New Mexico Intimate Partner Violence Death Review Team

Annual Report

2016

Findings & Recommendations from CY2013 Intimate Partner Violence Deaths

January 1, 2017

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

Governor Martinez:

On behalf of the Intimate Partner Violence Death Review Team, I am honored to present to you our 2016 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 2013. 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 9-17 and recommendations can be found on pages 18-25. The report also provides a summary of the Team's 2016 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,

Patricia M. Galindo, 2016 Team Chair
Senior Attorney, Administrative Office of the Courts

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

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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 (IPV) or sexual assault (SA). In 2016, the Team reviewed 33 deaths related to 27 incidents of IPV. All reviewed deaths occurred in calendar year 2013 (CY2013). The Team reviewed 22 homicide deaths and 11 suicide deaths. The full report of the Team's case review findings begins on page 9. The Team's 2016 group and committee activities beyond case review are detailed on page 26; updates on recommendations made in prior reports begin on page 30.

The following are select findings from the Team's review of CY2013 IPV-related homicide deaths:

IPV Victims (Number of victims = 27)

- 89% of IPV victims were female; 11% were male;
- 93% of IPV victims had a prior history of IPV victimization;
- 22% of IPV victims were married to the IPV perpetrator;
- 26% of IPV victims were no longer in a relationship with the perpetrator;
- 44% of IPV victims had a known history of alcohol abuse;

IPV Perpetrators (Number of perpetrators = 27)

- 89% of IPV perpetrators were male; 11% were female;
- 96% of IPV perpetrators had a prior history of IPV perpetration;
- 81% of IPV perpetrators had a known history of alcohol abuse;

Deaths Related to Intimate Partner Violence (Number of death incidents = 27)

- Fourteen IPV victims were killed by their current or former partner;
- Six perpetrators committed suicide following the murder of another person and five IPV perpetrators committed suicide alone;
- Two of the 27 IPV incidents had secondary homicide victims. Secondary victims included one former partner of the IPV victim and one relative of the IPV victim;

Decedents and Offenders

- In cases where the IPV victim is killed (N = 14), the IPV perpetrator was the homicide offender;
- In cases where the IPV perpetrator was the decedent (N = 17), six perpetrators completed a suicide after killing another person, five completed a suicide on their own, four were killed by the IPV victim, and two were killed by on-duty police officers.

Prosecution and Sentencing in Homicide Incidents

- Criminal charges were filed against 14 homicide offenders in 13 cases;
- Prison sentences ranged from 2.5 years for involuntary manslaughter to life in prison for 1st degree murder.

The executive summary is continued on page 3.

Executive Summary (continued)

In 2016, the Team developed recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim services, prosecution, courts, post-conviction services, health care services, and cross-cutting recommendations for the broader community. 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.**

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 Office of the Attorney General, 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, 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.

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 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:

- 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 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.

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.

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. 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, in which 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 a crime. For instance, we classify the death of an IPV perpetrator who is killed by a "Good Samaritan" as a homicide even when 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 him 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 or offender in the death incident.

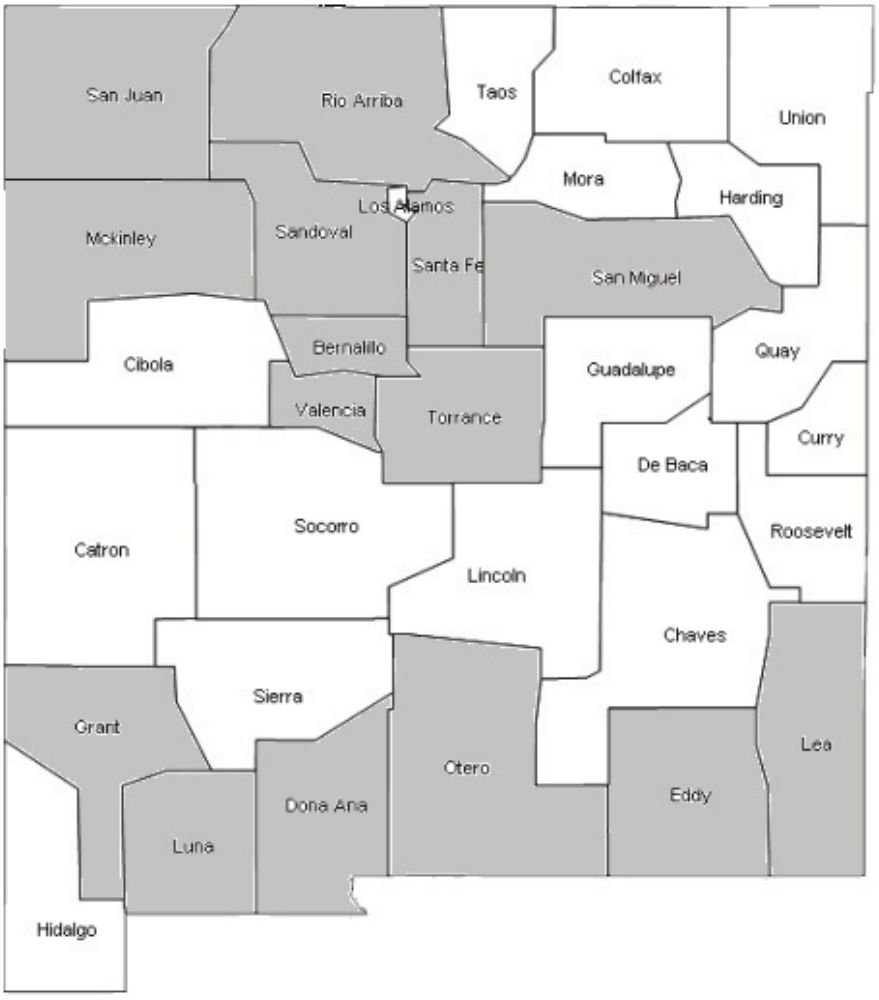
SA perpetrator refers to the identified perpetrator of an act of actual or attempted sexual assault. The SA perpetrator may be the decedent or offender in the death incident.

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 (sometimes called a **secondary victim**) or offender in the death incident.

Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2013

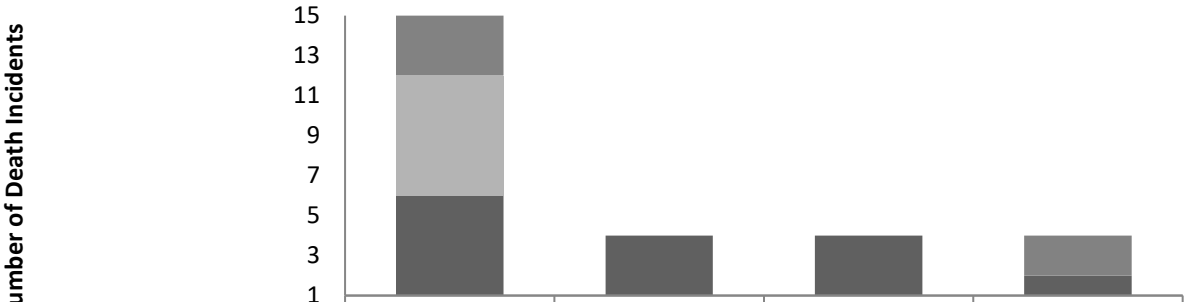
The Team reviewed 27 incidents of intimate partner violence (IPV) that resulted in at least one death during calendar year 2013 (CY2013). In these 27 incidents, 33 people died: 22 deaths were the result of homicide, and 11 were acts of suicide. The Team identified nine additional IPV incidents resulting in a homicide death in CY2013 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 gray shaded areas of the map identify New Mexico counties with at least one reviewed CY2013 incident of IPV resulting in death. Thirty-seven percent of these incidents occurred in rural areas.[i]

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



The Team reviewed 16 cases of homicide, six cases of murder-suicide, and five cases of suicide alone. Fifteen cases involved deaths that were the result of gunshot wound(s). Stab wounds were the cause of death in four incidents; four homicide deaths were the result of blunt force trauma, two homicide and two suicide deaths were the result of asphyxia. Two incidents involved an actual or attempted sexual assault and five total sexual assault exams were performed post-mortem. The Team observed that 12 intimate partner violence perpetrators and four intimate partner violence victims were individuals who were known to be legally prohibited by federal law from possessing a firearm. Four reviewed cases involved a prohibited person in possession of a firearm.

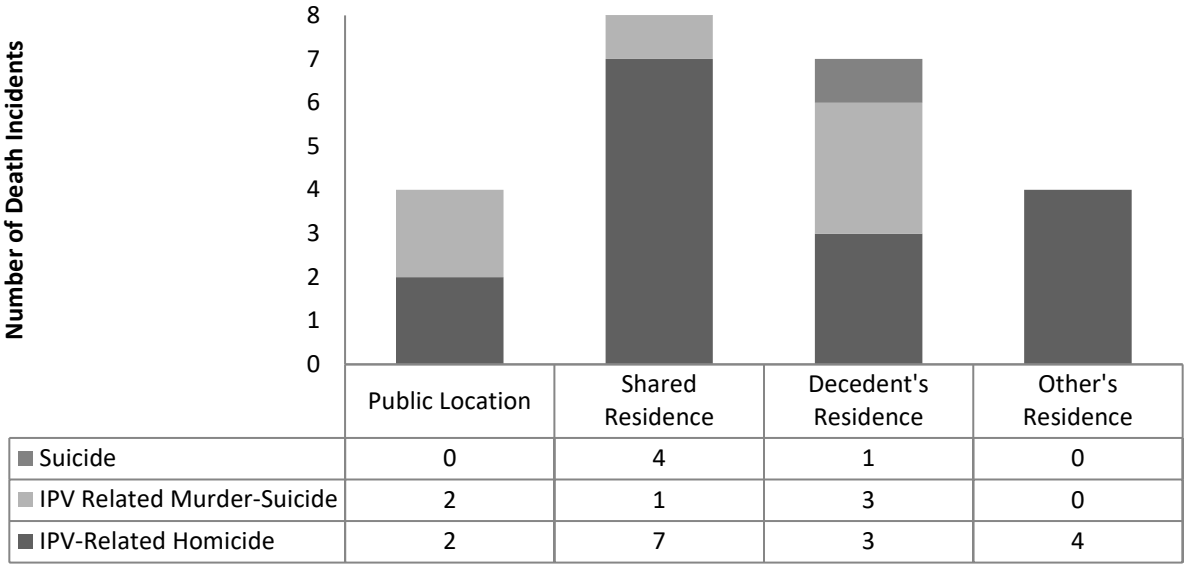
Cause of Death (Number of incidents = 27)



	gunshot wounds	stab wounds	blunt force trauma	asphyxia
Suicide	3	0	0	2
IPV Related Murder-Suicide	6	0	0	0
IPV-Related Homicide	6	4	4	2

Four death incidents (15%) took place in a public location, including three cases in or near roadways and one in the street in front of the offender's house. The remaining cases occurred at a personal residence, with almost half (44%) of residential based incidents occurring at a residence shared by the IPV victim and perpetrator. Seven death incidents took place at the residence of either the IPV victim or the IPV perpetrator. Four incidents occurred at the residence of a friend or relative of one of the parties. Ten IPV-related death incidents were witnessed by a minor child. The figure below shows the distribution of location for cases reviewed by type of death incident.

Location of Incident (Number of incidents = 27)



Criminal Charges

A state prosecutor filed criminal charges against the offender in 13 death incidents, involving 14 offenders. A conviction on at least one charge was obtained against the homicide offender in 12 of the 13 cases. In one case, the homicide offender was charged with murder in the second degree but was acquitted. In the remaining cases, no charges were filed. One homicide death was determined to be the result of self-defense. In 11 incidents, the offender committed suicide immediately following the IPV incident. The table below shows the prosecuted charge and sentence range for all reviewed CY2013 IPV homicide convictions.

CY2013 Homicide Conviction Sentence Range by Charge Type (Number of cases = 12)

Most Serious Prosecuted Charge	Number of Cases	Sentence Range in Years
False Imprisonment	1	5 years
Involuntary Manslaughter	1	2.5 years
Voluntary Manslaughter	4	6 to 15 years
2nd Degree Murder	5	15 to 37 years
1st Degree Murder	1	30 years to Life

Conviction and Sentencing

Prosecutors obtained convictions on 12 of the 13 charged cases. Of these 12 convictions, eight resulted from plea agreements and five from jury conviction. One person was acquitted. In cases with a conviction, the minimum sentence on the most serious charge was 2.5 years in prison for involuntary manslaughter and the maximum sentence was life in prison for 1st degree murder. Five of the convictions involved a sentence that was totally or partially suspended.

Relationship and Person Characteristics in IPV-Related Death Incidents

Relationship between the Intimate Partner Pair

In all reviewed CY2013 cases, the death incident occurred either during or immediately following a threatened or actual incident of intimate partner violence (N = 27). In 22 percent of incidents, the intimate partner pair was currently married, 45 percent involved couples who were dating at the time of the incident, and 30 percent were former spouses or dating partners. One incident involved a sex worker and client. Thirty percent of all couples had shared biological or adopted children. Over one-third (37%) 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 incident of intimate partner violence that resulted in at least one death reviewed by the team.

Relationship Characteristics For the Intimate Partner Pair (Number of partner pairs =27)		
	Number of Cases	**%**
Relationship Status		
Spouse or partner	6	22
Boyfriend or girlfriend	12	44
Ex-boyfriend or ex-girlfriend	6	22
Ex-spouse or ex-partner	2	7
Sex worker and client	1	1
Recently separated or in the process of separating	10	37
Habitation Status at the Time of Incident		
Lived together	18	67
Previously lived together	5	19
Never lived together	2	7
Unknown	2	7
Children		
Couple has any shared biological or adopted child(ren) of any age	8	30
Shared biological or adopted minor child(ren) in household	8	30
Step-child(ren) in household	8	30
Any minor child(ren) in household	13	48
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	22	81
At least one domestic violence police call for service	11	41
At least one arrest for intimate partner violence	6	22
Any history of domestic violence orders of protection[ii] between parties	2	7
Domestic violence order of protection between parties at the time of the incident	0	0
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	4
Child custody cases pending at time of incident	9	33

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 CY2013 reviewed cases there were 27 IPV victims who ranged in age from 11 to 62 years old, with a median age of 33 years. Eighty-nine percent were female. Fifteen percent of IPV victims (N = 4) had at least one child as a teenager. Four IPV victims had a prior arrest for a domestic violence offense. Fifty-two percent of IPV victims were homicide decedents in the death incident; in the remaining incidents the IPV victim survived. The table below presents background characteristics for IPV victims in death incidents reviewed by the Team.

Background Characteristics of IPV Victims, CY2013 (Number of victims = 27)		
	Number of Victims	**%**
Sex		
Female	24	89
Male	3	11
Race		
White	23	85
Native American	3	11
African American/Black	1	4
Ethnicity		
Hispanic	11	41
Substance Abuse & Mental Health		
Known history of alcohol abuse	12	44
Known history of drug use	9	33
Known history of depression or other mental illness	3	11
Known history of a chronic illness	4	15
Criminal History		
At least one prior arrest	15	56
At least one arrest for DWI	7	26
Convicted of at least one felony crime	3	11
At least one term of supervision by probation or parole	9	33
On probation or parole at the time of the incident	1	4
Intimate Partner Violence History		
Known history of intimate partner violence victimization	25	93
Known history of intimate partner violence perpetration	7	26
At least one arrest for domestic violence	4	15
At least one conviction for domestic violence	1	4
Restrained party in at least one prior domestic violence order of protection	4	15

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 CY2013 reviewed cases, there were 27 IPV perpetrators. Perpetrators ranged in age from 19 to 68 years old, with a median age of 36 years. Eighty-nine percent of IPV perpetrators were male. Forty-four percent were surviving homicide offenders in the death incident, 22% were both homicide offenders and suicide decedents, 19% of IPV perpetrators committed suicide alone, 11% of IPV perpetrators were killed by their victims, and two IPV perpetrators were killed by on-duty police officers. At the time of the incident, 56% of IPV offenders were drinking alcohol and 26% were using illegal drugs. Eleven percent of IPV perpetrators had at least one child as a teenager (N = 3).

Background Characteristics of IPV Perpetrators, CY2013 (Number of perpetrators = 27)		
	Number of Perpetrators	**%**
Sex		
Female	3	11
Male	24	89
Race		
White	24	88
Native American	2	7
African American/Black	1	4
Ethnicity		
Hispanic	17	63
Substance Abuse & Mental Health		
Known history of alcohol abuse	22	81
Known history of drug use	15	55
Known history of depression or other mental illness	8	30
Known history of a chronic illness	3	11
Criminal History		
At least one prior arrest	19	70
At least one arrest for DWI	8	30
Convicted of at least one felony crime	9	33
At least one term of supervision by probation or parole	15	55
On probation or parole at the time of the incident	6	22
Intimate Partner Violence History		
Known history of intimate partner violence victimization	4	15
Known history of intimate partner violence perpetration	26	96
At least one arrest for domestic violence	11	41
At least one conviction for domestic violence	6	22
Restrained party in at least one prior domestic violence order of protection	5	19
History of Associations		
Suspected gang involvement	0	0
History of military service	1	4

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 two people had a known prior contact with community intimate partner violence programs or advocates. Both were IPV perpetrators who attended a court ordered batterer intervention program. The most common service contacts were with medical and mental health service providers including emergency department visits, primary care providers, and mental health screenings typically resulting from court orders in

criminal or civil proceedings. Sixty-three percent of IPV perpetrators had at least one contact with a behavioral health service provider. These visits included both mental health and substance abuse treatment. Twenty-six percent of IPV perpetrators had at least one known contact with a medical provider through primary care, clinic, or emergency department visits. We know less about service utilization by IPV victims. There were no observed IPV victim contacts with community intimate partner violence programs or advocates. However, IPV victims utilized services for substance abuse treatment and medical care. Ten victims had at least one contact with a behavioral health provider, including substance abuse and mental health services. Six had one known contact with a medical provider.

Bystanders and Secondary Victims

Bystander refers to a person who is not involved in the act of intimate partner violence, but is identified as a witness to the intimate partner violence. At times, bystanders to intimate partner violence may be either the decedent or offender in the death incident. Three cases involved bystanders to the IPV incident who committed an act resulting in a homicide death. Two IPV perpetrators were shot and killed by on-duty police officers after a call for service. In the final bystander involved case, an IPV perpetrator and her new partner killed her former partner.

The term secondary victim is used to denote bystanders to the intimate partner violence who are injured or killed during the incident. In CY2013, the Team reviewed two cases involving bystanders as secondary victims in the death incident. In one case, the new partner of an IPV victim killed the former partner of the IPV victim. In another case, the relative of an IPV victim was killed by the IPV perpetrator before he killed himself. In four of the five cases that involved bystanders or secondary victims, the IPV victim survived.

Decedents and Homicide Offenders, CY2013

Decedents

- The team reviewed 27 CY2013 cases, with 33 total decedents:
  - Twelve decedents were female and 21 were male,
  - Fifty-eight percent of decedents were Hispanic.

- Fourteen decedents, 11 female and 3 male, were IPV victims in the incident leading to the death. In all of those cases, the decedent was killed by an IPV perpetrator.

- Three cases involved a decedent who was a bystander to the IPV incident.

- Seventeen cases involved a male decedent who was the perpetrator in the IPV incident leading to the death:
  - Six decedents completed a suicide after killing another person,
  - Five completed a suicide on their own,
  - Four were killed by the IPV victim,
  - Two were killed by on-duty police officers.

- Seventy percent of decedents had a history of substance abuse:
  - Fifty-eight percent had a history of alcohol abuse,
  - Forty-two percent had a history of abusing illicit substances,
  - Eighteen percent had a history of abusing prescription medications.

Homicide Offenders

- The Team reviewed 22 CY2013 IPV-related homicide incidents with 23 homicide offenders:
  - Seven homicide offenders were female and 16 were male,
  - Forty-eight percent of homicide offenders were Hispanic.

- Sixteen homicide offenders were IPV perpetrators in the incident leading to the death. In two cases, the IPV perpetrator killed a bystander to the IPV incident.

- In four cases, the homicide offender was the victim in the incident leading to the death.

- Three homicide offenders were bystanders to the IPV incident. In two cases, an on-duty police officer killed the IPV perpetrator while responding to a reported IPV incident.

- Eighty-two percent of homicide offenders had a history of substance abuse:
  - Seventy-four percent had a history of alcohol abuse.
  - Forty-four percent had a history of abusing illicit substances.
  - Thirty percent had a history of abusing prescription medications.

2016 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. Team members are not asked to reach consensus on recommendations. 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 2016, the Team developed recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim services, prosecution, courts, post-conviction services, health care services, and cross-cutting recommendations for the broader community. Systems throughout the state continue to work toward improving response to intimate partner violence; however, some of these recommendations are continued from prior review years and are derived from observations of similar dynamics in the CY2013 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 2016 recommendations:

I. Legislative

a. **Create New Mexico legislation that mirrors the existing Federal statute prohibiting possession, sale, or transfer of firearms while subject to an order of protection, following conviction for a misdemeanor domestic violence offense, and following a finding of mental health-related incompetency (see 18 U.S.C. 922 (d) and (g)). The New Mexico Legislature should require that under these circumstances a prohibited person surrender firearms, and that law enforcement be granted the authority to confiscate firearms and the resources needed for storing those firearms.** A firearm was used in 55% of reviewed CY2013 homicides and 80% of reviewed suicides. Four reviewed cases involved a prohibited person in possession of a firearm: one had a conviction for misdemeanor domestic violence, two were convicted felons, and one was prohibited from firearm possession due to pre-trial conditions of release. 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 that requires law enforcement to document all incidents of abuse for all domestic violence calls for service with suspicion or allegations of abuse.** In the CY2013 IPV-related deaths, there were 11 cases with calls to the police prior to the death incident. Almost half of those cases had at least one call that did not result in written documentation. In defining the cases applicable 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), the Crimes Against Household Members Act (NMSA §§30-3-10 through 30-3-18), and other statutes involving domestic violence related crimes. In addition, lawmakers should consider the standard set 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 that have a formalized criminal code, the Native American Committee recommends including and enacting domestic violence codes within these criminal codes. Those who create them and who already have them should evaluate the code's efficacy over time to continue to enhance protections for victims of domestic violence.** By including domestic and family violence in the criminal code, tribal law enforcement and prosecutors will have an additional tool to ensure protection for those who are victims of intimate partner and family violence. Technical assistance on the development of these codes could be provided by the New Mexico Coalition to Stop Violence Against Native Women and other tribal, state, and federal agencies with existing policies pertaining to intimate partner violence.

b. **The Native American Committee recommends that tribal governments create and/or support the creation of local multi-disciplinary teams to address intimate partner violence and sexual assault in tribal communities.** These teams should function in an independent and empowered way to identify needs, prioritize issues, identify funding sources, support resources, provide training, address barriers, facilitate tribal program collaboration, and allow for potential collaboration between tribes in a culturally appropriate way that is specific to each tribe. The Multi-Disciplinary Team (MDT) model has been used with sexual assault programs in parts of New Mexico and has proven effective in improving services to victims, streamlining resources and procedures, and supporting a coherent systems response to sexual violence. MDTs can work with tribal agencies and should be comprised of representatives who work directly with the service population, including advocates, service providers, law enforcement, and prosecution to identify methods to improve prevention, response, investigation, and prosecution. They should be developed under the advisement of victims' services and advocacy communities.

c. **The Native American Committee recommends the development and implementation of culturally appropriate and holistic educational programs about intimate partner violence and sexual assault.** In keeping with cultural values, these programs should take into account local traditions, community needs, and be appropriate for individuals at every stage of life.

III. Law Enforcement

a. **Improve accountability and quality control measures for the investigation, documentation, and reporting of incidents of violent death by law enforcement agencies statewide by creating model policies.** The Team observed a number of cases in which prior calls for service were properly documented and demonstrated knowledgeable and thorough responses to victims by police. However, there continue to be instances in which calls for service are not documented and investigations are abbreviated. 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 domestic violence advocates on scenes to support survivors.[iv] The policies should also include continuing education for law enforcement officers about investigation, emergency orders of protection, summons, and warrants. Agencies should ensure that senior leadership receives proper training on best practices in investigation and documentation. Leadership should hold their staff accountable for following established protocols.

b. **Create standardized protocols for addressing the needs of survivors following domestic violence incidents.** 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 advocates and other service providers to create best practice protocols that model the documentation of incidents and injuries after medical documentation of incidents. This includes referrals for domestic violence and sexual assault forensic exams, from SANE where available, even in instances where the perpetrator is deceased. The team recommends applying the protocol to all cases, including those in which there is no fatality and those in which the perpetrator commits suicide and the victim may no longer be at risk for violence. When possible, victim advocates with training on the dynamics of intimate partner violence 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 aftercare and counseling.

IV. Victim Services

a. **Improve the visibility of intimate partner violence, mental health, sexual assault, substance abuse, and trauma-informed grief services among all local stakeholder agencies.** 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. The Team recommends cross-training for service providers in each of these areas. Communities

with intimate partner violence or sexual assault community coordinated response or multi-disciplinary teams should maintain communication with, and representation from, intervention agencies outside of those directly focused on IPV. This should include collaboration with local law enforcement to improve knowledge of services available for referral. Broader knowledge of the available service agencies within a community may help IPV service agencies provide more comprehensive services for victims.

b. **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, 59% of IPV victims from CY2013 had a history of substance abuse, 11% had a history of mental health problems, and 56% had a criminal history. None of these victims had known contact with IPV service agencies. Those with overlapping substance abuse or mental health issues were more likely to have contact with a behavioral health service provider. Victims were also frequently observed to be in contact with general medical care providers.

   The Team recommends training on prevention of violence and trauma informed care for all service providers. Training should include how to identify appropriate sites for screening for these conditions and how to make referrals for domestic and sexual violence victims who also need assistance related to substance abuse, criminal offending, mental illness, or specialized medical conditions. When possible, victim advocates with training on the dynamics of intimate partner violence should be called to the crime scene to assist with survivors, victims, and child witnesses and their adult caretakers to ensure that survivors are receiving appropriate aftercare and counseling. Additionally, the Team recommends that providers offer continuing services to both survivors of violence and witness to violence beyond needs stemming from the initial service contact, even in circumstances where the threat of violence is no longer present. The Native American and Teen Dating Violence Committees also suggest ongoing assessment of service needs and the development of culturally and developmentally appropriate services for victims of violence that include holistic follow-up services.

V. Prosecution

a. **Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases.** In CY2013 cases, 26% of IPV perpetrators had at least one dropped prosecution for domestic violence prior to the homicide; some perpetrators had multiple prior cases in which charges were dropped. Although guided by departmental policies, prosecutors have discretion in decisions regarding the charging, prosecuting, reducing, and dismissing of charges. Dismissals of domestic violence charges and plea agreements that lead to lesser charges should be avoided and offenses committed against household members should be charged as such. Charging decisions should also follow thorough investigations and the consideration of evidence-based prosecution regardless of whether victims are available for testimony. Prosecutors may improve victim safety by ensuring proper notification of victims about charging decisions and collaborating with other

agencies to improve 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 when available. Additionally, prosecutors and court staff could benefit from training and continuing education on domestic violence and the law.

VI. Courts

a. **Expand training for domestic relations court personnel on custody and divorce cases involving domestic violence.** In CY2013, 33% of reviewed cases involved a couple with ongoing custody or divorce proceedings at the time of the death incident. While divorce and custody cases do not include proving and adjudicating domestic violence, judges in these cases do have the discretion to consider the safety of household members and make recommendations related to screening, counseling, and service referrals. The Native American Committee also suggests increasing awareness among court personnel of culturally appropriate interactions with and referrals for native victims of violence in domestic matter cases.

b. **Provide continuing education to judges and court staff on the New Mexico Family Violence Protection Act (NMSA Chapter 40, Article 13) to ensure consistent application of the law and improve continuity in the use of domestic violence orders of protection across jurisdictions.** The team recommends evaluation of and education on court process and outcomes for domestic violence orders of protection throughout the state. These activities should include issues related to emergency orders of protection, service of process, eligibility of same-sex and non-cohabitating couples, petitions with allegations of stalking, and identifying the appropriate party to restrain in cases with counter-petitions alleging abuse. While these problems are observed in a minority of cases reviewed by the team, each highlights an important area for continued education on the definition of household member, qualifying abuse acts, and the best practices for order issuance.

c. **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. Courts should evaluate both the need and the 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.

   Relatively few pretrial monitoring programs exist statewide, with no official pretrial monitoring in the magistrate courts and only a handful of counties with programs at the district court or metro 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 also have few resources for supervising probation sentences, including those involving convictions for misdemeanor domestic violence. 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 in a timely fashion. This includes collaboration between different courts and state agencies to monitor compliance with domestic violence offender treatment/batterer's intervention for persons convicted of domestic violence, include probation and parole. 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 position that courts hold violent offenders accountable for abiding by conditions of release and impose consequences when they do not.[v]

VII. Post-Conviction Services

a. **Improve assessment and treatment of offenders for mental and behavioral health conditions during incarceration in county and state correctional facilities.** Fifty-six percent of perpetrators had at least one prior criminal conviction resulting in jail or prison time prior to the CY2013 death incident. The Team observed a high prevalence of mental and behavior health problems in this population. Assessment and treatment programs should include but are not limited to: substance abuse, mental health, domestic violence offender treatment, and sex offender counseling. The Team also recommends improving collaboration between programs in the facility and the agencies providing post-release supervision to ensure continuity of services as offenders, especially those with repeated and violent offenses, transition back into the community.

b. **Address policy and resource gaps in the monitoring and supervision of offenders, including support for professional monitoring of sentence compliance and attendance of court ordered rehabilitation and Batterer's Intervention Programs.** A review of IPV perpetrator criminal histories showed that 33% had at least one prior contact with state probation and parole services. Six 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, excessive caseloads, and a lack of collaboration between courts of all levels and relevant state or county agencies. Increased staffing may 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.

VIII. Health Care Services

a. **Eliminate barriers and improve knowledge of and access to mental health services throughout the state.** Thirty percent of reviewed cases involved an IPV perpetrator with an identified mental health issue. Conditions included self or witness reported depression and other mental illnesses. Identified mental health issues were more common among the

group of perpetrators who either committed suicide or were shot by police responding to domestic violence. Most individuals had not been formally diagnosed and lacked consistent access to care. The Team and its committees recognize the need for additional mental health resources, especially in rural areas and recommend the development of trauma informed, culturally appropriate, and holistic services for teens and young adults, military veterans, and Native American populations in both urban and tribal locations. The Team also recommends that mental health care providers work to improve both visibility and accessibility of existing services, including in jail and rehabilitation facilities, and provide opportunities for caretaker and family education on issues related to both warning signs and intervention for suicide, self-harm, and dealing with crisis situations. Mental health providers may also make recommendations about firearm storage and weapon safety, when applicable.

b. **Eliminate barriers and improve knowledge of and access to substance abuse services.** Eighty-one percent of the IPV perpetrators had a history of alcohol abuse, 55% had a history of illegal drug use, and 30% had at least one arrest for DWI. Most of these individuals had little to no contact with substance abuse treatment. Most of the nine perpetrators with a history of substance abuse services were court ordered to treatment as a result of drug or alcohol related offenses. The Team and its committees recommend dedicating resources to substance abuse programs in order to create more and longer services. Substance abuse service providers should receive training to identify warning signs of and best practices in responding to the co-occurrence of IPV and substance use by all individuals impacted by IPV. They should also agree to include information on intimate partner violence in their curricula and to treat violent and repeat offenders. The Team recommends the development of trauma informed, culturally appropriate and holistic services for teens and young adults, military veterans, and American Indian populations in both urban and tribal locations. The Team also recommends the addition of aftercare services for individuals who have completed rehabilitation programs.

c. **Medical and mental health providers are legally mandated to screen for intimate partner violence and should also screen for substance abuse among all patients, especially those presenting with chronic pain.** In CY2013 cases, 44% of IPV victims and 66% of IPV perpetrators had at least one contact with a mental health or medical provider. Providers should be offered continuing education on trauma informed care and documentation of, and referrals for intimate partner violence. Patients at risk for IPV should be referred to intimate partner violence service providers. Agencies should hold personnel accountable for recording injuries and intimate partner violence referrals in the patient's medical record in accordance with the New Mexico Family Violence Protection Act [See NMSA §40-13-7.1].

IX. Cross-Cutting Recommendations for the Community

a. **Improve universal awareness and recognition of intimate partner violence.** The Team recommends expanding public awareness education aimed at improving the recognition of IPV. These efforts should work to 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 services providers, schools, and where present IPV or sexual assault Community Coordinated Response Teams (CCRs) or Multi-Disciplinary Teams (MDTs). The team recommends defining the target audience broadly, including culturally and age appropriate messaging for children, parents, organization, and adults in the community at large. These activities should be inclusive of boys and men, providing education on male violence victimization and perpetration as well as engaging men as allies in IPV and sexual assault prevention.

b. **Increase public outreach efforts on how and when to report witnessed incidents of intimate partner violence and sexual assault.** In CY2013 death incidents, we reviewed multiple cases in which neighbors, friends, and family members knew about or witnessed prior stalking, threats or abuse but were either unwilling or unable to offer help. Public information initiatives should provide details not only on safe and appropriate response to incidents of physical abuse but should also help community members identify controlling behaviors, stalking, and other forms of abuse. Service providers can support these efforts by increasing visibility of services and resources in their communities. Provider outreach efforts should be designed for local communities and culturally and age appropriate for targeted audiences.

c. **Explore models for the provision of unbundled legal services for petitioners and respondents in domestic violence orders of protection and family law cases.** In CY2013, the team observed a number of cases where one or both parties were engaged in civil legal cases, largely without legal representation. In some of these cases, one or both parties believed either the case had been adjudicated, when in fact the process was not completed, or misunderstood the outcome of the case. Lay person knowledge of civil law and court process is lacking. The Team recommends members of the legal community, especially those involved in family law, create models for public education about the legal process and about the availability of affordable legal services, like New Mexico Legal Aid and other existing civil legal services providers and self-help centers available in courthouses, and encourage the use of sliding scale fee schedules for civil legal services.

2016 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 2016, the Native American Committee reviewed three intimate partner violence related deaths involving a Native IPV victim, Native IPV perpetrator, or both occurring between January 1, 2013 and December 31, 2013. Native American CY2013 case data are incorporated in the presentation of findings beginning on page 9. The committee held three case review meetings and one recommendation meeting in Albuquerque. The Committee continues to work on improving case identification and data collection efforts for these cases. The Committee's recommendations are included in the 2016 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. In the coming year, the Friends & Family Committee will be responsible for researching strategies and protocols for participant identification, recruiting, and interviewing individuals. 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. The committee did not hold meetings in 2016.

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, pregnancy and the 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 2016, the Committee reviewed one dating violence-related homicide death and one dating violence-related suicide death occurring between January 1, 2013 and December 31, 2013. Teen CY2013 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 2016 Recommendations section of this report (*see* recommendation: Ib., IIIb., IVa., IVb., VIIIa., and VIIIb.).

2016 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 2016.

June

- The Team's coordinator presented at the 12th Annual New Mexico Advanced SANE Conference on sexual assault related homicides in New Mexico (June 2, 2016)
- Three Team members participated in a *New Mexico In Focus* episode *Gun Violence in New Mexico: Part 2* (Aired June 10, 2016).
- Two Team members participated in a panel on intimate partner violence and elder abuse in New Mexico. (June 24, 2016)

July

- The Team's coordinator participated in a mock intimate partner violence fatality review led by a team member and law professor at the University of New Mexico School of Law (July 5, 2016).

September

- The Team responded to a non-profit information request on the incidents of intimate partner violence homicide where the intimate partner victim was the homicide decedent.

Dissemination of Team Recommendations

Each year the Team prepares this Annual Report for the Governor, New Mexico Legislators, Cabinet Secretaries, professionals from state and local government and non-profit agencies, and other stakeholders. The Annual Report is a tool for educating the public about the dynamics and the potential lethality of intimate partner and sexual violence. The report is available on the Team's website which can be found at http://emed.unm.edu/cipre/programs/intimate-partner-violence-death-review/index.html. 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 2016, 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.

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

- The Coalition Against Domestic Violence has been working on drafting a bill that mirrors existing Federal law prohibiting a domestic violence offender's possession of firearms while subject to a final order of protection. It will be introduced in the 2017 legislative session.

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

- Federal grant monies from the Services, Training, Officers, and Prosecutors STOP VAWA grant provide support for two rural programs that have specialized domestic violence detectives to improve the quality of domestic violence, sexual assault, stalking and dating violence investigations. Additionally, they will increase outreach efforts with teens within the community regarding dating and intimate partner violence. STOP VAWA funding is administered by the New Mexico Crime Victims Reparation Commission.

Create standardized protocols for addressing the needs of survivors following intimate partner violence incidents resulting in serious injury or death.

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

- Federal grant monies from the STOP VAWA grant provide support for two rural programs who are implementing Lethality Assessment Programs, modeled after the Maryland System, in which law enforcement officers immediately link high-danger victims to partnering shelter services' hotlines with the goal of having victims receive program services. STOP VAWA funding is administered by the New Mexico Crime Victims Reparation Commission.

- In 2015, the City of Albuquerque's Office of Diversity and Human Rights and the Albuquerque Police Department finalized procedures for processing U-Visa applications for victims of crime, including domestic violence. The standing policy continued into 2016.

- Federal grant monies from the STOP VAWA, SASP, and VOCA Victim 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. These funding sources are administered by the New Mexico Crime Victims Reparation Commission.

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.

- The New Mexico Crime Victims Reparation Commission in collaboration with the New Mexico Coalition of Sexual Assault Programs, New Mexico Coalition Against Domestic Violence, and the Coalition to Stop Violence Against Native Women held the 21st Annual Advocacy in Action (AIA) Conference in Albuquerque in March of 2016. AIA provides two and one-half 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.

Provide continuing education to judges and court staff to ensure legal compliance and improve continuity in the provision of domestic violence orders of protection across the state.

- The Administrative Office of the Courts (AOC) provided educational seminars on topics related to domestic violence orders of protection, the Family Violence Protection Act, full faith and credit and foreign orders of protection. These events included: a presentation at the Domestic Violence/Sexual Assault Symposium in Gallup, NM in July. One session was on Full Faith and Credit (Orders of Protection) and the other session was on the DV Kiosk Pilot Program. In September, AOC conducted a 3-hour training session at the Department of Public Safety, including an overview of intimate partner violence, types of criminal charges that involve domestic violence, the power and control dynamic in intimate partner violence relationship and reasons why victims stay in abusive relationships.

- The Administrative Office of the Courts (AOC) launched a new web page devoted to domestic violence in the summer of 2015 on the state court website. Currently, the information on this website is primarily focused on orders of protection but it is anticipated that the content of this web page will be expanded to include information on criminal domestic violence charges, sexual assault and stalking.

- The Rozier E. Sanchez Judicial Education Center (JEC), housed at the UNM School of Law, offered domestic violence education to state court judges and staff in 2016 at both mandatory and voluntary programs. JEC also invited tribal judges to attend its programs. In January, JEC staff presented at the 2016 annual Children's Law Institute on domestic

violence matters. In May, JEC hosted a videoconference on domestic violence offender treatment programs for magistrate court judges and staff. In June, the annual Judicial Conclave for appellate, district, and metropolitan court judges, domestic violence commissioners, hearing officers, and staff attorneys included workshops presented by Dr. Neil Websdale, National Domestic Violence Fatality Review Initiative Director, on handling domestic violence cases and risk/lethality assessments. In September, magistrate court judges attended a plenary domestic violence session at their annual conference. In October, Dr. Websdale returned to present on domestic violence to several hundred metropolitan court employees, and to provide a workshop on risk/lethality assessments. In December, JEC provided domestic violence training to family court mediators.

Courts should prioritize monitoring of offenders, both those awaiting trial for violent crimes and those sentenced to court monitored probation.

- The Domestic Violence Offender Treatment and Intervention (DVOTI) Task Force was created by Senate Memorial 52 during the 2015 legislative session. The Task Force, now known as the Batterer Intervention Program Taskforce, was created to study the effectiveness of Batterer Intervention Programs in New Mexico. The task force reviewed the current state of batterer's intervention services; offender assessment; curricula and implementation, research and the criminal justice system response. The members produced a series of recommendations, which were presented to the New Mexico Legislative Health and Human Services Committee in 2016. Recommendations include implementing validated assessment tools to identify offender risk and place them in services accordingly, assessing offender needs such as substance abuse, mental health, employment, housing etc. in order to offer appropriate services, establishing an advisory group to consider and recommend specific curricula to NM Children, Youth, and Families Department, and to develop training and supervision sufficient to implement selected curriculum, working with NM Sentencing Commission to develop criminal justice system strategies to reduce recidivism and promote safety of victims, developing a working definition of recidivism, reviewing a variety of studies with attention to applicability, and establishing a national scientific advisory group, with NM participation, to review and recommend research for purposes of advancing practice and effectiveness.

Encourage the use of Sexual Assault Nurse Examiners (SANE) for injury documentation and medical/forensic services for victims of intimate partner violence.

- Albuquerque SANE continues to offer IPV exams, at no charge, to any patient who has experienced intimate partner violence and is at least 18 years old and has experienced the assault in the previous 2-3 weeks of seeking services. The medical and psycho-social care received by a patient at SANE is often times the only medical care these survivors will receive. In addition, the availability of photo-documentation of injuries provides assistance with restraining orders and other criminal or civil legal proceedings. Albuquerque SANE, through a VAWA grant, is expecting to develop a curriculum to assist other programs around the state to develop a similar model of care. The current challenge to providing this service in the Albuquerque Metro area is the lack of awareness of these services by hospitals and law enforcement agencies.

Provide public outreach and education on how and when to report witnessed incidents of intimate partner violence and sexual assault.

- The New Mexico Children, Youth, and Families Department received funding to work with the New Mexico Coalition Against Domestic Violence to pilot a Children's Capacity Building project within intimate partner violence agencies. Currently eight sites are participating in the pilot project, which serves child witnesses of intimate partner violence and their non-abusing parent. The goal of this pilot project is to increase the availability of trauma informed services to facilitate healing in children who have witnessed intimate partner violence and to repair their relationship with the non-abusing parent. This project is receiving technical assistance from the National Center on Domestic Violence, Trauma, and Mental Health.

- Federal grant monies from VOCA Assistance have been distributed to agencies throughout the state to provide support to the Court Appointed Special Advocate Program (CASA) who provide services for and on behalf of children who are victims of abuse, neglect and intimate partner violence in the custody of Family Court. 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 Victim Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.

- Federal grant monies from VOCA Victim Assistance have been distributed to agencies throughout the state to provide support to the Child Advocacy Centers that provide services for and on behalf of children who are victims of abuse, neglect and domestic violence. VOCA Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.

- In 2016, the Office of the Attorney General (OAG) worked under contract with the New Mexico Public Education Department on a grant from the U.S. Department of Health and Human Services, Office of Adolescent Health to deliver education programs targeting pregnant and parenting teens, women, fathers, and their families on healthy relationships and the warning signs, and red flags of teen dating violence (TDV). The OAG worked with the New Mexico Graduation Reality and Dual-Roll Skills (NM GRADS) students and middle and high school students throughout the state. This year the OAG reached over 7,700 youth and adults through the Healthy Relationships/TDV presentations and over 4,000 youth and adults via health fairs and other events throughout the state where information on warning signs and red flags were provided.

- In June 2016, approximately 200 adults from across the state attended the 4th Annual Office of the Attorney General's Summit on Community Violence. The theme this year was Protecting Tomorrow, Today. Day one of the Summit included Keynote Speaker Amy Ziering, whose documentary, The Hunting Ground, has sparked the conversation on College Campus Sexual Assaults. Other sessions included information on Suicide Awareness, Women Empowerment when faced with Sexual Assault, and a panel discussion on preventative measures for youth, specifically on what they are doing in their communities to provide information on healthy relationships. Day two focused on youth empowerment and how communities can move forward and assist. Participants looked at qualitative data from

the YRRS, and held a youth and law enforcement panel to discuss views and recognition of diverse thinking. Breakout sessions included Young Fathers of NM, Youth Homelessness and Shelters, and How to Use Technology as a Tool, Not a Weapon.

- The OAG has been moving forward on their youth wellness campaign which includes topics on Teen Dating Violence Awareness, Suicide Awareness, Financial Well-Being and Cyber Safety, all of which relate to teen dating violence. The idea of the youth wellness campaign is to inform students and families across the state on the dangers and warning signs, and empower them with the tools to seek help and protect themselves and their friends.

Improve access to early intervention and support services for children, their caretakers and other adults who have either witnessed or experienced interpersonal violence.

- 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 do intimate partner mestic violence and sexual assault. STOP VAWA, SASP, and VOCA Victim Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.

- The Resource Center for Victims of Violent Death and the staff and the Promotoras of Enlace Comunitario organized and implemented a victim services collaborative event during Victim Rights Week focusing on Spanish speaking victims.

- In December, the Resource Center for Victims of Violent Death held a “Snowflake Remembrance” event to commemorate the lives of New Mexico victims of violence. The event was a collaboration of community volunteers and the New Mexico Crime Victim Reparations Commission.

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 2016, the Team was chaired by Patricia Galindo, New Mexico Administrative Office of the Courts.

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 2016.

Medical Representatives

Cameron Crandall, M.D.	UNM Department of Emergency Medicine
Lori Proe, D.O.	New Mexico Office of the Medical Investigator
Gail Starr, RN, SANE-A	Albuquerque SANE Collaborative

Criminologist Representative

Maria Velez	UNM Department of Sociology

Victim Service Provider Representatives

Connie Monahan	New Mexico Coalition of Sexual Assault Programs
Sally Sanchez	Roberta's Place
Alexandria Taylor[T]	Valencia Shelter Services
Lisa Weisenfeld	New Mexico Coalition Against Domestic Violence

Administrative Office of the District Attorney Representative
Vacant

Attorney General's Office Representative

Julia Anderson	New Mexico Office of the Attorney General

Civil Legal Services Representatives

Gabriel Campos [M]	City of Albuquerque
Antoinette Sedillo-López	Enlace Comunitario
Jane Zhi	New Mexico Legal Aid

Public Defender Representative
Vacant

Judicial Representatives

Judge Rosemary Cosgrove-Aguilar[T]	Bernalillo County Metropolitan Court
Patricia Galindo	Administrative Office of the Courts
Judge Debra Ramirez	2nd Judicial District Court

Law Enforcement Representatives

Adele Lucero	Albuquerque Police Department FASTT
Andrea Ortiz[T]	Albuquerque Police Department
Eric Threlkeld	Eddy County Sheriff's Office

State Agency Representatives

Socorro Salazar	New Mexico Department of Health
Vacant	Children, Youth and Families Department
Vacant	Aging & Long Term Services Department/Adult Protective Services

Tribal Representatives

Cheryl Eaton[N]	Sexual Assault Services of Northwest New Mexico
Deleana Otherbull[N]	Coalition to Stop Violence Against Native Women
Miranda Salazar[N]	Eight Northern Indian Pueblos Council, Inc. PeaceKeepers

Other Appointed Members

MaryEllen Garcia	New Mexico Crime Victims Reparation Commission
Dale Klein-Kennedy[F]	Haven House
Joan Shirley [F, T]	Resource Center for Victims of Violent Death
Sherry Stephens	New Mexico Parole Board

Special thanks to outgoing appointed members for their service on the Team: Sally Craine (Roswell Refuge), Shauna Fujimoto (Children, Youth and Families Department), Annette Martinez-Varela (Administrative Office of the District Attorney), and Desiree Weekoty (Coalition to Stop Violence Against Native Women).

The following *invited members* participated in Team or committee meetings during the 2016 review year:

David Adams, U.S. Attorney's Office[N]
Lola Ahidley, Mescalero Violence Against Women[N]
Danielle Albright, UNM CIPRE[P]
Arlene Armijo, Bureau of Indian Affairs[N]
Laura Banks, UNM Emergency Medicine[P]
Laura Bassein, UNM Institute of Public Law
Camille Bontems, New Mexico Legal Aid
Devona Bradford, Coalition to Stop Violence Against Native Women[N]
Alejandra Casarrubias, Albuquerque SANE Collaborative[P]
Keena Chavez, Tewa Women United[N]
Kim Dixon, Presbyterian Health Services
Melissa Ewer, Crime Victims Reparation Commission
Michele Fuller, S.A.F.E. House
Richard Gaczewski, CYFD[T]
Judge Tina Garcia, Los Lunas Magistrate Court
Baonam Giang, NM Asian Family Center
Troy Giangola, Crime Victims Reparation Commission[P]
Joel Elena Hagaman, Catholic Charities
Gregory Hernandez, Enlace Comunitario[P]
Edwin Lente, Sexual Assault Services Northwest NM[N, P]
Valerie Lesarlley, New Beginning Program[N]
Jessica Lopez, Domestic Violence Resource Center
Rachael Lorenzo, Native Community Development Association[N]
Quintin McShan, Homeland
Alanna Offield, Native Community Development Association[N]
Keioshiah Peter, Coalition to Stop Violence Against Native Women[N]
Brenda Pinto, New Beginnings[N]
Melissa Riley, Independent Consultant[N]
Roberta Radosevich, Haven House
Elizabeth Sabbath, UNM Sociology[P]
Naomi Sainz, Mescalero[N]
Heather Sandoval, Attorney General's Office[T]
Willymae Smith, Mescalero Violence Against Women[N]
Danyelle Starling, Rape Crisis Center of Central NM[T]
Lena Suazo, ENIPC PeaceKeepers[NP]
Annette TeCube, Jicarilla Nation Legal Council[N]
Gwendolyn Teegar, UNM
Danielle Tosa, Jemez Social Services[N]
Alleyne Toya, Indian Health Services[N]
Sharon Vandeever, U.S. Attorney's Office[N]
Judge Courtney Weeks, Bernalillo County Metropolitan Court[P]
Ingrid Yitamben, UNM CIPRE
Frank Zubia, Crime Victims Reparation Commission

2016 Committee Chairs

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

Endnotes

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

[ii] For definitions regarding domestic violence orders of protection see the New Mexico Family Violence Protection Act (§§40-13-1 through 40-13-12 NMSA 1978).

[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] International Association of Chiefs of Police. 2016. "Domestic Violence Model Policy." Retrieved Dec. 14, 2016 (http://www.theiacp.org/MPDomesticViolence).

[v] National Institute of Justice. 2011. "Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors, and Judges." Retrieved Dec. 14, 2016 (http://www.nij.gov/nij/topics/crime/intimate-partner-violence/practical-implications-research/welcome.htm).

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NEW MEXICO CRIME VICTIMS REPARATION COMMISSION