

New  
Mexico  
Intimate  
Partner  
Violence  
Death  
Review  
Team

Annual Report

2012

The 2012 Annual Report includes a description of the Intimate Partner Violence Death Review Team and its activities, as well as aggregate case review findings and recommendations published by the Team from its review of calendar year 2009 cases.

**Findings &  
Recommendations  
from CY2009  
Intimate Partner  
Violence Deaths**



January 1, 2013

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

Governor Martinez:

On behalf of the Intimate Partner Violence Death Review Team (Team), I am pleased to present to you our 2012 Annual Report. This report outlines findings and recommendations from the Team's review of intimate partner and sexual violence related deaths that occurred in New Mexico in calendar year 2009. The report of findings begins on page 9 and recommendations can be found on page 19. The report also provides a summary of the Team's 2012 activities and highlights the activities of agencies who are engaged in work consistent with the Team's recommendations from previous review years.

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

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

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

Sincerely,



Quintin D. McShan, 2012 Team Chair  
Captain, New Mexico State Police

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

## Table of Contents

Executive Summary .....	2
Acknowledgments.....	4
About the New Mexico Intimate Partner Violence Death Review Team.....	5
Definitions.....	8
New Mexico Deaths Related to Intimate Partner Violence or Sexual Assault During Calendar Year 2009.....	9
Reviewed IPV or SA-Related Homicide Deaths, CY2009.....	10
Reviewed IPV or SA-Related Suicide Deaths, CY2009 .....	18
2012 Team Recommendations.....	19
2012 Team Activities.....	27
Recommendation Updates .....	31
Appendix A: Statutory Authority for the Domestic Violence Homicide Review Team .....	35
Appendix B: Team Membership.....	37
Endnotes.....	39

## Executive Summary

The New Mexico Intimate Partner Violence Death Review Team (Team) is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each death related to intimate partner violence and sexual assault in New Mexico. In 2012, the Team reviewed 33 deaths related to intimate partner violence or sexual assault (IPV or SA). All reviewed deaths occurred in calendar year 2009 (CY2009). The Team reviewed 23 homicide deaths resulting from 21 separate incidents and 18 suicide deaths. The Team's 2012 group and committee activities beyond case review are detailed on page 27; updates from recommendations in prior reports begin on page 31.

The full report of the Team's case review findings can be found on pages 9–19. The following are select findings from the Team's review of CY2009 IPV-related homicide deaths:

### **Homicide Deaths Related to Intimate Partner Violence and Sexual Assault**

- 48% of victims were female, 52% male;
- Almost one-third of CY2009 homicide incidents involved a homicide victim or offender who started out as a bystander to the intimate partner violence incident;
- 22% of homicide victims were the perpetrator in the intimate partner violence or sexual assault incident leading up to the homicide;
- 57% of homicide deaths occurred in an urban area;
- The most frequent cause of death was gunshot wound(s), followed by stab wound(s);
- One homicide involved an attempted sexual assault.

### **Homicide Offenders**

- 80% of homicide offenders were male, 20% were female;
- 55% of homicide offenders had a known history of intimate partner violence perpetration;
- A majority of homicide offenders had a history of substance abuse;
- Over 75% of offenders had at least one prior arrest on a criminal charge, with over half having spent time on either probation or parole.

### **Prosecution and Sentencing**

- The offender was prosecuted in 67% of homicide cases. In cases not prosecuted, one IPV perpetrator was shot by a law enforcement officer called to the scene and in the remaining six cases the offender committed suicide;
- Prison sentences ranged from 18 months for involuntary manslaughter to life in prison for 1<sup>st</sup> Degree Murder.

The Team also reviewed 18 CY2009 suicide deaths, which followed an incident of intimate partner violence or sexual assault. Half of these suicide incidents involved either the murder or attempted murder of an intimate partner. Details on these cases are provided on page 18.

*The executive summary is continued on page 3.*

## Executive Summary

In 2012, the Team developed recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim services, prosecution, courts, post-conviction services, medical and mental health care services, and cross-cutting recommendations for the broader community. *While these recommendations are organized by system areas, many can only be accomplished through improved coordination across multiple systems and jurisdictions. A coordinated approach can help communities inventory existing resources and identify community-specific needs. **The Team recommends a statewide focus on coordinating responses to intimate partner and sexual violence.***

The full report of the Team's 2012 recommendations can be found on pages 19–27. The following are select Team recommendations:

- **Evaluate law enforcement agency response to domestic violence calls for service and ensure personnel are following best practices models during dispatch, response, and incident documentation.** The Team reviewed seven CY2009 homicide cases where at least one prior domestic violence call to the residence did not result in an arrest of the offender. Most of these cases involved multiple calls to the residence and some did not yield a written report. An efficient system of identification and documentation of all calls related to domestic violence is important for ensuring the safety of responding officers. Evaluations should include an assessment of policies, procedures, and training for call-takers, dispatchers, and responding officers.
- **Provide universal outreach and education on the importance of bystander safety planning and preparedness in preventing injury and death in incidents of intimate partner violence.** Five homicide victims in CY2009 cases started out as bystanders to the IPV incident. The Team recommends general public education on bystander safety planning, which incorporates information on the basic elements of a safety plan for victims and appropriate intervention strategies for witnesses and bystanders. Public education initiatives should provide information should help community members identify controlling behaviors, stalking, and other forms of abuse.
- **Ensure adequate substance abuse testing for persons serving terms of probation or parole.** In assessing offender background, the Team often encounters cases with offenders who have been subject to probation and parole supervision but are known to continue to drink or use drugs. Substance use increases the risk for injury and death during incidents of intimate partner violence. Agencies tasked with supervision should evaluate policies, procedures, and capacity of departments to carry out testing in their respective jurisdictions and explore methods to expand testing in ways that do not place additional burdens on personnel.
- **Inventory and coordinate existing resources for teen dating violence prevention and intervention activities throughout the state.** Creating developmentally appropriate prevention and intervention activities across system areas requires the coordination of expertise and resources. The Teen Dating Violence Committee recommends identifying a location in either a community or government agency where best practices knowledge can be compiled, evaluated, and distributed to members of the community.

## Acknowledgments

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

- The New Mexico Crime Victims Reparation Commission (CVRC), Kristy Ring, Director and Sheila Allen, VAWA Grant Administrator, and the entire staff and board of the CVRC, for their support of the Team's work,
- Quintin McShan and the Albuquerque Family Advocacy Center for ensuring our Team had a place to meet each month,
- Rebecca Montoya Mora and Dr. Sarah Lathrop of the New Mexico Office of the Medical Investigator, for assistance with the data collection necessary for the case reviews,
- Members of the Albuquerque Police Department who assisted the Team's marginalized populations committee with their work on violence prevention and intervention for homeless women, and
- All of the criminal justice professionals across the State of New Mexico who assisted with the record collection necessary for conducting effective case reviews.

Danielle Albright, the Team's coordinator, wishes to thank both appointed and invited Team members for all of the work that they do to generate the findings and recommendations contained in this report. Additionally, the coordinator would like to recognize two students—Vanessa Pohl and Grace Padilla—for their contributions to collecting case information, data entry, and the writing of this report.

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

## **About the New Mexico Intimate Partner Violence Death Review Team**

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

### Types of Deaths Reviewed

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

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

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

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

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

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

Develop methods of domestic and sexual violence prevention.



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

### Case Review Process

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

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

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

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

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

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

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

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

### **Team Philosophy**

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

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

## Definitions

The Team reviews all homicide cases involving an intimate partner victim and offender, and any homicide or suicide death that occurs during an act of intimate partner violence or sexual assault. The following definitions are provided as a guide to understanding the Team's process, findings, and recommendations.

**IPV:** Intimate Partner Violence  
**SA:** Sexual Assault

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

**Homicide victim** refers to the decedent of the homicide, regardless of whether or not the individual was involved in the act of intimate partner violence or sexual assault.

**Homicide offender** refers to the individual who committed the homicide, regardless of whether or not the individual was involved in the act of intimate partner violence or sexual assault.

**Suicide offender** refers to an individual who committed an intentional act of violence against his or herself that resulted in death. This term is used to designate both those who commit suicide alone as well as those who commit suicide following the homicide or attempted homicide of an intimate partner.

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

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

**SA victim** refers to the victim of an actual or attempted act of sexual assault. The SA victim may be either the victim or offender in the homicide.

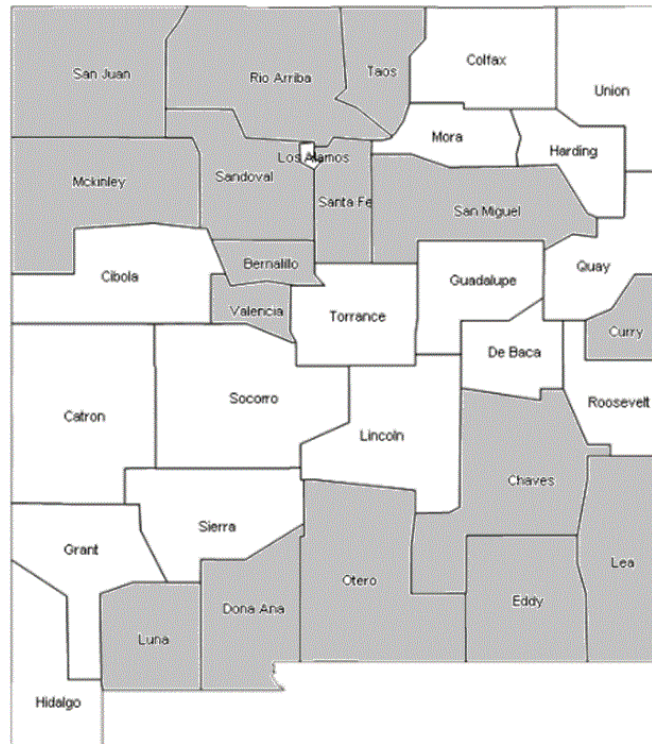
**SA perpetrator** refers to the identified perpetrator of an act of actual or attempted sexual assault. The SA perpetrator may be either the victim or offender in the homicide.

**Bystander** refers to a person who is not involved in the act of intimate partner violence or sexual assault, but is identified as a witness to the violence. At times, bystanders to the intimate partner or sexual violence may become either the victim or the offender in the homicide.

## **New Mexico Deaths Related to Intimate Partner Violence or Sexual Assault During Calendar Year 2009**

The team reviewed 41 New Mexico deaths related to intimate partner violence (IPV) or sexual assault (SA) occurring during calendar year 2009 (CY2009). Of these deaths, 23 were the result of homicide and 18 were acts of suicide. These deaths occurred in 33 separate incidents. The Team reviewed: 15 cases of homicide, two cases of double homicide, six cases of murder/suicide, and 12 deaths resulting from suicide. The Team identified six additional IPV-related homicide deaths in CY2009 that could not be reviewed because of an unresolved investigation, ongoing criminal court proceeding, or an active civil court case during the review year. The highlighted areas of the map identify New Mexico Counties with at least one reviewed CY2009 IPV or SA-related death. Fifty-seven (57) percent of homicide deaths and 78% of suicide deaths occurred in urban areas<sup>1</sup>.

### **New Mexico Counties with at least One Reviewed CY2009 Death Related to IPV or SA**



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

This report summarizes case review findings for CY2009 IPV or SA-related deaths in two sections:

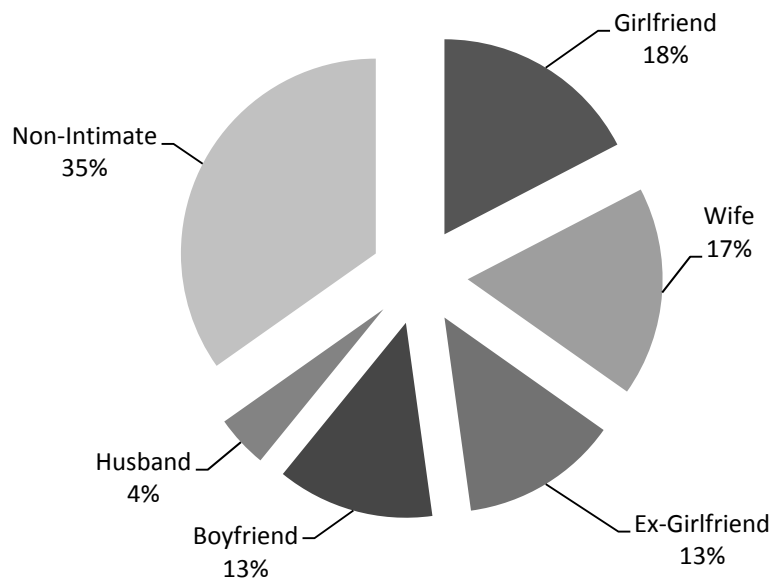
1. Homicide deaths (including victims of completed murder/suicide cases), and
2. Suicide deaths (including offenders of completed murder/suicide cases).

## **Reviewed IPV or SA-Related Homicide Deaths, CY2009**

### Relationship between the Homicide Victim and Offender

The Team reviewed 23 CY2009 homicide deaths resulting from 21 incidents. Sixteen incidents (76%) involved a victim and an offender who were either current or former intimate partners. Three cases involved an IPV perpetrator killed by his or her victim. The graph below shows the relationship of the homicide victim to the homicide offender.

#### **Homicide Victim's Relationship to the Offender (Number of victims = 23)**



Thirty-five (35) percent of homicide victims in CY2009 reviewed cases were not intimate partners to their respective offenders. Two of these incidents led to the death of both the IPV victim and a bystander to the intimate partner violence. In another case, the homicide victim was attempting sexual assault against a non-intimate and was killed by the victim. Of the remaining

five homicide cases, one was the murder of a new partner by an ex-partner, two decedents were relatives of the surviving IPV victims who were killed by the IPV perpetrator, one involved an IPV perpetrator killed by an adult child, and one involved an IPV perpetrator who was killed by a law enforcement officer responding to the incident.

### Relationship between the Intimate Partner Pair

In all 21 reviewed cases of homicide, the death incident occurred either during or immediately following an actual or threatened incident of intimate partner or sexual violence. The following table reports relationship characteristics for the partner pair involved in the incident of intimate partner violence or sexual assault. The Team reviews cases involving homicide that occurs during either an actual or attempted sexual assault, regardless of the relationship between the parties. One reviewed CY2009 case involved an attempted sexual assault where there was no known relationship between the parties. In five cases, one member of the intimate partner pair was neither the homicide victim nor the homicide offender.

<b>Relationship Characteristics For the Intimate Partner Pair (Number of partner pairs = 21)</b>		
	<b>Number of Cases</b>	<b>%</b>
<b>Relationship Status</b>		
Spouse or partner	10	48
Boyfriend or girlfriend	6	29
Ex-boyfriend or ex-girlfriend	3	13
Ex-Spouse or ex-partner	1	5
Non-intimate	1	5
<b>Habitation Status</b>		
Lived together at the time of the incident	11	52
Were recently separated or in the process of separating at time of incident	9	43
Never lived together	1	5
<b>Children in Household</b>		
Any minor child(ren) in household	9	43
Shared minor biological or adopted child(ren) in household	7	33
Minor step-child(ren) in household	5	24
<b>History of Intimate Partner Violence</b>		
Known history of intimate partner violence in relationship	16	76
Any history of domestic violence orders of protection <sup>i</sup> between parties	2	10
Domestic violence order of protection between parties at the time of the incident	1	5

## Homicide Victims

### **Demographic Characteristics (Number of victims = 23)**

- Victims ranged in age from 16 to 59 years old
- 48% were female
- 91% were White and 9% American Indian
- 35% were Hispanic

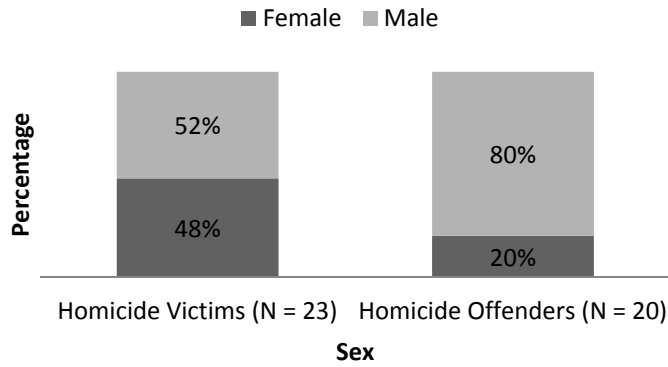
### **Victim Background Characteristics (Number of victims = 23)**

- 35% had a known history of intimate partner violence victimization prior to the homicide
- 35% had a known history of intimate partner violence perpetration prior to the homicide
- 52% had been drinking at the time of death
- 17% tested positive for illegal drugs
- 30% had a history of depression or mental illness
- 39% had a known history of services for substance abuse or mental health
- 39% had at least one prior contact with the criminal justice system
- 10% of victims were military veterans

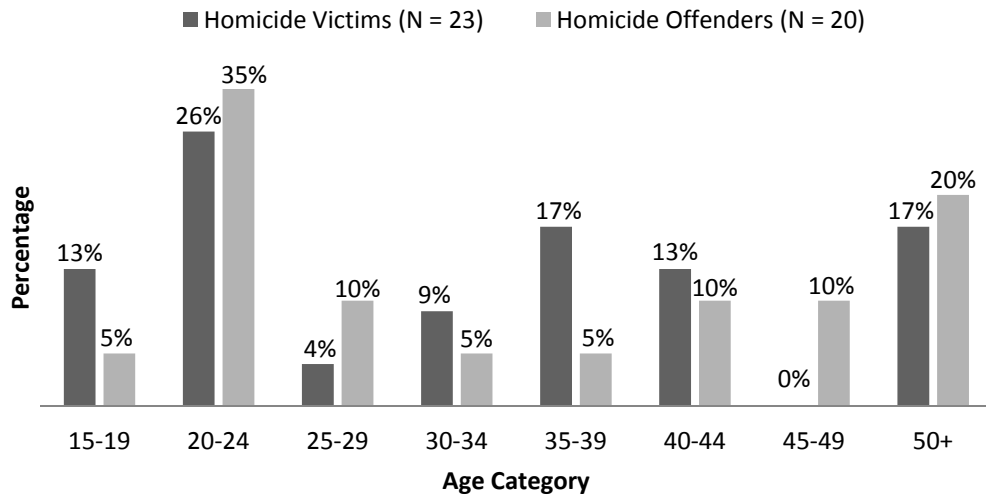
### **Male Homicide Victims (Number of victims = 12)**

- 5 male homicide victims were identified as the IPV or sexual assault perpetrator in the incident leading to the death
- 5 male homicide victims started out as bystanders to an IPV incident; in two of these cases the IPV victim was also killed
- 2 male decedents were identified as the victim of IPV and were killed by their respective intimate partners

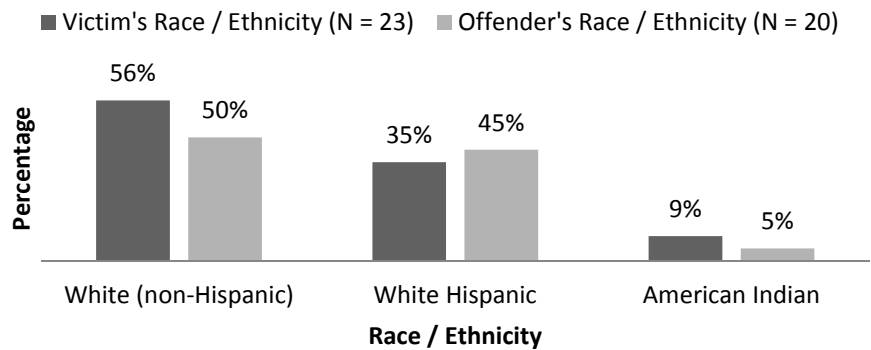
### Percentage of Homicide Victims and Offenders by Sex



### Percentage of Homicide Victims and Offenders by Age Category<sup>2</sup>



### Percentage of Homicide Victims and Offenders by Race/Ethnicity



<sup>2</sup> The percentages in this chart are rounded up to whole numbers for presentation. With the exception of the 50+ group, age categories are presented in equal size intervals.



## Homicide Offenders

### **Demographic and Background Characteristics (Number of offenders = 20)**

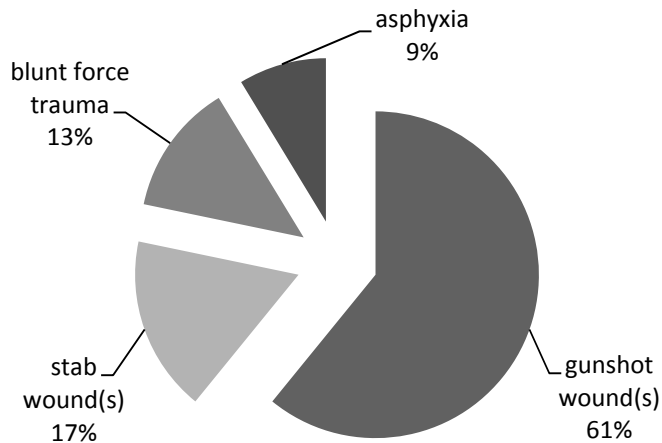
- Offenders ranged in age from 19 to 64 years old
- 80% were male
- 95% were White and 5% American Indian
- 45% were Hispanic
- 16 homicide offenders were also identified as the IPV perpetrator in the incident leading to the homicide
- 40% self-reported drinking prior to the incident
- 5% reported using illegal drugs
- 55% had a known history of intimate partner violence perpetration prior to the homicide
- 15% had a known history of intimate partner violence victimization prior to the homicide

<b>Background Characteristics of Homicide Offenders, CY2009 (Number of offenders = 20)</b>		
	<b>Number of Offenders</b>	<b>%</b>
<b>Substance Abuse &amp; Mental Health</b>		
Known history of alcohol abuse	11	55
Known history of drug use	13	65
Known history of depression or other mental illness	10	50
Known use of services for substance abuse or mental health	8	40
<b>Criminal History</b>		
At least one prior arrest	15	75
At least one violent arrest	9	45
At least one conviction for a violent crime	6	30
At least one arrest for DWI	6	30
At least one conviction for DWI	3	15
Convicted of at least one felony crime	4	20
On probation or parole at the time of the incident	3	15
<b>Intimate Partner Violence History</b>		
Known history of intimate partner violence perpetration	11	55
At least one arrest for domestic violence	7	35
At least one conviction for domestic violence	4	20
Party to at least one prior domestic violence order of protection	7	35
<b>History of Associations</b>		
Suspected gang involvement	2	10
Military veteran	1	5

## Incident Characteristics

Nineteen of the 21 reviewed homicide cases (90%) took place at a personal residence; the remaining cases occurred in a public location. These locations included a parking lot and a wilderness area. Victim deaths were most often due to gunshot wound(s). Asphyxia was the cause of death in two cases; one victim was suffocated and one died from smoke inhalation. A minor child witnessed four of the 21 reviewed IPV-related homicide incidents.

### **Homicide Victim's Cause of Death (Number of victims = 23)**



### **The Workplace and IPV -Related Deaths**

The Team only reviewed one CY2009 case that involved an incident that took place at a workplace. However, eight homicide and four suicide deaths involved some type of workplace or employment connection. The manner in which the workplace appeared in each case can be categorized into three groups:

**Work as a site of disclosure:** In five cases, at least one co-worker witnessed or had knowledge of prior incidents of IPV between the intimate partner pair involved in the death incident.

**Work as a stressor:** Three cases of suicide and one murder-suicide involved an IPV offender who was unable to find work, recently fired from their job, or worried about the potential for the loss of a private business.

**Work as a site of violence:** One suicide involved the attempted murder of a spouse at her workplace, another involved an offender who carried a gun as part of his job and committed the homicide while on the job, and another involved a law enforcement officer who killed the IPV offender during a call for service.

See the Team's related recommendations III.b. on page 21 and IX.a. on page 26.

## Homicide Incident Details (Number of cases = 21)

<b>Location</b>		<b>Weapon</b>	
Shared residence	38%	Firearm	57%
Homicide offender's residence	24%	Knife	19%
Other residence	19%	Blunt object	14%
Homicide victim's residence	10%	Body (hands/feet)	5%
Public location	10%	Fire/Smoke	5%

### Criminal Charges

Either a state or federal prosecutor filed criminal charges against the offender in 15 of the 21 reviewed cases. In the remaining 37% of reviewed homicide cases, no charges were filed. In one uncharged case, an on-duty law enforcement officer killed the IPV offender. In the remaining five uncharged cases, the offender committed suicide immediately following the incident.

### Conviction and Sentencing

Prosecutors obtained convictions in 14 of the 15 charged cases. In the remaining case, the offender committed suicide in custody before the charges were prosecuted. Of these 14 convictions, 9 resulted from plea agreements and 5 from jury convictions. In cases with a conviction, the minimum sentence was 18 months in prison and the maximum sentence was life in prison.

#### CY2009 Homicide Conviction Sentence Range by Charge Type (Number of cases = 14)

Prosecuted Charge	Number of Cases	Sentence Range in Years
Involuntary Manslaughter	1	1.5
Voluntary Manslaughter	1	7
2 <sup>nd</sup> Degree Murder	10	15 - Life <sup>3</sup>
1 <sup>st</sup> Degree Murder	2	Life

---

<sup>3</sup> One conviction for second degree murder was in federal court; the offender was sentenced to life in prison. The range for years in State courts was 15-31.

## Marginalized Populations Committee

In February 2009, police found the bodies of eleven women and one unborn child in an undeveloped lot on Albuquerque's West Mesa. Our approach to the West Mesa deaths is different from the Team's regular process. In addition to being an unsolved and open investigation, we rarely encounter a case with multiple homicide victims. Further, the actual details of each woman's experience of violence and the circumstances of these deaths are not publicly known.

The investigation of the "West Mesa Murders" has received both local and national media attention. However, these works have largely focused on detailing the lives of the victims and investigative attempts to identify the offender. Questions about local and community systems aimed at preventing future injury and death for women living in similar circumstances have largely gone unexamined. Therefore, rather than reviewing each individual death, the committee has designed a scope of work that begins by defining a vulnerable population based on the reported characteristics of the women who were found at the West Mesa burial site:

*The study population for this project includes girls and women who are living on the continuum of homelessness; specifically, this includes those who are working on the street by engaging in sex work or selling drugs or drug addicted/substance abusing women living on the street. While the population includes girls and women who may be fleeing repeat familial or intimate partner violence, this criteria is not a necessary condition.*

Using this definition, we have set out a number of committee tasks that we hope will yield information to assist the Team in generating recommendations for preventing future injury and death among women in the study population. These objectives include:

- Review existing research on violence and homicide in the study population;
- Assess public perceptions of violence and homicide among women in the study population;
- Evaluate availability and accessibility of shelter, social service, substance abuse, mental health, and other related state and community resources for women in this population (both at the time of the disappearances and in the present);
- Compile a profile of prevention and intervention initiatives (both national and international) aimed at helping members of this population; and
- Examine the extent and nature of criminal victimization, criminal offending, and both criminal and civil court contacts for members of the study population;

The committee plans to accomplish these tasks through accessing published resources, performing a media analysis of coverage of the West Mesa case, and by hosting a series of panel discussions by professionals working in relevant prevention and intervention agencies. The committee will then prepare a report for the Team that details general findings and recommendations on preventing future injury and death in the target population.

During the 2012 review year, the committee began compiling information needed to accomplish study objectives. We examined existing research on violence among women in the study population. We began compiling information about local, state, and national prevention and intervention initiatives.

The committee hosted the first of three planned panel discussions in September 2012. Members of the Albuquerque Police Department provided insight into the nature and extent of criminal offending and victimization in the study population and helped us identify recommendations for improving prevention and intervention strategies aimed at this population. Following the panel, one member visited with an existing intervention program based in a law enforcement agency in Dallas, Texas to gather information about how one community has attempted to improve service provision to this population.

This project is ongoing and the committee's final report of findings will be released at a later date. For more on the Marginalized Populations Committee, see page 29.

## Reviewed IPV or SA-Related Suicide Deaths, CY2009

The Team reviewed 18 CY2009 suicide deaths related to intimate partner violence or sexual assault (IPV or SA-related). The Team defines IPV or SA-related suicide as a suicide that occurs during or directly following an act of intimate partner violence or sexual assault, or one in which the suicide offender cites IPV or SA victimization as the reason for taking his or her own life.

IPV or SA-related suicide cases reviewed from CY2009 include: the offender death in six cases of murder-suicide, three cases of IPV perpetrator suicide alone that also involved the attempted homicide of the intimate partner, seven cases of IPV perpetrator suicide alone, and two cases of victim suicide alone. Suicide offenders ranged in age from 19 to 70 years. The table below provides descriptive information on all 18 reviewed cases.

CY2009 Reviewed IPV-Related Suicide Deaths (Number of cases = 18)		
	Number of Cases	%
<b>Sex</b>		
Female	3	17
Male	15	83
<b>Race/Ethnicity</b>		
White (Non-Hispanic)	11	61
White (Hispanic)	6	33
American Indian	1	6
<b>Toxicology Results</b>		
Positive for alcohol	8	44
Positive for illegal drugs	4	22
<b>Location of Suicide</b>		
Decedent's residence	3	17
Intimate partner's residence	2	11
Shared residence	7	39
Public location	6	33
<b>Manner of Death</b>		
Gunshot wound(s)	16	89
Hanging	1	6
Multiple drug/alcohol toxicity	1	6
<b>Criminal History and IPV Background</b>		
Known history of IPV perpetration	9	50
Known history of IPV victimization	2	11
At least one prior arrest	10	56
At least one arrest for domestic violence	6	33
Party to at least one prior domestic violence order of protection	8	44

**CY2009 Reviewed IPV-Related Suicide Deaths (Number of cases = 18), continued**

	<b>Number of Cases</b>	<b>%</b>
<b>Substance Abuse and Mental Illness History</b>		
Known history of substance abuse	13	72
Known history of depression or other mental illness	12	67
Known history of suicidal ideation	9	50
Known history of prior suicide attempt	7	39
Known history of services for substance abuse or mental illness	7	39
<b>Intimate Partner Information</b>		
Intimate partner present at suicide	15	83
Intimate partner injured during incident	3	17
Suicide followed murder of intimate partner	6	33

CY2009 IPV or SA-related suicide deaths overwhelmingly involved the use of a firearm and most often occurred in the presence of the offender's intimate partner. One suicide offender was a military veteran, five were convicted felons in possession of a firearm, and three were on either probation or parole at the time of the suicide. One perpetrator suicide and one victim suicide involved either an actual or attempted sexual assault.

## **2012 Team Recommendations**

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

In 2012, the Team identified recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim services, prosecution, courts, post-conviction services, medical and mental health care services, and cross-cutting recommendations for the broader community. Systems throughout the state continue to work toward improving response to

domestic violence; however, some of these recommendations are continued from prior review years and are derived from observations of similar dynamics in the CY2009 case reviews. *While these recommendations are organized by system areas, many can only be accomplished through improved coordination across multiple systems and jurisdictions. A coordinated approach can help communities inventory existing resources and identify community-specific needs. The Team recommends a statewide focus on coordinating responses to intimate partner and sexual violence.* The following are the Team's 2012 recommendations:

## I. Legislative

- a. **Create New Mexico legislation that mirrors the existing Federal statute prohibiting an offender's possession of firearms while subject to an order of protection or following conviction for a misdemeanor domestic violence offense (see 18 U.S.C. 922 (d) and (g)).**

The team found that a firearm was used in 57% of reviewed CY2009 homicide deaths and 89% of reviewed suicide deaths. Two homicide cases and three additional suicide cases involved a convicted felon in possession of a firearm. Two reviewed suicide deaths involved the use of a handgun by an offender restrained by a domestic violence order of protection, one of which resulted in significant injury to the intimate partner. Not only would state legislation reinforce the importance of removing firearms from the hands of these offenders, but it could also provide resources for retrieving and storing these weapons and create a more comprehensive system for monitoring compliance with the law.

## II. Tribal Policies and Services

- a. **For tribal governments who have a formalized criminal code, the Native American Committee recommends enacting domestic violence codes within criminal codes.**

By including domestic and family violence in the criminal code, tribal law enforcement and prosecutors will have an additional tool to ensure the protection of those who are victims of intimate partner and family violence.

- b. **The Committee also recommends the development of a culture of intolerance for intimate partner violence in tribal communities.**

Tribal agencies should develop and implement culturally appropriate prevention and intervention policies and practices to ensure intimate partner violence and sexual assault are not minimized as private concerns, and that victims of these types of violence who are seeking safety do not become isolated from their homes.

### III. Law Enforcement

- a. **Improve accountability and quality control measures for the investigation, documentation, and reporting of incidents of violent death by law enforcement agencies statewide.**

The Team supports the recommendation of the International Association of Chiefs of Police who advocate the standardization of investigations for all violent deaths including suicide deaths and vehicle crashes.<sup>ii</sup> Law enforcement agencies should collect information from identified IPV victims or other witnesses relevant to understanding the circumstances of these deaths when possible. Agencies should ensure that senior leadership receives proper training on best practices in investigation and documentation. Leadership should hold their staff accountable for following established protocols.

- b. **Evaluate law enforcement agency response to domestic violence calls for service and ensure personnel are following best practices models during dispatch, response, and incident documentation.**

The Team reviewed seven CY2009 homicide cases where at least one prior domestic violence call to the residence did not result in an arrest of the offender. Most of these cases involved multiple calls to the residence and some did not yield a written report. An efficient system of identification and documentation of all calls related to domestic violence is important for ensuring the safety of responding officers. Evaluations should include an assessment of policies, procedures, and training for call-takers, dispatchers, and responding officers.<sup>iii</sup>

- c. **Support field officers in their efforts to provide information and referrals for victims of domestic and sexual violence.**

Law enforcement is the most commonly accessed formal system of intervention for domestic violence in New Mexico.<sup>iv</sup> Law enforcement agents provide victims with information on safety planning and community resources. These efforts may be enhanced by the use of victim advocates on domestic violence calls. Field advocates are sometimes based in law enforcement agencies, but may also come from community-based victim advocate groups. Advocates assist victims by providing victim assistance with orders of protection, shelter access, and referrals to other services. Advocacy organized in an ongoing case management structure may also provide a point of contact for victims following the incident and improve victim access and use of services, regardless of whether or not an arrest occurred.



#### IV. Victim Services

- a. **Identify, inventory and leverage existing resources to improve the distribution of domestic violence services in rural areas.**

Forty-three (43) percent of reviewed homicide deaths occurred in rural areas of the state. The Team recognizes that additional resources are needed and recommends agencies look for ways to maximize existing resources to improve access to services whenever possible.

- b. **Improve the coordination of services for individuals who experience the co-occurrence of intimate partner violence and substance abuse, criminal histories, mental illness, or specialized medical needs.**

Decreasing the risk for intimate partner violence and sexual assault related death requires multiple types of intervention services. For example, eight homicide and five suicide offenders from CY2009 had a history involving concurrent substance abuse and mental health issues. Concurrent risk factors can present barriers to providing, accessing, and using services. Non-domestic violence service providers, such as substance abuse services, income and nutrition support, and preventive health care, frequently provide services to IPV victims. Knowledge of the available scope of service agencies within a community may help an agency provide more comprehensive assistance for IPV victims. (See also recommendation on training for private counselors and other service providers section VIII.c.)

- c. **Improve the distribution and accessibility of safety planning information.**

The Team reviewed many cases in which the IPV victim had little contact with either IPV-related service agencies or the criminal justice system. These agencies are the primary distributors of safety planning information. The identification of varied, novel distribution outlets in the community could extend the reach of safety planning to a broader population. Community centers, medical provider offices, school health education programs, and other youth serving agencies are all possible venues for outreach. Media education, particularly during reports on fatal and non-fatal IPV incidents, may also increase community knowledge about safety planning. Information should include red flags for both physical and non-physical forms of abuse, lethality risk factors, be culturally and age-appropriate, and address the ways in which substance use increases the risk for serious injury and death.<sup>v</sup>

#### V. Prosecution

- a. **Identify policy and resource gaps in the prosecution of domestic violence cases.**

Almost 1 out of every 3 (29%) CY2009 homicide offenders had at least one dropped prosecution for domestic violence prior to the homicide; some offenders had multiple separate charges that were not prosecuted. At the local level, domestic violence prosecution

may be improved through the use of domestic violence Multidisciplinary Teams (MDT). MDTs are comprised of representatives from advocacy, direct services, law enforcement and prosecution to identify methods to improve logistics in response, investigation, and prosecution. MDTs help communities identify training needs, minimize duplication or barriers in service delivery, and recognize implications of policy changes. The MDT model has been in place with sexual assault programs in New Mexico and has proven effective in improving services to victims, streamlining resources and procedures, and supporting a coherent systems response to sexual violence. At the state level, the location of a permanent domestic violence resource prosecutor in a centralized stakeholder agency could serve as a single point of contact for information on evidence, case law, strategy, and relevant training needs for prosecutors statewide.

## VI. Courts

### a. **Prioritize monitoring of offenders, both those awaiting trial for violent crimes and those sentenced to court monitored probation.**

The Team has repeatedly observed instances in which an offender commits a new domestic violence offense while awaiting trial on other charges, while serving a probation sentence, or while subject to a domestic violence order of protection. The National Institute of Justice recommends that courts hold violent offenders accountable for abiding by conditions of release and impose consequences when they do not.<sup>vi</sup> Where available, pretrial service officers should monitor offenders who are awaiting trial for violent crimes, including those charged with either felony or misdemeanor domestic violence. Relatively few pretrial services programs exist statewide, with no official pretrial services programs in the magistrate courts and only a handful of counties having pretrial services programs at the district court or metro court level.

Local court post-conviction monitoring is also needed. Seven reviewed CY2009 homicide cases involved offenders whose criminal histories included the commission of a new crime while serving probation for a previous conviction. Some of these cases involved offenders serving unsupervised probation for a misdemeanor crime. In a few cases, the new crime was the homicide. Magistrate courts generally have few resources for supervising probation sentences, including misdemeanor domestic violence. Courts should be evaluated for both need and capacity for monitoring offenders. An evaluation will help identify the resources necessary to develop an appropriate system of compliance monitoring to meet the needs of each jurisdiction. In addition, court officials should ensure that providers of court ordered services associated with conditions of release are reporting violations and lack of compliance in a timely fashion.

- b. **Expand training for court personnel on cross-cutting issues for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection.**

Not all reviewed cases involved prior interaction with the courts. However, some cases involved parties with simultaneous cases in criminal and civil courts. Each of these courts has the authority to issue stay away orders. Both domestic matter and domestic violence civil cases can result in orders related to joint property, child custody, visitation, or the use of services like mediation or family counseling. Training on the overlapping areas of concern in domestic violence cases may assist courts in developing policies and procedures to effectively prevent or address conflicting orders and consolidate services. Best practices guidelines on domestic violence courts suggest effective training would need to include all court personnel (from clerks to judges) along with individuals from other community stakeholder agencies.<sup>vii</sup>

## VII. Post-Conviction Services

- a. **Reduce caseloads for post-conviction professionals, especially those who work with intimate partner violence offenders.**

A review of homicide offender criminal histories showed that 52% had at least one prior contact with post-conviction services. Five homicide offenders committed new offenses while serving a probation or parole sentence, usually either DWI or domestic violence. Even when arrested for new crimes, offenders were not always charged with probation or parole violations. In a few cases, violations were processed but did not necessarily result in changes to the terms of supervision. Reduced caseloads may also improve violation notifications to the court and provide more comprehensive monitoring for those with violation histories. Courts should hold offenders accountable when violations are identified.

- b. **Ensure adequate substance abuse testing for persons serving terms of probation or parole.**

In assessing offender background, the Team often encounters cases with offenders who have been subject to probation and parole supervision but are known to continue to drink or use drugs. Substance use increases the risk for injury and death during incidents of intimate partner violence.<sup>viii</sup> Agencies tasked with supervision should evaluate policies, procedures, and capacity of departments to carry out testing in their respective jurisdictions and explore methods to expand testing in ways that do not place additional burdens on personnel. One example is the use of an automated random system that requires offenders to call in on a predetermined basis. The system generates a code that alerts the offender to report to a testing facility within a determined time frame.

## VIII. Medical and Mental Health Care Services

### a. **Eliminate barriers and improve knowledge of and access to mental health services throughout the state.**

The Team reviewed twelve homicide and six suicide cases involving an offender, victim, or surviving intimate partner with an identified mental health issue. The types of issues observed ranged from self-reported or witness-identified depression to formally diagnosed mental illness. Most individuals had not been formally diagnosed and lacked consistent access to care. The Team recognizes the need for additional mental health resources, especially in rural areas. The Team recommends the development of culturally appropriate services for teens and young adults, military veterans and American Indian populations. The Team also recommends that mental health care providers work to improve both visibility and accessibility of existing services.

### b. **Medical and mental health providers should screen for intimate partner violence among patients presenting with suicidal ideation or those who have attempted suicide.**

Thirty-nine (39) percent of suicide offenders—including all but one offender in reviewed murder-suicide cases—had at least one contact with a medical health care provider prior to the death incident, 50% had a known history of suicidal ideation, and 39% had at least one prior suicide attempt. Most of these contacts were related to depression or suicidal thoughts. The Team recommends routine clinical screening of patients or clients presenting with depression or suicidal ideation for risk factors related to intimate partner violence victimization and offending. Patients at risk for IPV should be referred to domestic violence service providers.

### c. **Enhance knowledge about intimate partner violence for licensed professionals in social work, counseling, psychology, and psychiatry.**

Each year the Team reviews a number of cases where victims and offenders received psychiatric care, marriage counseling, or other services from licensed professionals in private practice. Educational requirements in these professions should include training in: identification of risk for IPV victimization and offending, safety planning, and referrals to appropriate IPV interventions. These enhancements may come from curriculum development at schools for higher learning, IPV competency requirements for licensure, or requiring IPV continuing education.

### d. **Create developmentally appropriate substance abuse prevention, screening, and treatment programs for teens and young adults.**

Almost 43% of reviewed CY2009 cases involved either a homicide victim or offender who was under the age of 24 years (eight homicide victims and seven homicide offenders). Half

of the homicide victims and all but one offender in this age group had a history of substance abuse. Most of these individuals had little to no contact with a substance abuse treatment service provider. Rather, victims were more frequently seen by medical providers for injuries related to violence or a substance induced illness. Offenders were more often involved in the criminal justice system as a result of drug or alcohol related offenses. Best practices in teen and youth substance abuse identification and treatment call for collaboration between these systems.<sup>ix</sup> Service providers in all areas should receive training to identify warning signs of and best practices in responding to the co-occurrence of IPV and substance use by all individuals impacted by IPV.

## IX. Cross-Cutting Recommendations for the Community

- a. **Provide universal outreach and education on the importance of bystander safety planning and preparedness in preventing injury and death in incidents of intimate partner violence.**

Five homicide victims in CY2009 cases started out as bystanders to the IPV incident. Additionally, one homicide offender was a bystander who intervened on behalf of the IPV victim and as a result killed the IPV perpetrator. The Team recommends general public education on bystander safety planning, which incorporates information on the basic elements of a safety plan for victims and appropriate intervention strategies for witnesses and bystanders. Bystander safety efforts should address the intersection of domestic violence and the workplace, including employment issues as stressors, the workplace as a site of violence, and the workplace as a site of victim disclosure of abuse (see page 15). Public education initiatives should provide information not only on safe and appropriate intervention in incidents of physical abuse but also should help community members identify controlling behaviors, stalking, and other forms of abuse. Content for educational tools and media products should be produced in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be culturally and age appropriate for the intended audience. For example, young audiences should receive training that addresses unique bystander issues faced by youth who witness IPV in their peer group.

- b. **Improve access to early intervention and support services for persons who have either witnessed or experienced interpersonal violence and their caretakers.**

Four reviewed homicide deaths and two cases of suicide involved a child witness and five homicide and nine suicide cases had a surviving witness or intimate partner. Most cases involved parties with histories of intimate partner violence witnessed by children, parents, neighbors, co-workers and other relatives or acquaintances. Agencies in all system areas that come into contact with child witnesses of both fatal and non-fatal violence should ensure that proper referrals for developmentally appropriate intervention and counseling are made and personnel should follow up on these referrals when appropriate. Counseling and support

resources are also needed for adult persons who witness or experience violence, including those charged with caretaking of surviving children and elders.

**c. Inventory and coordinate existing resources for teen dating violence prevention and intervention activities throughout the state.**

Creating developmentally appropriate prevention and intervention activities across system areas requires the coordination of expertise and resources. The Teen Dating Violence Committee recommends identifying a location in either a community or government agency where best practices knowledge can be compiled, evaluated, and distributed to members of the community. Current efforts to provide prevention activities and training in schools and other system agencies could be supported and sustained by a centralized resource that would aid in the transition of grant based programs to more permanent interventions.

## **2012 Team Activities**

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

### Team Committees

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

#### **Native American Committee**

The Native American Committee collaborates with tribes and Native American organizations statewide in an effort to facilitate reviews of deaths related to intimate partner violence and sexual assault occurring on tribal lands and those involving a Native American victim or

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

In 2012, the Native American Committee reviewed two homicide deaths and one suicide death involving a Native victim, Native offender, or both occurring between January 1, 2009 and December 31, 2009. Native American CY2009 case data are incorporated in the presentation of findings beginning on page 9. The committee held two organizational meetings in Albuquerque and one case review meeting hosted by the Jicarilla Behavioral Health Center in Dulce, New Mexico. The Committee continues to work on improving case identification and data collection efforts for these cases. The Committee's recommendations are included in the 2012 Recommendations section of this report (*see* recommendations in section II).

### **Friends & Family Committee**

The Friends & Family Committee is charged with acquiring additional personal and relationship characteristics for case reviews using structured, face-to-face interviews with family members, friends and coworkers of the decedent. During the 2012 review year, the Friends & Family Committee identified potential participants and sent out the first round of invitations. In the coming year, the Friends & Family Committee will be responsible for continuing participant identification, recruiting participants, and interviewing individuals who volunteer to participate in the project. Details derived from these interviews will produce a more complete understanding of the cases and allow the Team to better evaluate risk factors and victim and offender system resource utilization.

### **Marginalized Populations Committee**

The Team recognizes that several populations are underserved or marginalized in our society, including but not limited to people with disabilities, the elderly, and people of color. The Marginalized Populations Committee assesses how these populations are affected by intimate partner violence and sexual assault and creates strategies and recommendations to specifically address the unique needs within these populations. In 2012, the Committee focused on prevention and intervention of intimate partner and sexual violence among homeless women. For details on the Committee's work, see the special section on page 17.

### **Teen Dating Violence Committee**

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

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

In 2012, the Committee reviewed three dating violence-related homicide deaths and three dating violence-related suicide deaths occurring between January 1, 2009 and December 31, 2009. Teen CY2009 case data are incorporated in the presentation of findings beginning on page 9.

Recommendations provided by the Teen Dating Violence Committee are provided in the 2012 Recommendations section of this report (*see* recommendations: IV.b., IV.c., VIII.d., IX.a, IX.b. and IX.c.).



## 2012 Team Presentations and Data Requests

Public sharing of the Team's findings provides members with the opportunity to exchange knowledge with stakeholders statewide. The following list documents the Team's invited presentations and data requests for 2012.

### **April**

- Team members participated in a panel discussion on intimate partner violence homicide following the viewing of the film "Telling Amy's Story," a documentary detailing a case of domestic violence homicide. The panel was conducted as part of the 2<sup>nd</sup> Annual Gray-Torres Conference on Interpersonal Violence at the University of New Mexico.

### **May**

- The Team responded to a data request on intimate partner violence-related homicide deaths occurring in the service area of the United Way of Central New Mexico.
- The Team responded to a data request on the prevalence of driving under the influence arrests and convictions among individuals involved in intimate partner violence-related homicide cases.

### **June**

- The Team's coordinator participated in a panel on intimate partner violence and court intervention at the meeting of the NETWORK. The NETWORK is a multidisciplinary group of domestic violence and sexual assault program providers in New Mexico that meets to share information, resources, and to foster support and collaboration in the community.

### **October**

- The Team responded to a data request on teen pregnancy and educational history of individuals involved in dating violence-related homicide deaths. The data were provided to members of the Pregnant and Parenting Teens Task Force.

### **November**

- Team members participated in a panel discussion on defining and intervening in domestic violence at the University of New Mexico. The panel was designed to engage students in a discussion on the complexities of identifying and responding to domestic violence.
- The Team's coordinator presented "lessons learned" for court intervention and post-conviction services from case reviews of intimate partner violence-related homicide deaths to personnel in the Bernalillo Metropolitan Court Probation Department.

## Dissemination of Team Recommendations

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

## **Recommendation Updates**

The Team monitors statewide developments in legislation, policy, and agency practice to assess the relevance of their recommendations over time. In 2012, we identified ongoing progress and accomplishments consistent with the Team's recommendations from previous years. Here, we report on the activities of agencies represented by Team members and on other statewide efforts addressing priorities previously identified by the Team. Many of these activities were either led or supported by agencies represented by Team members.

### **Improve universal awareness and recognition of teen dating violence; improve knowledge on both the extent and nature of teen dating violence.**

- In January of 2012, Governor Susana Martinez signed a proclamation declaring February 2012, Teen Dating Violence Awareness and Prevention Month.
- The New Mexico Attorney General's Office (NMAGO) provided training to adults and teens across the state on the prevalence of teen dating violence. The NMAGO also assisted communities with the development of teen dating violence awareness campaigns. The NMAGO provided over 400 adults information highlighting newer trends in dating violence such as technological abuse and reproductive coercion. Adult audiences included both those who work with adolescents and parents. In addition, the NMAGO taught over 3000 students during the 2011–2012 school year about healthy relationships and how to recognize the red flags and warning signs of dating violence. Some presentations provided training to peer educators within schools, who are an important resource for teens that have experienced dating violence. The NMAGO also participated in a number of conferences and community events distributing information on dating violence to both teens and adults.

- The Rape Crisis Center of Central New Mexico continues to provide teen dating violence and youth sexual violence prevention program in Bernalillo County middle and high schools.
- The New Mexico Forum for Youth in Community provides youth-centered training for system actors and positive youth development, leadership and peer education programming for teens and young adults. In 2012, Forum staff provided training on the local, state, and national levels on healing trauma, building resilience, and preventing teen dating violence. The Forum participated nationally in the U.S. Attorney General's Children Exposed to Violence Listening Session on Expert Testimony in February, the Society for Adolescent Health and Medicine Annual Meeting, the Futures without Violence Biannual Conference on Health and Domestic Violence, and at the Missouri Juvenile Justice Association Annual Conference.

**Provide training for criminal court judges and domestic violence special commissioners on appropriate response to domestic violence offenders.**

- The New Mexico Judicial Education Center held regional domestic violence training seminars for court personnel in Albuquerque and Las Cruces in August 2012. The Judicial Education Center is housed at the University of New Mexico School of Law and provides training and resources for the state's judiciary on a variety of topics.

**Identify policy and resource gaps in the prosecution of domestic violence cases; improve prosecutorial charge screening for domestic violence.**

- The New Mexico Attorney General's Office produced two courtroom guides for prosecutors. One guide focuses on sexual assault; and the other covers domestic violence and stalking cases. The booklets are designed to assist prosecutors in building cases against sexual assault or domestic violence offenders. The documents cover a variety of aspects of prosecution, including pre-trial interviews, determining what to do when a victim cannot testify, and guidelines on sentencing. The guide also provides a statewide list of resources by county.

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

- The NETWORK is a multidisciplinary group of domestic violence and sexual assault program providers in New Mexico that meets to share information, resources, and to foster support and collaboration in the community. The NETWORK meets every other month in Albuquerque. Members across the state participate via conference call and webinar technologies. These meetings provide a forum for disseminating information about new programs and policies and also provide continuing education opportunities.

- In March and April of 2012, the Office of Interprofessional Education at the University of New Mexico Health Sciences Center connected students from a diverse set of health-related fields including medicine, nursing, pharmacy, physical therapy and occupational therapy with experts from multidisciplinary systems in the community that address intimate partner violence. Students were given a case study and asked to work with students in other disciplines to develop an intervention for a family experiencing intimate partner violence. Students were encouraged to consult with community experts while developing their intervention. Several Team members participated in this event.

**Strengthen relationships between local, county, and state law enforcement agencies and law enforcement on tribal lands.**

- In December of 2012, Eight Northern Indian Pueblos Council, Inc. (ENIPC) PeaceKeepers held an annual training on intimate partner violence for law enforcement in Santa Fe. The training included sessions on domestic violence as a community problem, types of abuse, and effective policies for prevention and intervention.

**Develop a culture of intolerance for intimate partner violence in tribal communities.**

- Eight Northern Indian Pueblos Council, Inc. (ENIPC) PeaceKeepers held a number of community programs aimed at raising awareness of intimate partner violence and promoting healing. These initiatives included: the 10<sup>th</sup> Annual Domestic Violence Walk/Run in Tesuque, a 2012 Healing Workshop in Espanola, and the 2012 Reconnecting with the Creator Workshop in Ohkay Owingeh. PeaceKeepers also made numerous presentations on intimate partner violence at local schools, senior citizens centers and ENIPC, Inc. sister programs.

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

- The New Mexico Coalition Against Domestic Violence joined the National Center on Domestic Violence, Trauma, and Mental Health to provide local training to victim service agencies on meeting the co-occurring needs of clients. Agencies across the state have utilized this training to educate staff on substance abuse, mental health issues, and victim defined advocacy, which emphasizes outreach to client populations that may have been excluded in the past.
- S.A.F.E. House continues to provide substance abuse groups and individual counseling for residents and non-resident survivors. The focus of the group is to help survivors understand the risk associated with engaging in substance abuse with an abusive partner and to promote recovery. The group provides services in both English and Spanish.

**Improve victim access to sexual assault prevention and intervention resources; expand the use of forensic sexual assault examinations.**

- State and federal funds, including grants from the Violence Against Women Act and the Centers for Disease Control and Prevention, are currently being utilized to build sexual assault primary prevention and intervention infrastructure in New Mexico. These programs include rape crisis intervention, advocacy for assault survivors and their families, and the Sexual Assault Nurse Examiners (S.A.N.E.) program. The funds are fiscally administered by the Department of Health and the programs are located in various victim services agencies throughout the state.

**Improve access to intervention and support services for persons who have witnessed or experienced interpersonal violence.**

- The Resource Center for Victims of Violent Death opened in 2012. This statewide service is designed to support living victims by helping them deal with their day to day needs and provide assistance in acquiring services, including grief counseling and victim's rights advocacy.

**Improve referrals and support for child witnesses to violence.**

- The New Mexico Children Youth and Families Department (CYFD) produced and distributed a training video for law enforcement on the presence of children at crime scenes. The videos were distributed to Child Protective Services, County Managers and Law Enforcement agencies in 2012. The training addresses: ensuring child safety when a parent is arrested, using child sensitive procedures, and how the CYFD determines an alternative caregiver for children present at crime scenes.

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

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

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

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

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

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

## Appendix B: Team Membership

The IPVDRRT has two types of membership: *appointed members* and *invited members*. Each type of membership has certain responsibilities as a team member and must comply with all confidentiality and other legal and ethical requirements of the team. In 2012, the Team was chaired by Captain Quintin McShan of the New Mexico State Police.

### Committee Participation Key

F: Friends and Family Committee

M: Marginalized Populations Committee

N: Native American Committee

T: Teen Dating Violence Committee

The following are the Team's current *appointed members* and the agencies they represented in 2012.

### Medical Representatives

Cameron Crandall, M.D. UNM Department of Emergency Medicine  
Lori Proe, D.O. New Mexico Office of the Medical Investigator

### Criminologist Representative

Lisa Broidy, Ph.D.<sup>M</sup> UNM Institute for Social Research & Department of Sociology

### Victim Service Provider Representatives

Mollie Ferguson S.A.F.E.House  
Claudia Medina Enlace Comunitario  
Connie Monahan NM Coalition of Sexual Assault Programs  
Anna Nelson<sup>T</sup> New Mexico Forum for Youth in Community  
David River NM Coalition against Domestic Violence  
Doug Southern<sup>F</sup> Roswell Refuge

### Administrative Office of the District Attorney's Representative

Kristina Faight-Hollar 13<sup>th</sup> Judicial District Attorney's Office

### Attorney General's Office Representative

Michelle Garcia Attorney General's Office

### Civil Legal Services Representatives

Gabriel Campos<sup>M</sup> New Mexico Legal Aid  
Melissa Ewer<sup>F</sup> Catholic Charities VAWA Immigration Project

### Public Defender Representative

Vacant Chief Public Defender

### Judicial Representatives

Judge Sandra Clinton<sup>M</sup> Bernalillo County Metropolitan Court  
Judge Alisa Hadfield 2<sup>nd</sup> Judicial District Court Domestic Violence Division  
Jenna Yanz Administrative Office of the Courts

### Law Enforcement Representatives

Captain Quintin McShan<sup>M</sup> New Mexico State Police  
Detective Mark Myers Las Cruces Police Department

### State Agency Representatives

Shauna Fujimoto Children, Youth and Families Department  
Vicki Nakagawa<sup>N, T</sup> Department of Health  
Anthony Louderbough Aging & Long Term Services Department/Adult Protective Services



### **Tribal Representatives**

Cheryl Eaton<sup>N</sup> Sexual Assault Services of Northwest New Mexico  
Miranda Salazar<sup>N</sup> Eight Northern Indian Pueblos Council, Inc. PeaceKeepers  
Colleen Vigil<sup>N</sup> Coalition to Stop Violence against Native Women

### **Other Appointed Members**

Sheila Allen<sup>F</sup> Crime Victims Reparation Commission  
Dale Klein-Kennedy<sup>F</sup> New Mexico Community FaithLinks  
Kari Meredith<sup>M, N, T</sup> Attorney General's Office  
Joan Shirley<sup>F, M</sup> Community Representative, Resource Center for Victims of Violent Death  
Sherry Stephens New Mexico Parole Board

Special thanks to outgoing appointed members for their service on the Team: Laura Bassein (Administrative Office of the Courts), Ella Frank (New Mexico Parole Board), Francine Gachupin (Southwest Tribal Epidemiology Center), Anne Keener (New Mexico Public Defender's Office), Evone Martinez (PeaceKeepers), Sophia Roybal-Cruz (New Mexico Children, Youth and Families Department), Craig Sparks (New Mexico Children, Youth and Families Department) and Pamela Wiseman (New Mexico Coalition Against Domestic Violence).

The following *invited members* participated in Team or committee meetings during the 2012 review year:

Arlene Armijo, BIA<sup>N</sup>  
Alethea Beall, FBI<sup>N</sup>  
Laura Banks, UNM Emergency Medicine  
Paula Bauch, Department of Health<sup>T</sup>  
Michael Bauer, UNM School of Medicine  
Joyce Burkholder, Community Member<sup>F</sup>  
Camille Carey, UNM School of Law  
Adrian Carver, NM Forum for Youth in Community  
Domenick Ciccone, APD  
Jennifer Coffey, UNM School of Medicine  
Rosemary Cosgrove-Aguilar, 2<sup>nd</sup> Judicial District Court  
Elise Echert, 2<sup>nd</sup> Judicial DA's Office  
Sandra Engel, Bernalillo Metropolitan Court  
Carla Fisher, Domestic Unity  
Dominic Gachupin, Jemez Social Services<sup>N</sup>  
Andrew Gomez, CYFD<sup>T</sup>  
Cassie Halvorsen, FBI<sup>N</sup>  
Ann Henz, Attorney General's Office  
Carol Horwitz, Santa Fe Police Department  
Jill Ingraham, Bernalillo Metropolitan Court  
Jean Klein, Bernalillo Metropolitan Court  
Anna Marie Luna, CYFD  
Carrie McNeil, CDC and NMDOH  
Coy Maienza, CYFD  
Rebecca Marianetti, UNM Hospital  
Maya McKnight, CYFD<sup>T</sup>

Roberta Muro, CYFD<sup>T</sup>  
Karina Nevarez, Catholic Charities  
Erin Olsen, NM Legal Aid  
Amy Ortiz, 2<sup>nd</sup> Judicial DA's Office  
Andrea Ortiz, APD Homicide  
Laura Price-Waldman, Catholic Charities  
Melissa Riley, Unified Solutions<sup>N</sup>  
Kristy Ring, CVRC  
David River, NM Coalition Against Domestic Violence  
Heather Sandoval, Attorney General's Office<sup>T</sup>  
Kristina Shelton, Haven House  
David Sklar, UNM Emergency Medicine  
Benjamin Smith, Rape Crisis Center<sup>T</sup>  
Sherry Spitzer, NM Asian Family Center<sup>M</sup>  
Edna Sprague, 2<sup>nd</sup> Judicial DA's Office  
Eric Threlkeld, Eddy County Sheriff's Office  
Rosemary Traub, NM Legal Aid  
Bianca Villani, Rape Crisis Center<sup>T</sup>  
Sharon Vandever, U.S. Attorney's Office<sup>N</sup>  
Loudine Wanoskia, Jicarilla Apache Behavioral Health<sup>N</sup>  
Desiree Weekoty, Coalition to Stop Violence Against Native Women<sup>N</sup>

### **2012 Committee Chairs**

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

## Endnotes

---

<sup>i</sup> See the New Mexico Family Violence Protection Act § 40-13-1.

<sup>ii</sup> IACP. 2009. *Taking A Stand: Reducing Gun Violence in our Communities*. Alexandria, VA: International Association of Chiefs of Police.

<sup>iii</sup> Townsend, Meg, et al. 2006. *Law Enforcement Response to Emergency Domestic Violence Calls for Service*. Available [Online]: <https://www.ncjrs.gov/pdffiles1/nij/grants/215915.pdf>.

<sup>iv</sup> Caponera, Betty. 2012. Incidence and Nature of Domestic Violence in New Mexico XI: An Analysis of 2011 Data from the New Mexico Interpersonal Violence Data Central Repository. Albuquerque: New Mexico Interpersonal Violence Data Central Repository, New Mexico Coalition Against Sexual Assault Programs.

<sup>v</sup> Campbell, Jacquelyn C. 2004. Helping Women Understand Their Risk in Situations of Intimate Partner Violence. *Journal of Interpersonal Violence* 19: 1464-1477.

Campbell, Jacquelyn C. 2009. The Danger Assessment: Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide. *Journal of Interpersonal Violence* 24: 653-674.

<sup>vi</sup> National Institute of Justice. 2009. *Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors, and Judges*. Washington, D.C.: U.S. Department of Justice. [Online]: <http://www.nij.gov/nij/topics/crime/intimate-partner-violence/practical-implications-research/welcome.htm>

<sup>vii</sup> Sack, Emily. 2002. *Creating A Domestic Violence Court: Guidelines and Best Practices*. San Francisco, CA: Family Violence Prevention Fund.

<sup>viii</sup> Campbell, Jacquelyn C. et al. 2003. Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study. *American Journal of Public Health* 93: 1089-1097.

See also: Sharps, Phyllis W. et al. The Role of Alcohol Use in Intimate Partner Femicide. *American Journal on Addictions* 10: 122-135.

<sup>ix</sup> Mark, Tammy L. et al. 2006. Characterizing Substance Abuse Programs that Treat Adolescents. *Journal of Substance Abuse Treatment* 31: 59-65.



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

**Danielle Albright, Coordinator  
Intimate Partner Violence Death Review Team  
Center for Injury Prevention Research and Education  
Department of Emergency Medicine, School of Medicine  
University of New Mexico  
MSC 11 6025  
Albuquerque, NM 87131  
(505) 272-6272  
Fax: (505) 272-6259  
Email: [dalbright@salud.unm.edu](mailto:dalbright@salud.unm.edu)**

