

New
Mexico
Intimate
Partner
Violence
Death
Review
Team

Annual
Report
2018

Findings &
Recommendations
from CY2015
Intimate Partner
Violence Deaths

New Mexico Intimate Partner Violence Death Review Team Annual Report 2018

The New Mexico Intimate Partner Violence Death Review Team (Team), also known as the Domestic Violence Homicide Review Team, is a statutory body enabled by the New Mexico Legislature under NMSA §31-22-4.1 (Appendix A). The Team is funded by the New Mexico Crime Victims Reparation Commission. Team coordination and staff services are housed at the Center for Injury Prevention Research and Education (CIPRE) in 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 Team is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each New Mexico death related to intimate partner violence (IPV) or sexual assault (SA). The 2018 report presents findings and recommendations from the Team’s review of 2015 intimate partner violence and sexual assault related deaths.

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Acknowledgments

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- 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.

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.

Visit our website for more information about the New Mexico Intimate Partner Violence Death Review Team, our case review practice, and the production of findings and recommendations for this report.

emed.unm.edu/cipre

Team Membership

Appointed Members

Samantha Acuff, Crime Victims Reparation Commission (CVRC)
Lisa Broidy, UNM Department of Sociology
Rosemary Cosgrove-Aguilar, Bernalillo County Metropolitan Court
Cameron Crandall, UNM Department of Emergency Medicine
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Special Thanks to Out Going Team Members

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Special Thanks to Team & Committee Chairs

Gail Starr, 2018 IPVDR
Dale Klein-Kennedy & Joan Shirley, Friends and Family Committee
Joel Hagaman, Marginalized Populations Committee
Cheryl Eaton, Native American Committee
Natalie Saing, Teen Dating Violence Committee

Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2015

For case year 2015 (CY2015), the Team reviewed 37 incidents of intimate partner violence (IPV) that resulted in at least one death¹. In these 37 incidents, 45 people died: 28 deaths were the result of homicide, 15 were acts of suicide, and 2 were classified as undetermined. The Team identified nine additional IPV incidents resulting in a homicide death for CY2015 that could not be reviewed because of an unresolved investigation or ongoing criminal court proceedings. IPV related death incidents occurred in 20 counties across the state and 67.6% of these incidents occurred in rural areas.² One death incident occurred just across the Arizona-New Mexico border.

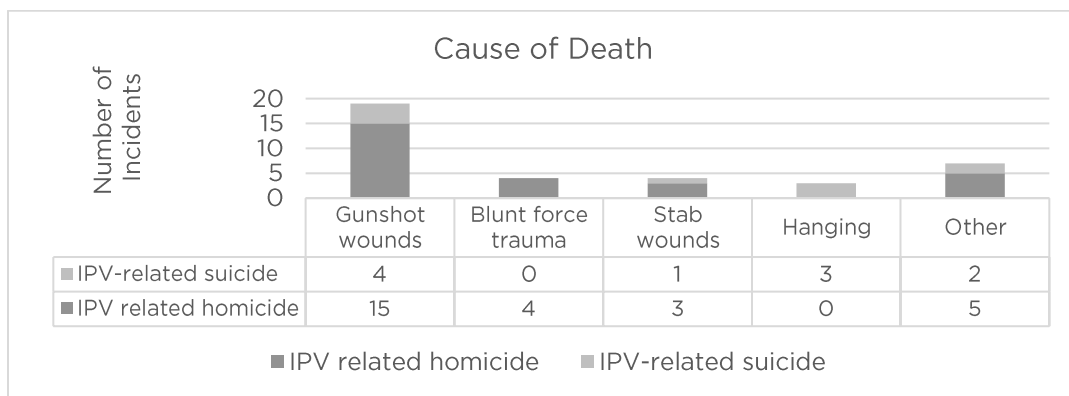
The Team reviewed 22 incidents of homicide, five incidents of murder-suicide, and 10 incidents of suicide alone. Of 45 decedents, 26 (57.8%) deaths were the result of gunshot wounds, including 22 homicide deaths (48.6%). Stab wounds were the cause of three homicide deaths and one suicide death, four homicide deaths were the result of blunt force trauma, and four suicide deaths were the result of hanging. The remaining seven deaths were the result of multiple types of violence or self-harm, had an undetermined cause of death, or occurred by another mechanism. In three of the four murder-suicides, the cause of death for both the homicide and suicide decedent was

gunshot wounds. In the remaining two murder-suicides, the cause of death for the homicides were blunt force trauma and the cause of death for the offender suicides were due to hanging and gunshot wounds. Four incidents involved suspected sexual assault and each had a sexual assault exams performed postmortem.

The Team identified nine individuals who were prohibited by federal law from owning a firearm. Of these, four were homicide offenders, three of whom used a firearm in commission of the homicide. Four IPV perpetrators were identified as prohibited persons, three of whom used a firearm in the commission of suicide. One IPV victim was also identified as a prohibited person.

Eleven death incidents (29.7%) took place in a public location, including three on the side of roadways, six in public parking lots, one in a hotel, and one in a campground. Twenty-three other incidents occurred at a personal residence, with 13 (35.1%) such incidents occurring at a residence shared by the IPV victim and IPV perpetrator. The remaining three incidents took place at detention centers and long-term care facilities. Five (13.5%) IPV related death incidents were witnessed by a minor child. The figure on the next page shows the distribution of location for incidents reviewed by type of death incident.

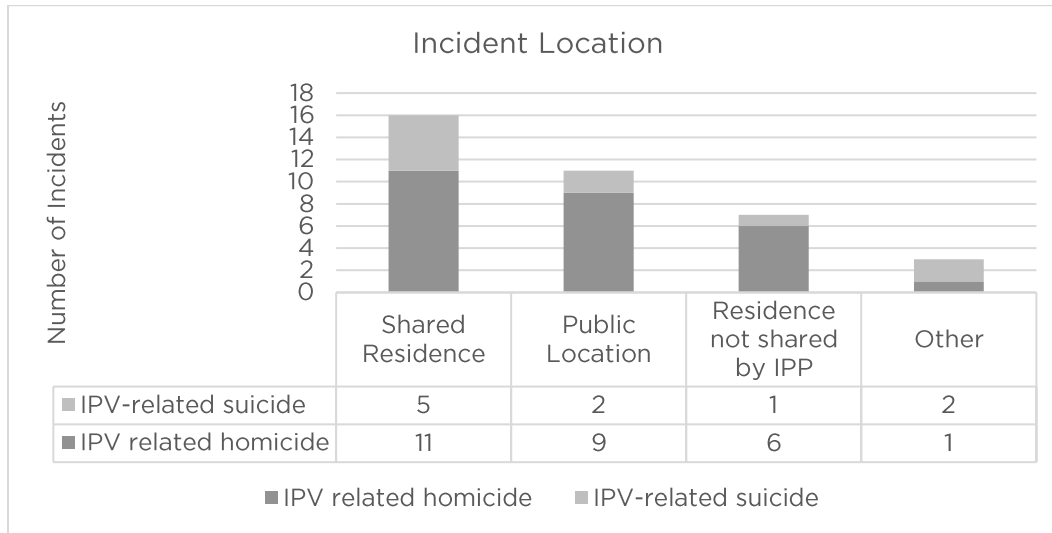
Cause of Death (Number of incidents = 37; Number of decedents = 45)



¹ According to the Federal Bureau of Investigation's Supplemental Homicide Report (SHR), New Mexico was ranked 20th among U.S. states in intimate partner violence homicide in 2015, with an incidence rate of .68 per 100,000 people. The SHR count for 2015 (N = 14) is smaller than the number of cases the Team reviews (N = 27). The SHR does not include dating partners who do not share children or have not lived together and they do not review cases involving secondary victims or offenders where the IPV victim survives.

Díez, Carolina, Rachel P. Kurland, Emily F. Rothman, Megan Bair-Merritt, Eric Fleegler, Ziming Xuan, Sandro Galea et al. "State intimate partner violence-related firearm laws and intimate partner homicide rates in the United States, 1991 to 2015." *Annals of internal medicine* 167, no. 8 (2017): 536-543. ² The Team uses the Rural Urban Commuting Areas (RUCA) definition to identify rural and urban areas in the state. The definition is consistent with the Team's purpose of assessing access to resources in the victim's residential community.

Location of Incident (Number of incidents = 37)



Criminal Charges

State criminal charges were filed against offenders in 15 homicide incidents, involving 17 offenders. Of these:

- Fourteen offenders were charged with murder
- Two faced other charges, including a secondary homicide offender and an accomplice who pleaded their charge to accessory to homicide.

The table below shows the adjudicated charge and sentence range for all reviewed CY2015 IPV homicide convictions. In death incidents where no one was charged:

- One offender died in custody of natural causes
- Fourteen committed suicide immediately following the IPV incident.

Six incidents involved intervention by at least one on-duty police officer, all of whom were deemed to have acted in legal capacity and none of whom were charged.

Conviction and Sentencing

Prosecutors obtained convictions for 16 individuals in 14 of the death incidents where charges were filed. For individuals convicted of a murder charge, eleven resulted from plea agreements and one from jury conviction. In four death incidents, four individuals were convicted of lesser charges. In incidents with a conviction, the minimum sentence on the most serious charge was five years conditional discharge for voluntary manslaughter, and the most serious charge was two life sentences plus 46 years for two charges of first degree murder. Six of the convictions involved a sentence that was totally or partially suspended.

CY2015 Homicide Conviction Sentence Range by Charge Type (Number of incidents = 14; Number of homicide offenders = 16)

Most Serious Adjudicated Charge	Number of Convictions	Sentence Range in Years After Time Suspended
Voluntary Manslaughter	3	5 years conditional discharge to 4 years prison
2nd Degree Murder	7	11 to 23 years prison
1st Degree Murder	2	30 years to Life prison
Other Charges	4	Fully suspended prison sentence with probation to 7.5 years prison

Relationship and Person Characteristics in IPV Related Death Incidents, CY2015

Relationship between the Intimate Partner Pair

For all reviewed CY2015 incidents, the death incident occurred either during or immediately following a threatened or actual incident of intimate partner violence. In 14 incidents (37.8%), the intimate partner pair was married at the time of the incident, 19 incidents (51.4%) involved couples who were dating at the time of the incident, and four incidents (10.8%) were former spouses or dating partners. One incident involved a sexual assault between an IPV victim

and a third party with no prior intimate relationship. Thirteen (35.1%) of the couples had shared biological or adopted children. Over one-fifth (21.6% or 8) of intimate partner pairs were in the process of separating at the time of the incident. The following table reports relationship characteristics for intimate partner pairs involved in the intimate partner violence related incident that resulted in at least one death reviewed by the Team.

Relationship Characteristics of the Intimate Partner Pair (N=37)	Number of Incidents	%
Relationship Status		
Spouse or Partner	14	37.8%
Ex-spouse or Ex-partner	2	5.4%
Boyfriend or Girlfriend	19	51.4%
Ex-boyfriend or Ex-girlfriend	2	5.4%
Separated or Separating		
Separated or Separating	8	21.6%
Habitation Status at Time of Incident		
Living together	29	78.4%
Previously Lived Together	2	5.4%
Never Lived Together	4	10.8%
Other	2	5.4%
Children		
Couple has any shared biological or adopted child(ren) of any age	13	35.1%
Shared biological or adopted minor child(ren) in household	9	24.3%
Step-child(ren) in household	4	10.8%
Any minor child(ren) in household	19	51.4%
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	26	70.3%
At least one domestic violence police call for service	16	43.2%
At least one arrest for intimate partner violence	18	48.6%
Any history of a domestic violence order of protection between parties	3*	8.1%
IPV-related criminal charges pending at time of incident	8	21.6%
Any history of child custody cases	4	10.8%

*Denotes a DVOP at any time during the relationship between the intimate partner pair

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. For CY2015, the Team reviewed incidents in which there were 37 IPV victims who were either the decedent or the surviving intimate partner. Victims ranged in age from 19 to 84 years old; the median age was 40 years. Almost all (97.3%) were female. Nine (24.3%) IPV victims became parents when they were

teenagers. Four (10.8%) IPV victims had a prior arrest for a domestic violence offense. Over half (51.4% or 19) of IPV victims were homicide decedents in the death incident; the IPV victim survived in the remaining incidents, including one who was charged in the homicide. The table below presents background characteristics for IPV victims in reviewed incidents.

Background Characteristics of IPV Victims (N=37)	Number of Incidents	%
Sex		
Female	36	97.3%
Male	1	2.7%
Race/Ethnicity		
Hispanic	19	51.4%
White	14	37.8%
Native American	4	10.8%
Health		
Known history of alcohol abuse	12	32.4%
Known history of drug use	14	37.8%
Known history of depression or other mental illness	10	27.0%
Known history of a chronic disease	8	21.6%
Criminal History		
At least one prior arrest	15	40.5%
At least one arrest for DWI	4	10.8%
Convicted of at least one felony crime	2	5.4%
At least one term supervised probation or parole	6	16.2%
On probation or parole at the time of the incident	1	2.7%
Intimate Partner Violence History		
Known history of intimate partner violence victimization	22	59.5%
Known history of intimate partner violence perpetration	5	13.5%
At least one arrest for domestic violence	4	10.8%
At least one conviction for domestic violence	1	2.7%
Party in at least one prior domestic violence order of protection	5	13.5%

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. For CY2015 reviewed incidents, there were 37 IPV perpetrators. Perpetrators ranged in age from 23 to 87 years old; the median age was 42 years. Most (94.6%) of the IPV perpetrators were male and 20 (54.1%) were homicide offenders, and 15

(40.5%) perpetrators survived the death incident. Five (13.5%) were both homicide offenders and suicide decedents, nine (24.3%) IPV perpetrators committed suicide alone, and eight (21.6%) IPV perpetrators were killed by a third-party. In addition, one perpetrator was the surviving intimate partner of a suicide decedent and one was charged as an accomplice. At the time of the incident 59.5% of IPV offenders were drinking alcohol and 24.3% were using illicit drugs.

Background Characteristics of IPV Perpetrators (N=37)	Number of Incidents	%
Sex		
Female	2	5.4%
Male	35	94.6%
Race/Ethnicity		
Hispanic	18	48.6%
White	12	32.4%
Native American	5	13.5%
Other/Unknown	2	5.4%
Health		
Known history of alcohol abuse	27	73.0%
Known history of drug use	15	40.5%
Known history of depression or other mental illness	14	37.8%
Known history of a chronic disease	17	45.9%
Use of alcohol at time of death incident	22	59.5%
Use of illicit drugs at time of death incident	9	24.3%
Criminal History		
At least one prior arrest	26	70.3%
At least one arrest for DWI	17	45.9%
Convicted of at least one felony crime	12	32.4%
At least one term supervised probation or parole	20	54.1%
On probation or parole at the time of the incident	4	10.8%
Intimate Partner Violence History		
Known history of intimate partner violence victimization	2	5.4%
Known history of intimate partner violence perpetration	28	75.7%
At least one arrest for domestic violence	21	56.8%
At least one conviction for domestic violence	15	40.5%
Party in at least one prior domestic violence order of protection	4	10.8%

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.³ The most common service contacts were with behavioral and mental health service providers: One quarter (24.3%, 9) of IPV victims and half (48.6%, 18) of IPV perpetrators had at least one contact with a behavioral health service provider. These visits included mental and behavioral health treatment, including anger management. Thirteen (35.1%) of both IPV victims and IPV perpetrators had at least one known contact with a medical provider through primary care or emergency department visits. Four (10.8%) of IPV victims and nine (24.3%) of IPV perpetrators utilized substance abuse treatment services. One IPV perpetrator attended a court ordered batterer intervention program and five IPV perpetrators attended court ordered anger management programs.

Secondary Offenders and Victims

At times, individuals outside of the intimate partner relationship are identified as a party to IPV-related homicide, as either the decedent (a secondary victim) or offender (a secondary offender). The Team reviewed twelve incidents involving secondary offenders and victims

Eight incidents involved secondary offenders who committed an act resulting in homicide. Six of these incidents involved a total of 14 on-duty police officers. One secondary homicide offender was related to the IPV victim and another was the partner of a sexual assault victim. Two secondary homicide offenders were friends of the IPV perpetrator who aided in the homicide. All four secondary offenders that were not law enforcement were convicted of murder charges. The on-duty police officers were not charged.

For CY2015, the Team reviewed four incidents involving secondary victims. Three secondary victims were the new intimate partners of IPV victims, and were killed or injured by the victim's former partner. One secondary victim was an on-duty police officer who was killed by the IPV perpetrator.

Team Recommendations

Legislation/Policy

Create state legislation that prohibits the possession, sale, or transfer of firearms for restrained parties subject to an order or protection and all individuals convicted of a misdemeanor domestic violence offense. The New Mexico legislature should require that individuals subject to these state prohibitors surrender firearms and that law enforcement be granted the authority and resources to confiscate and store firearms. Having a state prohibitor would resolve the current dilemma associated with the differences between New Mexico's household member definition and the federal definition of intimate partner, which makes reporting these individual to NICS overly burdensome and imprecise.

Tribal Policies and Services

The Native American Committee recommends that tribal agencies collaborate with community, local, state, and federal agencies to offer culturally appropriate, victim centered, and trauma informed services that supports victims, children, and families and meets the needs of all tribal members The Committee recommends establishing Community-Coordinated-Response or Multi-Disciplinary Teams in different tribes consisting of victim advocates, tribal home visiting program staff, New Mexico Children Youth and Families Department staff, social services staff, those providing services to the homeless, law enforcement officers, and court personnel from tribes, state agencies, and federal agencies. These groups could identify gaps, strategically plan, and develop specific risk assessment tools to increase the safety and wellness of the overall community. Further, the group could offer cross-training regarding incident response to its members. Continued collaboration will provide children and families with tribal support and follow up as they heal from trauma.

Law enforcement

Law enforcement agencies should ensure officers are provided appropriate training on all aspects of intimate partner violence, including the dynamics of this type of violence and the appropriate documentation of incidents that involve IPV. An increase in the required amount of both academy training

³ 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.

and mandatory biennium training for law enforcement professionals, including dispatch, is one step towards improving the responses of officers towards victims of violence, as is collaborating with service providers to receive the training. The Team recommends that officers are trained on investigation, emergency orders of protection, summons, warrants, appropriate removal of firearms, offering trauma informed response to victims and survivors of violence, as well as risk assessment.

Create model policies to improve accountability and quality control measures for the investigation, documentation, and reporting of incidents of violent death. The Team observed a number of incidents in which prior calls for service were properly documented and demonstrated knowledgeable and thorough responses to victims by police. However, there continues to be instances in which calls for service are not documented and investigations are abbreviated. For CY2015, the Team observed that 11.9% of prior calls for service for an intimate partner violence incident did not have a written police report. The Team supports the recommendation of the International Association of Chiefs of Police who advocate for the creation and implementation of model policy that includes standardized investigations for all domestic violence related incidents, including standardized evidence collection protocols, required domestic violence incident reporting forms that include a lethality assessment, and the utilization of on scene domestic violence advocates to support survivors.⁴ The policies should also include continuing education for law enforcement officers (see above recommendation). Agencies should ensure that senior leadership receives proper training on best practices in investigation and documentation, including documentation for testimony. Leadership should hold their staff accountable for following established protocols.

Create standardized protocols that include provisions for collaboration between law enforcement agencies and other local, state, or tribal agencies, such as local district attorney's offices, Multi-Disciplinary Teams, and the Children, Youth, and Families Department, to ensure timely and appropriate referrals for victims following incidents of intimate partner violence and sexual assault. The Team has observed inconsistencies in the way law enforcement agencies engage with

survivors following domestic violence incidents. Law enforcement agencies should collaborate and coordinate with other service providers, criminal justice agencies and CYFD to create trauma-informed, best practice protocols that model documentation of incidents and injuries after incidents. 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.

One way to ensure proper referrals is through the use of victim advocates with training on the dynamics of domestic violence. Whenever possible, advocates should be called to the scene to assist with survivors, victims, and child witnesses and their adult caretakers to ensure that survivors are receiving appropriate services. These advocates may be employed by either law enforcement agencies or community-based victim advocate groups. Advocates may assist victims with obtaining orders of protection, safety planning, shelter access, referrals to other services such as counseling, and aftercare.

Victim Services

Improve access to follow-up and case management for victims after incidents of intimate partner and sexual violence. Service providers are in a unique position to offer survivors of violence resource lists and referrals after incidents of violence. The Team observed 50 incidents of prior intimate partner and sexual violence, but no known contact with victim service providers in CY2015. Service providers should work with victims who would like to safety plan, receive domestic violence counseling, file domestic violence orders of protection, apply for crime victim compensation, or seek medical, mental health or substance abuse treatment. These providers should coordinate with legal advocacy services to ensure that the victim has access to any needed legal services during or after the adjudication of criminal cases.

Identify gaps and leverage existing resources to improve the distribution of and access to domestic violence services. The Team recognizes that additional resources are needed and that those needs and gaps vary by community. The Team also recommends that agencies look for ways to maximize existing resources to improve access to services whenever possible. One strategy may involve

⁴ International Association of Chiefs of Police. 2016. "Domestic Violence Model Policy." Retrieved Dec. 11, 2017 (<http://www.theiacp.org/MPDDomesticViolence>).

establishing Community-Coordinated-Response (CCR) or Multi-Disciplinary Teams (MDTs) in specific locations that would facilitate collaboration between criminal justice and community organizations to include cross-training and joint scene response when responding to incidents. The Native American Committee suggests forming CCRs and MDTs within tribes that collaborate with local agencies and state and federal partners. CCRs and MDTs could also collaborate to offer prevention education at schools and professional training on adverse childhood experiences.

Prosecution

Enhance prosecutor training on interviewing victims and evidence-based prosecutions in domestic violence and sexual assault cases.

Prosecutors could benefit from training and continuing education on the social dynamics of IPV, understanding how victims of IPV and sexual assault experience trauma, and the available community resources for victim support in their respective jurisdictions. District attorneys should support the participation of their investigators, advocates, and prosecutors in local or regional Community Coordinated Response or Multidisciplinary Teams as part of these education efforts.

Follow best practices in the negotiation of pleas bargains with IPV perpetrators. The Team observed eleven incidents of prior IPV in CY2015 incidents where 81.8% ended in plea bargains. Although guided by departmental policies, prosecutors have discretion in prosecution, including the reduction of and dismissing of charges. The Team advocates that no intimate partner violence case should be pleaded down to a non-household member crime. Prosecutors should also undertake thorough investigations and be prepared to pursue evidence based prosecution regardless of whether victims are available for testimony. Victims have the right to be notified about prosecution decisions.

Courts

Adhere to best practices for accepting plea bargains with perpetrators in domestic violence and sexual assault cases. The Team observed eleven incidents of prior IPV in CY2015 incidents where 81.8% ended in plea bargains. Although guided by statute and prosecutorial

recommendations, judges have discretion in sentencing and deciding whether or not to accept pleas. The Team recommends that IPV cases should not be pleaded down to non-household member crimes and that offenses committed against household members should be charged and sentenced as such. To the extent permissible, judges should take into account prior criminal history when making sentencing decisions. Additionally, continuing education for judges and court staff should include refreshers on both domestic violence law and the-IPV dynamics.

Courts should prioritize monitoring of offenders, both those awaiting trial for violent crimes and those sentenced to probation. Courts should evaluate both the need and the capacity for monitoring offenders.

The Team found that at least 16.2% of IPV victims and 54.1% of IPV perpetrators in CY2015 incidents had a history of being monitored for a criminal conviction. An evaluation will help identify the resources necessary to develop an appropriate system of compliance monitoring to meet the needs of each jurisdiction. Relatively few pretrial monitoring programs exist statewide, with only a handful of counties having programs at the district or magistrate court level. When 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 have few resources for supervising probation sentences, including those involving convictions for misdemeanor domestic violence. Monitoring compliance with domestic violence offender treatment/batterer intervention programs requires collaboration between courts and domestic violence service providers. Court officials at all levels should ensure that providers of court ordered services associated with conditions of release are reporting violations and lack of compliance as required. The Team recommends courts require this treatment to be completed in a CYFD certified domestic violence offender treatment program. This recommendation is consistent with the National Institute of Justice position⁵ that courts hold violent offenders accountable for abiding by conditions of release and impose consequences when they do not.

⁵National Institute of Justice. 2009. "Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors, and Judges."

Retrieved Dec. 19, 2018
(<https://www.ncjrs.gov/pdffiles1/nij/225722.pdf>).

Probation and Parole

Improve post-conviction professionals' ability to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators.

The Team found that 54.1% of perpetrators and 16.2% of victims in CY2015 reviewed homicides had at least one prior supervised term of probation or parole. These contacts represent opportunities for both prevention and intervention efforts for persons at risk for intimate partner violence. The Department of Corrections should ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources in their respective jurisdictions.

Medical, Mental, and Behavioral Health Care Services

Require continuing education units about intimate partner violence for professional certifications and licensing in medical professions, allied health professions, social work, counseling, substance abuse treatment, psychology, and psychiatry. Educational requirements in these professions should include culturally appropriate and trauma-informed training in how to screen for, ask questions about, and identify risks for IPV, safety planning, and referrals for appropriate IPV interventions for individuals of all ages. Medical professionals should also be trained on documentation of IPV, as required by the New Mexico Family Violence Protection Act [See NMSA §40-13-7.1]. These enhancements may come from curricula development at schools for higher learning, IPV competency requirements for licensure, or required IPV continuing education, depending on the requirements of each respective occupation. Training should be designed and implemented by IPV victim advocates and therapists.

Medical providers treating patients with chronic health conditions should screen for substance abuse, IPV, and depression and suicidal ideation. Providers should be offered continuing education on trauma informed care among chronically ill patients. Patients at risk for IPV, depression, and suicidality should be referred to appropriate service providers.

Identify, inventory, and leverage existing resources to eliminate barriers to mental health services around the state, especially in rural communities. The Team observed 27.0%

of victims and 37.8% of perpetrators in CY2015 incidents with a known history of depression or other mental illness. However, only 24.3% of victims received mental health services and most offenders received services only after a court order. The Team recognizes the need for additional mental health resources that are trauma informed, long-term, and accessible in rural communities. One way to increase access would be through the use of telehealth. The Team recommends the development of culturally appropriate and holistic services for teens and young adults, military veterans, the elderly, those who threaten or attempt suicide, and Native American populations. The Team also recommends that mental health care providers work to improve both visibility and accessibility of existing services and provide opportunities for education on issues related to both warning signs and intervention for suicide, self-harm, firearm storage and weapon safety, and dealing with crisis situations. The Native American Committee is especially concerned about the lack of availability of and access to mental health services that are culturally, linguistically, and age-appropriate for tribally affiliated individuals.

Identify, inventory, and leverage existing resources to eliminate barriers to substance abuse services around the state, especially in rural communities. The Team observed 54.1% of IPV victims and 81.1% of IPV perpetrators in CY2015 incidents with a history of substance abuse. However, only 10.8% of IPV victims and 24.3% of IPV perpetrators utilized substance abuse treatment services. The Team recognizes the need for additional substance abuse treatment resources that are trauma informed, long-term, and also exist in rural areas. The Team recommends the development of culturally appropriate and holistic services for teens and young adults, military veterans, the elderly, and Native American populations.

Improve and coordinate follow-up and case management to individuals who seek medical, mental, or behavioral health treatment. The Team observed incidents where 40.5% of victims and 64.9% of perpetrators had sought treatment for physical or mental health conditions. Often, individuals do not complete prescribed treatment. The Team recognizes that there is a shortage of services in all of these areas throughout the state and that when these services exist, coordination is lacking. Coordination of services can ensure that individuals are accessing and adhering to the services they need, including long-term services. Coordinated case management also gives more

opportunities for providers to screen their patients for IPV and identify other needs, such as family counseling, grief services, and primary prevention. The Team recommends cross-training for service providers in each of these areas.

Cross-Cutting Recommendations for the Community

Improve resources and capacity to advocate for and intervene with families of children who witness domestic violence in their homes. The Team observed 13.5% of CY2015 incidents where minor children witnessed prior incidents of IPV and 19.8% of CY2015 incidents involved minors who were present at the death incident. The state should ensure that the Children, Youth, and Families Department (CYFD) has adequate resources to respond effectively in these situations. CYFD should increase education for all of their staff, including case workers and social workers, on intimate partner violence, sexual violence, screening/identification, early intervention, referrals, and the effects of domestic and sexual violence on children. This training should aim to protect children, while avoiding victim blaming. They should also develop new services and policies to allow for intensive contact with families experiencing domestic or sexual violence.

Improve universal awareness and recognition of intimate partner violence. Efforts should raise awareness on the warning signs of intimate partner violence, lethality risk factors, safety planning, and advice on how to talk about violent relationships. Prevention advocates should coordinate local resources and stakeholders to develop community capacity to engage in IPV prevention. This may include city, county, and state government agencies, community based service providers, schools, and, where present, IPV or sexual assault Community Coordinated Response Teams or Multi-Disciplinary Teams. The team recommends defining the target audience broadly, including culturally and age appropriate messaging for children, parents, organization, and adults in the community. These activities should be inclusive of boys and men of all ages, providing education on male violence victimization and perpetration

as well as engaging men as allies in IPV and sexual assault prevention.

Improve knowledge among service providers and caretakers who work with older populations on the incidence, prevalence, and nature of IPV among the aged. Each year the Team reviews incidents of IPV where at least one party is over the age of 60, including six incidents from CY2015. These incidents involve similar dynamics seen in incidents involving younger individuals, but also have unique dynamics that merit specific study. Further, many legal and domestic violence service providers are not adequately equipped to work with older populations and these individuals often do not receive needed services. The Team suggests that the Aging and Long-Term Services Department and municipal Departments of Senior Affairs offer training to law enforcement, service providers, and caretakers of the chronically-ill on how to recognize and respond to IPV among elder couples. Training should also include safety planning for this victim population. These incidents often involve firearm injuries and deaths. As such, the Team recommends a focus on firearm safety for this population.

Eliminate barriers to mental health services for veterans. The Team recognizes the need for additional mental health resources that are long-term and trauma informed, specifically concerning Post-Traumatic Stress Disorder. The Team recommends that the Department of Veterans Affairs (VA) work to improve both visibility and accessibility of existing services to veterans and other service providers. The VA should continue coordinating with other local service providers and agencies, such as medical providers and housing agencies, to care for veterans and provide support after discharge. Specific care should be given to veterans who threaten suicide or homicide, and the VA should collaborate with law enforcement regarding warning signs for violence, firearm storage, weapon safety, and responding to crisis situations, as well as with criminal justice agencies who have contact with veterans.

Appendix A: 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.

Types of Deaths Reviewed

The Team only reviews closed cases and does not re-open the investigations of those deaths. Closed cases are those in which the offender is dead or the case has gone through initial judicial proceedings. 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 when an offender was never criminally charged for the death.

The Team reviews cases in which 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:

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.

- 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 review 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 in which 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 or 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. Team recommendations reflect the ways in which what the Team has learned from case circumstances can be used to improve system responses across the range of agencies and service providers.

Team Philosophy

The Team recognizes that offenders of intimate partner 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.

Appendix B: **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.

For more information or for additional copies, please contact:

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