



Getting away with murder IV

**Intimate Partner Violence Deaths
2001-2002**

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

Getting Away with Murder

Volume IV

Intimate Partner Violence Deaths 2001–2002

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

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The New Mexico Intimate Partner Violence Death Review Team was established in 1997 to review female homicide deaths resulting from domestic violence. The findings of the first report, *Getting Away with Murder*, were published in 1998, and covered deaths occurring from 1993 to 1996. The second report, *Getting Away with Murder II*, was published in 1999 and included sexual assault homicide deaths as part of the review process. The third volume surveyed the years 1999 and 2000 and unlike the previous years included male intimate partner violence (IPV) homicides. This latest report, *Getting Away with Murder IV*, continues this effort for the period from 2001 and 2002.

The New Mexico Intimate Partner Violence Death Review Team is modeled on Child Fatality review teams which use a multi-agency approach to examine potentially preventable deaths. We use the term “intimate partner violence” rather than “domestic violence” (DV) because it more accurately defines the nature of the relationship between the victim and the perpetrator. Intimate partners include individuals who are or were dating, married, or formerly married, and include same-sex and opposite-sex partnerships. The term IPV excludes violence between non-intimate family members such as parents, siblings and grandparents. We used this model to investigate homicide deaths where the perpetrator was a former or current intimate partner. The goals of the team included identifying factors that were associated with increased risk of lethality, finding weaknesses in the systems that are designed to protect victims, and developing strategies and recommendations to prevent future injury and death.

In this latest report, we expanded the scope of the review by taking a broader look at others who may have died within the context of intimate partner violence. For example, we scrutinized autopsy records for instances where law enforcement or emergency medical services personnel were killed responding to IPV-related calls for service. Events where people other than children were killed during an IPV-related homicide were also documented. We also identified cases where an ex-husband killed a new partner of his ex-wife and where the opposite was also true. Finally, we considered cases where the manner of death was undetermined, but there was an appreciable relationship to IPV. Due to resource constraints, we did not seek to identify the link between female suicide and a history of abuse, but it is the contention of many researchers that such a link exists and we hope to see this idea developed in future work. Such observations highlight the need for an increased understanding of all the deaths attributable in one form or another to IPV.

For the years 2001 and 2002, 315 homicides were identified from New Mexico Office of the Medical Investigator autopsy records; 31 cases (23 females and 8 males) involved IPV. In one of these deaths, the indicted suspect died of natural causes before adjudication therefore the case remains technically open and has not been included in this report. The numbers do not include the five children killed or the additional ten fatalities discussed on page thirteen of this report which also occurred within the context of IPV. The team reviewed a total of 30 cases: 77% of the victims were female and 23% male. Fifty percent of the victims were Hispanic, 36% were Anglo, 7% were African American, and 7% were American Indian. The average age of the victim was 34 years and the average age of the perpetrator was 37 years. Half of the victims died in their homes (50%) and over half the murders were committed with a firearm (60%). Nearly half (43%) of the cases were homicides immediately followed by suicide of the perpetrator. Of the cases that were closed with a judgment and sentence (64% pleaded to a lesser charge and 36% convicted), there was an average actual term of 16.2 years. The longest sentence was three consecutive life terms and the shortest in duration was one year. One-third of the cases involved children who were killed, directly witnessed the death, or were present in the home when the homicide occurred.

Executive Summary

Another area of interest to the team concerned the prevalence of alcohol and drug use in the commission of these crimes. An examination of toxicology data for victims and perpetrators in our homicide/suicide group from 1999 to 2002 revealed that 68% of the cases involved alcohol or drug use among the perpetrator and/or victim. While the connection between substance abuse and IPV is well established, the team believes that researchers and clinicians in both fields can develop a higher level of system integration towards improved treatment protocols.

Nine years of data (1994–2002) indicated that 38% of female homicides in New Mexico were IPV-related. The percentage was higher in some years than others. For instance, from 1999 to 2000, the percentage was the highest approaching 48%, whereas from 1994 to 1996, the percentage was the lowest at around 32%. The range, therefore, is between 32% to 48%.

A question that is frequently raised for homicide review teams is whether we can predict which cases will result in a fatality. The short answer is no. One of the reasons that might underscore the difficulty in reducing fatalities has to do with the pervasiveness of IPV. It is as if this pattern of lethal and non-lethal violence is embedded into the fabric of our society. At the heart of any fatality review process is an attempt to articulate the fundamental changes that need to be made in civil society to support vulnerable families and individuals.

The purpose of the project was not only to assess the prevalence of lethal intimate partner violence, but also to influence the formation of improved social policies. For example, by improving the systems that assist victims, perpetrators, and children, and targeting behaviors that put victims at risk, we may reduce injury and death related to intimate partner violence over the longer term.

The team reviewed each case in detail to evaluate the efficiency and effectiveness of each system. We identified system responses in the areas of law enforcement, prosecution and judicial systems, physical and mental health care services, legislation, advocacy services, and public awareness and prevention programs. In this document, we provide recommendations for improvement in each area. Case vignettes are included to illustrate how systems have interacted and sometimes failed.

We did not want to focus solely upon system weaknesses. Therefore, we have taken the opportunity to illustrate successful strategies that have been used in various communities in New Mexico to combat IPV. Physical and mental health providers with proper training have the unique opportunity for early intervention with both victims and perpetrators. Laws passed by our legislature can hold perpetrators accountable for their violence. Specialized law enforcement units responding to intimate partner violence exist in some counties. Lastly, communities continue to educate themselves on the dynamics of intimate partner violence and how to foster improved public awareness and prevention strategies. We believe that more can be done.

IPV is a major public health, social, and criminal justice problem in New Mexico. Every year in New Mexico, an average of sixteen people are killed by an intimate partner. Our review identifies some of the obstacles victims may have encountered and highlights possible solutions to improve services and to prevent future violence and death. Numbers alone do a poor job of elucidating the suffering that family members, friends, and communities experience as a result of these crimes. We hope that the case narratives and input by team members and citizens contained in this report illustrate the depth and complexity of the concern for others affected by IPV. The issue of IPV deserves our serious attention. The entire community must be involved.

Key Recommendations

- Pass legislation to permit law enforcement agencies to seize firearms at IPV crime scenes for safe-keeping.
- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of domestic violence.
- Promote policies in the educational system that help students, teachers and administrators respond to problems associated with IPV.
- Improve victim notification services by strengthening communication between the courts, corrections, and victims.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates.
- Increase the frequency with which victim advocates respond to IPV crime scenes throughout New Mexico.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.
- Encourage the media to report on the availability of assistance for IPV victims at the time they report on such crimes.
- Enhance community education to link IPV and other major public health concerns to increase public awareness and community support.
- Provide technical assistance to tribes interested in developing the fatality review process.
- Encourage a statewide review of sentencing patterns for all IPV-related crimes.
- Strengthen the civil legal response to provide long-term independence and stability for victims.

Acknowledgments

This report is the product of the combined expertise of the New Mexico Intimate Partner Violence Death Review Team participants. The team members brought their interest, years of experience, expertise, case information, and commitment to the monthly meetings. The following is a list of the individuals and agencies that compose the team. Additionally, this report would not be possible without the cooperation of local law enforcement, district attorneys, victim advocates, and the many others also committed to the eradication of this social problem who provided vital information and their unique perspectives.

Team Members:

(In alphabetical order) Edwina Abeyta, Evabeyta Consulting LLC; Sheila Allen, NM Crime Victims Reparation Commission; Jolene Altwies, Office of the Attorney General (NMAGO); Heather Alvarez, Enlace Comunitario; Sgt. Carlos Argueta, Albuquerque Police Department (APD); Ann Badway, NMAGO; Sgt. Albert Benally, McKinley County Sheriff's Department; Michael Bauer, UNM Department of Emergency Medicine (UNMH); Mark Benford, Second Judicial District Attorney's Office; Peggy Bird, consultant; Lori Bloomfield, UNMH; Robert Bolin, Bernalillo County Sheriff's Department (BCSO); Lisa Broidy, UNM Sociology Department; Gary Cade, Second Judicial District Attorney's Office; Gabriel Campos, New Mexico Legal Aid (NMLA); Betty Caponera, New Mexico Interpersonal Violence Data Central Repository; Sandra Cashman, Injury Prevention and EMS Bureau; Victor Clyde, Chinle Justice Court; Cheryl Coan, Family Harmony Project; Kathryn H. Colbert, NMLA; Anita Cordova, Safe House; Darlene Correa, Coalition to Stop Violence Against Native Women (CSVANW); Rosemary Cosgrove-Aguilar, Second Judicial District Court; Cameron Crandall, UNMH; Shannon Enright-Smith, Resources, Inc.; Amy Ernst, UNMH; Melissa Ewer, Catholic Charities; Michelle Fuller, Safe House; Donald Gallegos, Eighth Judicial District Attorney's Office; Thomas Garcia, Acoma Tribal Police; Sandra Gardner, Governor's Office; Elena Giacci, CSVANW; Alisa Hadfield, Second Judicial District Court; Lorraine Malcoe, UNM MPH Program; Ann Henz, NMAGO; Carol Horwitz, Peace Keepers DV Program; Aldo Jadrnicek, Human Services Dept. Career Works Program; Beth Janello, UNMH; Anne C. Keener, New Mexico Public Defender's Office; Dale Klein, Resources, Inc.; Victor LaCerva, New Mexico Department of Health (NMDOH); Tammi Lambert, Governor's Office of Victim Advocacy; Marcia Lieberman, NMLA; Roberta A. Lujan, Federal Bureau of Investigation; Lt. Greg Marcantel, BCSO; Agnes Maldonado, NMCADV; Jeff McElroy, Eighth Judicial District Attorney's Office; Quintin McShan, New Mexico State Police (NMSP); Connie Monahan, Albuquerque SANE; Kim Morgan, APD; Ada Pecos Melton, American Indian Development Associates; Anita Perry, US Attorney's Office; Leisa Richards, Resources, Inc.; Brenda Sandberg, Children, Youth & Families Department; Reed Sheppard, Second Judicial District Court; Linda Sanchez, Thirteenth Judicial District Attorney's Office; Lauren Simons, CAASA; David Sklar, UNMH; Edna Sprague, Second Judicial District Attorney's Office; Larry Tafoya, BCSO; Russell Telles, BCSO; Marlene Valdez, UNMH; David Waymire, Second Judicial District Attorney's Office; Steven Weiss, UNMH; Anne Worthington, NMDOH; Sarah Zwehl-Burke, UNMH.

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Please accept our apologies for all those who participated or gave us essential information and were left out inadvertently.

For the families and friends of the victims, the team respectfully acknowledges their loss and in submitting this report we hope to raise awareness about the plight of all victims of IPV.

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Findings

The following tables present some of the perpetrator and victim characteristics we found during the course of reviewing the IPV homicides. Information about gender distribution, age, prior system involvement and the presence of children at the various crime scenes is presented to promote a better understanding of the demographics involved in these cases. Most of the homicide victims are female (Table 1), but it should be noted that there were seven males who were also killed. For the previous review period (1999–2000) there were only two such cases.

Table 1. Victims and perpetrator characteristics.

	Victim		Perpetrator	
	N=30		N=30	
Average Age (years)	34.1		37.0	
Gender	77% female		77% male	
Race				
Hispanic	15	50%	14	46%
Anglo	11	36%	12	40%
African American	2	7%	2	7%
American Indian	2	7%	2	7%

The average age of victims was 34 years. The youngest victim was 17 years old and the eldest was 59 years of age. The average age of the perpetrators was 37 years of age.

Most of the victims were Hispanic (50%) or Anglo (36%), with the remainder being African American (7%) or American Indian (7%). All of the cases involved heterosexual relationships.

During this review period, the team tried to identify strategies for working with tribes in New Mexico whose members were killed in IPV-related homicides either on or off the reservation. There are numerous historical and cultural reasons that have prevented previous attempts to garner information about IPV homicides that have occurred on tribal land. Some of them are jurisdictional in nature such as the non-public record status of cases worked on by the FBI. Others include tribal specific spiritual and cultural beliefs about the nature of death. Attempts by non-native groups to promote the benefits of the fatality review process have been met with serious concerns about respecting and honoring the lives that have been lived and lost. One of the ways in which the team hopes to facilitate an improved understanding of IPV homicide on native lands is through offering technical assistance for tribes that believe there are benefits to the fatality review process.

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Table 2. Living arrangement and relationship type.

With whom the victim lived			
Alone	12	40%	
Spouse or intimate partner	10	33%	
Parents or other family members	3	10%	
Homeless	3	10%	
Roommate	2	7%	
Relationship of the perpetrator to victim			
Spouse	7	23.3%	
Intimate partner	10	33.3%	
Ex-intimate partner or Ex-spouse	13	43.3%	

Table 3. Percent of cases involving children (killed, present, or witness).

Children killed, present, or witness	
Children present at time of homicide	17%
Children witnessed the homicide	10%
Children killed	7%
Total (killed, present, witness)	34%

Most of the perpetrators were Hispanic (46%) or Anglo (40%), with the remaining being African American (7%) or American Indian (7%). Forty-three percent of the victims were killed by either an ex-intimate partner or an ex-spouse. (Table 2). Most of the victims were living alone or with their spouse or intimate partner at the time their death.

Thirty-four percent of deaths involved children where they were either killed, present at the time of the murder, or witnessed such events (Table 3). A total of five children were killed, three in a single case. During our review process we learned that two of the adult male perpetrators when they were children witnessed their own mother's IPV homicide.

IPV homicides frequently share similar characteristics. The commonalities include the weapons used, the number of injuries, location of the homicide, and person who discovered the body. Data collected by the review team included the weapons the perpetrator used, the principal injury that led to the victim's death, and the average number of injuries in cases of gunshot and stabbing deaths (Table 4).

The majority of victims died as a result of firearm injuries (60%). When a firearm injury occurred, a handgun (78%) was the weapon most often used. Strangulation or asphyxiation (20%), and stabbing or cutting injuries (13%) were the cause of most of the non-firearm deaths.

Approximately half of the victims were killed in their homes (47%). An additional 20% were killed at the perpetrator's residence. An additional 20% occurred in an outdoor setting.

Thirteen percent of the homicides occurred at either a laundromat, motel, or post office. One of the victims was killed at her place of employment (Table 5).

Many of the cases (37%) were reported to law enforcement by the perpetrator. In one-third of the deaths, a stranger, friend or acquaintance reported the death. Family member reporting accounted for 27% of the cases.

Table 4. Weapons used, injuries suffered, and multiplicity of injuries.

Weapons used		
Firearms	18	60%
<i>Handgun</i>	14	78%
<i>Rifle</i>	4	22%
Knife	4	13%
Blunt object, feet, hands	2	7%
Injuries suffered		
Firearm injuries	18	60%
Strangulation or asphyxiation	6	20%
Stab or cutting injuries	4	13%
Blunt injuries	2	7%
Multiple injuries		
	Average	Range
Gunshot wounds	3.0	1–10
Stab/cutting wounds	2.0	1–3

Table 5. Incident location and reporting.

Location		
Victim's residence*	14	47%
Perpetrator's residence (victim not residing)	6	20%
Outdoor setting	6	20%
Commercial business, motel, post office	4	13%
Who reported the incident to authorities		
Perpetrator	11	37%
Stranger, friend, or acquaintance	10	33%
Family member	8	27%
Unknown	1	3%

*Includes cases where victim and perpetrator lived together

For the period between 1997 and 2000, there were 21 murder-suicides in New Mexico which accounted for 33% of the IPV-related cases. During this review period, 43% of the cases were murder-suicides. The majority of the perpetrators (97%) in this five year period were male, only a single case of female perpetrated murder-suicide was documented.

Table 6. Prior system involvement.

Orders of protection	5	17%
Shelter use	none	
Prior police record		
Victim		
<i>No police record</i>	21	70%
<i>Police record</i>	7	23%
<i>unknown</i>	2	7%
Perpetrator		
<i>No police record</i>	6	20%
<i>Police record</i>	21	70%
<i>unknown</i>	3	10%
Police documented IPV history	9	30%

Knowing that there was prior “system” utilization by victims and perpetrators suggests that there were opportunities for intervention. Not all IPV homicides are preventable, but one of the challenges for organizations that have the responsibility to care and protect for at risk individuals is to identify missed opportunities or clues that might have escaped investigators, clinicians or advocates. The team identified that five of the 30 victims had filed, or had attempted to file, an order of protection against the perpetrator. None of the victims utilized shelter services prior to their deaths (Table 6).

In many of these cases there were no prior law enforcement interventions or reports that were IPV-related. Only nine cases (30%) had a documented history of IPV identified through either law enforcement or medical records. This is not to say that no one knew about previous abuse. To the contrary, in almost

every case we discovered that some combination of friends, neighbors, family members, children, and co-workers were aware of some form of abusive dynamics between the victim and perpetrator.

A summary of initial charges submitted by the prosecution, the result of the plea agreements, sentencing, and additional relevant details to these cases can be found in Table 7. The thirteen cases of perpetrator suicide are not included. Of the cases that were closed with a judgment and sentence, 64% pleaded to a lesser charge (36% convicted) with an average actual term of 16.2 years. The longest sentence was three consecutive life terms and the shortest in duration was one year.

Table 7. Perpetrator charges and sentencing.

Initial Charge(s)	Plea or Conviction		Sentence	Time Given	Comments
<ul style="list-style-type: none"> • 1st degree murder (3 counts) • Tampering with evidence • Burglary 	<i>Pleaded</i>	<u>counts 1-3</u> → <u>count 4</u> → <u>count 5</u> →	<ul style="list-style-type: none"> • 1st degree murder (3 counts) • Tampering with evidence • Burglary 	3 consecutive life terms plus 6 yrs.	Actual term of 3 consecutive life terms plus 5 yrs. parole
<ul style="list-style-type: none"> • Murder (open charge) • Conspiracy • Tampering with evidence • Possession of a firearm by a felon 	<i>Pleaded</i>	<u>count 1</u> → <u>count 2</u> → <u>count 3</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Kidnapping • Tampering with evidence 	38 years; 3 yrs. suspended	Actual term of 35 years; 2 yrs. parole
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence • Child abuse 	<i>Pleaded</i>	<u>count 1</u> → <u>count 2</u> → <u>count 3</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence • Child abuse 	31.5 years; 5.5 yrs. suspended	Actual term of 26 years; 2 yrs. supervised probation
<ul style="list-style-type: none"> • 1st degree murder • Kidnapping • Tampering with evidence 	<i>Pleaded</i>	<u>count 1</u> → <u>count 2</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Kidnapping 	29 years	Actual term of 29 years; 2 yrs. supervised probation
<ul style="list-style-type: none"> • Murder (open charge) • Tampering with evidence • Larceny 	<i>Conviction</i>	<u>count 1</u> → <u>count 2</u> → <u>count 3</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence • Larceny 	27.5 years	Actual term of 27.5 years
<ul style="list-style-type: none"> • Murder (open charge) • Kidnapping • Tampering with evidence 	<i>Pleaded</i>	<u>count 1</u> → <u>count 2</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Kidnapping 	24 years; 6 yrs. suspended	Actual term of 18 years; 5 yrs. supervised probation
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence • Escape from jail 	<i>Pleaded</i>	<u>count 1</u> → <u>count 2</u> → <u>count 3</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence • Escape from jail 	23.5 years	Actual term of 23.5 years
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence 	<i>Conviction</i>	<u>count 1</u> → <u>count 2</u> →	<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence 	16.5 years	Actual term of 16.5 years; 2 yrs. parole

Findings

Table 7. Perpetrator charges and sentencing (continued)

Initial Charge(s)	Plea or Conviction	Sentence	Time Given	Comments
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence 	<i>Pleaded</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2}}$	<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence 	15 years; 1 year enhancement (habitual offender)	Actual term of 16 years; 2 yrs. parole
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence 	<i>Pleaded</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 2nd degree murder 	15 years; 9 yrs. suspended	Actual term of 6 years; 2 yrs. supervised probation
<ul style="list-style-type: none"> • Murder (open charge) • Tampering with evidence 	<i>Pleaded</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	7.5 years 1 year enhancement (habitual offender)	Actual term of 8.5 years; 2 yrs. parole
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence 	<i>Pleaded</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2}}$	<ul style="list-style-type: none"> • Voluntary manslaughter • Tampering with evidence 	7.5 years	Actual term of 7.5 years; 2 yrs. parole
<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence 	<i>Pleaded</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	7 years; 3 yrs. suspended	Actual term of 4 years; 2 yrs. parole
<ul style="list-style-type: none"> • 1st degree murder 	<i>Conviction</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	6 years; 3 yrs. suspended; 1 year enhancement (firearm)	Actual term of 4 years; 2 yrs. parole
<ul style="list-style-type: none"> • 2nd degree murder • False imprisonment 	<i>Pleaded</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2}}$	<ul style="list-style-type: none"> • Voluntary manslaughter • False imprisonment 	6 years	Actual term of 6 years
<ul style="list-style-type: none"> • Voluntary manslaughter 	<i>Conviction</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	6 years; 5 yrs. suspended	Actual term of 1 year; 5 yrs. supervised probation
<ul style="list-style-type: none"> • Murder (open charge) 	case dismissed			Ruled accidental shooting

Other Deaths Attributed to Intimate Partner Violence

The six case vignettes presented in the sidebar of this page and the following pages represent a subset of IPV-related deaths that are not ordinarily reviewed during our fatality review process. They include instances where first responders, innocent bystanders, and in one case an ex-spouse was killed by a new boyfriend and vice-versa. The cases were identified during the course of examining male and female autopsy records at the New Mexico Office of the Medical Investigator (OMI) where the manner of death was “homicide” or “undetermined.” We have referred to them as “secondary IPV homicides.” A total of ten such cases were identified for the 2001–2002 period and they represent a variety of important contexts that can improve our understanding of IPV-related deaths.

Historically, our fatality review team (and many others nationwide) has not documented the frequency and characteristics associated with a broader range of IPV-related deaths. By not counting and including instances where first responders, bystanders, and others have died within the context of IPV we have contributed to the under-reporting of all deaths attributed in one form or another to IPV. Identifying these cases broadens our awareness of the magnitude of the problem and the danger present to others who may be at risk for future injury or death. By describing some of these cases, we hope that other homicide review teams will take note and expand their review activities.

Table 8 illustrates the percent of all homicides that occurred in New Mexico during this review period that are attributable to intimate partner violence.

Table 8. Percent of NM Homicides Attributable to IPV

Total number of male & female homicides (2001–2002)	N=315
IPV homicide cases reviewed by team	N=31
Other homicide cases identified as IPV (secondary)	N=10
Children killed during IPV homicide	N=5
Percent of all homicides attributable to IPV	15%
Percent of female homicides attributable to IPV	38%

Homicide

According to reports, the decedent showed up at his ex-wife’s residence making threats. He threw gasoline on the ex-wife’s new boyfriend and threatened to light him on fire. The new boyfriend then stabbed the decedent in the chest.

Manner of death undetermined

According to law enforcement reports, decedent was first reported by boyfriend as a missing person. Then the boyfriend told authorities that the victim jumped from his moving truck and the back rear passenger tire hit/ran over the victim. The boyfriend claimed that he stopped and that the decedent was all right and they spent the night in the back of his truck. In the morning, the boyfriend woke up and found the decedent dead. He covered her up with pine needles and went back into town and filed a missing person report.

The circumstances around the decedent’s exit from the truck are unclear, and the autopsy findings cannot determine whether she fell from the truck, jumped from the truck or was pushed from the truck.

Homicide

Decedent was shot six times while she was at a laundromat with her friend. Her friend’s ex-boyfriend arrived and shot them both at close range. He then proceeded to shoot himself in the head.

Homicide

According to law enforcement reports the decedent was attacked and stabbed with a knife by his girlfriend's ex-husband who broke through a bedroom window. The ex-husband went into the living room where the decedent was sleeping and cut his throat. Decedent died of multiple stab wounds of the chest and neck. The suspect gave a statement to law enforcement that "a man's gotta do what a man's gotta do."

Homicide

The decedent threatened to kill his ex-girlfriend and her current boyfriend with a knife. The current boyfriend had a .45 caliber handgun. The decedent reportedly lunged forward with a knife in his hand. The current boyfriend shot the decedent one time in the abdomen.

Homicide

Subject was looking for his ex-girlfriend and couldn't find her. He burned down her house while she was away. When the fire department responded, the subject shot the fire chief, an EMT, and a neighbor who lived across the street from the burning house. He also shot a three-year-old child, but the boy survived. The ex-girlfriend reported that the subject had made recent threats, and alluded to suicide and killing her. She was in the process of "carefully severing" her relationship with the subject when these homicides occurred.

There are additional deaths that also get overlooked during the course of fatality review efforts. The National Domestic Violence Fatality Review Initiative (NDVFRI) (<http://www.ndvfri.org>), whose mission is to provide technical assistance to teams nationwide, has identified important areas of research for other groups to consider. For example, "deaths traceable to domestic violence and therefore subject to fatality review, increase considerably if we include women who die as prostitutes, or from causes related to homelessness. Some studies have shown that roughly half of homeless women report fleeing abuse as the reason for their homelessness. Likewise, prostitutes have experienced enormous amounts of interpersonal abuse at the hands of male intimates, family members, and their clients."

Due to resource constraints we did not seek to identify the link between female suicide and a history of abuse, but it is the contention of many researchers that such a link exists and we hope to see this idea developed in future studies.

The following recommendation was developed by the NDVFRI and is posted on their website. The team includes the recommendation in this report because of its saliency and importance not only to our efforts, but to teams throughout the nation.

Recommendation

- In addition to the deaths of the primary victims of IPV, there are many secondary deaths traceable to violence against women. We encourage teams to confront a range of deaths associated with intimate partner violence including suicide, accidents, deaths of sex workers, the killing of men by women, the deaths of children, and first responders who die responding to IPV calls for service.

Law enforcement officers and other first responders to intimate partner violence scenes frequently experience a complex, volatile and confusing environment. The magnitude of IPV-related events for law enforcement in New Mexico is large and the risks to officer safety cannot be understated. In 2003, an Otero County Sheriff's Deputy was killed in a shooting during a standoff with a man who had killed his pregnant girlfriend. A member of a SWAT extraction team was killed in 2001 in Gallup during a raid on a home where the suspect was holding his wife and child at gunpoint. Other first responders as well have been killed. In 2002, a fire chief and an EMT were gunned down after responding to a house fire in Roswell. The suspect in this case burned down his girlfriend's house and opened fire on the first responders shortly after they arrived.

According to the New Mexico Department of Health's Interpersonal Violence Data Central Repository there were 26,940 IPV-related incidents reported to law enforcement in 2004, "a rate of 15.3 per 1,000 persons, an increase from 14.7 in 2003 and an average of 15.3 per 1,000 over the last four years (2001–2004)."¹ In other words, there were on average 74 IPV-related calls for service every day in New Mexico in 2004. The magnitude of the problem presents enormous and unique challenges for law enforcement officers, ranging from officer fatigue and "burn out" resulting from problems associated with the frequency of IPV calls to issues surrounding reporting, accountability and officer training.

What may have prevented the previously mentioned deaths and others associated with domestic violence? What are some of the milestones that have allowed police departments to improve their response to domestic violence? How can police departments and other institutions develop meaningful patterns of cooperation in handling the social problems associated with domestic violence? How can fatality review teams contribute to this conversation?

The New Mexico Intimate Partner Violence Death Review Team has identified several law enforcement system weaknesses and strengths related to domestic violence. Improving law enforcement response to IPV is the ultimate goal of any system review and requires not only political will from leadership within law enforcement agencies, but also a multidisciplinary approach involving representatives from the advocacy, judiciary, prosecution, legislative and medical communities.

Recent law enforcement developments in New Mexico

- Bloomfield Police Department: A full-time victim advocate provides services to domestic violence, sexual assault and stalking victims.
- Bernalillo County Sheriff's Office: Enhances victim advocacy services, develops protocol and provides officers with ongoing training on responding to domestic violence, sexual assault and stalking crimes.
- Gallup Police Department: A specially designated crimes against women officer responds to and investigates domestic violence, sexual assault and stalking crimes.
- NM Coalition of Sexual Assault Programs: Provides state and tribal law enforcement officers with specialized training on domestic violence and sexual assault investigations.
- Otero County Sheriff's Department: Provides protocol development, training, responding to and investigating crimes against women cases by a specialized deputy.

1. Caponera B. *Incidence and Nature of Domestic Violence in New Mexico V: An Analysis of 2004 Data from The New Mexico Interpersonal Violence Data Central Repository*. June 2005.

System Weaknesses

- Many jurisdictions are not entering all orders of protection into the National Crime Information Center's Domestic Violence Database (NCIC).
- The level of dangerousness is frequently minimized for misdemeanor level IPV cases.
- There is a lack of accountability for officers to properly implement IPV-related procedures, sometimes resulting in insufficient prioritization.
- There are administrative barriers to conducting more thorough investigations of murder/suicides.
- Delays are encountered in reporting IPV cases to district attorney's offices, resulting in dropped cases.

System Strengths

- Many departments have implemented standardized protocols for IPV response, including checks for prior histories of IPV, a greater attention to risk assessment, and the development of specialized law enforcement units.
- All counties require sworn officers to distribute informational packets to victims at the IPV scene with data on how to obtain orders of protection and specific details on victim's rights.
- Several law enforcement agencies in New Mexico have access to victim assistance programs and their personnel for field work.

Natalie and Will

Natalie and her friend Betsy drove to the laundromat and returned home briefly after loading several washers. While home, Natalie received a phone call from her ex-boyfriend, Will, who informed her that he was at the laundromat going through her clothes. Natalie and Will argued over the phone and then Natalie and Betsy returned to the laundromat. Will waited in the parking lot and then, when Betsy and Natalie had gone inside, he followed them in with a handgun. He shot Betsy and when Natalie tried to flee, he chased her outside and shot her fatally as well. Then he turned his gun on himself.

Natalie and Will had a very long and tumultuous relationship, punctuated by serious emotional and physical abuse. Over the course of their four

year relationship, there were 18 domestic violence-related calls made to the local police. In police reports, both were listed as perpetrators and both were victims, but Natalie showed up frequently in the emergency department after their domestic disputes. Once Will tried to throw her out of a window. Another time, he tried to strangle her. On other occasions, it seems that he was trying to manipulate the criminal justice system.

Will also tried to file an order of protection against Natalie and the commissioner, after reviewing his claims, ruled that there was insufficient factual evidence that Natalie committed an act of domestic abuse. The hearing officer told Will that if he came to court again, he must bring an attorney or be assisted by an advocate. Will

argued in writing to the court that "Natalie will kill both of us if she finds another woman at my residence."

Despite many police interventions, the abusive relationship continued. On multiple occasions, police gave Natalie and Will temporary restraining order packets and instructed them to fill them out. Natalie never pursued an order of protection. Countless times, police intervened in domestic disputes or supervised the couple as one moved out of the others' apartment. Police issued criminal summons' to Will on numerous occasions and Natalie was counseled by a victim's advocate on one occasion. Despite multiple interventions, the pattern of violence culminated in a murder/suicide.

System Strengths (continued)

- IPV-specific training is available to a large number of officers.
- Several law enforcement agencies in New Mexico have access to victim assistance programs and their personnel for field work.

Recommendations

- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of domestic violence.
- Improve the evaluation of IPV reporting practices among law enforcement agencies statewide consistent with the standards of the New Mexico Interpersonal Violence Data Central Repository.
- Create a benchmark for correct and effective response and risk assessment in IPV cases and hold officers accountable to meet the standard.
- Improve victim notification services by strengthening communication between the courts, corrections, law enforcement and victims.

Sarah and James

The abuse began right after Sarah and James started dating, but the relationship continued for three years. James was emotionally explosive, jealous, and drank a lot but, despite his abuse, Sarah would not leave him. “I used to try and pull her out and beg her to stay with me,” Sarah’s sister said. “It’s fear of leaving. Fear that he was going to find her. The fear a woman goes through in an abusive relationship is hard to explain. It’s hard to break what’s familiar. Even though it may be bad, it’s hard to break.”

Over the course of their three year relationship, James was arrested four times for aggravated battery against Sarah. The first case was dismissed because the deputy failed to show up for a court hearing. The second case resulted in supervised probation, counseling, and a no-contact order

after James was found guilty by the court. In the third case of battery, James was sentenced to a short jail term. Finally, in the fourth case, James was arrested again and sentenced to jail time. On the very same day he finished his sentence, he made his way to Sarah’s house. The two fought, and when Sarah did not show up to work the next day, her friend Tiffany grew worried.

Tiffany had lived next door to Sarah and James and knew that they fought often. “They fought almost everyday,” Tiffany said. “There was never a day that went by without them arguing. Once she ended up with seventeen stitches over her eye.”

Tiffany, worried about her friend, went by Sarah’s apartment to check on her. She knocked on the door. When no one answered, she tried the knob and

found the door unlocked. Wandering through the house, she discovered Sarah, deceased in bed with bruises on her face and arms. She had died from a penetrating wound to her left groin. After James killed Sarah he fled to his ex-wife’s house. He let himself into her home and helped himself to a beer in the refrigerator. When his ex-wife came home, James argued with her and said he’d come over to say goodbye to the children since he was “going to go to jail for the rest of his life.” James’ ex-wife, who had left him because he was abusive, called the police and James was arrested at her home and eventually sentenced to 18 years. At the time of Sarah’s death there was no victim notification program in New Mexico.

The Resource Coordinator Program

Second Judicial District Court

The Resource Coordinator Program at the Second Judicial District Court provides information to judges to assist with a unified response in complicated domestic violence cases when family members are involved in many different divisions of the judicial system. For example, there may be a Protection Order between the adults; the perpetrator may be involved in the District Court felony division as well as the Metropolitan Court misdemeanor division; the parties may be litigants in a divorce or custody dispute; the minor children may be delinquents in the juvenile system or victims in the abuse/neglect division; CYFD may have a concurrent case, and sometimes, the civil division of the Court is involved, due to a property dispute. There may be as many as five judges dealing with and making conflicting decisions involving one family.

IPV cases are among the most frequent in the legal system and New Mexico has one of the highest national rates of domestic violence filings per capita. Furthermore, IPV cases present complicated and confusing scenarios for victims unfamiliar with criminal justice procedures. While the legal system has made significant progress in recent years in areas of judicial education, advocacy, sentencing, and court interventions, there are still problems that need to be addressed. The New Mexico Intimate Partner Death Review Team has identified several system weaknesses and provided recommendations to strengthen legal system responses to IPV.

System Weaknesses

- Specialized probation programs and ongoing risk management for arrested perpetrators are largely unavailable.
- There is a lack of close supervision of probation and parole outcomes through periodic court reviews.
- Access to civil legal assistance for victims in divorce and custody cases is underfunded.
- Evidence-based prosecution is increasingly difficult.
- Training for administrators, clerks, and other court staff about issues unique to intimate partner violence is largely unavailable.

System Strengths

- Specialized IPV prosecution units in some district attorney offices and tribal jurisdictions are operating.
- Many rural regions have increased prosecution of misdemeanor and felony IPV cases.
- Law enforcement-based victim advocate programs are available in several New Mexico counties.

Recommendations

- Expedite the statewide implementation of electronic entry of protective order information into NCIC.
- Train court employees to prevent cases from falling through the cracks and to ensure legal consistency. Furthermore, improved staffing helps expedite the adjudication of criminal cases and can lessen the impact on victims.

Recommendations (continued)

- Support early intervention programs for offenders.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates. Closer supervision might involve graduated sanctions for perpetrators who are not compliant with court-ordered interventions.
- Support and encourage the application of enhanced penalties on sentences, such as firearm and child abuse enhancements.
- Encourage statewide adoption of dedicated IPV courts similar to the drug court model.
- IPV legal issues should be incorporated throughout the law school curriculum. Alerting lawyers to the ways in which IPV issues crop up in seemingly unrelated fields of law can be achieved through alterations in the core legal curriculum. Lawyers who practice any kind of family, criminal, tort, financial or poverty law are likely to have cases complicated by domestic violence. Understanding the risks associated with and the prevalence of IPV will assist lawyers to represent clients properly.
- Encourage a statewide review of sentencing patterns for all IPV-related crimes.
- Increase funding to provide free civil legal assistance across the state.

Other Judicial Education Highlights

The New Mexico Judicial Education Center (JEC)

<http://jec.unm.edu/topics/dv.htm>

Magistrate Court Judges Training

The JEC implements regional seminars for Magistrate Court Judges that sensitize participants in the domestic violence judicial process to the challenges faced by victims that often cause them to be less cooperative. In addition, magistrate judges become acquainted with the alternatives to victim testimony that are available under the Rules of Evidence. The Chief Justice of the Supreme Court requires judges to attend the seminar when it is presented in their respective region of the state.

“The civil legal response is severely hampered by the lack of resources to provide domestic matters with an appropriate level of advocacy. Around the state, particularly within the rural communities, DV orders of protection assist victims through an emergency response mechanism that allows police officers the ability to enforce the orders. In the short term, the DV order of protection provides a level of outside involvement for a limited time. Unfortunately, the added complication of divorce and custody prolongs the interaction between the parties. And in the case of poor people, the magnitude of this situation can be insurmountable when added to the inability to afford a lawyer for complicated or contentious settlement of family matters. In some areas of the state, there are few DV attorneys let alone free ones with an understanding of the complicated nature of intimate partner violence.” Gabe Campos, New Mexico Legal Aid.

Advocacy services not only directly assist victims of intimate partner violence, but also play a significant role in developing educational and training materials for law enforcement, the judiciary, and the general public.

Responding to Sexual and Domestic Violence: A Guide for Law Enforcement in New Mexico

Including:

- Protocol for investigating sexual and domestic violence: interviewing, assessing primary aggressor, strangulation, evidence collection, search warrants, etc.
- Protocol and federal statutes on Full Faith and Credit and firearms offenses
- New Mexico and federal statutes on sexual and domestic violence
- Interviewing victims with disabilities
- Resource listing

New Mexico Coalition of Sexual Assault Programs, Inc.

3909 Juan Tabo, NE #6
Albuquerque, NM 87111
505-883-8020

A road map of the legal system and access to resources for victims of IPV are essential components to advocacy services. Advocates do much more, however, than offer guidance through a complicated legal system. They assist victims in a multi-dimensional capacity by providing emotional support and options that can be life-saving. The advocacy community also plays a significant role in evaluating continuity of service and is invested in improving the overall quality of services. Advocacy organizations are in a unique position to work with all the system components available for victims of intimate partner violence, ranging from community coalitions to networking with shelters, crisis centers, law enforcement, health care, and the courts. Their expertise and systems familiarity are critically important to victims seeking assistance.

System Weaknesses

- A systematic approach to service delivery once the victim has entered the system has not been developed.
- Shelters and support of their operations are underfunded, especially in rural areas.
- Specialized programs for advocates to travel with first responders to IPV crime scenes are few.
- Resources are lacking for underserved populations, including American Indians, victims with disabilities, and battered immigrant victims and their children.
- Special programs to enhance civil legal assistance for victims of IPV are unavailable to the majority of victims.

System Strengths

- A multidisciplinary team approach has been developed for first responders in several New Mexico counties.
- Specialized child advocacy addressing family violence in the home is increasing. This includes safety planning with children.
- The New Mexico Coalition of Sexual Assault Programs has been training victim advocates on working with people with disabilities, and has been training disability advocates on working with victims of domestic and sexual violence.

Recommendations

- Increase the frequency with which victim advocates respond to IPV crime scenes throughout New Mexico.
- Enhance counseling and education opportunities for victims of IPV and their children.
- Improve communication along the continuum of care for victims of IPV. Principal players in mental health, substance abuse treatment, transitional housing, advocacy services, and career services need increased opportunities for interdisciplinary professional development.
- Increase the number of special programs to enhance civil legal assistance for victims of IPV.

*What can we learn from reviewing domestic violence homicides?
by Heather Alvarez, LMSW*

Working on the IPV Homicide Review Team, we have found patterns that exist and commonalities among the situations studied and we have also noted the individual circumstances that make each case distinct. Often times, the victim or family and friends were aware of the level of violence but for various reasons the tragedy was not avoided. The approach of the Review Team to look at these homicides from a systems perspective made me reflect on the communities in which these people were living and the need for more community education and involvement. Domestic violence is not an easy topic to address, however, we have repeatedly seen that preventing domestic violence homicides takes action from many members of the larger community.

This year, we began a discussion around non-intimate persons who had been killed as a result of intervening in a domestic violence incident. Although this started with one case, members of the team had encountered other similar cases. When the scope of these deaths was researched, it was found that the numbers were much higher than originally thought. There have been family members, friends, co-workers, bystanders, and first responders killed as a direct result of domestic violence. These deaths serve to highlight the fact that domestic violence does not contain itself to the victim and batterer, but has direct and lethal consequences for the whole community.

When we talk about addressing domestic violence at the community

level, it is imperative to look at the many smaller communities that make up our state. New Mexico has many distinct populations and we need to be vigilant that we do our best to prevent language, culture, economic, and other differences from resulting in services being more difficult to obtain or access. We have seen through these studies that there have been many positive and creative initiatives in the communities of New Mexico. Hopefully we can build on those and encourage the dialogue around domestic violence to continue, ideally in each community's own language or within their own traditions, coming from within the community itself.

*An online directory of shelters and providers is available at <http://www.nmcadv.org> or call the National Domestic Violence Hotline at 1-800-799-SAFE (7233).

Who Needs Protection?

Children are harmed by witnessing violence between their parents. In 2004, 4,463 New Mexico children saw or heard violence between their parents in cases reported to law enforcement. Nearly 75% of those children were under the age of 12. Thirty percent of children victim witnesses as reported by domestic violence service providers experienced physical abuse and 5% experienced sexual abuse.¹

The most promising programs for interventions are partnerships with police and child mental health providers who provide immediate intervention to the child.

Harm to Child Witnesses

- Attachment disorders
- Violence in their relationships later in life
- Substance abuse
- Delinquency

1. Caponera B. *Incidence and Nature of Domestic Violence in New Mexico V: An Analysis of 2004 Data from The New Mexico Interpersonal Violence Data Central Repository*. June 2005

Anne and Thomas

Anne and Thomas started dating as teenagers and married shortly after their high school graduation. Their 20 year relationship was punctuated by frequent fights and periods of bizarre behavior. Sometimes Thomas would seclude himself in the couple's home, refusing to come out or speak to anyone for weeks at a time. Anne's mother, who lived nearby, said she suspected that Thomas hit and pushed Anne, but that Anne couldn't bring herself to leave him. The couple had three young daughters together.

Thomas suffered from manic depression and came from a family with a history of mental illness. Two of his uncles had committed suicide. However, despite repeated attempts,

Thomas' family could never get him into treatment. Perhaps because of his mental illness, Thomas had trouble staying employed, doing odd jobs here and there. For awhile he worked for a relative, but was eventually fired. Thomas' depression deepened and he refused to get out of bed for several days.

In 2001, Thomas' mother-in-law said that she noticed him behaving more and more strangely. He confessed to her that he wanted to deliver "one shot to the head to everybody," concluding, "I can almost taste it." Anne's mother was disturbed by his comments but, not taking him seriously, did nothing to intervene.

Several months after this disclosure,

Thomas fatally shot his wife, his three daughters, and then himself. One of his daughters was found dead in a closet after trying to hide from her father. The murders happened after a family party. Family friends had come to visit the couple and Thomas was behaving very erratically. He'd been drinking all day and, as he became increasingly intoxicated, he became more and more belligerent. The relatives began to leave but Thomas tried to restrain them, asking them to stay and "help him." After they left, Thomas carried out his plan with a recently acquired handgun.

IPV brings millions of American women to the health care system each year. Failure to recognize, treat and refer abuse can lead to adverse health outcomes, injury and potentially death. It is important for clinicians to be alert to symptoms or signs that could be associated with IPV, such as headaches, depression, insomnia, anxiety, vague abdominal or pelvic pain, and unexplained bruises. IPV also impacts mental health causing depression, anxiety, suicidality, post-traumatic stress disorder, mood and eating disorders, and substance dependence. Knowledge of abuse may influence assessment and treatment of the patient's health problems. Failure to detect IPV may result in unnecessary medical testing, inconsistent treatment, and will delay referral to proper services.

A recent study in an emergency department suggests analysis of clinical and demographic risk factors revealed no sensitive or reliable predictors of IPV. They concluded that all women should be screened. Another study looked at women who survived an attempted murder by their intimate partner. It showed that half the women did not realize their lives were in danger prior to the attempt. There was a wide variation in the intensity of violence the women had experienced previously, and many women lacked known risk factors for lethality. Clinicians, therefore, should not be falsely reassured by a woman's sense of safety and the lack of severe or escalating violence. Offering referral services to only those women who are seeking help will miss potential victims.

IPV deeply affects the whole family, and screening should therefore include investigation of children's safety. Children of battered women are estimated to be six to fifteen times more likely to be victims of abuse. Furthermore, research has demonstrated that children who witness violence at home are at risk for the same long-term emotional, developmental, social, and cognitive effects as children who are victims of abuse.

The psychological impact of IPV is severe and continues after the abuse is over. Psychiatric therapy and counseling are often prescribed for victims, children, and perpetrators, but has not had as much proven success as social or legal intervention in preventing escalation of violence. Successful IPV intervention involves the steps of identification, documentation, referral, assurance of safety, and therapy.

System Weaknesses

- Existing research on social, legal, and behavioral treatments for IPV lacks consistent methodology and analysis.
- IPV often goes unnoticed as a cause of physical and psychological injury in all health care settings.
- IPV health care education is not always a part of ongoing training for mental and physical health care professionals.
- Alcohol and substance abuse are highly prevalent in IPV, but referral and treatment of these conditions are often not made, and treatment programs are limited in number and funding sources are limited.

System Strengths

- There is an increasing number of Sexual Assault Nurse Examiner (SANE) Units in New Mexico, particularly in rural New Mexico.
- Health care providers are now required to document cases of IPV in the medical record.
- Some SANE units have begun examining IPV cases to document their physical injuries.
- There is increased screening for IPV among health care first responders.
- There is improved cooperation between care providers, physicians and victim assistance.
- IPV training has increased in some rural health clinics.

System Strengths (continued)

- A specialized program in IPV and sexual assault has been developed at the University of New Mexico Hospital for Emergency Medicine residents.
- There is improved EMS response to IPV incidents that includes strategies for keeping personnel safe while providing medical care, discussing injuries and medical complaints common to victims of IPV, and providing assessment cues to use on every call with every patient.

Recommendations

- Teach IPV warning signs, resources and opportunity for intervention to all health care providers and mental health practitioners through initial schooling and continuing education.
- Develop a series of IPV monitoring initiatives at hospitals and other health care sites statewide to get a more accurate picture of the magnitude, cost, and prevalence of the problem.
- Increase research on treatment and counseling for violence to give people support and options for alternative behaviors.
- Develop improved methods to determine the range of health care utilization by victims of domestic violence.
- Alert physicians and other health care professionals to risk factors associated with homicide-suicide in elderly populations. Such factors include relationships where an older male is caring for a female who is ill, the marriage is longstanding, the health care needs of one or both have changed, and the female is in, or about to be admitted, to an institution.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.

Laura and John

Laura and John had known each other since they were children growing up in the same trailer park, but they had only been seeing each other romantically for a couple months when Laura was murdered. John described his relationship with Laura as “intimate, but no dates.”

Laura was a teenage mom who had her first child when she was fifteen. At the age of seventeen, she had her second child and by the time she was twenty, she was living in and out of shelters in the Albuquerque area. Her children were taken from her custody a number of times and she struggled with addiction, homelessness, and a difficult

past. She complained of depression and fought often with her family.

John was younger than Laura, but his criminal history extended back to his teenage years and he was a member of a local street gang. He had been arrested for burglary, unlawful possession of a deadly weapon, and a parole violation.

On the day that Laura was killed, she was walking alone down the road away from her sister’s home where she sometimes stayed. John picked her up with three of his friends and took her out onto the open mesa outside of town where he shot her multiple times in the head and torso. John eventually

confessed to the murder and explained that he was angry with Laura for a number of reasons. She had recently told him that she thought she was pregnant with his child, a fact that made John unhappy. “She tried to, I don’t know how to explain this really, she tried to move in on me, you know, trying to get in, living in my house and me pay her bills,” John told the police. He was also upset that Laura had talked to her brother, a member of a rival gang, about her problems with John. Laura’s brother had threatened John and so John decided to get back at her.

Writing IPV legislation is challenging. New laws, which are intended to hold the perpetrator accountable for the harm done to victims, children, and society, may serve to adversely affect victims. For example, when legislation was created to mandate that law enforcement make an arrest at the scene of an IPV call, abuse victims were sometimes wrongfully arrested.

Assistance from legal experts and a wide range of other significant system components (health care professionals, judges, advocates) is essential to avoid the introduction of legislation that may have unintended adverse effects upon victims or systems that handle intimate partner violence-related problems.

There are several coalitions and agencies working towards legislative change. In 2003, the New Mexico Coalition Against Domestic Violence (NMCADV) assembled a multidisciplinary legislative committee that crafted several significant pieces of legislation. This group harnessed decades of professional experience related to intimate partner violence and achieved a consensus on legislative goals. Its membership includes seasoned representatives from all the major systems that intersect with victims of IPV. As a whole, the NMCADV legislative committee supports a coordinated local, regional, and statewide response to domestic violence.

In 2002, a statewide community advocacy group called the NETWORK was formed by experts in the fields of domestic and sexual violence. The NETWORK is working to end domestic and sexual violence in New Mexico. The NETWORK is an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations dedicated to strengthening policies, protocols and services to reduce the incidence of sexual assault and domestic violence in state and tribal communities. This mission is advanced through information and resource sharing, cross-training, identifying gaps, critical needs or duplications of services, fostering new partnerships, and collaborating on and supporting legislative efforts.

In 2003, the NETWORK developed a cross training curriculum for IPV and sexual assault (SA) providers that was implemented in Las Cruces and Santa Fe. This initiative helped providers identify commonalities and differences between the SA/IPV communities, and provided new information to enhance service delivery.

Violence Against Women Legislative News (2004)

- To improve the health care response to domestic violence, the New Mexico Legislature enacted new legislation that requires all health care providers to document instances of domestic abuse. Documented abuse in the medical record is often critically important in both criminal and civil proceedings. This legislation took effect on July 1, 2005.
- \$200,000 was allocated to conduct a domestic violence victimization survey, to determine the scope of IPV, sexual assault and stalking in New Mexico.
- Over \$700,000 was appropriated under the Batterer's Treatment Fund to provide appropriate 52 week treatment to batterers.
- \$400,000 was appropriated to Native American service providers to ensure that Native American victims of domestic violence begin to receive the services they need.

System Weaknesses

- Programs that serve victims of IPV through advocacy, prosecution, and court services are underfunded.
- Efforts to increase penalties for IPV failed to pass in the New Mexico legislature in 2005.
- Penalties for IPV are often not appropriate to the severity of the crime.

System Strengths

- Passage of recent legislation (see previous page).

Recommendations

- Pass legislation to permit law enforcement agencies to seize firearms at IPV crime scenes for safe-keeping.
- Increase penalties for IPV to allow the court jurisdiction over perpetrators for a longer period of time.
- Make cyber-stalking a crime in New Mexico.
- Allow orders of protection against minors.
- Allow law enforcement to arrest without a warrant for IPV beyond the scene of the crime.
- Remove the presumption of joint custody when one parent has committed an act of IPV against the other parent.

First Lady Barbara Richardson's Task Force on Domestic Violence

The task force completed its report to the Governor in June 2004. The report included numerous recommendations for law enforcement, prosecutors, the judiciary, health care providers, children's issues, special populations, the business community, batterer intervention and legislation. Many of those recommendations were similar to concerns expressed by the Homicide Review Team in previous years. One of the recommendations was to create a position of statewide Domestic Violence coordinator, or "czar." In July 2004, Governor Richardson created the position.

How Can We Identify the Danger in Cases of Domestic Violence?

While it may not be possible to predict which abusive relationships will result in homicide, there are good reasons to assess risk. The questionnaire on the next page was developed by researchers to facilitate victims' understanding of dangers they may be facing. While it is a tool to improve clinical assessment, it is also a mechanism for victims as they begin to reflect upon their futures. For more information about Danger Assessment visit <http://www.dangerassessment.org/>.

One of the remarkable and yet troubling aspects of the following case synopsis is the broad range and level of effort by friends and acquaintances to help Maggie get out of her relationship with David. If there is a unifying thread it is simply that they all had deep reservations about David, recognized the danger she was in and wanted to help Maggie heal and move on with her life.

Maggie and David

One day, David borrowed his wife's car to go out with friends. His wife, Maggie, stayed home and spoke with her mother on the phone. Maggie and David, both in their early twenties, had only been married a short time and Maggie was worried about one of David's ex-girlfriends. David and his ex-girlfriend had a child together and Maggie was a little jealous about the time they spent together. When David returned home that night, he and Maggie began to argue. "Get over it," David said to Maggie, "She's the mother of my son and she's going to be in my life." The argument escalated.

David had a long history of domestic violence. His ex-girlfriend, the mother of his son, explained to police that David was jealous and short-tempered. "I tried leaving him several times before it stuck," she told police. "At times, when I wanted to leave, David would start crying. He would say he was sorry, he would promise to get help, he would beg me back, and I don't know why, but I would stay."

The same was true in his relationship with Maggie. He hit her repeatedly but, if she left him, it was always temporary; she would always come back. Maggie's family, her teachers, and an armed forces recruiter she'd spoken with all knew that David was abusive and yet no one could talk her out of the relationship.

David also had a history of abusing alcohol and cocaine. He was unemployed at the time of Maggie's murder and easily angered.

Maggie's aunt encouraged her many times to leave David. In a statement to police, Maggie's aunt explained that her niece had come to her house and showed her a large gash on her arm and bruises on both her shoulders. "Maggie said that David was home when her ex-boyfriend called her and that David became in a fit of rage and hit her with the phone and threw her down the outside stairs," said the aunt. "That day we talked all day with her, she said she would leave David, but later that night she went back to him again."

Maggie was also close to her employers, a husband and wife that ran a local business. Maggie confided in them as well about David's abuse. One of the employers reported that she had offered Maggie the option to come and live with her if she was in an abusive marriage. She said Maggie never took up the offer. She also told Maggie that she needed help and shared with her that there were other options. She even told her about a local program for victims of domestic violence.

The night that Maggie and David argued about his ex-girlfriend, Maggie was fatally shot in the head. David told police that his recently purchased .38 caliber handgun was sitting on the kitchen counter and that, during the argument, Maggie picked up the handgun and pointed it at her forehead. When David reached for the gun, he said that it accidentally went off. David eventually pleaded guilty to voluntary manslaughter.

Danger Assessment

DANGER ASSESSMENT

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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No	
___	___	1. Has the physical violence increased in severity or frequency over the past year?
___	___	2. Does he own a gun?
___	___	3. Have you left him after living together during the past year?
___	___	3a. (If have never lived with him, check here ___)
___	___	4. Is he unemployed?
___	___	5. Has he ever used a weapon against you or threatened you with a lethal weapon?
___	___	5a. (If yes, was the weapon a gun? ___)
___	___	6. Does he threaten to kill you?
___	___	7. Has he avoided being arrested for domestic violence?
___	___	8. Do you have a child that is not his?
___	___	9. Has he ever forced you to have sex when you did not wish to do so?
___	___	10. Does he ever try to choke you?
___	___	11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
___	___	12. Is he an alcoholic or problem drinker?
___	___	13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
___	___	14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
___	___	15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
___	___	16. Has he ever threatened or tried to commit suicide?
___	___	17. Does he threaten to harm your children?
___	___	18. Do you believe he is capable of killing you?
___	___	19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
___	___	20. Have you ever threatened or tried to commit suicide?
___	___	Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Key Recommendations

- Pass legislation to permit law enforcement agencies to seize firearms at IPV crime scenes for safe-keeping.
- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of domestic violence.
- Promote policies in the educational system that help students, teachers and administrators respond to problems associated with IPV.
- Improve victim notification services by strengthening communication between the courts, corrections, and victims.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates.
- Increase the frequency with which victim advocates respond to IPV crime scenes throughout New Mexico.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.
- Encourage the media to report on the availability of assistance for IPV victims at the time they report on such crimes.
- Enhance community education to link IPV and other major public health concerns to increase public awareness and community support.
- Provide technical assistance to tribes interested in developing the fatality review process.
- Encourage a statewide review of sentencing patterns for all IPV-related crimes.
- Strengthen the civil legal response to provide long-term independence and stability for victims.

Conclusion and Forward to Case Synopses

IPV is a major public health, social, and criminal justice problem in New Mexico. Every year in our state, an average of 16 people are killed by an intimate partner. Our review identifies some of the obstacles victims may have encountered and highlights possible solutions to improve services and to prevent future violence and death. The issue of IPV deserves our serious attention.

Our ongoing analysis of these cases often raises more questions than provides answers. If we are to prevent future IPV-related injuries and deaths, what kinds of civil and individual commitments need to be strengthened? What kind of support does our society give to families and couples when they begin to experience forces that can tear them apart? Are there fundamental disconnections between social policies and the risk factors associated with IPV homicide? How can communities become more involved with addressing these problems?

This report presents an opportunity to probe the nature of IPV in our society. It can be used as an instrument for reflection as well as a statement of the problem and a source of recommendations. We hope that readers will dig deeper into the root causes of IPV, rather than take a hardened or passive view of the fatal outcomes contained in this report.

Forward to Case Synopses

We have included individual case synopses in the following pages that provide a picture of lives that have been lived and lost. Although the names are fictional, they are actual events. We present them here to illustrate some of the complexity and variability of the homicides our team reviewed. Each case is devastating. Each story, however, can lead us forward in the areas of prevention and in the formulation of new social policies. Some of these cases present clues that went undetected and in some cases any clues remain elusive or unknown. While in the past 50 years IPV has moved largely from the shadows and is now openly recognized as a community and social problem, every year there are still victims of IPV-related homicide. Future success in eliminating IPV is largely dependent on the manner in which individuals and communities collectively reflect and ultimately take action towards long-term social change. It is well understood that social behaviors do not change overnight, one just needs to look at the legacy of oppressive policies in our society to know that cultural change can be tenuous at times, but also very real and substantive. Social and cultural change in the areas of IPV needs to be addressed at every level of society. In the same way that almost everyone has a context in which they understand IPV (on a personal level or on the level of having known or heard of someone who has been injured or killed by a partner), everyone has a stake in seeing the problem eradicated and facilitating the end to this particular type of violence.

According to law enforcement reports Maria Elena, age 25, and Anthony, age 24, had been dating for less than a year. When officers arrived at Maria Elena's apartment they learned that a ten year old girl had discovered the crime scene of a murder-suicide involving a handgun. The ten-year-old girl was on her way to get her hair cut by Maria Elena when she saw Maria Elena's four-year-old son staring at her partially open front door. When the ten-year-old saw what Maria Elena's child was looking at she grabbed her and ran away. About four months before the murder suicide, Maria Elena was beat up by an ex-boyfriend (the father of her son) who after assaulting her threatened to take her child away from her.

James was hanging out with some friends watching a Laker game on a summer night. After the game, they decided to rent a hotel room to party in and call some girls they knew. Throughout the evening and night they were drinking beer and using cocaine. One of the friends, John, called Maria, the victim in this case. After she arrived, James asked the other guys to leave for a while since he wanted some time alone with Maria. James had been seeing Maria on and off for a brief period of time since she broke up with her abusive boyfriend. For the previous six months, Maria had been living at home. Her mother reported that her ex-boyfriend was physically abusive with her and that she had to be hospitalized twice because of the abuse. Later in the night, John and a friend returned to pick up James. Apparently, Maria was going to stay the night at the hotel. What John did not know was that James had a previous relationship with Maria. They had met three years prior outside a movie theater and saw each other periodically for a short time. After they all left the hotel together, James later returned. After his arrest, James stated to authorities that when he returned to the hotel, Maria let him into the room, but they ended up getting in an argument after which he returned to John's vehicle (which he took without John knowing) and grabbed a bungee cord. He later strangled Maria after attempting to rape her. James accepted a plea bargain of second degree murder. He was sentenced to fifteen years with nine years suspended, an actual term of six years.

Anthony and Sara returned home from an evening out dancing. According to their teenage daughter, they were arguing because her father had accused his wife of see-

ing someone else. As Sara prepared for bed, Anthony got her to come outside with him. The daughter then heard her mother screaming. Anthony came in the house with blood on his bare chest and ordered the daughter to get him a shirt and go with him. Anthony then forced his wife into the rear cargo area of their car and they drove out to a secluded national forest. The daughter tried to get her father to stop and help, but her father told her to shut up or he would hurt her too. When the vehicle stopped, Anthony dragged Sara from the vehicle. Their daughter ran behind a tree and put her hands over her ears so she would not have to hear her mother yelling for help. A short time later, Anthony told his daughter that it was done and got a shovel and a rope from the car. He stepped onto a stump and tied the rope to a tree. He looped the rope over a branch and placed his neck into the slip knot. He secured it tightly around his neck and hung himself.

Jeremy and Claire met each other in 1999 while they were both employed at a local restaurant. Jeremy was a cook and Claire was a waitress. Their relationship was turbulent and volatile. Six months before her murder, Claire kicked Jeremy out of her house, but he was eventually allowed back. Neighbors, friends, and family said that the couple regularly argued, but the extent and frequency of any physical abuse was unclear. Jeremy was frequently out of work and was often described in witness interviews as a "couch potato" who drank too much. Claire's young children did not have a high regard for him either; they "tolerated" his presence, but generally did not like him. On an early winter morning in 2001, the police were dispatched to Claire's residence after receiving a phone call from Jeremy's parents. They reported that their son had just called them and confessed to killing Claire. When officers arrived and entered Claire's residence they found her dead in the master bedroom, face down and naked on her bed. Jeremy admitted to strangling Claire and staging the crime scene. The murder was committed while Claire's children were present in the home. Jeremy pleaded to second degree murder, the sentence for that offense was aggravated and a one year habitual was imposed. He also pleaded guilty to three counts of child abuse and one count of tampering with evidence. He was sentenced to 26 years in prison.

Lawrence and Caroline were legally divorced for five years, but maintained a sporadic relationship where they lived together on and off after the divorce. According to a relative, three weeks before her sister's homicide, Caroline wrote Lawrence a note asking him to move out since she feared telling Lawrence to leave in person. Caroline left town after leaving the note, in order to give Lawrence a chance to move out, but he never did. When she returned, she removed a gun from the apartment belonging to Lawrence, and took it to a friend's home for safe-keeping. Caroline told another relative that she was ready to ask Lawrence to leave again, but she remained fearful because of recent comments from Lawrence such as "if I can't have you, no one can." On the night of Caroline's murder, their son Michael was over for dinner. He stated he was not paying much attention to his parent's conversation until he heard his father mention something about his truck getting broken into. Michael asked about it, and his father told him the truck had been messed up, and he should go look at it. Michael stated his father told him he had parked it a little ways away because there was not any parking. When Michael walked out the door and found his father's Ford near the apartment, he didn't see any damage. At that moment, Michael became scared because his mother told him to never leave her alone with his father because she was afraid he would hurt her. When Michael returned to the apartment, the door was locked, his mother and father were arguing, and it sounded like his mother was struggling to get to the door when he heard three shots. Upon forced entry into the house, authorities learned that Lawrence killed his wife then himself.

Erica and David were married for ten years. It was Erica's second marriage and she hoped for better circumstances to raise her daughter. On a winter night in 2002, Erica's teenage daughter was out with some friends. Close to midnight, she returned to a cold and quiet home. She noticed a solitary light on in her mother's room. Something did not feel right to her. She knocked on her mother's door. There was no response. She knocked again and tried the door. It was locked. She kicked open the door. As she entered the room, she found David on the floor partially covered by a blanket. There was a red tie around his neck and he was shirtless. She immediately approached her mother, rolled her onto her back, and realized she was dead. She called 911 and ran

to a friend's home down the street and returned when medical personnel and the police arrived. David gave a voluntary statement to authorities recounting the events that preceded the murder. According to David, earlier in the day he picked up Erica from work. As they drove home they began to argue about his crack cocaine habit and not having a job. David stated he had been smoking crack for most of the day and that Erica knew it. At home, the arguing continued. After Erica's daughter left for her friend's house they started arguing some more. Eric said that he "lost it" and wrapped his right arm around her neck and began strangling her. After strangling her for a short time, he realized what he was doing, but by the time he stopped she was already dead. Suicide then occupied David's thoughts. After letting Erica fall to the floor, he attempted to kill himself by slicing his wrists several times. When this attempt failed he procured a necktie and tried to hang himself from a door-knob. This attempt also failed. David pleaded guilty to voluntary manslaughter and false imprisonment. He was sentenced to six years in prison.

John and Kristen were married for a little over 20 years. A few days before the New Year, she was attacked from behind by her husband while working alone one morning. He used the rope from a heavy duty mailbag to strangle her and then crushed her skull with a tire iron. John then drove home. He said hello to one of his daughters who was standing beside the kitchen sink, stepped into the bathroom and shot himself in the head with a .22 caliber handgun. He later died at the hospital. There were no domestic violence-related records for this couple. They had no criminal history. No drugs of abuse or alcohol were discovered during routine toxicology.

Just after the New Year in 2001, the New Mexico State Police surrounded and stopped a limousine in the parking lot of a casino. Authorities believed that the suspect in a triple murder that occurred earlier in the day at a local hotel was inside the limousine. After the driver exited the vehicle, Jimmy surrendered himself to a trooper. He then directed officers to a handgun in the limousine and confessed to shooting his girlfriend Maria and her two children in the head. A few months before Maria's homicide, the couple appeared to have had a serious falling out. Maria attempted at this time to obtain welfare benefits from the state, but was denied. There

was no police history for this couple, but there were records that indicated Maria was physically abused during a previous relationship. Jimmy was convicted, pursuant to a guilty plea, of three counts of first degree murder, two counts of tampering with evidence, and one count of residential burglary. He was sentenced to three consecutive life sentences plus six years.

Sheriff's Department deputies arrived at a local residence in response to two possible dead bodies. When the deputies arrived, Janet, the 911 caller and life-long friend of Tammy was inside the residence with the decedents. Janet arrived earlier in the evening to check on Tammy. The day before, she reported that Tammy and Leonard had been in a fight, after which she came over to visit with Tammy. Tammy died from a self-inflicted gunshot wound to the head and Leonard died from a gunshot wound to the chest. She had a blood alcohol level of 0.128% and Leonard's blood alcohol registered at 0.227%. He also tested positive for morphine. Various psychiatric medications were also present in Tammy's apartment. Both subjects had Hepatitis C. Janet reported that Tammy and Leonard had been together as a couple on and off since the summer and that they frequently got into verbal arguments. There were occasions when Leonard was physically abusive with her. She also commented on Tammy's mental illness, alcohol abuse, and financial problems. She suspected that Tammy may have been using heroin on and off since she met Leonard. Leonard was homeless and stayed with Tammy from time to time. Leonard's criminal history was extensive with crimes ranging from DWI, robbery with a deadly weapon, several assault cases, public drinking, criminal trespassing, disorderly conduct, resisting arrest, and a DV-related arrest. Janet stated that in the past Tammy talked about suicide and specifically mentioned shooting herself. About one month prior to these deaths, law enforcement had to forcefully take a revolver from Tammy and she was subsequently admitted to a hospital for psychiatric reasons. She also was arrested for an aggravated DWI around the same time. An ATF firearm trace of the handgun used by Tammy revealed that she purchased it four days before the crime.

One fall morning in 2002, oil field workers in rural New Mexico discovered the body of 28-year old Samantha. She had been shot ten times with a .22 caliber rifle, run

over by a vehicle and dragged about 2,000 ft. Evidence of injury also included a half dozen different fractures, blunt force injuries of the head, neck, thorax, abdomen, and extremities. Later that afternoon, sheriff's deputies apprehended a 20-year old named Billy. He was driving Samantha's car and maintained he was innocent of the killing. Billy was a high school graduate and worked odd jobs. He was involved in petty crime and appeared to have been trying to develop criminal associations with members of the Mexican Mafia who were involved in drug trafficking. At the time of his arrest, he was under the influence of methamphetamine and in possession of counterfeit money that he made using a low quality printer. During the year preceding the homicide, he abused methamphetamine and lost upwards of 100 pounds. One of the detectives that interviewed Billy said that he was on a two or three day binge before the killing and possibly paranoid that Samantha might leave him and reveal his criminal activities to authorities. At different times, Samantha's mom and dad encouraged her to get out of the relationship. They noted that on numerous visits with their daughter, Billy would sometimes call demanding one thing or other from her. They felt that Billy would come and go as he pleased and that he was known to have made his own key for Samantha's vehicle so he could use it as his convenience. Billy was sentenced to 27.5 years in prison for second degree murder, three counts of tampering with evidence and one count of larceny. The larceny charge stemmed from the fact that Billy, after killing Samantha, took several of her possessions and either gave them away or attempted to hawk them. According to the judge in this case "he didn't show any sorrow."

Larry, a retired physician, was married to Pamela for 30 years. He shot his wife in the head and abdomen and turned one of his many guns on himself. A note demanding a divorce was found in a wastebasket near his corpse. Larry was diagnosed with severe depression and suffered from degenerative arthritis. He started collecting firearms around the time he retired. According to witness interviews, his relationship with Pamela was increasingly strained. They lived in separate parts of their home, frequently communicated via notes, and both of them were engaged in extramarital affairs at some point during the course of their last year together. Prior to her death, Pamela confided in a family friend that she wanted to

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leave the relationship and move back east, where one of her daughters lived. She expressed fear for her life in the weeks preceding her death. According to a family friend, Larry was recently upset about Pamela spending too much money and jokingly threatened to kill her.

Amy got off of work a little early from her job at a local company. She asked a co-worker for a ride to the trailer she shared with her boyfriend, Larry. Her brother, Tony, also lived there, but he was not around when she arrived. It was late afternoon and the sun was still out when Amy got home. Larry was also home and he had some beer to share. They cracked open a few, but after a while they started to argue. According to Amy, the argument started over “lies about employment” and escalated into a physical confrontation that involved kicking, punching, and choking. Amy eventually produced a kitchen knife and stabbed Larry two times, delivering one wound to the right side of his chest and the other to his right arm. Larry was on the living room floor and bleeding from his right side when Tony came home. Larry got up towards the door to leave when Tony held him back and Tony pulled his fingertips from the door. Tony then put Larry in a chokehold and released him after he was unconscious. After they realized that Larry was dead, they contemplated on how best to dispose of the body. When they ruled out burning the trailer down with Larry inside, the time was after midnight. Around 2 AM, they carried Larry to their pick up truck, placed him in the passenger seat and drove east out of town, stopping only to bury him in a shallow grave near a ditch along a desert highway. Tony is still at large and Amy accepted the terms of a guilty plea and is currently serving out a prison term of 7.5 years.

Early in the spring of 2001, police officers were dispatched to an abandoned trailer in reference to an anonymous call that a dead man and a women were trapped inside. When officers arrived they approached the trailer and knocked on the door. A woman, later identified as Susan, answered. She appeared to be very intoxicated and stated that everything was fine. Officers asked if they could look around and she allowed them to do so. Inside the trailer, officers found the body of a dead man behind a bathroom door. Susan then confessed to killing her boyfriend, Jaime. They had been seeing each other for only two months. During her statement to investiga-

tors, Susan said that she got upset with Jaime because he was giving her a hard time about her drinking. So, she waited until he passed out from his own drinking and tied his hands behind his back with an electrical cord. She then wrapped another electrical cord around his neck and pulled it until he stopped breathing. After he appeared dead, she untied Jaime and dragged him into the trailer’s bathroom in an effort to conceal his body. The cause of death was ligature strangulation and toxicology results indicated a 0.215% ethanol level. No drugs of abuse were detected. Susan and Jaime were homeless. According to one of her friends, she had been homeless for over five years. She met Jaime, a 21-year old undocumented immigrant at a local shelter. The residence where the offense occurred had been vacant for two years and was frequently broken into and utilized by transients. Susan and Jaime had been living there together on and off for about two months. No criminal history information was available for Jaime, but Susan previously spent five years in prison for attempted murder. Susan pleaded guilty to second degree murder and tampering with evidence. She is currently serving a sixteen year prison term.

Tanya got off of work from her job from a local health care clinic and headed into town. What she didn’t know was that her ex-husband, Nathan, had followed her in his vehicle. Several miles down the road he pulled up to her vehicle and fired several shots from his 9mm pistol into her car and forced her off of the roadway. Her vehicle flipped once after which law enforcement officials believe Nathan stopped his car and proceeded to discharge several more rounds into her body. Nathan then drove a mile and a half down the road, pulled into a vacant field and put a bullet into his head. Nathan’s mother noted that during a conversation three days before the killing he was having a difficult time coming to terms with the divorce and specifically mentioned that he was “going crazy” over the fact that Tanya entered into a new relationship. He alluded to “just disappearing” if events surrounding the divorce got too tough for him. One week before the killing, Nathan told Tanya’s mother that “everyone was out to get him.”

During the winter of 2001, officers responded to a suicide call at the mobile home of Clyde. When they arrived, Clyde claimed that his ex-wife, Dolores,

sequestered herself in his bedroom and shot herself in the head with a 12 gauge shotgun. During the investigation, detectives discovered that the shotgun used was daisy-petaled and there were potato fragments scattered about the bedroom. This discovery led authorities to believe that Clyde used the potato as a silencer and they proceeded to process the scene as a possible homicide. Clyde was eventually charged with murder and in 2003 he was found guilty of second degree murder and tampering with evidence by a jury and received a 16.5 year prison sentence.

Jonas and Elizabeth started dating in the fall of 2001 after they met at a local grill. One night they went out drinking together. There were not any obvious problems. They went to his house. That night, there was apparently an argument. They started to hit each other. During the scuffle, Elizabeth stabbed Jonas in the chest with an ordinary steak knife. An autopsy revealed the cause of death as a single stab wound that severed a coronary artery. After Elizabeth stabbed Jonas, she attempted crude first aid, apparently stayed the rest of the night with him, then covered him with a blanket and left. She did not call police or rescue until two days later while at a lawyer's office. Her attorney contacted the authorities stating that an unnamed female client (Elizabeth) told him where a "dead body" was to be found. On advice of her lawyer, she never submitted to a formal police interview so she never gave an indication of what led up to the stabbing. Elizabeth struck a plea agreement with the prosecution and was sentenced 7.5 years for voluntary manslaughter.

Tanya lived alone with her young son in an apartment near the foothills. She had been having troubles with her boyfriend over the past six months. Early one morning, she knocked on her neighbor's door hoping to use a telephone. Tanya was clad in a long nightgown and possessed a bloody steak knife in her left hand. When her neighbor answered the door Tanya told her "I stabbed him. Call 911." The neighbor explained to Tanya that she did not want to get involved and closed her door. Tanya went over to another neighbor's apartment and knocked on her door. This neighbor allowed Tanya to use the phone. She dialed 911 and hung up. Tanya then went back to her apartment and got her son and left the tenement complex taking the murder weapon with her. She dropped her teenage son off at her ex-husband's house,

showered and returned to the crime scene. She was arrested shortly thereafter and ultimately charged with murder and tampering with evidence. Her boyfriend, Eric, died outside of Tanya's apartment from a penetrating stab wound of the chest. Tanya stated that he was trying to break into her house and she wanted to protect her son, so she stabbed Eric through an open window. She received a one year prison sentence for voluntary manslaughter.

Shortly after the New Year, Scott walked into the offices of a local title company and requested that all of his property be transferred into his mother's name. His next stop took him to the city clerk's office to have the title transfer recorded. Shortly after that, he called his mother and wished her well, emphasizing that he loved her. He later called his ex-wife Jamie and told her that he had a surprise gift for their daughter and asked Jamie to visit with him at his residence when she got off of work. They were living at separate residences for the past year. When she arrived at his mobile home alone, an argument ensued during which Scott produced a claw hammer and struck Jamie numerous times over the head until she was unconscious. After the beating, Scott dragged her body along a cement walkway and placed her into the trunk of her car. Scott then drove down a rural state road, parked the car and lit it on fire with gasoline. A couple of state workers happened to notice the car fire from a distance and notified the police and fire department. Scott pleaded guilty to second degree murder and attempted kidnapping charges. He received 20 years for the former charge and nine years for the latter.

Tony, age 45, had his son drive him to the residence of his ex-girlfriend, 35-year old Amanda. As far as Amanda was concerned, their four year relationship was over and she became furious when Tony showed up at her door. She demanded that he leave and they began to argue. During the argument, Tony told her that he was going to kill her and burn down her house at which point Amanda reached behind her front door where she kept a loaded assault rifle and pointed it at him. Amanda fired off a warning shot and Tony, unarmed, responded by telling her off. Amanda's son heard the shot and raced to the front of the house and tried to get his mother to relinquish the rifle. She told her son to back off, raised her rifle and shot Tony twice striking him in the chest and

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arm. After Tony collapsed, Amanda called 911 and told the dispatcher that she just shot her ex-boyfriend. Tony was pronounced dead at the scene. His toxicology report indicated a high level of ethanol and methamphetamine. Both subjects had an extensive criminal history punctuated by domestic violence, various levels of assault, burglary, drug distribution, and witness intimidation. There were approximately 50 prior police reports for the victim and about 30 for the perpetrator. Amanda pleaded guilty to voluntary manslaughter and received a seven year sentence, three years of which were suspended for an actual term of four years.

Camron, a resident of a rural county, was driving southbound on a country road when he passed an SUV on the shoulder with two occupants that appeared to be sleeping. After noticing a handicap insignia on the license plate, Camron pulled over to see if any assistance was needed. He walked up to the SUV and while looking through the windshield observed two dead bodies. Authorities identified 47-year old Aaron as the perpetrator of a murder-suicide in the front seat with a self inflicted gunshot wound. His 37-year old girlfriend, Lisa, was in the passenger seat with a gunshot wound to her neck. Aaron was recently divorced, disabled, and experiencing serious financial problems at the time of the murder-suicide. About two weeks before the murder-suicide, a mortgage company foreclosed on his home. Earlier in the year he had lost custody of his teenage daughter. Lisa was also recently divorced. Law enforcement records indicated that her ex-husband was arrested on two counts of felony aggravated assault against her. Neither Aaron nor Lisa had any documented criminal history. According to witness interviews, Lisa had been talking about breaking up with Aaron in the weeks before her homicide.

Jill, age 17, and her 18-year old boyfriend Todd had dated for about two years. There was physical and emotional abuse. Jill had recently decided to leave the relationship. Friends reported that she was physically abused by Todd on several occasions and her mother had recently approached school officials with a report that Todd was stalking and harassing her daughter. The night before Jill was killed she went out with some friends. Todd got word of this and was jealous and mad. The next morning he went by her house and was pounding on her

door, but she did not answer. Later in the day, Todd showed up again with a rifle he had recently stolen from a relative and broke into Jill's residence and shot her. He then called the police, reported a double homicide and fled outside. When authorities arrived at the crime scene, one of the responding officers heard a gunshot. When they converged upon a vehicle near Jill's residence they discovered that Todd had shot himself in the head. They found Jill in her bedroom. She had been strangled with a belt and was shot in the head.

A rancher in rural New Mexico was taking stock of his spread one afternoon when he noticed a bull among some of his calves in an area of pasture on the outskirts of his property. When he approached the pasture to remove the bull, he detected a strong odor from an area beneath a tree. A closer inspection revealed a half dug grave and two badly decomposed bodies. Nearby, there was a car with out of state plates that the rancher recalled had been parked there for a couple of weeks. The victim, 47-year old Joanne and the perpetrator, 54-year old Larry, were from Colorado and lived in the same apartment complex. Larry lived with his wife and Joanne lived upstairs. About a month before the murder-suicide, Larry left his wife unannounced, took a few of his possessions, and left town with Joanne. Very little information was available about the victim and perpetrator, there was no criminal history for either of them and no significant details about their respective social histories. Police recovered steel handcuffs, duct tape, a pistol, and two flex cuff packages from the trunk of the perpetrator's car. An additional cuff was fastened in the back seat as if to prevent a person from being able to escape.

MEDICAL

1. Campbell JC, Webster D, Koizol-McLain J, *et al.* Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health* 2003;7:1089–1097.
The authors conducted an eleven city case control study seeking to identify risk factors for female homicide in abusive relationships. Several risk factors were identified over and above previous intimate partner violence. They include an abuser's lack of employment, access to a firearm, separation after cohabitation (higher risk with excessively controlling abusers), having a child living in the home who was not the abusive partner's biological child, and abusers' previous threats with a weapon and threats to kill.
2. Zachary MJ, Mulvilhill MN, Burton WB, *et al.* Domestic abuse in the emergency department: Can a risk profile be defined? *Academic Emergency Medicine* 2001;8:796–803.
The authors conducted a study of women presenting to the emergency department for IPV. Their analysis of clinical and demographic risk factors revealed no sensitive or reliable predictors of IPV. They concluded, therefore, that all women should be screened for IPV.
3. Wathen NC, MacMillan HL, Nadine MA. Interventions for violence against women, scientific review. *JAMA* 2003; 289:589–600.
The authors reviewed IPV related health care literature concerning interventions that seek to prevent the abuse of women. Twenty-two articles were identified for review and rated good, fair, or poor. Most of the reviewed studies received a rating of poor due to methodologic flaws. The authors concluded that "information about evidence-based approaches in the primary care setting for preventing IPV is seriously lacking." Therefore, the evaluation of interventions to improve the outcome of female IPV victims "remains a key research priority."
4. Nicolaidis C, Curry MA, Ulrich Y. Could we have known? A qualitative analysis of data from women who survived an attempted homicide by an intimate partner. *Journal of General Internal Medicine* 2003; 18:788–794.
The authors conducted a qualitative study of women from six different cities who were almost killed by an intimate partner. The study did not seek to validate risk factors for female homicide. Rather, they examined perceptions of risk, and the context surrounding the attempted homicide. Results of the study indicated that nearly half of the victims did not suspect that their lives were in danger. However, 93% of the women in this study had previously experienced violence by their partner who almost killed them. The study concluded that clinicians should not be falsely reassured by a woman's sense of safety, by the lack of a history of severe violence, or by the presence of few classic risk factors for homicide.
5. Gundersen L. Intimate partner violence: the need for primary prevention in the community. *Annals of Internal Medicine* 2002; 136(8):637–640.
The author argues that for historical reasons tertiary prevention of IPV has received the majority of attention and resources in a clinical setting. Only recently has primary prevention such as routine screening for IPV been expanded for women and to a lesser extent screening for men to see if they are at risk for committing violence. The author highlights specific programs to prevent IPV and provides a useful glossary of terms. Zero tolerance and public education are identified as effective prevention strategies that should take place at the community level to influence cultural change.
6. Zink T, Elder N, Jacobson J. How children affect the mother/victim's process in intimate partner violence. *Archives of Pediatrics & Adolescent Medicine* 2003; 157(6):587–592.
Researchers from the University of Cincinnati interviewed 32 mothers living in an IPV shelter about their abuse histories, perceptions about the effects of abuse on their children, and the manner in which they would like to be treated in a health care environment. They concluded that for over half of the subjects, something the child did or said catalyzed their seeking help. The children's attachment to the abuser was sometimes identified as a reason to delay getting help. Lastly, mothers looked towards their children's physicians for IPV resources and non-blaming education on how IPV affected their children.

COST & PREVENTION

7. National Center for Injury Prevention and Control. *Cost of intimate partner violence against women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention; 2003.
Available at http://www.cdc.gov/ncipc/pub-res/ipv_cost/
The authors, researchers at the Centers for Disease Control, estimate the cost of Intimate Partner Violence against women in the United States based on the incidence of IPV in a given year (1995). Intimate partner rape, physical assault, and stalking costs exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health care services. The total costs of IPV also include nearly \$0.9 billion in lost productivity for victims of nonfatal IPV and \$0.9 billion in lifetime earnings lost by victims of IPV homicide. The hidden costs of ineffective health care, relapses, and the harm generated by failure to intervene with clients are not included in this report.
8. Rosewater A. *Promoting prevention, targeting teens: an emerging agenda to reduce domestic violence*. San Francisco (CA): Family Violence Protection Fund; 2003.
Available at <http://endabuse.org/field/PromotingPrevention1003.pdf>
The author, a researcher for the Family Violence Protection Fund, summarizes much of the findings available on youth that are at risk of violence and suggests steps for building a new domestic violence prevention agenda centered on promoting healthy relationships among teens and young adults. One of the key findings of the study is that prevention has largely been absent from public policy and programs, which focus primarily on adult victims, crisis response and criminalizing domestic violence.

PUBLIC POLICY

9. United States Department of Justice. Intimate partner homicide. Washington (DC): *National Institute of Justice Journal*, 2003;250. Available at <http://www.ncjrs.org/pdffiles1/jr000250.pdf>.
This issue of the NIJ Journal focuses on homicides committed by the victim's spouse or other intimate partner. There are several review articles that synthesize some of the recent literature on IPV. The article surveys the current thinking about risk factors, the role of substance abuse in domestic violence cases, the effectiveness of domestic violence services and the benefits of the fatality review process.
10. Websdale N, Moss H, Johnson B. Domestic violence fatality reviews, implications for law enforcement *The Police Chief* July 2001; 65–74.
The authors' central arguments concern the utility of IPV death review teams for law enforcement. When conducted appropriately, recommendations developed from IPV death review teams have been shown to improve law enforcement agencies response to IPV, assist in future officer training, and enhance the coordination of policing activities with other agencies involved in dealing with family violence. Some of the goals of IPV death review teams include preventing future IPV related death or injury and influencing the improvement of services for female victims and their children.

NEW MEXICO

11. Caponera B. *Incidence and nature of domestic violence in New Mexico: an analysis of 2004 data from the New Mexico interpersonal violence data central repository*. 2005.
The author presents data on the prevalence of IPV in New Mexico based on reporting from law enforcement agencies, district and magistrate courts, and IPV service providers. Victim and perpetrator demographics, types of injury, weapons used, data on children victim-witnesses, mental and physical health care costs, and convictions are provided. This report contains the most concise and current data available on IPV related crimes in New Mexico and has been acknowledged by the CDC and Department of Justice as a good model for other states to emulate.

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