relationship with their perpetrator. One in five (22%) of the women was killed by either a former husband or a former boyfriend.

In two cases, the exact nature of the intimate relationship was unknown (*i.e.*, current or former, married or unmarried).

Table 3. Weapons used and injuries suffered.

Weapons used		
Firearms	29	63%
<i>Handgun</i>	23	79%
<i>Rifle</i>	3	10%
<i>Shotgun</i>	2	7%
<i>Unknown type</i>	1	3%
Blunt object, feet, hands	8	17%
Knife	4	9%
Ligature	2	4%
Other	3	7%
Unknown type	2	4%
Injuries suffered		
Firearm injuries	29	63%
Stab or cutting injuries	13	28%
Blunt injuries	10	22%
Burns	2	4%
Strangulation or asphyxiation	2	4%
Other	3	7%

Table 3 details what weapons the men used and the injuries the women suffered. For this table, more than one type of injury or weapon could have been used; that is, the decedent may have been assaulted with fists and stabbed with a knife. Therefore, the categories will exceed 100%.

The majority of the women died as a result of firearm injuries (63%). When a firearm injury occurred, a handgun (79%) was the weapon of choice; a long gun (3 rifle, 2 shotgun) was used in five cases. Stabbing or cutting injuries were the second most common injury suffered by the women, with 28% of the injuries having resulted from stabbing, cuts, lacerations/slashes, or puncture wounds. Blunt injuries were the third most common type of injury (22%); weapons included hands, feet, baseball bat, and a tree root. Only 2 decedents (4%) died of strangulation. One woman was buried alive by her attacker.

Several of the women died as a result of being burned or having been caught in an area filled with smoke from a burning fire. Burn injuries may have been post-mortem.

Table 4. Location, who reported the death, presence of children, and circumstances preceding the incident.

Location		
Woman's apartment or house	22	48%
Intimate partner's home	7	15%
Parking lot, highway, or street	12	26%
Workplace	4	9%
Other	3	7%
Other locations include: friend's home, arroyo, schoolyard (1 each)		
Who reported the death to authorities		
Intimate partner	19	41%
Stranger	16	35%
Family member	15	33%
Presence of children		
Children present at time of homicide	23	
Children witnessed the homicide	9	
Children called 911	3	
Circumstances of the homicide		
Argument, dispute, or anger	38	83%
Separation or rejection	30	65%
Alcohol and drugs	30	65%
Homicide-suicide	13	28%
Sexual assault	6	13%
Other	12	26%
Other circumstances include: burglary (4), chronic illness (2), jealousy (2), finances (2), gambling (1), and 'self-defense' (1)		

The location of most (48%) homicides occurred in the woman's apartment or house. An additional 15% occurred at the intimate partner's home. Twenty-six percent occurred in the street, highway or a parking lot. Four of the women (9%) were killed while at their place of work. The remaining occurred at miscellaneous sites. (Note: We could not always determine if the location where the body was found was the same location where the homicide actually occurred. In addition, some workplace deaths occurred in the parking lot or street in front of the work site. Therefore, the percentages will exceed 100 percent.)

The majority of deaths were reported by the intimate partner himself (41%) or by another family member (33%). One-third of the deaths were reported by a stranger. For three cases, young children who had witnessed the homicide called 9-1-1.

Using OMI, police, and court records, we looked at the circumstances which preceded the homicide. Each death may have involved more than one circumstance. Arguments, disputes, or anger preceded four-fifths of the deaths. Rejection and separation

was an issue in 65% of the deaths. While the length of separation was often difficult to determine, the

between separation and death ranged from impending separation to 25 years. Most deaths involving separation occurred within two months of the separation. Sexual assault was confirmed in 13% of the deaths. In 43% of the deaths, alcohol was involved; drugs were involved in 22% of the cases. In 13% of the cases, either the woman or the perpetrator was a known gang member.

About one-third of the cases of intimate partner homicide involved the suicide of the perpetrator. This subset of cases is detailed later in the homicide-suicide section.

Table 5. Other issues, including orders of protection, shelter use, and prior police records.

Orders of protection	8	17%
Violations of orders of protection	5	63%
Stalking	10	22%
Shelter use	6	13%
Prior police record (n=30)		
Women	9	30%
<i>Crimes against property</i>	8	89%
<i>Crimes against persons</i>	1	11%
Men	17	57%
<i>Crimes against property</i>	7	41%
<i>Crimes against persons</i>	10	59%

We identified an order of protection (“court restraining order” or “temporary restraining order”) for eight of the 46 (17%) women. For the eight women with orders of protection, five had a documented violation of the order prior to the homicide event. One woman obtained her order of protection the day before she was killed. For some of the orders, we were unable to determine if the order of protection was in effect at the time of the homicide.

Stalking behavior exhibited by the perpetrator was identified for one-fifth of the women; however, none of the stalking events involved charges or adjudica-

tion. One of the stalking events received substantial notoriety and served as the impetus for the state to review its stalking laws.

Six of the 48 (13%) women used a domestic violence shelter prior to their death. None of the women in the greater Albuquerque metropolitan area used a shelter.

We were able to obtain police records for only 30 of the cases (65%). Of the 9 women who had a prior police record, none had obtained an order of protection and only one used a domestic violence shelter. For those women who had prior police records, the charges included DWI, drinking in public, prostitution, and drug violations. Of the 17 men who had prior police records, 7 had prior charges specific to domestic violence. The perpetrators were more likely to have charges of crimes against persons, including prior police records of rape, assault, and battery.

Table 6. Blood alcohol levels among women and men.

Blood Alcohol Level (mg/dl)	Women	Men*
.005-.010	2	1
.011-.080	3	0
.081-.160	3	3
.161-.250	2	1
.251-.350	5	1

*Only men who committed suicide had blood alcohol levels measured.

of .005 mg/dl is likely attributable to decomposition. Blood alcohol levels were also available for the homicide-suicide perpetrators. In these 15 cases, 6 were positive (one of .005 mg/dl, attributable to decomposition) with an average blood alcohol level of .145 mg/dl. Table 6 presents the blood alcohol levels for both the women and men. Only the men who committed suicide had blood alcohol levels measured.

Toxicological data were collected from the autopsy record for all women. Fifteen of the 46 (33%) women had evidence of ethanol (alcohol) at the time of autopsy. The highest blood alcohol level was .344 mg/dl. The average blood alcohol level was .173 mg/dl. (The legal level of intoxication for driving is .080 mg/dl; aggravated DWI occurs at levels at or above .160 mg/dl.) One woman’s blood alcohol level

Four women had cocaine or cocaine metabolites in their blood at the time of death, three had marijuana metabolites, two had methadone or opiates, and two had amphetamines.

Table 7. Perpetrator charges, sentence, and judgment.

The following table summarizes the charges, sentence, and judgments for the intimate partner cases. Homicides that involved suicides are not included.

Charges	Sentence	Comment
Open count of murder	pled guilty; sentenced to 12 years for 2nd ° murder	Old age enhancement; pay restitution to family and CVRC
Open count of murder	pled no contest; sentenced to 8 years for voluntary manslaughter	Firearm enhancement; mandatory counseling
Open count of murder	pled no contest; sentenced to 15 years for 2nd ° murder	Firearm enhancement; pay restitution
Open count of murder	pled guilty to 1st ° murder; sentenced to life with one year habitual	
Open count of murder	1) boyfriend pled guilty; sentenced to 18 months for tampering with evidence; 2) pled guilty; sentenced to 14½ years for voluntary manslaughter and 4 counts of tampering	Two youths were involved; #1 was boyfriend and was juvenile at the time of event; #2 was 18 years
Open count of murder	outcome pending	Perpetrator fled/fugitive
Open count of murder	unknown resolution	Case moved to Arizona; decedent and perpetrator were from different tribes; death occurred on land of a third tribe
Open count of murder	deemed incompetent to stand trial	Committed to mental institution
Open count of murder and aggravated arson	hung jury; mistrial	Decedent's family refused to press charges
Open count of murder and rape	outcome pending	
Open count of murder	outcome pending	
Open count of murder	outcome pending	
Open count of murder	outcome pending	
Open count of murder	outcome pending	
Open count of murder	outcome pending	
1st ° murder	Alford Plea; sentenced 4 years with 2 years parole	Referred for anger management
1st ° murder	sentenced to life	Enhanced for shooting into occupied vehicle and in possession of firearm; perpetrator died in prison
1st ° murder	sentenced to life	
1st ° murder	outcome pending	Forged signature on decedent's will
1st ° murder	outcome pending	
1st ° murder	pled guilty; sentenced to life	18 years earlier, pled no contest to killing 1st wife; served 5 years
1st ° murder	sentenced to life	
1st ° murder	sentenced to life	
1st ° murder	pled no contest; sentenced to life	Firearm and child abuse enhancement; tampering with evidence
1st ° murder, child abuse, and attempted murder	sentenced to life	Firearm enhancement and child abuse enhancement
2nd ° murder	pled no contest; sentenced to 16 years	Firearm enhancement
2nd ° murder	pled guilty; sentenced to 9 years, 3 of which were suspended	
2nd ° murder	pled no contest; sentenced to 15 years	Firearm enhancement; trafficking with intent to distribute
Voluntary manslaughter	pled guilty; sentenced to 4 years	One year waived
Involuntary manslaughter	pled guilty; sentenced to 18 mo.	
Involuntary manslaughter	pled guilty; sentenced to 18 mo.	
Vehicular homicide	pled no contest; sentenced to 3 years with 2 years parole	
Aggravated battery	pled guilty; served 3 years; deported to Mexico	

For 27% of the cases, the perpetrator had not been apprehended or sentenced. Of the remaining cases, 33% of the perpetrators received life imprisonment. Excluding life sentences, the average sentence was approximately 7 years.

Homicide-suicide characteristics

There were 13 homicide-suicide events among the 46 cases of intimate partner homicide. Many of the characteristics of these decedents were similar to the overall characteristics. Nearly half (47%) had evidence of previous injury. One-third had a chronic medical condition. Thirteen percent of the decedents had an order of protection and half of these orders had previous violations. Nearly all of the cases (93%) involved a firearm and most incidents occurred at their home (67%). Nearly three-fourths (71%) were husband and wife. Children lived in the home 40% of the time. Circumstances surrounding the homicide event included alcohol (53%), argument (47%), rejection (47%), separation (40%), and anger (33%).

Risk Factors

The panel members identified recurring factors that appeared to be associated with an increased risk of lethal violence. These risk factors were grouped as follows:

Family Stressors

- relationship instability; couple argued a lot
- children witnessed verbal or physical violence
- children from decedent's previous partner
- disparity in ages between perpetrator and decedent
- financial problems
- rural isolation; lack of access to services or unavailable services
- reclusive decedent and perpetrator

Separation Issues

- woman had requested information about or obtained an order of protection
- intimate partners were in the process of separation, recently separated, or in the process of divorce
- child custody disputes

Law Enforcement

- history of prior criminal activities for either partner
- history of police visits to residence for domestic disputes
- history of stalking

Health Issues

- chronic medical illness for decedent
- mental health problems, including depression, for either decedent or perpetrator
- acute or chronic alcohol or substance abuse by either decedent or perpetrator

Perpetrator Issues

- perpetrator had history of domestic abuse with previous or current relationship
- perpetrator threatened to kill decedent or himself
- perpetrator had easy access to firearm
- perpetrator's anger, jealousy, or desire to control decedent and situations
- loss of control over partner
- sudden escalation in levels of violence

System Failures and Recommendations

Law Enforcement

Failures

- due to lack of centralized system(s), law enforcement officers fail to identify prior calls to residence, history of domestic disputes, or presence of orders of protection
- law enforcement response lacks standardized protocols
- investigation of intimate partner homicides may lack vigor and consistency, especially homicides in which the perpetrator then commits suicide

→ new point

Recommendations

IMPROVE RESPONSE TO ORDERS OF PROTECTION

- require local law enforcement agencies to adopt and implement the standardized protocols outlined by the New Mexico Chiefs of Police Association.
- require law enforcement to provide notice to the issuing civil court when there is a violation of the order of protection
- implement a statewide centralized reporting system to document and track orders of protection and prior history of intimate partner violence
- enhance feedback among law enforcement, health services, district attorneys, courts, victim advocates, and shelters
- encourage interagency cooperation agreements among law enforcement agencies

PROVIDE ON-GOING TRAINING

- support law enforcement's continued investigation of intimate partner homicides even in those cases where the perpetrator commits suicide
- train both management and field officers in understanding and reporting intimate partner violence, including issues related to orders of protection and strategies for identifying the highest charge possible
- encourage management's accountability and support of training and standardized protocols

INCREASE ADVOCACY AT SCENE

- educate and provide information to law enforcement on how to provide referrals to all family members
- consider having victim advocates accompany law enforcement to calls of intimate partner violence

System Failures and Recommendations

Legal, Prosecution, and Judicial

Failures

- lack of education and training among legal professionals
- lack of consistency, standardization, and expediency in prosecution and sentencing
- technical obstacles, including multi-jurisdictional/checkerboard issues, orders of protection, tribal limits on jail terms, and issues relating to juveniles

Recommendations

ORDERS OF PROTECTION

- clarify and enforce existing policy on standardized orders of protection
- evaluate and expand threat assessment programs to all jurisdictions in the state

PENALTIES

- based on the DWI model, exact graduated penalties for intimate partner violence
- standardize penalties commensurate with severity of crime, especially for first-time offense by perpetrator
- support and encourage the application of enhancement penalties on sentences, such as firearm enhancement and child abuse enhancement

ONGOING TRAINING

- conduct training for legal professionals, including judges and district attorneys, to promote the far-reaching ramifications of intimate partner violence
- standardize protocols at each district attorney's office and judicial district

OTHER

- provide information, resources, and referrals during separation and divorce proceedings if clients have a history of intimate partner violence
- facilitate the process for the victim within the legal system, including expediency of case and case management
- establish programs to support immediate and consistent intervention by victim advocates
- enhance court watch activities

Health Care Services

Failures

- medical personnel at all levels often failed to diagnosis, document, and refer women who had experienced intimate partner violence
- mental health and substance abuse interventions and services are not readily available

Recommendations

- promote standardized protocols for medical response to intimate partner violence
- increase the availability and methods for referrals to mental health and alcohol and drug counseling programs within the medical setting
- build upon and expand existing efforts to train medical providers at all levels to understand, recognize, treat, document, and refer patients who experience intimate partner violence

Intervention Services

Failures

- lack of appropriate shelters and problematic access to shelters, especially in rural areas
- lack of understanding and availability of intervention strategies, including orders of protection, threat assessment, alcohol, drug abuse, and mental health counseling
- lack of systematic approach to services once the women has entered the system
- delay in identification and intervention for victim, perpetrator and children who witness the violence

Recommendations

- promote an earlier identification and intervention of perpetrator, including “first caught” interventions as opposed to “first convicted”
- enhance alcohol and drug treatment and mental health counseling at shelters
- improve availability and provide information on substance abuse and mental health counseling through victim advocate services
- develop, fund, and implement counseling and intervention services for children who witness domestic violence
- increase the number of shelters, victim advocate programs, and related services, especially in rural areas and services for women with children
- establish a case management approach for women who experience intimate partner violence, including transitional housing, mental health, alcohol and drug abuse counseling, career services, and other services as needed
- enhance Victim Advocate Programs and efforts to facilitate the legal process with a sensitivity for the abused woman and her family

Prevention, Advocacy, and Awareness

In addition to the law enforcement, health care, and legal systems involved in responding to intimate partner violence, members of the review team recognized cultural and societal issues also need to be addressed. Members expressed frustration in response to neighbors' apathy or family members inability to intervene. Stopping intimate partner violence against women is not just a failure in the systems, but also a general lack of prevention, advocacy, and awareness programs. The following are some of the strategies members discussed.

- conduct **public awareness campaigns** highlighting intimate partner violence for the general public, with specific attention to what neighbors and family members can do if they hear or suspect that someone they know is experiencing intimate partner violence
- raise awareness of available services and how to access them
- address belief systems and societal attitudes that allow violence against women
- raise awareness among employers about the importance of safety plans in the work environment and provide training to institute work-based, anti-violence policies
- provide training for **school personnel** on recognition of risk factors and problems that may indicate family violence; support counseling programs in the schools
- support and enhance victim advocate programs, court watch activities, and efforts to **facilitate** the legal process
- conduct public awareness campaign to raise awareness on the presence of firearms in the home as a risk factor for intimate partner violence death

Conclusion

Intimate partner violence is a major public health, social, and criminal justice problem in New Mexico. Every year in our state, a substantial number of women are killed by a former or current male intimate partner. While we have made strides in understanding and preventing violence against women, members of the Review Team realized that research needs to continue so that we can better understand the dynamics of intimate partner violence and respond accordingly. For example, several Review Team members advocated for campaigns that identify and advertise perpetrators of intimate partner violence, based on anti-DWI and child support delinquency programs; however, the effectiveness of “public shaming” has not been researched or evaluated. The following ideas are possibilities for future studies so that we all can improve our knowledge base of effective programs in reducing violence against women.

- conduct studies to better understand the cycle of violence, societal acceptance, and themes of victim-blaming
- continue the Female Intimate Partner Homicide Review Team; expand focus to review current cases
- conduct implementation efforts for early intervention for both females and males, including dating behavior and partner conflict strategies
- conduct studies to obtain a more complete picture on perpetrators, including interviewing perpetrators who have been incarcerated
- conduct studies of women who leave and survive an abusive relationship, identifying what services were accessed, what support network was available, what risk factors existed
- conduct needs assessment of services and programs to identify differences between rural and urban incidence of intimate partner violence
- conduct longitudinal studies to better identify the effects of intimate partner violence on children who witness violence in the home
- conduct studies to measure efficacy of orders of protection and of victim advocate services
- identify ways to measure blood alcohol levels of all persons at scenes involving intimate partner violence

The Female Intimate Partner Violence Death Review Team was an effective format to bring together an interdisciplinary group of professionals to identify some of the obstacles these women may have encountered and make recommendations for improving services. While our ultimate goal may be to prevent all violence against women, members of the Review Team recognized the need to start with specific and manageable strategies for change. Significant changes must begin with the myriad of services and programs that actively respond to women who are abused by their intimate partners, and each of the members of the Review Team left the monthly meetings with ideas for their own agency to start the process of change.

Suggested Reading

- Arbuckle J, Olson L, Howard M, Brillman J, Anctil C, Sklar D. Safe At Home? Domestic Violence and Other Homicides among Women in New Mexico. *Annals of Emergency Medicine*. 1996; 27:2:210–215.
- Bailey JE, Kellermann AL, Somes GW, Banton JG, Rivara FP, Rushforth NP. Risk Factors for Violent Death of Women in the Home. *Archives of Internal Medicine*. 1997; 157:777–782.
- Bowman, A. Establishing Domestic Violence Death Review Teams. *Domestic Violence Report*. Civic Research Institute Inc. 1997; August/September 93–94.
- Brookoff D, O'Brien K, Cook CS, Thompson TD, Williams C. Characteristics of Participants in Domestic Violence: Assessment at the Scene of Domestic Violence. *Journal of the American Medical Association*. 1997; 277:17:1369–1373.
- Cohen D, Lorenta M, Eisdorfer C. Homicide-Suicide in Older Persons. *American Journal of Psychiatry*. 1998; 155:3:390–396.
- Cummings P, Koepsell TD, Grossman DC, Savarino J, Thompson RS. The Association between the Purchase of a Handgun and Homicide or Suicide. *American Journal of Public Health*. 1997; 87:6:974–978.
- Groves BM, Zuckerman B, Marans S, Cohen DJ. Silent Victims: Children Who Witness Violence (Commentary). *Journal of the American Medical Association*. 1993; 269:2:262–264.
- Marzuk PM, Tardiff K, Hirsch CS. The Epidemiology of Murder-Suicide. *Journal of the American Medical Association*. 1992; 267:23:3179–3183.
- Mercy JA, Saltzman LE. Fatal Violence Among Spouses in the United States, 1976–85. *American Journal of Public Health*. 1989; 79:5:595–599.
- Olson L, Anctil C, Fullerton L, Brillman J, Arbuckle J, Sklar D. Increasing Emergency Physician Recognition of Domestic Violence. *Annals of Emergency Medicine*. 1996; 27:6:741–746.
- Rivara FP, Mueller BA, Somes G, Mendoza CT, Rushforth NB, Kellermann AL. Alcohol and Illicit Drug Abuse and the Risk of Violent Death in the Home. *Journal of the American Medical Association*. 1997; 278:7:569–575.
- Rosenbaum M. The Role of Depression in Couples Involved in Murder-Suicide and Homicide. *American Journal of Psychiatry*. 1990; 147:8:1036–1039.
- Rosenbaum M. Crime and Punishment—The Suicide Pact. *Archives of General Psychiatry*. 1983; 40: 979–982.
- Rosenbaum M, Bennett B. Homicide and Depression. *American Journal of Psychiatry*. 1986; 143:3:367–370.
- Wilt SA, Illman SM, Brodyfield M. Female Homicide Victims in New York City, 1990–94. Report to the New York City Department of Health. March 1997.

CONFIDENTIALITY STATEMENT

I, _____,

on behalf of _____

agree to abide by the following terms of confidentiality in participating on the Violence Against Women Act (VAWA) Domestic Violence Homicide Review Team.

- * All information and records are confidential and not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceedings, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery or introduction into evidence through those sources solely because they were presented to or reviewed by a team.
- * Members of a team, persons attending a team meeting, and persons who present information to a team may not be questioned in any civil or proceeding regarding information in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person testifying to information obtained independently of the team or which is public information.
- * A member of the team shall not contact, interview, or obtain information by request or subpoena from a member of deceased's family, except that a member of the team who is otherwise a public officer or employee may contact, interview, or obtain information from a family member if necessary as part of the public officer's or employee's other official duties.
- * In the event that any team member is contacted by an outside party for information about a given case that is being reviewed or has been reviewed by the team, the criminal team member will decline to offer case-specific information.

I understand the above and agree to maintain the confidentiality of certificates records, and other data. Additionally, I understand that no materials will be taken from the meetings with names or other identifying information.

Printed Name

Signature

Date

Witness

Date

Appendix B: Data Collection Form

OMI ID#: _____ Date Collected: _____

Collected By: _____

CHART INCLUDES: _____

STUDY:

Autopsy _____

Intimate Partner _____

Toxicology _____

Family Member _____

App to Crime Vict Rep _____

Stranger _____

Other _____

Unknown _____

Control: Medical _____ Injury _____

I. DEMOGRAPHICS

Victim's full name: _____

Victim's age/Date of Birth: _____

VICTIM'S RACE:

Anglo Hispanic Native American African American Asian American

Other: _____

II. INJURIES/AUTOPSY FINDINGS

CAUSE OF DEATH RECORDED IN THE AUTOPSY REPORT: _____

WHAT INJURIES DID VICTIM SUFFER? (check all that apply)

gunshots stab/incised wounds broken bones/cartilage burns strangulation

cuts/abrasions lacerations/slashes/gashes asphyxiation

punctured/lacerated organs/vessels/muscles/nerves bruises/contusions/hematomas

smoke inhalation unknown other _____

of wounds? _____

Time of injury: _____ unknown

ISS Score: _____

Date of injury: ____ / ____ / ____ unknown

AIS Score: _____

Date and Time pronounced dead: _____

LOCATION OF CRIME OR WHERE BODY WAS FOUND: (check all that apply)

victim's apartment/house street/sidewalk workplace bar/club

park/playground schoolyard parking lot motel

store/restaurant highway desert alley

arroyo car other (specify) _____

COMMENT: _____

WAS VICTIM PREGNANT AT TIME OF DEATH? yes no Trimester: 1 2 3

WAS THERE EVIDENCE OF PREVIOUS INJURY? yes no

IF YES, NATURE OF INJURIES AND ESTIMATION OF WHEN INJURIES OCCURED: _____

Chronic Medical Conditions yes no unknown Type _____
Medications yes no unknown Type _____
Medical History yes no unknown Type _____

Mental Health History yes no unknown Description _____

III. HOMICIDE METHODS/WEAPONS

WHAT METHOD(S) WAS/WERE USED? (check all that apply)

- gunshot stabbing bludgeoning strangling burning beaten
 smoke inhalation asphyxiating pushed/jumped from height unknown
 other _____

WHAT WEAPON(S) WAS/WERE USED: (check all that apply)

- gag knife or other pierce/cut instrument blunt instrument machete/ax ligature
 arson rifle handgun shotgun machine gun hands feet
 unknown other _____

BULLET CALIBER/MM: .22 .25 .32 .357 .38 .40 .45
 9mm .38/gm mac 10 12 g.
 small medium large unknown

RANGE: close (contact w/body; soot present)
 intermediate (stippling)
 distant (2-3 feet or greater; absence of soot) unknown

IV. SEXUAL ASSAULT

WAS A SEXUAL ASSAULT ANALYSIS PERFORMED? yes no unknown
If yes: negative positive

V. POLICE INFORMATION

AGENCY: APD Bernalillo BIA State Police
 Other _____

FULL NAME OF OFFICER/DEPUTY ASSIGNED TO CASE: _____

RESTRAINING ORDERS: yes no unknown How Recent: _____

Comments: _____

WERE THERE VIOLATIONS OF ORDER: yes no unknown How many: _____

By Whom: perpetrator victim

What was the result of violation: _____

STALKING: yes no unknown conviction

VI. OTHER SERVICES

D.V. SHELTERS USED _____ NONE USED _____
HOW MANY TIMES? _____ WHAT TIME FRAME? _____
Comments: _____

VII. MORE DEMOGRAPHICS/INFORMATION

WHO REPORTED DEATH: Stranger
 Intimate Partner - Relationship _____
 Family Member - Relationship _____
 Unknown

WITH WHOM DID THE VICTIM LIVE? (include foster/adopted/step/half; check all that apply)
 husband (including common-law) intimate partner roommate/friend
 child(ren)<18 child(ren)>18 parent(s) alone
 unknown other family member _____
other (specify) _____

IF VICTIM LIVED WITH CHILDREN<18, HOW MANY? _____

IS ALLEGED PERPETRATOR FATHER OF CHILDREN<18? yes How many _____
 no unknown

VICTIM'S COUNTY OF RESIDENCE: _____

VICTIM'S TRIBAL AFFILIATION: _____ NOT APPLICABLE

DID VICTIM LIVE ON RESERVATION/PUEBLO? yes no unknown

IF YES, INDICATE: _____

IF OTHERS DIED WITH VICTIM, INDICATE RELATIONSHIP (Exclude alleged perpetrator suicides):

intimate partner child/grandchild parent/grandparent
 other family member: _____ non-family member _____

DID CHILD(REN)... find body witness murder/present at time of murder
 unknown no

WHAT WERE CIRCUMSTANCES SURROUNDING DEATH: _____

DID THE VICTIM HAVE A PRIOR POLICE RECORD? yes no unknown

Nature _____

VIII. ABOUT THE ALLEGED PERPETRATOR

WHAT IS THE ALLEGED PERPETRATOR'S RELATIONSHIP TO THE VICTIM

- husband (include common-law) ex-husband boyfriend/partner
- ex-boyfriend/ex-partner friend family member _____
- neighbor stranger employment related _____
- other _____

Length of relationship: _____ Length of separation: _____

WHAT WAS MOTIVE FOR HOMICIDE? (check all that apply)

- alcohol drug related gang dispute/argument
- robbery burglary sexual assault self-defense
- homicide/suicide separation unknown anger rejection
- other _____

DID PERPETRATOR HAVE A PRIOR POLICE RECORD? yes no unknown

Nature _____

IF ALLEGED PERPETRATOR(S) IS/ARE DEAD, WHY?

- suicide killed by police
- killed by other not applicable OMI ID # _____

ALLEGED PERPETRATOR GENDER(S): male female unknown

ALLEGED PERPETRATOR RACE(S):

- Anglo Hispanic Native American Asian American
- African American Other _____

ALLEGED PERPETRATOR AGE(S): _____

CASE DISPOSITION: _____

IX. SUMMARY

AT RISK IDENTIFIERS:

SYSTEM INTERVENTIONS/FAILURES:

PREVENTION ISSUES:

Appendix C: All Case Synopses

Dolores was 73-years-old when she died. She had multiple medical conditions. She lived with her 45-year-old boyfriend whom she had been seeing for about a year. He had a prior police record with charges of simple and aggravated assault. It does not appear that she used a local domestic violence shelter or sought an order of protection. One night, he demanded her Social Security check. When she would not give it to him, he beat her to death. That night, between 1:00 and 3:00 in the morning, neighbors reported hearing her screaming "Please, don't hit me again!" but they did not call the police. At approximately 7:30 a.m., Dolores' boyfriend called 911 and told them that she stopped breathing at around 5:30 a.m. When police and rescue arrived, Dolores was dead. She had broken ribs and bruises to her face, chest, abdomen, right arm, and right leg. She did not have any signs of previous injury. Dolores' boyfriend pled guilty to Second Degree murder with old age enhancement. He was sentenced to 12 years in prison and must pay \$3000 to the family and Crime Victims Reparations.

Anne was 35-years-old and lived with her two small children when she was killed. She had been separated from her husband for two months and had an order of protection against him. While it does not appear that Anne used the local domestic violence shelter, she did make two calls to local police that resulted in her husband being charged with domestic violence. One night around eight o'clock, she and her 8-year-old daughter were watching television and preparing dinner when her husband approached the house from outside. He raised a .12 gage shotgun and fired once through a sliding glass window, hitting Anne in the back and killing her. Her daughter witnessed the killing. Anne showed signs of previous injury in the form of multiple bruises of various ages present at the time of death. Anne's husband pled no contest to First Degree murder plus tampering with evidence, and child abuse. He was sentenced to life imprisonment.

Barbara was a 26-year-old Hispanic woman with two children, ages 5 and 6 years. She had a boyfriend who reportedly "hit her all the time." It does not appear that Barbara used a domestic violence shelter or sought an order of protection. The local police had been called once to her house and charged her boyfriend with domestic violence. She had prior police charges for disorderly conduct, aggravated assault, and vandalism. She had recently purchased a gun. Her boyfriend shot her with that gun; both children were home. Her 6-year-old son told police that mom and her boyfriend had been "fighting" in the back yard, and then he shot her. Barbara was shot once in the chest at distant range. She had signs of previous injuries in the form of contusions and abrasions, including a bruise that looked like three adjacent fingers on a hand. Her boyfriend pled no contest to Second Degree murder plus firearm enhancement. He was sentenced to 16 years in prison.

Ellen was a 35-year-old Hispanic woman with two children who did not live with her. She was a former heroin addict on methadone; she also had Hepatitis C. She lived with her boyfriend. Local police had four calls to her house for a family fight. Ellen had prior police charges of drinking in public and trafficking. Her boyfriend had a prior record for rape, assault, drugs, battery on a household member, domestic violence, theft, and larceny. He was a suspected gang member and drug abuser/distributor. It does not appear that Ellen used a domestic violence shelter or sought an order of protection. On the day that she died, around 4:00 in the afternoon, witnesses saw her and her boyfriend in a pickup truck he was driving. He was hitting her as he pulled into a parking lot and shot her once in the chest. Rescue was called, and she was transported to a local hospital where she died in the emergency room. Toxicology on her showed methadone, cocaine, and methamphetamine. Her boyfriend was arrested on scene in the parking lot. He pled no contest to Second Degree murder with firearm enhancement and trafficking with intent to distribute. He was sentenced to fifteen years in prison with one year firearm enhancement.

Cathy was a 27-year-old Hispanic woman. She had been married for ten years and had two children. She had been involved in some verbal altercations with her husband but no one knew of any physical altercations. It was suggested that she was about to terminate the marriage, may have had a boyfriend, and was in the process of moving out. One night around midnight, she came home from a night of bingo with friends. She entered the house through the laundry room and was attacked by an assailant with a baseball bat. He chased her through the laundry room and into the living room, hitting her on the head, arms, right leg, and left foot. Blood was spattered on the floor, walls, and furniture of both rooms. He knocked her down in the living room and then strangled her with the collar of her sweater. Both children were in the house during the murder; the husband reported that he slept through the incident. Barbara had no signs of previous injury at the time of death; her toxicology was positive for alcohol. There was no indication that she had used a shelter or obtained an order of protection. Local police had no calls to the house. Cathy's husband pled an Alford plea and was sentenced to 2 years imprisonment and referral for anger management. He is currently prohibited from seeing his children. The children were referred for counseling.

Tina was a recently-divorced 49-year-old woman who was dating several men. One day, one of her boyfriends waited for her after work in the parking lot. After she had entered his vehicle, bystanders in the parking lot heard three gunshots. Tina was found dead with two .38 caliber gunshot wounds to the head. Her boyfriend was also found dead in the car of a self-inflicted .38 caliber gunshot wound to the head. His blood alcohol was positive at the time of his death. No drugs or alcohol were found in Tina's blood.

Frances, at 45, was wheelchair-bound with a chronic neurological condition. She had been married for 28 years, and she and her husband owned a store together. One night, her husband reported to police that he was hit on the back of the head by a robber and was knocked unconscious. When he woke up, the store was on fire. He said he could not get in the back door and ran around to the front. Frances was lying inside. When firemen arrived on the scene, the fire prevented them from entering the store to get Frances. Meanwhile, her husband entered and pulled Frances from the store. She had been beaten on the head and face with a C-clamp, doused with gasoline, and lit on fire. She died from the head trauma, smoke inhalation, and third-degree burns covering 70% of her body. Her husband was charged and the trial ended in a mistrial because of a hung jury.

Isabel was 24, and was visiting her sister in New Mexico. She had been dating her boyfriend for an unknown time. He had a 9 millimeter, semiautomatic handgun that he kept with him and often "played with." Local police had one call to the sister's residence for a family fight. Isabel had prior police charges of drug violation and prostitution. Her boyfriend did not have a local police record. When she died, she was in the back seat of a "hot-wired" car behind a friend's apartment. Her boyfriend was in the front seat with her sister's boyfriend, and her sister was sitting next to her. Isabel said that she wanted to get some new tennis shoes. Her boyfriend took out his gun, moved his arm over the front seat, pointed it at her throat, point blank, and fired. She died instantly. Her boyfriend fled on foot. Her sister's boyfriend called 911 and her sister stayed with her. She was pronounced dead at the scene. She had prior injuries in the form of multiple small contusions, abrasions, and scratches. Her toxicology was positive for cocaine. Her boyfriend pled no contest to voluntary manslaughter with firearm enhancement. He was sentenced to 8 years in prison and mandatory counseling.

Samantha was a 36-year-old Hispanic woman. She was separated from her husband and was seeing a boyfriend. Local police had one domestic violence call to her house with her husband as the suspect. Her boyfriend had prior charges of three DWI's. It does not appear that Samantha used a domestic violence shelter or sought an order of protection. The night of her death, she and her boyfriend were having a party with two other people in his apartment. There was "a lot of beer at the party." Samantha and her boyfriend were arguing when it appeared to their friends that the two were hugging. There was one shot and then another, and Samantha fell to the floor shot in the head. The two friends ran out of the apartment and called 911. Police and rescue arrived; Samantha died at the scene. She had signs of previous injury in the form of bruises of varying ages and a small abrasion, and her autopsy was positive for alcohol. Her boyfriend was arrested at the scene. It is not known if drugs were a factor: police found a scale in the living room. Her boyfriend pled no contest to Second Degree murder with firearm enhancement. He was sentenced to 15 years, a \$12,500 fine, and two years parole.

Kelly was a 17-year-old Caucasian adolescent. When she died, she was with her boyfriend and his friend in the boyfriend's room. The boyfriend's younger brother and sister were home. Both the boyfriend and his friend were suspected gang members. Between the two of them, they had more than two dozen prior police charges. Local police had three calls to Kelly's house for domestic violence, a family fight, and aggravated battery. The night of her death, the three of them were in the boyfriend's room drinking alcohol, and playing with a shotgun the boyfriend had brought home 2 days before. Kelly was shot in the head with that shotgun. Then, the two young men lowered her body out the window and carried it to a nearby empty field where they poured gasoline on it and lit it on fire. The boyfriend's mother returned home and called 911 but was disconnected when the friend pulled the phone from the wall. A neighbor, seeing the fire, called the fire department; the police, meanwhile, responded to the home as follow-up to the disconnected 911 call. The boyfriend, a juvenile at the time, pled guilty to tampering with evidence and conspiracy to commit tampering with evidence; he was sentenced to 18 months in jail. The friend pled guilty to voluntary manslaughter, 4 counts of tampering and was sentenced to 14 years.

Gloria was a 34-year-old Hispanic woman. She lived with her two young sons, 8 and 10 years old. Police have a prior record of three assaults against Gloria; her husband was arrested for each. He also had a prior arrest for trafficking in cocaine. Gloria had used the local domestic violence shelter. She and her husband had been separated for two months, and she had an order of protection against him. She had gotten her own place and had started college in a nearby town. She was at home with her two sons, when her husband showed up one morning. He grabbed a mesquite root from the front yard and beat her head, saying "so you think I'm crazy." Her 10-year-old son tried to pull him off of her and was thrown across the room. The young boy then ran to a neighbor's and called 911. The husband left before EMS responded to transport Gloria a local emergency room. She had both eyes black and swollen, both sides of her face swollen, her left hand swollen and blue, and several gashes on her head. She had two skull fractures, multiple contusions to her brain, bleeding within her skull, two rib fractures, and broken bones in her left hand. She died in the Emergency Department. Meanwhile, her husband went to his parents' home and later called an ambulance for himself, complaining of a headache and a possible overdose on an antidepressant medication. He was tried, found guilty of First Degree murder, and was sentenced to life imprisonment.

At 57 years, **Nancy** had a history of depression. Her husband of many years, Tom, was 61 years old and had a history of cancer. The two were last seen alive by Tom's son from another marriage. After repeated attempts to enter Tom's home, the stepson broke a window to gain entrance and found Nancy dead of three .22 caliber gunshot wounds to the head. His father was found dead in another room of a single self-inflicted gunshot wound to the head. Tom's blood alcohol was positive. No toxicology information was available on Nancy's blood. Nancy had been previously injured as evidenced by bruising on her right arm.

Carmen was a 32-year-old Hispanic woman. She lived with her teenage son and a boyfriend who was paraplegic. Local police had no calls to the house, the boyfriend had no prior police record, and Carmen had one DWI the year before. There is no indication that she used a domestic violence shelter or sought an order of protection. According to the boyfriend, on the night of her death, he and Carmen had been arguing when she attacked him with a 4-inch paring knife. He reported that he took the knife away from her and stabbed her with it. He then called 911; rescue responded. She was found dead on the bathroom floor, against the commode, with 36 stab wounds in the face, neck, chest, and abdomen. She had defensive wounds to her right arm and hand. Her toxicology was positive for alcohol. Her boyfriend was found guilty of voluntary manslaughter and sentenced to 4 years in prison with one year suspended, for an actual imprisonment of 3 years.

Olivia was 38-years-old and was self-employed. She had two children, ages 6 and 15. She was divorced but continued to live with her ex-husband, Jim, because she was afraid that he would take her children. She had a boyfriend that she had been seeing for four months. Local police had two calls to their house for domestic violence; one in which Olivia was the victim and one in which she was accused of battery. Neither call resulted in an arrest. Olivia had obtained two orders of protection, one which expired and a second which was dismissed by her and her ex-husband one month before her death. During the time in which the order of protection was in force, Jim used to sit in his car parked across the street. When Olivia called the police, they reported that there was nothing they could do because he was more than 100 yards away. Olivia had also used her local domestic violence shelter. The day before Olivia died, she gave her 15-year-old son a note reading "Take this with you when you go to school. Call the police and tell them I'm being held hostage by Jim. He's got a loaded gun. Tell them I'm going to die if they pull up because he already told me. I love you." That evening, she told her son not to worry and to forget about the note, but as he left for school she said good-bye because this is that last time she would see him alive. Later that day, her sister called to wish her happy birthday; she told her sister that she would die that day. Around 10:00 a.m., her boyfriend called her at home; her ex-husband was also there. Olivia pretended that her boyfriend was her sister on the phone. Her boyfriend then called 911. When officers arrived, Jim shouted out the window that there were no problems and he denied their entrance. Police heard muffled crying and Olivia saying, "No, Jim, no." They then heard four or five gunshots. Police called for help, and the SWAT team arrived, using a concussion grenade to gain entry to the house. They saw Olivia on the floor with a gunshot wound to the back of her head. Jim was apprehended. He was charged with First Degree murder and sentenced to life in prison. During the trial, it came out that 18 years earlier, Jim had pled no contest to killing his first wife; he had served five years in prison and was paroled.

Anna was a 24-year-old Hispanic woman with two young sons. She had an order of protection against her ex-boyfriend that had expired; however, she had been avoiding contact with him. Police reports indicate that Anna had been a victim of larceny for which her ex-boyfriend was the suspect; in addition, she was the suspect of criminal property damage against the ex-boyfriend. Her ex-boyfriend had a prior police record for assault, marijuana possession and disorderly conduct. There is no indication that she used a local domestic violence shelter. On the morning of her death, Anna was driving on a two-lane rural highway taking her two sons and their cousin to school when she encountered her ex-boyfriend, the father of her two sons. He fired one shot from his pickup into her car. The bullet entered the passenger side window of her car, shattering the window, entered the right side of her head, exited the left side of her neck and exited the driver's side window. Her vehicle rolled and came to rest against a brick wall. She slumped over onto the passenger's side bleeding profusely. An ambulance was called and responded. Paramedics worked on her for 15 minutes before she was pronounced dead. Toxicology on her was positive for alcohol, cocaine, morphine and opiates. Signs of intravenous drug abuse were present on autopsy. Her ex-boyfriend was tried and found guilty of First Degree murder, shooting into an occupied motor vehicle, and felon in possession of a firearm. He was sentenced to life plus 9 years in prison; he died in prison.

Patricia was a 23-year-old Hispanic woman with three children: an infant, a 4-year-old and a 6-year-old. The infant had brain damage thought to be due to being shaken her father — Patricia's boyfriend. Patricia and her boyfriend had recently separated. Patricia had two orders of protection. The first was dismissed and the second had been violated. According to Patricia's mother, Patricia used the order of protection as a way to get her boyfriend to leave when fights started. According to the mother, he consistently beat Patricia. Patricia had used the local domestic violence shelter. Police had four domestic violence/family dispute calls to Patricia's house, only one of which resulted in arrest. Police also had records that the boyfriend had been arrested for battery against a previous girlfriend. Weeks before the killing, Patricia's mother had arranged to have Patricia's brother live with his sister for safety. One afternoon, Patricia's boyfriend came by her apartment. She told him to leave. She and her brother tried to gather up the children and leave. Her boyfriend went to his truck and came back with his gun. Patricia was heading out her back door with her infant in her arms when he shot her three times in the back, once in the arm, and once in the head. Her brother was also shot in the back. A neighbor called 911. EMS arrived and transported Patricia and her brother to a local medical center. Patricia died. Her brother survived and is now paraplegic. Patricia's toxicology was positive for alcohol and cocaine. Her boyfriend was charged with First Degree murder, child abuse, and attempted First Degree murder. He was sentenced to life imprisonment plus nine years for firearm enhancement.

Emily was a 50-year-old Caucasian woman. She and her husband were recently divorced. She had moved away, living with her daughter in an adjacent state. At one time, she stayed in the local domestic violence shelter for 30 days; however, her children were intent on trying to reunite her with her husband and interfered with the shelter's advice and interventions. The shelter reported that they were "very alarmed for her safety." It does not appear that she sought an order of protection. One evening, Emily was passing through the town where her ex-husband lived and stopped at his house. It is unclear why she stopped and why she stayed. She was last seen at 5:00 a.m. the following morning. At about 6:00 a.m., her husband told a neighbor that Emily was leaving him and that he had given her some money. He also stated "Don't be surprised if she's found dead somewhere." Later that evening, the ex-husband's son came to help his father bury some trash in the backyard when he uncovered Emily's body. Her shorts were pulled down, and there were signs of recent sexual intercourse on autopsy. It appears that her ex-husband subdued her with starter fluid containing ether, wrapped her in a sheet, and placed a plastic bag over her head. She was buried alive 8 1/2 feet deep in his backyard with a backhoe and died underground. He was convicted of First Degree murder, tampering with evidence, and was sentenced to life imprisonment.

Rosa was a 43-year-old American Indian woman. According to her adult daughter, Rosa and her boyfriend had been having domestic problems and as a result, separated. While there is no indication that she accessed her local domestic violence shelter, Rosa had obtained an order of protection the day before her death. Rosa worked as a maid in a local motel. Late that morning, she was exiting one of the motel rooms when her ex-boyfriend accosted her. He grabbed her and put his arm around her, stabbing her nine times in the chest. A witness called 911. Paramedics arrived and transported her to a local emergency department where she was pronounced dead. She had evidence of previous injuries in the form of multiple bruises of varying ages. Her ex-boyfriend was charged with premeditated murder and sentenced to life imprisonment.

Silvia was a 26-year-old Hispanic woman. She and her boyfriend had been together for 10 years. Silvia was 6 weeks pregnant. While it does not appear that Silvia used her local domestic violence shelter, she was reportedly in the process of obtaining an order of protection and had reported stalking by her boyfriend one month prior to her death. She and her boyfriend had recently had a "misunderstanding" during which the boyfriend threatened to commit suicide. Later, he called Silvia and asked her to meet him at a vacant field by a school; that he had a surprise for her. As Silvia walked towards her boyfriend, he pulled out a gun. A teacher at the school heard her shout, "He's going to shoot me," and then heard several shots. The teacher called 911. Silvia had been shot thirteen times in the head, chest, and arm. Her toxicology was positive for marijuana. Her boyfriend was charged with First Degree murder and sentenced to life in prison.

Camilla was 23-years-old and recently separated from the father of her child. It does not appear that she used the local domestic violence shelter or obtained an order of protection. She was scheduled to meet the father of their child to discuss child support and was reported missing shortly after. She was found two weeks later by a passerby nearby a rural highway under a tree. She was lying on snow, partially covered by a winter coat. Her body showed no major signs of physical trauma; however, there were cuts and abrasions on her face and knees. Cause of death was asphyxia by a solvent. Her rings were taken off, her clothing was different from when she was reported missing, and her bra was torn. Sexual assault exam was found to be negative. Police report indicated that she was killed and later moved; her purse was found in a dumpster near a bar in a town about fifty miles away. The homicide case is still open.

Juanita was 28-years-old when she was found dead and on fire at the side of a rural highway. It was early morning. Investigators noted a strong odor of gasoline when they moved her body; she had also been shot in the neck by a high-powered rifle and had received blunt trauma to her head. Her blood alcohol content was positive. She was estranged from her husband and two children for several months. She had been reported missing a month prior to her death, after her husband had witnessed an altercation between her and another man in a bar. The homicide case is still open.

Consuela was 37-years-old, living with her husband and two teenage children. It does not appear that Consuela used the local domestic violence shelter or obtained an order of protection. Neighbors rumored that she might have been having an affair. One day, while the two children were at school, she came home from work for lunch. Her husband had parked his vehicle two blocks down the street, was waiting for her in the house, and shot her in the head. He then called a friend, saying "I've shot Consuela and I'm going to shoot myself." He left a suicide note for the children; however, his suicide attempt failed. The husband pled guilty to Second Degree murder and was sentenced 9 years, with 3 years suspended.

Margarita was 29-years-old and living with her husband in a small town. It does not appear that Margarita used the local domestic violence shelter or had an order of protection, although her body had previous signs of severe injury, including several fractured ribs. According to neighbors, Margarita and her husband had fought extensively one morning; the two were also drinking. Shortly after noon, Margarita was run over by a one-ton Dually pick-up truck driven by her husband. Tire tread marks were noted on her face, neck and right leg. Emergency dispatch reported three phone calls: the first came from the husband who said he just ran over his wife; the second came from Margarita's mother asking for an ambulance; and the third call came from the husband, saying he "didn't know what happened." The husband was charged with vehicular homicide; he pled no contest and was sentenced to 3 years with 2 years parole.

Karen was 32-years-old, living with her husband and 18-month-old daughter in a mobile home on the outskirts of a small town. It does not appear that Karen had used the local domestic violence shelter or obtained an order of protection. According to the police, a neighbor in a mobile home nearby saw a bullet go through the wall of his house and called the police. When they arrived at Karen's residence, the house was in disarray: the television was shot, cabinets had been knocked over, and windows were broken. Police also noted signs of drugs: smoking pipes, a rolled dollar and cocaine residue on a mirror. Karen was found in the living room in a large pool of blood; she had been shot at close range, twice in the face and once in the chest. She also had knife wounds to her face. Her autopsy report showed evidence of marijuana, amphetamine, and methamphetamine. Her husband, meanwhile, took his daughter and fled to a desolate, high-desert national park land where he abandoned the 18-month-old child. Twenty-hours later, rescue crews found the child. The husband was apprehended and brought to trial with an open count of murder. He was deemed incompetent to stand trial and was committed to a mental institution.

Lynette was 31-years-old, had a 10-year-old daughter, and was separated from her husband. It does not appear that Lynette used the local domestic violence shelter or had an order of protection. One night, she was at her boyfriend's house sleeping when her husband came to the front door. She went to go speak with him. It appeared that he fired three shots at close range and fled. According to Lynette's mother, the husband had often threatened to shoot Lynette as well as himself. He left a note, saying "Have fun in your lonely life. I don't need this —. I've had all I'm going to take from you." The husband has never been apprehended; this case is still open.

At 39 years, **Jennifer** lived with her husband of six years and two teenage children from a previous marriage. Retired from the military, Jennifer had an extensive medical history, including cancer, a broken foot, a head injury from a horse fall, depression, suicide attempts and diabetes. Her diabetes had worsened over time: she was insulin dependent and she was mostly bedridden. Psychiatrists had noted in her medical charts that she had an "extraordinary dependency on her husband." Her parents, who lived in another state, wrote a note to the doctor expressing concern over her worsening condition, noting that her husband might not be providing optimal help. Three weeks before her death, she fell into a coma and was admitted to a local hospital; after five days, she was referred to a psychiatric hospital where her husband signed for her release. The day of her death, her husband left the house early in the afternoon with the two children. According to police reports, her husband returned late afternoon and found Jennifer unresponsive in her bed. The husband called 911 and started CPR. EMS arrived and continued resuscitation but efforts were unsuccessful and she was pronounced dead. Autopsy noted the cause of death to be blunt trauma and bludgeoning about her head, neck, and abdomen. The case is still open.

Andrea was 45-years-old, lived alone in a small town, and was avoiding her boyfriend from whom she had separated. Her boyfriend was a Mexican national; police records indicate he had four misdemeanors. It does not appear that Andrea used her local domestic violence shelter or obtained an order of protection; however, the district attorney's office did have record that she called for information. Andrea also had an extensive medical history including Hepatitis C, diabetes, hypertension, cirrhosis of the liver, and two prior suicide attempts. One summer night, she attended a graduation party and met up with her ex-boyfriend. Around midnight, they became involved in an argument in the driveway. Witnesses report that he hit her several times, grabbed her by the hair and hit her head against a vehicle. He then took her to her apartment for the night. The next morning, she reported the incident to the police and went to the local hospital where she was given medications and released. Two days later, she went to another hospital in a nearby city; she stayed ten days, was given additional medications, and was released to her sister's care. Five days later, she died; cause of death was blunt trauma to the head. Her boyfriend was charged with aggravated battery, served 3 years, and was deported to Mexico.

Mildred was 51-years-old and had left her boyfriend two weeks earlier. One night, she met him at a local bar. Witnesses reported seeing the two drink, argue, fight, and leave together around midnight. Police reports indicate they went to the boyfriend's house. At 3:00 a.m., the boyfriend called 911 and EMS transported her to the local hospital where she died. Autopsy report indicated cause of death was a severe, blunt force head injury. The boyfriend reported that she fell in the shower and hit her head. Her blood alcohol level at time of admittance was positive. Her boyfriend pled guilty to involuntary manslaughter and served 18 months.

Renee was a 40-year-old American Indian. She and her boyfriend went to his home one afternoon; he lived in a very rural, remote area. According to police reports, the two drank an excessive amount of Tequila. The boyfriend reported that she injected heroin. The following day, a friend drove up to the residence and found Renee lying under a tree in the yard. She was dragged inside and placed on a bed. By the time officers arrived, she was pulseless with obvious signs of trauma to her head and neck. Autopsy reports showed no current levels of heroin; however, there were needles tracks on her arm. Her blood alcohol level was positive. Family members reported that he beat her all the time and that once, he stabbed her. Her body had evidence of multiple scars and bruises of various colors. This case involved three tribal authorities and was moved to Arizona; resolution is unknown.

At 56, **Elaine** had fought cancer and other medical problems. Her ex-husband Leon also had a chronic medical history. They had not lived together for a long time. They were found, both shot with the handgun lying between them, in a vehicle at a road stop off a major interstate.

Lorraine was 54-years-old, self-employed, and lived alone in a small apartment behind her mother's house. It does not appear that Lorraine used the local domestic violence shelter or obtained an order of protection. She had an extensive medical history including cancer, glaucoma and heart problems. Years earlier, she had broken her right arm; more recently, her left arm had been broken and was in a cast. The day before her death, Lorraine expressed concern to her mother about her boyfriend's jealousy over one of her male friends. The next day, her mother spoke to Lorraine's boyfriend about the same topic. That afternoon, Lorraine was scheduled to work and did not show up. One of her colleagues, along with her mother, visited Lorraine's apartment and found her body wedged underneath her bed. Lorraine had been stabbed 10 times in the chest and neck. The boyfriend was charged with First Degree murder; however, the case was dismissed due to lack of evidence.

Rebecca was a 30-year-old American Indian. It does not appear that Rebecca used the local domestic violence shelter or obtained an order of protection. According to police records, Rebecca had two prior police charges, including a residential burglary and a DWI/stolen vehicle; neither case was brought to disposition. Rebecca had been married and divorced, and had a boyfriend. Late one morning, two pedestrians found Rebecca's body on a dirt road south of town. She had been dead for at least 12 hours before being found. She was lying on her back with one deep stab wound across the front of her neck, and several lacerations on her chest. She had blunt trauma to her head and neck, and bruises of various colors all over her body. Her clothes were torn, and a sexual assault exam was positive. Her blood alcohol level was positive. This case is still open.

At age 44 years, **Yolanda** and her husband Robert had been married 24 years and had just initiated the process of filing for divorce. They still lived together with one teenage son; three older children had already left home. Both were employed with the county, and Robert was a prominent businessman in the small community. Early one morning, the son heard his mother and father arguing in the front yard of their house. He heard gunshots and subsequently found his mother and father lying wounded in their yard. Yolanda was shot in the chest and leg with a .44 caliber handgun. Their son attempted CPR on his mother without success. She was pronounced dead at the scene. Yolanda's husband Robert died of a self-inflicted .44 caliber gun shot wound to the chest; the weapon was found in his hand. Neither showed evidence of alcohol; however, Robert's blood had evidence of anabolic steroids.

Dorothy was 80-years-old, with a long-standing history of Alzheimer's disease. Eugene, her husband of many years, was 82. Eugene had a history of prostate cancer, which was recently diagnosed as advancing to a more severe level. After shooting his wife in the head with a handgun, Eugene called their daughter to report that he would soon kill himself. The daughter noted that over the past few months, Eugene had become more and more reclusive. The husband was intoxicated with alcohol at the time of the murder-suicide.

At 52 years of age, **Veronica** remembered dating Ralph twice, 25 years earlier when they both were in college. Veronica, meanwhile, had married and had two children. Within the past year, Veronica noticed Ralph watching and following her at home and work. Veronica took initiative and had a restraining order issued against Ralph. At one point, Ralph was arrested for harassment. One afternoon, three months after the arrest, Ralph approached Veronica in a grocery store parking lot and shot her in the head and chest. He then fell to his knees and turned the gun on himself. Both were dead at the scene.

Sally was 23-years-old and living with her boyfriend Eric. Sally was four months pregnant and was trying to separate from Eric. Neighbors hinted that Sally was intimately involved with another man. Over the course of a week, fights between Sally and Eric escalated to the point where friends had removed Eric's handgun from the apartment after Eric had mentioned suicide and depression over his failing relationship. Later, Eric assured his friends that he was okay and they returned the gun. One night, Sally was removing her belongings from their shared apartment, and she and Eric had an argument. Neighbors heard Sally plead, "Don't, I'm pregnant." They then heard gun shots: Eric shot her and then himself.

Yvonne was 42-years-old and lived with her husband. It does not appear that Yvonne used the local domestic violence shelter or obtained an order of protection. Neither she nor her husband had prior police records. Two months before her death, records show she was admitted to the local emergency department with a severe head injury; she told doctors that an ashtray fell off the table and hit her on the head. One afternoon, a neighbor called the police with the report that a naked woman was lying in the next driveway. Police responded; Yvonne's body was cold and had been there for some time. Yvonne had a one-inch stab wound into her right breast. Her body also showed defensive wounds, indicating a violent struggle prior to death. Her house showed signs of disarray, with clothes thrown on the bed and floor. Police noted signs of blood throughout the house. They also found a bag of marijuana and money. At autopsy, Yvonne's toxicology showed evidence of Valium, morphine, and opiates. This case is still open.

Sophia was 26-years-old, with a mixed ethnicity of Hispanic and American Indian. Sophia had three children from three different fathers. It is not known if Sophia ever used the local domestic violence shelter; however, five years before her death, she had obtained an order of protection against the father of one of her children. Police records indicate that she had a prior record of child abandonment and cruelty to children. The night of her death, neighbors reported hearing fighting and loud voices outside; the neighborhood was often frequented by transients. The following morning, Sophia's body was found in an alley. She had been strangled at the neck by her T-shirt, and her body was covered in bruises. The sexual assault exam was positive. Her blood alcohol content was positive. This case is still open.

Natalie was 22-years-old, an American Indian, and attending college away from home. It does not appear that Natalie ever used the local domestic violence shelter or obtained an order of protection. According to police records, she was last seen alive using the phone, standing in the doorway of her second story apartment. The following day, she failed to show up at her sister's house where Natalie was scheduled to baby-sit her niece. That afternoon, police entered her apartment to find Natalie lying on a mattress on the floor of her bedroom. She had been suffocated by a pillow. The pillow was stained with blood and dried blood had run from her nose. She was dressed in a T-shirt. There were no signs of struggle or trauma. The door of the apartment was unlocked and a back window was open with the screen off. This case is open.

Victoria was 21-years-old, had a newborn baby, and was in the process of separating from her husband Daniel. One night, Victoria left her baby with her grandmother while she went out with her half sister and a friend, coming home well after midnight. As their car pulled into the parking lot in front of their mobile home, Daniel shot and killed all three with an assault weapon. He then turned the weapon on himself. There was no evidence of alcohol or drugs in his body at the time of this death. It was discovered later that some days before the shooting Daniel was depressed over the dispute with his wife and he had told his brother that he would soon be "going to a better place far away."

Rachel and her ex-husband Harry were stationed at an United States Air Force base. Rachel was 27-years-old and raising the couples' two-year-old daughter; Rachel and Harry had divorced **some years earlier**, but were living together. One **Sunday morning**, Rachel and Harry fell into an argument. Rachel called 911, **saying** that her husband was pointing a handgun at her. As **the police** pulled up to the house, they heard five gunshots. Rachel was found dead of one .40 caliber gunshot wound to the head and three to the chest. Her husband was found holding a .40 caliber handgun with a single .40 caliber gunshot wound to the head. He was pronounced dead on arrival at the local hospital. Their child, in the house at the time of the shooting, was not injured. There was no evidence of alcohol in Rachel or her husband's blood at the time of death.

Gertrude was 50-years-old, and had been married more than 20 years to her husband Peter, who was 68 years old. The two adult children no longer lived at home but had heard hints that their parents were experiencing financial difficulty. It was rumored that Gertrude had a gambling problem, and both children indicated that their father drank to excess. One morning, the 24-year-old son visited his parents to find them both dead, sitting on the back porch. Gertrude had a single gunshot wound to the back of her head. Neighbors reported hearing two gunshots late the night before. Both Gertrude and Peter were intoxicated with alcohol at the time of death.

Pat was 55-years-old, and living with her 78-year-old husband Richard. Both were known to be heavy drinkers. Pat's nephew, who often visited them, noted that they argued vehemently and frequently. The police had record of calls to their house in the past for fighting and intoxication. Pat had recently said that she was fed up with being beaten and that she would fight back. Pat had been charged with battery one month before their death. The night before their death, the nephew heard Richard, who was intoxicated, say he was "tired of all this bull" and that he would "handle it". The next morning, the nephew entered the home to find Pat, in pajamas and in bed, dead of a single .22 caliber gunshot to the head. Richard was found in the bathtub, dead from a single .22 caliber gunshot wound to the head. Pat's blood alcohol was positive. There is no record of her husband's toxicology. Police reports later indicated that Richard had a police record: he had shot his previous wife 20 years earlier; she survived and divorced him.

Mary was 28 years old and had been married to her husband John for three months before separating. Mary and John had been separated for three weeks, and she had recently filed for divorce. She had had one previous marriage and had two young children. While at her place of employment, as witnessed by co-workers, Mary's husband approached her with a .44 caliber magnum handgun. He shot her once in the head and then turned the gun on himself. They were both pronounced dead at the scene. Her husband left a note in his truck that stated, "All women ever did was use me and throw me away and I can't take it anymore." There was no evidence of drugs or alcohol in the blood of Mary or her husband at the time of their death.

LeAnne was a 17-year-old African-American, from out-of-state. It appears that LeAnne accessed information from the local domestic violence shelter in New Mexico several months earlier. One weekend, along with her older sister, LeAnne was visiting her 20-year-old boyfriend. Sunday morning, the two sisters were in the kitchen cooking. Her boyfriend was in his bedroom cleaning his handgun when he called LeAnne into the room. The gun discharged, shooting her in the chest. The sister called 911 and initiated CPR; EMS arrived and she was pronounced dead. The EMTs noticed a knife under her body; it is assumed LeAnne was holding the knife when she left the kitchen. The boyfriend was charged with involuntary manslaughter and was sentenced to 18 months.

Zia, age 52 years, lived in an apartment with her female roommate. Zia had been dating Alonzo for some time and had confided in her roommate that she wanted to end the relationship. The roommate came home one night, after midnight, to find Zia and Alonzo dead in the hallway of the apartment. Zia was in her night shirt, and there were no signs of forced entry or struggle. Zia was shot three times in the chest with a .38 caliber handgun which was in Alonzo's hand. He was dead as a result of self-inflicted gun shot wound to the chest and head. Alonzo's blood alcohol level was positive; Zia showed no evidence of drug or alcohol intoxication. Alonzo had left a suicide note in his apartment.