

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

Annual Report

2014

**Findings &
Recommendations
from CY2011
Intimate Partner
Violence Deaths**

January 1, 2015

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

Governor Martinez:

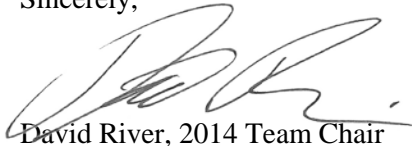
On behalf of the Intimate Partner Violence Death Review Team, I am pleased to present to you our 2014 Annual Report. This report outlines findings and recommendations from our review of intimate partner and sexual violence related deaths that occurred in New Mexico in calendar year 2011. In reviewing these deaths, team members identify gaps in system responses to victims at both local and state levels and recommend strategies for improving these interventions in order to prevent future injury and death related to domestic and sexual violence.

The Team's findings can be found on pages 9-18 and recommendations can be found on pages 19-25. The report also provides a summary of the Team's 2014 activities and highlights the activities of agencies that are engaged in work consistent with the Team's recommendations from previous years.

The Intimate Partner Violence Death Review Team is comprised of representatives from numerous local and state-level, community and governmental agencies from across the State. We are a statutory body enabled by the New Mexico Legislature under NMSA 1978 §31-22-4.1 and are tasked with the review of the facts and circumstances surrounding domestic and sexual violence related deaths in New Mexico.

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

Sincerely,



David River, 2014 Team Chair
Assistant Director, New Mexico Coalition Against Domestic Violence

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
Incidents of Intimate Partner Violence Resulting in Death, CY2011.....	9
Person Characteristics, CY2011	11
Incident Characteristics, CY2011	15
2014 Team Recommendations.....	19
2014 Team Activities	26
Recommendation Updates	30
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 New Mexico death related to intimate partner violence. In 2014, the Team reviewed 31 deaths related to 27 incidents of intimate partner violence (IPV). All reviewed deaths occurred in calendar year 2011 (CY2011). The Team reviewed 17 homicide deaths, 13 suicide deaths, and one death resulting from police shootings in response to an IPV incident. The Team's 2014 group and committee activities beyond case review are detailed on page 26; updates on recommendations in prior reports begin on page 30.

The full report of the Team's case review findings can be found on pages 9–18. The following are select findings from the Team's review of CY2011 IPV-related homicide deaths:

IPV Victims (Number of victims = 27)

- 89% of IPV victims were female; 11% were male;
- 89% of IPV victims had a prior history of IPV victimization;
- 37% of IPV victims were married to the IPV perpetrator; 33% were no longer in a relationship with the perpetrator;
- 33% of IPV victims were drinking alcohol at the time of the incident;

IPV Perpetrators (Number of perpetrators = 27)

- 85% of IPV perpetrators were male; 15% were female;
- 93% of IPV perpetrators had a prior history of IPV perpetration;
- 67% of IPV perpetrators were drinking alcohol at the time of the incident;

Deaths Related to Intimate Partner Violence (Number of deaths = 31)

- Twelve IPV victims were killed by their current or former partner;
- Three bystanders were killed during IPV incidents, including one new partner of the IPV victim, one neighbor of the IPV victim, and one relative of the IPV perpetrator;
- Three IPV perpetrators were killed by their current or former partner in self-defense;
- Two IPV perpetrators were killed by a bystander to the IPV incident, one by a relative of the IPV victim and the other shot by the police;
- Four perpetrators committed suicide following the murder of the IPV victim and six IPV perpetrators committed suicide alone; and
- One IPV victim committed suicide alone.

Prosecution and Sentencing in Homicide Incidents

- Criminal charges were filed against the homicide offender in 12 cases;
- Prison sentences ranged from one year and 6 months for involuntary manslaughter to life in prison for 1st Degree Murder.

The executive summary is continued on page 3.

Executive Summary continued

In 2014, the Team developed 19 recommendations. *While these recommendations are organized by system areas in this report, many can only be accomplished through improved coordination across multiple systems and jurisdictions. **The Team recommends a statewide focus on coordinating responses to intimate partner and sexual violence.*** The following list presents abridged recommendations by system area. The full report of Team recommendations are located on pages 19–25.

Legislative, page 19

- a. Create firearm legislation consistent with federal policy
- b. Require law enforcement documentation on all domestic violence calls

Tribal Policies and Services, page 20

- a. Enact domestic violence codes within tribal criminal codes
- b. Provide training on domestic violence for tribal law enforcement
- c. Increase use of local advocates in tribal agencies

Law Enforcement, page 20

- a. Training on primary aggressor identification
- b. Timely referrals for intimate partner violence and sexual assault victims
- c. Standardize protocols for interacting with homicide survivors

Victim Services, page 21

- a. Improve coordination of services for victims with mental health, substance abuse

Prosecution, page 22

- a. Address policy and resource gaps in prosecution
- b. Use best practices in plea bargain negotiations

Courts, page 23

- a. Prioritize pre-trial and post-conviction offender monitoring

Probation and Parole, page 23

- a. Reduce case-loads for post-conviction professionals
- b. Improve agency personnel knowledge of IPV and resources for victim and offender referrals

Medical, Mental, and Behavioral Health Care Services, page 24

- a. Increase IPV knowledge for certified professionals
- b. Conduct IPV screening for suicidal patients

Cross-cutting Recommendations for Community, page 24

- a. Outreach on bystander safety
- b. Early access to support services for adult and child witnesses to IPV
- c. Increase awareness, recognition of teen dating violence

Acknowledgments

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

- The New Mexico Crime Victims Reparation Commission (CVRC), Director Frank Zubia and the entire Crime Victims Reparation staff and Commission, for their support of the Team's work,
- The Albuquerque Family Advocacy Center, the New Mexico Forum for Youth in Community, and the Crime Victims Reparation Commission for assisting the Team with procuring meeting space,
- Rebecca Montoya Mora and Dr. Sarah Lathrop of the New Mexico Office of the Medical Investigator, for assistance with case identification and data collection,
- Laura Bassein of the Institute of Public Law, UNM School of Law for assistance with editing this report, and
- All of the criminal justice and community service professionals across the State of New Mexico who assisted with the record collection necessary for conducting effective case reviews.

The Team staff 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 Research Assistant Nicole Devereaux for her contribution to collecting case information and performing data entry for 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 §31-22-4.1 (Appendix A). The Team is funded by the New Mexico Crime Victims Reparation Commission. Team coordination and staff services are housed at the 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.

The New Mexico Intimate Partner Violence Death Review Team is authorized by NMSA §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.

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 the victim's 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 a perpetrator of intimate partner violence or sexual assault (even if the victim survives) when the suicide is related to an incident of intimate partner or sexual violence or stalking,
- Homicide of the intimate partner violence or sexual assault perpetrator if related to an incident of 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.

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.

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.

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. For instance, we classify the death of an IPV perpetrator who is killed by a “Good Samaritan” as a homicide even where the shooting is ruled “justified” and no charges are filed.

Homicide decedent 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 decedent 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 the decedent, offender, or surviving partner in the death incident.

IPV perpetrator refers to the identified perpetrator of the act of intimate partner violence. The IPV perpetrator may be the decedent, offender, or surviving partner in the death incident.

SA victim refers to the victim of an actual or attempted act of sexual assault. The SA victim may be the decedent, offender, or surviving partner in the death incident.

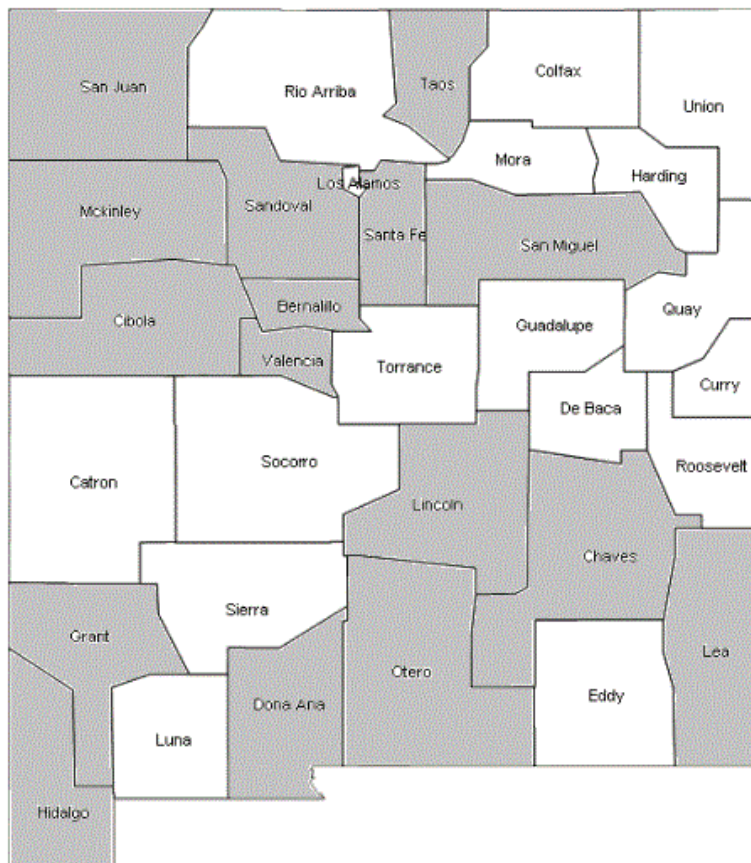
SA perpetrator refers to the identified perpetrator of an act of actual or attempted sexual assault. The SA perpetrator may be the decedent, offender, or surviving partner in the death incident.

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 be either the decedent or offender in the death incident.

Incidents of Intimate Partner Violence Resulting in Death, CY2011

The Team reviewed 27 incidents of intimate partner violence (IPV) that resulted in death during calendar year 2011 (CY2011). In these 27 incidents, 31 people died: 17 deaths were the result of homicide, one IPV offender was killed by on-duty police officers, and thirteen were acts of suicide. The Team identified eight additional IPV incidents resulting in a homicide death in CY2011 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 CY2011 incident of IPV resulting in death. Fifty-six (56) percent of these incidents occurred in rural areas.¹

New Mexico Counties with at least One Reviewed CY2011 Death Related to IPV



Relationship between the Intimate Partner Pair

In all 27 reviewed CY2011 cases, the death incident occurred either during or immediately following a threatened or actual incident of intimate partner violence. Thirty-seven (37) percent of these incidents involved a married couple and over half of all couples had shared biological or adopted children. Over 30% of intimate partner pairs were in the process of separating at the time of the incident. One case involved a same-sex couple. The table below documents the characteristics of the intimate partner relationship in the 27 cases reviewed by the Team.

Relationship Characteristics For the Intimate Partner Pair (Number of partner pairs = 27)		
	Number of Cases	%
Relationship Status		
Spouse or partner	10	37
Boyfriend or girlfriend	8	30
Ex-boyfriend or ex-girlfriend	8	30
Ex-Spouse or ex-partner	1	3
Recently separated or in the process of separating	9	33
Habitation Status at the Time of Incident		
Lived together	17	63
Previously lived together	5	18
Never lived together	5	18
Children		
Couple has any shared biological or adopted child(ren) of any age	14	52
Shared biological or adopted minor child(ren) in household	11	41
Step-child(ren) in household	8	30
Any minor child(ren) in household	14	52
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	23	85
At least one domestic violence police call for service	9	33
At least one arrest for intimate partner violence	8	30
Any history of domestic violence orders of protection ⁱⁱ between parties	5	19
Domestic violence order of protection between parties at the time of the incident	2	7
Petition for domestic violence order of protection between parties within the last year	2	7
Criminal domestic violence charge pending at time of incident	1	3

Person Characteristics, CY2011

IPV Victims

IPV victim refers to the victim of intimate partner violence. The IPV victim may be the decedent, offender, or surviving partner in the death incident. In CY2011 reviewed cases there were 27 IPV victims who ranged in age from 17 to 67 years old, with a median age of 33 years. Eighty-nine (89) percent were female. Thirty-three (33) percent of IPV victims had at least one child as a teenager (N = 9). Six IPV victims had at least one prior arrest for a domestic violence offense. Of these, three cases involved parties with numerous calls to the police where the IPV perpetrator was identified as the offender in most incidents. All but one of the six IPV victims with arrests for domestic violence had a history of alcohol or drug use. Forty-eight (48) percent of IPV victims were homicide decedents in the death incident; in the remaining incidents the IPV victim survived.

Background Characteristics of IPV Victims, CY2011 (Number of victims = 27)		
	Number of Victims	%
Sex		
Female	24	89
Male	3	11
Race		
White	21	78
Native American	5	19
African American	1	3
Ethnicity		
Hispanic	13	48
Substance Abuse & Mental Health		
Known history of alcohol abuse	8	30
Known history of drug use	8	30
Known history of depression or other mental illness	5	19
Known history of a chronic illness	2	7
Criminal History		
At least one prior arrest	10	37
At least one arrest for DWI	6	22
Convicted of at least one felony crime	4	15
At least one term of supervision by probation or parole	9	33
On probation or parole at the time of the incident	3	11
Intimate Partner Violence History		
Known history of intimate partner violence victimization	24	89
Known history of intimate partner violence perpetration	6	22

Background Characteristics of IPV Victims, CY2011 Continued

	Number of Victims	%
At least one arrest for domestic violence	6	22
At least one conviction for domestic violence	4	15
Restrained party in at least one prior domestic violence order of protection	2	7

IPV Perpetrators

IPV perpetrator refers to the identified perpetrator of intimate partner violence. The perpetrator may be the decedent, offender, or surviving partner in the death incident. In CY2011 reviewed cases there were 27 IPV perpetrators. Perpetrators ranged in age from 19 to 71 years old, with a median age of 39 years. Eighty-five (85) percent of IPV perpetrators were male. Forty-one (41) percent were surviving homicide offenders in the death incident, 11% were both homicide offenders and suicide decedents, 11% were killed as a result of bystander intervention (someone other than the IPV victim), 7% were killed by the IPV victim in self-defense, 22% of IPV perpetrators committed suicide alone, one perpetrator was the survivor of a victim suicide and another survived an incident where the IPV victim killed a bystander. At the time of the incident, 67% of IPV offenders were drinking alcohol and 37% were using illegal drugs. Thirty (30) percent of IPV perpetrators had at least on child as a teenager (N = 8).

Background Characteristics of IPV Perpetrators, CY2011 (Number of perpetrators = 27)

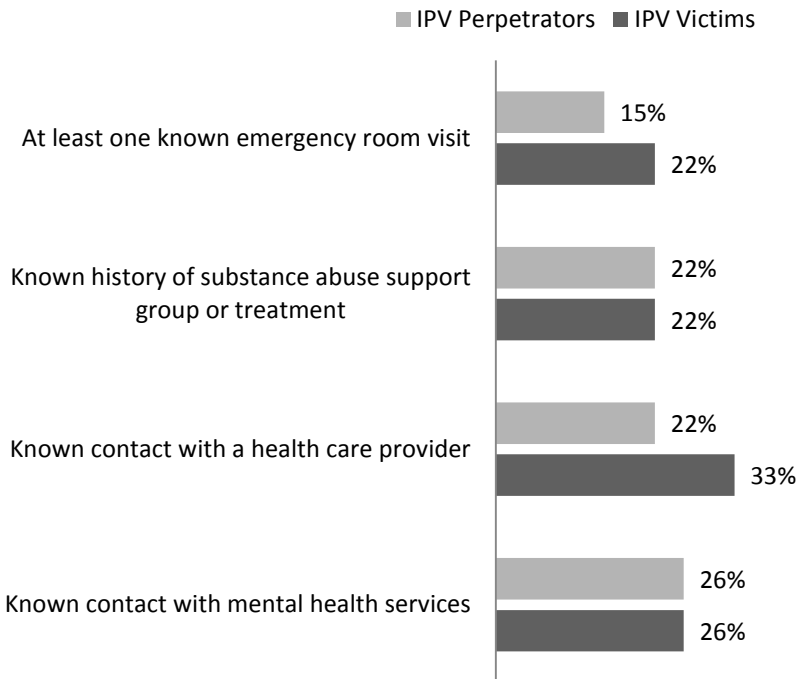
	Number of Perpetrators	%
Sex		
Female	4	15
Male	23	85
Race		
White	22	82
Native American	4	15
African American	1	3
Ethnicity		
Hispanic	14	52
Substance Abuse & Mental Health		
Known history of alcohol abuse	18	67
Known history of drug use	14	52

Background Characteristics of IPV Perpetrators, CY2011 Continued		
	Number of Perpetrators	%
Known history of depression or other mental illness	11	41
Known history of a chronic illness	2	7
Criminal History		
At least one prior arrest	18	67
At least one arrest for DWI	6	22
Convicted of at least one felony crime	10	37
At least one term of supervision by probation or parole	12	44
On probation or parole at the time of the incident	4	15
Intimate Partner Violence History		
Known history of intimate partner violence victimization	4	15
Known history of intimate partner violence perpetration	25	93
At least one arrest for domestic violence	11	41
At least one conviction for domestic violence	9	33
Restrained party in at least one prior domestic violence order of protection	9	33
History of Associations		
Suspected gang involvement	2	7
History of military service	1	3
History of law enforcement service	1	3

Contacts with Service Providers

In addition to formal criminal and civil legal systems, the Team evaluates other known service contacts for both IPV victims and offenders.ⁱⁱⁱ Only three persons had a known prior contact with community domestic violence programs or advocates. One sought refuge in a domestic violence shelter and two met with a sexual assault advocate. Four IPV perpetrators and three IPV victims attended a court ordered batterer intervention program. We also collected information on known medical and behavioral health service contacts. The percentage of IPV victim and perpetrator contacts with these services is shown in the graph below.

Percentage of IPV Victims and Offenders with Known Service Contacts by Service Type (N = 27)



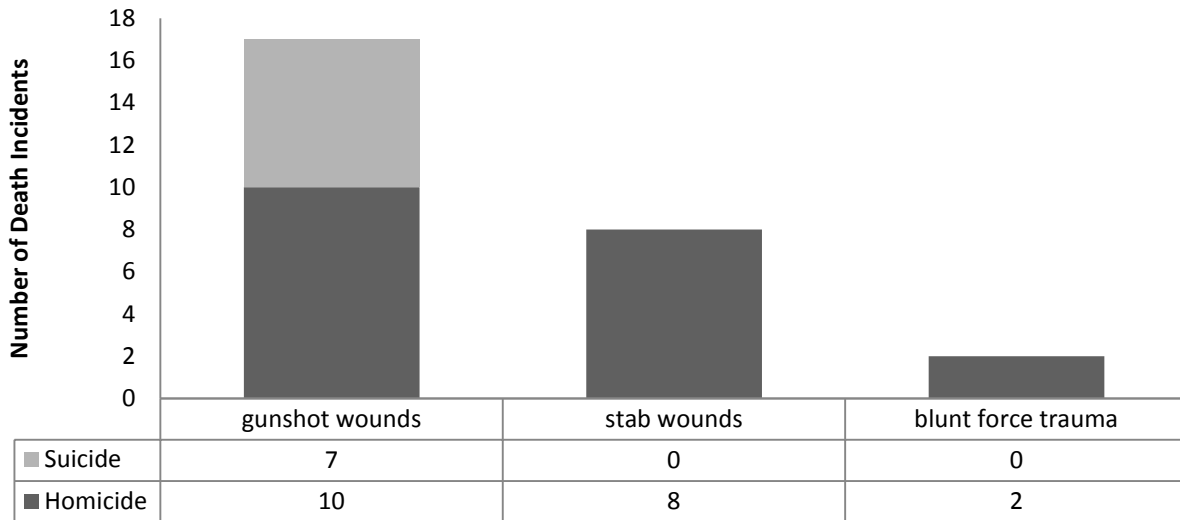
Bystanders

Bystander refers to a person who is not involved in the act of intimate partner violence, but is identified as a witness to the violence. At times, bystanders to intimate partner violence may be either the decedent or offender in the death incident. In CY2011, the Team reviewed 5 cases involving bystanders as either decedent or offender in the death incident. In three cases the bystanders were homicide decedents: one new partner of the IPV victim was killed by the victims' former partner, one neighbor of the IPV victim was killed by the IPV perpetrator, and one relative of the IPV perpetrator was killed by the IPV victim. In the remaining two cases, a bystander killed the IPV perpetrator, including: one case of on-duty police officers responding to a domestic violence call and one relative intervening on behalf of the IPV victim.

Incident Characteristics, CY2011

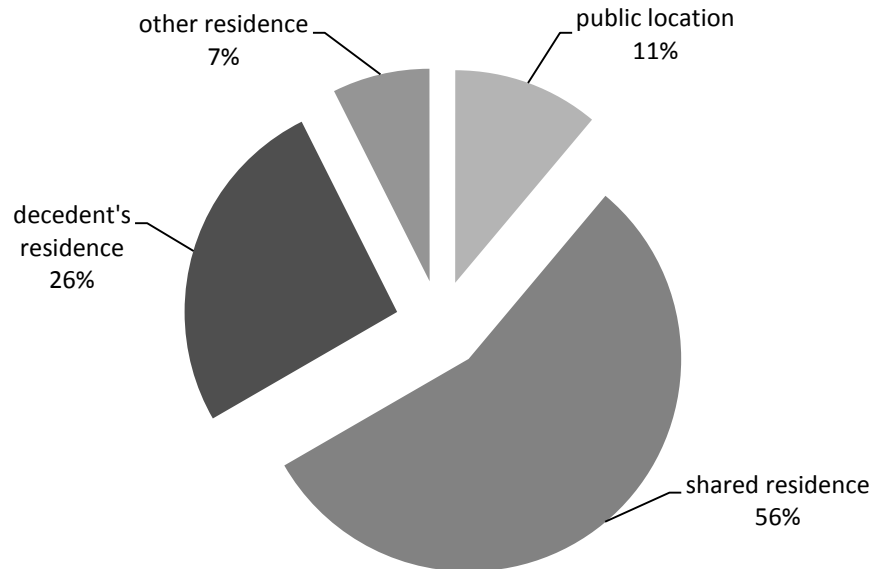
The Team reviewed 16 cases of homicide, three cases of murder suicide, one police involved shooting, and seven cases of suicide alone. Seventeen (17) cases involved deaths that were the result of gunshot wound(s). Stab wounds were the cause of death in eight (8) incidents; two homicide deaths were the result of blunt force trauma. Six (6) reviewed cases involved a prohibited person in possession of a firearm: all six had convictions for misdemeanor domestic violence and five of these also had felony convictions.

Cause of Death (Number of incidents = 27)



Three death incidents (11%) took place in a public location, including one case each occurring in the street, a workplace, and a motel. The remaining cases occurred at a personal residence, with over half of all incidents occurring at a residence shared by the IPV victim and perpetrator. Seven death incidents took place at a residence where only the decedent lived. One incident occurred at the residence of a relative of the intimate partner pair. All seven incidents of suicide alone took place at a private residence and six of these incidents were at a shared residence. Eight (8) IPV-related death incidents were witnessed by 17 minor children who ranged in age from 9 months to 15 years old.

Location of Incident (Number of incidents = 27)



Criminal Charges

Either a state or federal prosecutor filed criminal charges against the offender in 12 death incidents. In the remaining cases, no charges were filed. In one uncharged case, an on-duty law enforcement officer killed the IPV offender. The shooting was ruled justified. Two homicide deaths were determined to be the result of self-defense by IPV victims. One case involved the suicide of an IPV victim. In the remaining eleven uncharged incidents, the offender committed suicide immediately following the IPV incident.

Conviction and Sentencing

Prosecutors obtained convictions on all 12 charged cases and convicted on the most serious charge in 10 of 12 charged cases. In two remaining cases, the offender's most serious charge was reduced during plea bargaining. These pleas were both reductions from 2nd degree murder to voluntary manslaughter. Of these 12 convictions, eight resulted from plea agreements and four from jury convictions. In cases with a conviction, the minimum sentence on the most serious charge was 1 year and 4 months in prison for voluntary manslaughter and the maximum sentence was life in prison.

CY2011 Homicide Conviction Sentence Range by Charge Type (Number of cases = 12)		
Most Serious Prosecuted Charge	Number of Cases	Sentence Range in Years
Involuntary Manslaughter	3	1.5 to 4
Voluntary Manslaughter	3	1.4 to 9
2 nd Degree Murder	5	10 to 15
1 st Degree Murder	1	30 to Life

Perpetrator Background Characteristics by Type of Death Incident

IPV perpetrators are divided into three groups: perpetrators who committed an act of homicide; perpetrators who committed suicide alone; and perpetrators killed by either a bystander (usually responding police officers) or the IPV victim. Across these three groups, perpetrators share similar characteristics, with the majority in all groups having: a known history of alcohol abuse, at least one prior arrest, a history of probation or parole contact, and a known history of intimate partner violence perpetration. IPV perpetrators who committed suicide alone more often had a known history of depression or mental illness. In addition to these three categories of IPV perpetrators, the Team reviewed two cases where the IPV perpetrator was neither the homicide offender nor the decedent. In one case the IPV victim committed suicide and in another the IPV victim killed a bystander. These two cases are not included in the table below.

Background Characteristics of IPV Perpetrators by Type of Death Incident, CY2011 (Number of perpetrators = 25)*

	Perpetrator committed an act of homicide (N = 14)**		Perpetrator committed suicide alone (N = 6)		Perpetrator was killed by the victim or a bystander (N = 5)	
	Number of Perpetrators	%	Number of Perpetrators	%	Number of Perpetrators	%
Substance Abuse & Mental Health						
Known history of alcohol abuse	9	64	3	50	4	80
Known history of drug use	8	57	2	33	3	60
Alcohol use at time of death incident	11	79	3	50	3	60
Drug use at time of death incident	4	29	2	33	3	60
Known history of depression or other mental illness	3	21	6	100	2	40
Known history of suicidal ideation	2	14	5	83	0	0
Criminal History						
At least one prior arrest	9	64	2	33	5	100
At least one arrest for DWI	3	21	1	17	0	0
Convicted of at least one felony crime	6	43	0	0	3	60
At least one term of supervision by probation or parole	7	50	1	17	2	40
On probation or parole at the time of the incident	2	14	0	0	1	20
Intimate Partner Violence History						
Known history of intimate partner violence victimization						
Known history of intimate partner violence perpetration	12	86	6	100	5	100
At least one arrest for domestic violence	7	50	1	17	2	40
At least one conviction for domestic violence	5	36	1	17	2	40
Restrained party in at least one prior domestic violence order of protection	6	43	1	17	1	20

*Two surviving IPV perpetrators were excluded from this table because they were neither the decedent nor the offender in the death incident (*see* page 17).

**Four of the 14 IPV perpetrators who committed an act of homicide also committed suicide. These perpetrators are included in this column only.

2014 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 2014, 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. 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 CY2011 case reviews. *While these recommendations are organized by system areas for this report, 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 2014 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, following conviction for a misdemeanor domestic violence offense, or while under conditions of release (see 18 U.S.C. 922 (d) and (g)).** A firearm was used in 50% of reviewed CY2011 homicides and 100% of reviewed suicides. Six reviewed cases involved a prohibited person in possession of a firearm: all six had convictions for misdemeanor domestic violence and five of these also had felony convictions. Not only

would state legislation reinforce the importance of removing firearms from the hands of these offenders, but it could also provide resources for retrieving and storing these weapons and create a more comprehensive system for monitoring compliance with the law.

- b. **Create New Mexico legislation to require law enforcement documentation of abuse incidents for all domestic violence calls for service with suspicion or allegations of abuse.** In the CY2011 IPV-related deaths, there were 41 calls to the police prior to the death incident in nine separate cases. Fifteen (15) percent of calls did not result in written documentation. In defining the situations subject to mandatory documentation, lawmakers should consider those provided in the arrest without warrant statute (NMSA §31-1-7), the Family Violence Protection Act (NMSA §§40-13-6 and 40-13-7), and the Crimes Against Household Members Act (NMSA §§30-3-11 through 30-3-18). In addition, lawmakers should consider the existing standard for medical providers and require written documentation of the nature of the abuse and the name of alleged perpetrator, even in cases without probable cause for arrest.

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 these criminal codes.** In addition, the Committee recommends including provisions mirroring federal legislation on full faith and credit for domestic violence protection orders. These two policies would provide tribal law enforcement and prosecutors with additional tools to ensure the protection of those who are victims of intimate partner and family violence.
- b. **Provide training for tribal law enforcement officers on response to and investigation of intimate partner violence incidents.** Training should focus on improving officers' ability to assess the threat that victims of intimate partner violence face as well as best practices in the response to and documentation of intimate partner violence incidents. See additional recommendations for law enforcement in section III.
- c. **Increase utilization of local victim advocates in tribal agencies and other agencies providing services to communities in Indian Country.** Victim advocates housed in local tribal and tribal serving agencies can ensure victims of intimate partner violence receive prompt assistance in their home communities. Increased presence of victim advocates may also provide leadership support for improved confidentiality and privacy policies for victims of intimate partner violence who seek law enforcement or sheltering support at the tribal level.

III. Law Enforcement

- a. **Continue to provide training to supervisors and field officers on recognizing and documenting the dynamics of domestic violence and identifying the primary aggressor in domestic violence incidents.** The Team observed a number of cases where prior calls for service were properly documented demonstrating knowledgeable and thorough responses to victims by police. We believe police response has improved over

time as a result of training. However, we also continue to observe contacts where parties are separated and released without being interviewed, stalking behavior goes unrecognized, and victims are arrested for defending themselves against their abusers. Training on the dynamics of intimate partner violence should be ongoing and repeated as a regular part of officer continuing education. Content for educational tools and training curricula should be regularly reviewed in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be inclusive of differences in dynamics due to age, sex, race, ethnicity, nationality, and sexual orientation.

- b. **Law enforcement agencies should ensure timely and appropriate referrals for victims of intimate partner violence and sexual assault by providing appropriate training and personnel to deliver information.** Law enforcement is the most commonly accessed formal system of intervention for domestic violence in New Mexico.^{iv} Law enforcement agents provide victims with information on safety planning and community resources. These efforts may be enhanced by increased use of victim advocates on domestic violence calls. 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 occurs. Law enforcement agencies should provide training on the delivery of information and referrals for victims to officers and encourage the use of victim advocates in the field.
- c. **Standardize protocols for addressing the needs of survivors following domestic violence incidents resulting in serious injury or death.** The team has observed inconsistencies in the way law enforcement agencies engage with survivors following domestic violence homicides. Two recommendations came from these observations. First, agencies should ensure timely death notification to next of kin following a homicide. The Team recognizes that identifying next of kin can take time, but official death notification should be made as soon as the homicide decedent and the next of kin are identified. Second, agencies should establish a standard protocol for making child custody decisions at the scene of a domestic violence incident resulting in serious injury or death. In addition to dealing with the loss of one or both parents due to death and/or arrest, children present at these scenes often witness the incident. Where possible, victim advocates or workers from the Children, Youth and Families Department with training on the dynamics of domestic violence should respond to the scene to assist with the transition of custody and provide follow up to ensure children and their adult caretakers are receiving appropriate aftercare and counseling (see also IX.b).

IV. Victim Services

- a. **Improve the coordination of services for IPV victims who experience the co-occurrence of intimate partner violence and substance abuse, criminal offending, mental illness, or specialized medical conditions.** Concurrent risk factors can present barriers to providing, accessing, and using services. Decreasing the risk for intimate

partner violence and sexual assault related death requires multiple types of intervention services. For example, 44% of IPV victims from CY2011 had a history of substance abuse, 19% had a history of mental health problems, seven percent had concurrent substance abuse and mental health issues and 37% had a criminal history. Three victims had a known contact with an IPV service agency, but none of those with IPV service contact had concurrent problems. Rather those with overlapping substance abuse or mental health issues were more likely to have contact with a behavioral health service provider. Non-domestic violence service providers, such as substance abuse services, income and nutrition support, and preventive health care, do come in contact with IPV victims. The Team recognizes that there is a shortage of services in all of these areas throughout the state and that where these services exist, coordination is lacking. The Team recommends IPV service providers engage in cross-training for service providers in each of these areas. Communities with domestic violence or sexual assault community coordinated response or multi-disciplinary teams should actively maintain communication and representation from intervention agencies outside of those directly focused on IPV. Knowledge of the available scope of service agencies within a community may help an agency provide more comprehensive assistance for IPV victims.

V. Prosecution

- a. **Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases.** In CY2011, 30% of IPV perpetrators had at least one dropped prosecution for domestic violence prior to the homicide; five perpetrators had more than one dropped prosecution for domestic violence, with an average of 2.6 dropped prosecutions per offender. Although guided by departmental policies, prosecutors have discretion in charging decisions. In addition to the seriousness of the crime, considerations for charging an alleged IPV perpetrator should also take into account the perpetrator's known history of violence, threats, and use of weapons.^v Charging decisions should also follow thorough investigations and the consideration of evidence-based prosecution regardless of whether victims are available for testimony.^{vi} Collaboration with other agencies may also provide prosecutors with tools for improving both victim safety and investigations. District Attorney's should support the participation of their investigators, advocates, and prosecutors in local or regional domestic and/or sexual violence related community coordinated response or multi-disciplinary teams where available.
- b. **Ensure the use of best practices when negotiating plea bargains with IPV perpetrators in domestic violence cases.** The Team observed 27 prior domestic violence arrests subject to prosecution for 11 IPV perpetrators. Sixty-three percent of these cases were dismissed by the prosecutor. Most of the prosecuted cases resulted in plea agreements and over 38% of prosecutions resulted in either a suspended sentence or unsupervised probation. The team advocates that no intimate partner violence case should be pleaded down to a non-household member crime. Further, the team also advocates that prosecutors should ask the court to order the offender to enroll and complete domestic violence offender treatment, include restitution to the victim and insist on supervised probation in all cases involving intimate partner violence.^{vii} New Mexico statute section 30-3-15 requires mandatory domestic violence offender treatment or intervention with a provider certified by CYFD for all battery against a household member

charges. However, the Team also advocates for the inclusion of domestic violence offender treatment/batterer's intervention in all plea agreements and sentencing by judges, even in cases where the original charge is pled to a non-domestic violence offense or a domestic violence offense that does not require such treatment or intervention.

VI. Courts

- a. **Courts should 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.^{viii} Relatively few pretrial monitoring programs exist statewide, with no official pretrial monitoring in the magistrate courts and only a handful of counties having pretrial monitoring programs at the district court or metro court level. Where available, pretrial programs should monitor offenders who are awaiting trial for violent crimes, including those charged with either felony or misdemeanor domestic violence.

Magistrate courts generally have few resources for supervising pre-trial release or probation sentences, including cases of misdemeanor domestic violence. An assessment should be conducted to determine each court's 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.

VII. Probation and Parole

- a. **Assess the ability of post-conviction professionals to monitor and supervise caseloads, and where need is indicated, reduce caseloads for post-conviction professionals.** A review of IPV perpetrator criminal histories showed that 44% had at least one prior contact with post-conviction services. Three perpetrators committed the act of IPV that lead to the reviewed death while serving a probation or parole sentence. 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. The Team suspects that ineffective monitoring is at least due in part to understaffing and excessive caseloads. Reduced caseloads may also improve violation notifications to the court and provide more comprehensive monitoring for those with violation histories. Courts should hold offenders accountable when violations are identified.
- b. **Improve post-conviction professionals' ability to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators; and ensure agency personnel have current knowledge of the availability**

of appropriate victim services and offender intervention resources in their respective jurisdictions. The Team found that 44% of perpetrators and 33% of victims in CY2011 reviewed homicides had at least one prior contact with post-conviction services. These contacts represent opportunities for both prevention and intervention efforts for persons at risk for intimate partner violence. At present, probation and parole officers do not receive training on either the identification of risk factors for intimate partner violence or the availability of appropriate community resources for intervention.

VIII. Medical, Mental, and Behavioral Health Care Services

- a. **Enhance knowledge about intimate partner violence for professional certifications and licensing in medical professions, social work, counseling, substance abuse treatment, psychology, and psychiatry.** Each year the Team reviews a number of cases where victims and offenders received psychiatric care, marriage counseling, or other medical, behavioral, or social services from licensed behavioral health professionals. 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, depending on the educational requirements of each respective occupation. Training should be designed and implemented by IPV victim advocates and focus on improving IPV identification as well as knowledge on available services for referral in local communities.
- b. **Medical and mental health providers should screen for intimate partner violence among patients presenting with suicidal ideation or those who have attempted suicide.** Sixty-four (64) percent of suicide offenders in reviewed cases had at least one contact with a medical health care provider prior to the death incident, 73% had a known history of suicidal ideation, and 27% had at least one prior suicide attempt. Most of these contacts were related to depression or suicidal thoughts, but some visits were related to serious medical conditions. 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.

IX. Cross-Cutting Recommendations for the Community

- a. **Community stakeholders should 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 and sexual assault.** Three homicide victims in CY2011 cases started out as bystanders to the IPV incident. Additionally, one homicide offender was a relative who intervened on behalf of the IPV victim and as a result killed the IPV perpetrator. We also reviewed multiple cases where neighbors, apartment management, and neighborhood security all witnessed prior stalking, threats, or abuse and chose not to call police. 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 response to the disclosure and witnessing of domestic violence in public places, including, but not limited to: workplaces, schools, and multi-unit housing. 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 children and adults who have either witnessed or experienced interpersonal violence and their caretakers.** Over 25% of all reviewed cases had a known history of child witness to violence in the home. In eight cases, at least one child was present at the time of the death. In addition, many of these incidents had either a surviving intimate partner or other adult witnesses. 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 that personnel 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. **Improve universal awareness and recognition of teen dating violence.** The Teen Dating Violence Committee recommends expanding public awareness education aimed at improving the recognition of dating violence in teen and young adult relationships. As a first step, prevention advocates should coordinate local resources and stakeholders to develop capacity in local communities to engage in dating and sexual violence prevention and intervention. One approach may be to expand and utilize Teen Community Coordinated Response Teams (CCRs) to help communities identify and coordinate existing resources and direct responses to appropriate targets (see page 33 for Teen CCRs under development in New Mexico). Education initiatives should extend beyond schools and have a broad community reach, targeting teens, parents, school personnel, persons working in youth serving organizations, and adults in the community at large. In addition to the bystander issues discussed in IX.a. these efforts should work to raise awareness on the warning signs of teen dating violence, lethality risk factors, teen-specific safety planning, and advice on how to have developmentally and culturally appropriate conversations with teens about violent relationships. Content for educational tools and media products should be produced in collaboration with teens and professionals who work in domestic and sexual violence advocacy and service provision. Implementation should be inclusive of boys and young men, providing education on male dating violence victimization and perpetration as well as engaging young men as allies in dating violence prevention.

2014 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. Although considered during the case review, the Committee chooses not to identify the areas of Indian Country in 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 2014, the Native American Committee reviewed five intimate partner violence related deaths involving a Native IPV victim, Native IPV perpetrator, or both occurring between January 1, 2011 and December 31, 2011. Native American CY2011 case data are incorporated in the presentation of findings beginning on page 9. The committee held two meetings in Albuquerque and one case review meeting hosted by Sexual Assault Services of Northwest New Mexico in Gallup, NM on August 8, 2014. The Committee continues to work on improving case identification and data collection efforts for these cases. The Committee's recommendations are included in the 2014 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 2014 review year, the Friends & Family Committee identified three cases with potential participants who met inclusion criteria and sent out invitations. One interview was conducted. In the coming year, the Friends & Family Committee will be responsible for revising the research protocol, 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 2014, the Committee continued to focus on prevention and intervention of intimate partner and sexual violence among homeless women. The committee held a third study panel on

preventing violence among homeless women and girls on September 12, 2014. Panelists included representatives from: Albuquerque and Santa Fe homeless service providers and advocates, medical providers, and organizations providing advocacy and services for sex workers. Two previous panels examined pathways to homelessness and criminal victimization and offending among homeless women and girls. A separate report on observations and recommendations from all three panels is forthcoming.

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, stalking behaviors, 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 2014, the Committee reviewed three dating violence-related homicide deaths occurring between January 1, 2011 and December 31, 2011 and one dating violence homicide occurring in 2010. Teen CY2011 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 2014 Recommendations section of this report (*see* recommendation: IX.c.).

2014 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 2014.

January

- The Team responded to a data request from Eight Northern Indian Pueblos PeaceKeepers Domestic Violence Program on the frequency of domestic violence homicides involving a Native victim, Native offender, or occurring in Indian Country.

June

- The Team responded to two data requests from the New Mexico Coalition Against Domestic Violence on frequency of active domestic violence orders of protection and the use of firearms by prohibited persons in intimate partner homicides.

July

- The Team's coordinator participated in a mock domestic violence fatality review led by a team member and law professor at the University of New Mexico School of Law (July 3, 2014).
- The Team's coordinator presented on the Team's work at the Basic Victim Advocacy Training held by the New Mexico Crime Victims Reparation Commission in Socorro, New Mexico (July 15, 2014)

September

- The UNM Center for Injury Prevention Research and Education released a data brief titled: IPV Victim and Bystander Homicides Reviewed by the New Mexico Intimate Partner Violence Death Review Team, 2006-2010. Data from this brief was used by the YWCA Week Without Violence Silent Witness Exhibit in October to raise awareness about IPV homicide in New Mexico.

November

- The Team responded to a media data request on domestic violence and incidents of murder-suicide among the elderly.

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 internet at www.unmcipre.org. 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 2014, 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.

Law enforcement agencies should ensure officers are provided training on the delivery of information and referrals for victims of intimate partner violence and sexual assault.

- Federal grant monies from the Services, Training, Officers, and Prosecutors (STOP) VAWA and Victims of Crime Act Assistance (VOCA) provide for victim advocates and victim liaisons who deliver services to crime victims seen by law enforcement, including victims of domestic violence and sexual assault, in selected law enforcement agencies throughout the state. STOP VAWA and VOCA Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.

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

- Eight Northern Indian Pueblos Council, Inc. (ENIPC) PeaceKeepers worked with Tribal Law Enforcement to receive all domestic violence incident reports whether an arrest was made or not. This allows the advocate to offer the victim services rather than the victim having to search for those services.

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

- Eight Northern Indian Pueblos Council, Inc. (ENIPC), PeaceKeepers made numerous presentations on intimate partner violence, bullying, teen dating violence, elder abuse, healthy relationships, and conflict resolution. Presentations were made to Eight Northern Tribal Communities senior programs, headstart programs, day schools, Santa Fe Indian School, and Hoy Recovery.

Identify policy and resource gaps in the prosecution of domestic and sexual violence cases.

- Federal grant monies from the STOP VAWA and VOCA Assistance grants from the U.S. Office on Violence Against Women and the U.S. Office for Victims of Crime are being used to provide advocacy and support services for victims of crime, including victims of domestic violence and sexual assault as their cases are processed through the criminal justice system in District Attorney's Offices throughout the state. STOP grant funding is administered by the New Mexico Crime Victims Reparation Commission.

Improve knowledge of court personnel and resources for addressing cross-cutting issues for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection.

- The Administrative Office of the Courts (AOC) held trainings during 2014 pertaining to domestic violence and the courts. In June, the AOC hosted an all day conference on domestic violence orders of protection, which was attended by 67 district court clerks from all 13 New Mexico judicial districts. In October, the AOC offered a train the trainer course at the New Mexico State Police Academy. The course focused on orders of protection under the Family Violence Protection Act, full faith and credit, and foreign orders of protection.
- The Rozier E. Sanchez Judicial Education Center (JEC), housed at the UNM School of Law, also offered domestic violence trainings for judges and court personnel in 2014. In January, JEC hosted a videoconference on domestic violence for magistrate court judges and staff. In June, the annual Judicial Conclave for appellate judges, district court judges, metropolitan court judges, domestic violence commissioners, hearing officers, and staff attorneys included a number of domestic violence sessions. In November/December, the two week new magistrate judge orientation contained significant training on domestic violence. In December, the annual magistrate judge conference included a domestic violence session.
- The Administrative Office of the Courts removed "non-registry" from the options for entering orders of protection into Odyssey, the case management system for the courts. The change was made to comply with statutory language changes enacted in 2008, which required that all orders of protection issued under the Family Violence Protection Act be entered in the National Crime Information Center (NCIC).

Training and development of appropriate and effective interventions for domestic violence offenders.

- The New Mexico Coalition Against Domestic Violence is in its third year of bringing national trainers to address improving domestic violence offender treatment and intervention programs (DVOTI). Program standards released in 2013 seek to improve training delivery

and encourage online supervision in order to increase the overall consistency and program effectiveness statewide. The Coalition will begin offering training and curricula for women who use violence in 2015 and begin working on program standards for this unique group.

Improve medical and behavioral health care provider response to, documentation of injuries, and referrals to resources for victims of domestic violence and sexual assault.

- Albuquerque SANE Collaborative has taken the lead throughout New Mexico in applying the skills of the specialized Sexual Assault Nurse Examiners (SANE) towards interpersonal violence. Specifically, with special funds from United Way, Albuquerque SANE provides services to domestic violence patients, including documentation of the violence, photographs of the injury, evidence collection if needed, referrals and resources for after care, coordination with acute co-responders, and testifying for legal proceedings. Other New Mexico SANE programs are exploring how to duplicate this effort in their communities.

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

- 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.
- The New Mexico Coalition Against Domestic Violence hosted “Message Matters,” a conference focused on how victim service providers can effectively talk about the work they do for funders, legislators, and the general public. This national conference held in March had over 150 participants from 23 states and 3 countries. Message Matters II will be held in December 2015.
- The New Mexico Crime Victims Reparation Commission and the New Mexico Coalition Against Sexual Assault Programs held the 19th Annual Advocacy in Action (AIA) Conference in Albuquerque in May 2014. AIA provides two days of workshops on domestic and sexual violence prevention and intervention and related topics for attorneys, counselors, law enforcement, nurses, social workers, and other related professions.
- The New Mexico Attorney General’s Office hosted the Community Summit on Violence in June of 2014. The summit included workshops on a variety of issues, including mental illness, sex trafficking of minors, human trafficking, dating violence, and the use of technology for stalking.
- Sexual Assault Services of Northwest New Mexico (SASNWNM) works to enhance the safety of rural children, youth, and adult victims of sexual assault by supporting regionally based initiatives to address sexual assault, dating violence, domestic violence, child abuse, and stalking. In 2014, SASNWNM continued to provide coordination for Sexual Assault Response Teams (SARTs) in Rio Arriba and McKinley counties. These initiatives involve a

broad range of community agencies and provide specialized knowledge about working with Native populations. SSNWNM receives funding from the U.S. Department of Justice, Office on Violence against Women and works in collaboration with the New Mexico Coalition of Sexual Assault Programs.

Identify, inventory, and leverage existing resources to improve the distribution of domestic violence services; improve the distribution and accessibility of safety planning information.

- Federal grant monies from STOP VAWA, VOCA Assistance, and Sexual Assault Services Program awards are used throughout the state to provide for victim advocates, counseling, support groups, legal assistance, and shelter services for victims of domestic violence and sexual assault. STOP VAWA and VOCA Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.
- The New Mexico Coalition Against Domestic Violence is engaged in a variety of initiatives aimed at improving and supporting service provision, accessibility, and appropriateness throughout the State. The Coalition is in the third year of a five year partnership with the National Center on Domestic Violence, Trauma and Mental Health to revise all training activities for front-line advocates, supervisors, program directors, and boards to ensure that services are trauma informed, culturally relevant, and accessible across the State of New Mexico. The agency also administers a language access program, which supports all victim service providers in the State in the use of language lines, interpreters, and translators to assist people with limited English proficiency or who are deaf or hard of hearing. The Coalition's Confidentiality Task Force created a quick reference guide for victim advocates and law enforcement on safeguarding the identifying information of domestic violence victims receiving services. The guides and training on this issue will be released in 2015.

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

- The New Mexico Attorney General's Office, under contract with the New Mexico Public Education Department, under a federal grant provided by the Department of Health and Human Services, Office of Adolescent Health for Support of Expectant and Parenting Teens, Women, Father's and Their Families has worked through the 2014 calendar year to bring Healthy Relationships and the warning signs and red flags of teen dating violence to the youth of New Mexico. The Office works primarily with New Mexico Graduation Reality and Dual-Roll Skills (GRADS) students, but also works with middle and high school students throughout the state.
- In 2014, Eight Northern Indian Pueblos Council, Inc. PeaceKeepers assisted Isleta Pueblo in planning a 2-day youth summit for Native American youth in New Mexico. The youth summit included workshops about physical and mental health, teen dating violence, healthy relationships, and general life skills.
- The Teen Empowerment and Education Network Coordinated Community Response (TEEN CCR) is currently being implemented in Espanola with plans for initiatives in Deming,

Ruidoso, Silver City, and Socorro. TEEN CCR is an approach designed to transform service provision beyond adult serving domestic violence and sexual assault organizations by promoting nontraditional engagement with youth, their families, schools, youth-serving organizations, the juvenile justice system, and communities to address specific safety barriers and resources needed for teen victims of violence. The approach is youth-led, applying positive youth development and promoting resiliency. TEEN CCRs work to strengthen partnerships and collaboration among multiple stakeholders, support policies that promote safe dating relationships, and improve awareness and training on the signs of teen dating violence.

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

- Federal grant monies from VOCA Assistance have been distributed to agencies throughout the state to provide support to some Court Appointed Special Advocate Programs (CASA) who provide advocacy for and on behalf of children in CYFD custody who are victims of abuse or neglect (which is often paired with domestic violence). VOCA Assistance grants also support advocacy, support groups, and referral services for family members and survivors of homicide, attempted murder, and other violent deaths. VOCA Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.
- The Resource Center for Victims of Violent Death is a statewide service 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. Information about these services is available on the Center's website: www.bridgesforvictimsofviolentdeath.org. Additionally, the Center collaborated with the 2nd and 13th Judicial District Victim Advocacy Programs to publicize victim services in Bernalillo and Sandoval Counties during Victim Rights Week. In December, the Center held two memorial events to provide families with a safe place to remember their murdered loved ones during the holidays.
- The New Mexico Coalition Against Domestic Violence received funding from the State Legislature to create a pilot program to specifically address the needs of children and families in domestic violence programs, with a focus on responding to the effects of trauma in children in partnership with the National Center on Domestic Violence, Trauma, and Mental Health.

Develop a collaborative response to animal abuse that includes prevention and intervention strategies for intimate partner and dating violence.

- The New Mexico Coalition Against Domestic Violence received funding from the State Legislature to partner with Animal Protection New Mexico to expand their CARE program, and ensure that the companion animals of domestic violence victims can be housed and cared for.

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 IPVDRT 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 2014, the Team was chaired by David River, New Mexico Coalition Against Domestic Violence.

Participation Key

F: *Friends and Family Committee Member*

M: *Marginalized Populations Committee Member*

N: *Native American Committee Member*

T: *Teen Dating Violence Committee Member*

P: *Proxy for Appointed Member*

The following are the Team's current *appointed members* and the agencies they represented in 2014.

Medical Representatives

Cameron Crandall, M.D.

UNM Department of Emergency Medicine

Lori Proe, D.O.

New Mexico Office of the Medical Investigator

Criminologist Representative

Maria Velez

UNM Department of Sociology

Victim Service Provider Representatives

Mollie Ferguson

S.A.F.E. House

Connie Monahan

New Mexico Coalition of Sexual Assault Programs

Anna Nelson^T

New Mexico Forum for Youth in Community

David River

New Mexico Coalition Against Domestic Violence

Doug Southern^F

Roswell Refuge

Administrative Office of the District Attorney's Representative

Annette Martinez-Varela

Administrative Office of the District Attorneys

Attorney General's Office Representative

Vacant

Civil Legal Services Representatives

Gabriel Campos^M

City of Albuquerque

Melissa Ewer^F

Catholic Charities VAWA Immigration Project

Jane Zhi

New Mexico Legal Aid

Public Defender Representative

Barry Porter

New Mexico Public Defender Department

Judicial Representatives

Judge Rosemary Cosgrove-Aguilar

Bernalillo County Metropolitan Court

Judge Alisa Hadfield

2nd Judicial District Court

Patricia Galindo

Administrative Office of the Courts

Law Enforcement Representatives

Vacant

State Agency Representatives

Shauna Fujimoto

Children, Youth and Families Department

Eva Ireland

New Mexico Department of Health

Grace Nailor

Aging & Long Term Services Department/Adult Protective Services

Tribal Representatives

Cheryl Eaton^N
Miranda Salazar^N

Sexual Assault Services of Northwest New Mexico
Eight Northern Indian Pueblos Council, Inc. PeaceKeepers

Other Appointed Members

MaryEllen Garcia
Dale Klein-Kennedy^F
Joan Shirley^{F, M}
Sherry Stephens

Crime Victims Reparation Commission
New Mexico Community FaithLinks
Community Representative, Resource Center for Victims of Violent Death
New Mexico Parole Board

The following *invited members* participated in Team or committee meetings during the 2014 review year:

Arlene Armijo, Bureau of Indian Affairs^N
Laura Banks, UNM Emergency Medicine
Laura Bassein, Institute of Public Law, UNM School of Law
Paula Bauch, Department of Health^T
Kathleen Carmona, 2nd Judicial DA's Office
Camille Carey, UNM School of Law
Adrian Carver, NM Forum for Youth in Community^P
Sandra Clinton, Bernalillo County Metropolitan Court (Retired)^M
Sampson Cowboy, Jicarilla Apache Office of Criminal Investigations^N
Kim Dixon, Presbyterian Health Services
Brandi Fink, UNM Department of Psychology
Baonam Giang, NM Asian Family Center
Michelle Harmon, ARCA
Annie Henz, Attorney General's Office
Dana Katona, Federal Bureau of Investigation^N
Jean Klein, Bernalillo County Metropolitan Court
Edwin Lente, Sexual Assault Services Northwest NM^{N, P}
Adele Lucero, APD FASTT
Carrie McNeil, Community Member^M
Quintin McShan, Homeland

Selena Martinez-Metzgar, NM Legal Aid
Roberta Muro, CYFD^T
Andrea Ortiz, APD Homicide^P
Patrice Perrault, CYFD^T
Laura Price-Waldman, Catholic Charities^P
Debra Ramirez, 2nd Judicial District Court
Laura Rombach, UNM Department of Psychiatry, CRCBH
Elizabeth Sabbath, UNM Sociology^P
Darby Saiz, 2nd Judicial District Court^P
Heather Sandoval, Attorney General's Office^T
Sherry Spitzer, NM Asian Family Center^M
Chris Tinney, APD FASTT
Rosemary Traub, NM Legal Aid
Leslie Ulibarri, 2nd Judicial DA's Office
Bianca Villani, Rape Crisis Center^T
Sharon Vandever, US Attorney's Office^N
Loudine Wanoskia, Jicarilla Apache Behavioral Health^N
Marie Ward, 2nd Judicial District Court
Desiree Weekoty, Coalition to Stop Violence Against Native Women^N

2014 Committee Chairs

Friends and Family	Dale Klein-Kennedy & Joan Shirley
Marginalized Populations	Sandra Clinton
Native American	Cheryl Eaton
Teen Dating Violence	Heather Sandoval

Endnotes

ⁱThe 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.

ⁱⁱ See the New Mexico Family Violence Protection Act §§40-13-1 through 40-13-12.

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

^{iv} Caponera, Betty. 2014. 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.

^v See New Mexico Attorney General's Office (NMAGO) 2011 publications: *Guide to Prosecuting Domestic Violence and Stalking: A Courtroom Guide for Prosecutors* and *Guide to Prosecuting Sexual Assault in New Mexico*. These guides are designed as a flip chart for prosecutors, providing information on prosecution with and without victim testimony and a statewide listing of IPV resources and victim service providers. These projects were supported by a grant from the Office on Violence Against Women, U.S. Department of Justice.

^{vi} The New Mexico Coalition of Sexual Assault Programs publication "Response to Sexual Assault, Domestic Violence, and Stalking: A Guide for Criminal Justice Professionals in New Mexico," provides guidance on investigations that improve the chances of evidence based prosecutions, see the prosecution checklist on pages 39-40, http://www.nmcsap.org/LE_Guide_Page.html.

^{vii} See New Mexico Attorney General's Office 2011 publications: *Guide to Prosecuting Domestic Violence and Stalking: A Courtroom Guide for Prosecutors* and *Guide to Prosecuting Sexual Assault in New Mexico*. This project was supported by a grant from the Office on Violence Against Women, U.S. Department of Justice.

^{viii} National Institute of Justice. 2011. *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>.

For more information or for additional copies, please contact:

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