

New
Mexico
Intimate
Partner
Violence
Death
Review
Team

Annual
Report
2019

Findings &
Recommendations
from CY2016
Intimate Partner
Violence Deaths

New Mexico Intimate Partner Violence Death Review Team Annual Report 2019

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 2019 report presents findings and recommendations from the Team’s review of 2016 intimate partner violence and sexual assault related deaths.

Contents

Acknowledgments.....	1
Team Membership.....	2
Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2016	3
Relationship and Person Characteristics in IPV Related Death Incidents, CY2016	4
Team Recommendations.....	8

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)
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Rosemary Cosgrove-Aguilar, Bernalillo County Metropolitan Court
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Invited Members

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Special Thanks to Outgoing Team Members

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Special Thanks to Team & Committee Chairs

Sally Sanchez, 2019 IPVDR
Joel Hagaman, 2019 IPVDR
Natalie Saing, Marginalized Populations Committee
Cheryl Eaton, Native American Committee
Emily Martin, Teen Dating Violence Committee

Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2016

For case year 2016 (CY2016), the Team reviewed 58 incidents of intimate partner violence (IPV) that resulted in at least one death. In these 58 incidents, 72 people died: 44 died from homicide, 23 were acts of suicide, and five were classified as undetermined manners of death. The Team identified six additional IPV incidents resulting in a death for CY2016 that could not be reviewed because of unresolved investigations or ongoing criminal court proceedings. IPV related death incidents occurred in 18 counties across the state and 46.6% of these incidents occurred in rural areas.¹

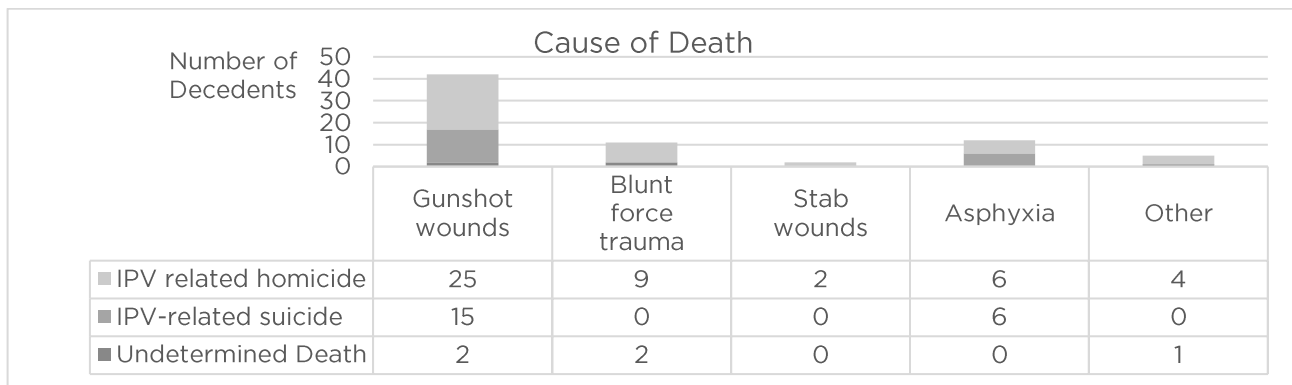
The Team reviewed 30 incidents of homicide alone, ten incidents of homicide-suicide, 13 incidents of suicide alone, and five incidents where it was undetermined if the death was a homicide or a suicide. Of 72 decedents, forty-two (58.3%) deaths were the result of gunshot wounds, including 25 (34.7%) homicide deaths. Twelve deaths were the result of asphyxia,

eleven deaths were the result of blunt force trauma, and stab wounds were the cause of two homicide deaths. The cause of the five remaining deaths were undetermined or involved multiple types of violence, drug overdose, or cardiac arrest.

In 8 out of 10 homicide-suicide cases, the causes of death for both the homicide and suicide decedents were gunshot wounds. In the remaining two homicide-suicides, the causes of death for decedents were either blunt force trauma or asphyxia.

Thirteen incidents involved suspected sexual assault. Nine cases had a sexual assault exam performed postmortem where two cases showed physical injury and seven cases showed no evidence. In four suspected sexual assault cases, the IPV perpetrator completed suicide after the incident. Of those cases, only one IPV victim received SANE services.

Cause of Death (Number of decedents = 72)



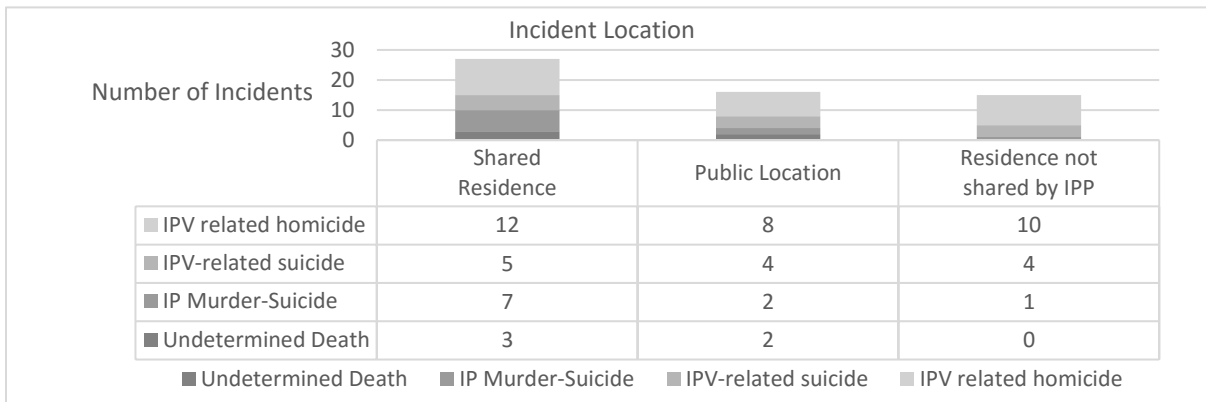
The Team identified 22 individuals who were prohibited by federal law from owning a firearm: sixteen IPV perpetrators, five IPV victims, and one non-intimate partner. Ten of those individuals used a firearm during the death incident. Seven were homicide offenders, including six IPV perpetrators and one IPV victim who used a firearm in the commission of a homicide. Three were IPV perpetrators who completed suicide using a firearm.

Sixteen death incidents (27.6%) took place in a public location, including on roadways, in open spaces, in empty lots, in parking lots, and outside of apartment buildings. Forty-two incidents occurred in a personal residence, with 27 (46.6%) such incidents occurring at a residence shared by the IPV victim and IPV perpetrator. Four (6.9%) 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.

¹ 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 = 58)



Criminal Charges

State criminal charges were filed against offenders in 22 out of 30 homicide incidents, involving 23 offenders. Of these:

- Twenty-one offenders were charged with murder, including thirteen offenders who were charged with an open count of murder;
- One offender who was charged with voluntary manslaughter, and;
- One secondary offender that was charged with accessory and conspiracy to commit murder.

The table below shows the adjudicated charge and sentence range for all reviewed CY2016 IPV homicide convictions.

There were eight homicide incidents in which no one was charged:

- One incident was considered self-defense;
- In four incidents either the investigating police officers or the district attorney declined to press charges;
- Two incidents involved intervention by on-duty police officers, all of whom were deemed to have acted in their legal capacities and none of whom were charged, and;
- One offender committed suicide following being charged for the IPV homicide incident and the charges were dropped.

Conviction and Sentencing

Prosecutors obtained convictions for 21 of the individuals involved in 22 of the death incidents where charges were filed. There were two case where charges were dismissed:

- The State entered a Nolle Prosequi for one offender, and;
- Charges were dismissed against another homicide offender due to a violation of the offender's Miranda rights.

For individuals convicted of a murder charge, fifteen resulted from plea agreements and five from jury convictions. In incidents with a conviction, the minimum sentence on the most serious charge was one and a half years for aggravated battery with a deadly weapon and the most serious charge was six concurrent life sentences for first degree murder. Twelve of the convictions involved a sentence that was totally or partially suspended.

CY2016 Homicide Conviction Sentence Range by Charge Type (# of Homicide incidents = 30; # of incidents w/ charge = 23)

Most Serious Adjudicated Charge	Number of Convictions	Sentence Range in Years After Time Suspended
1 st Degree Murder	4	30 years to life
2 nd Degree Murder	8	5 to 23.5 years
Voluntary Manslaughter	3	7 to 11.5 years
Involuntary Manslaughter	4	2.5 to 10 years
Other*	2	1.5 to 3 years
Dismissed	2	N/A

*Aggravated battery with deadly weapon, n=1; Tampering with evidence, n=1

Relationship and Person Characteristics in IPV Related Death Incidents, CY2016

Relationship between the Intimate Partner Pair

For almost all reviewed CY2016 incidents, the death incident occurred either during or immediately following a threatened or actual incident of IPV. The intimate partner pairs (IPP) were married at the time of 18 incidents (31.0%), the IPPs were dating at the time of 26 incidents (44.8%), and the IPPs were separated at the time of 13 incidents (22.4%). Three incidents involved a sexual assault between a victim of sexual violence and a party with whom they had no prior intimate relationship. Twenty (34.5%) of the couples shared biological or adopted

children. Over one-third (36.2% or 21) 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 IPV related incident that resulted in at least one death reviewed by the Team. Note: The following 58 cases of IPP relationship characteristics include three cases of sexual assault where the decedent and offender had no known prior intimate relationship.

Relationship Characteristics of the Intimate Partner Pair (N=58)	Number of Incidents	%
Relationship Status		
Spouse or Partner	18	31.0%
Ex-spouse or Ex-partner	7	12.1%
Boyfriend or Girlfriend	26	44.8%
Ex-boyfriend or Ex-girlfriend	6	10.3%
No previous encounter	1	1.7%
Separated or Separating		
Separated or Separating	21	36.2%
Habitation Status at Time of Incident		
Living together	35	60.3%
Previously Lived Together	9	15.5%
Lived Separately	7	12.1%
Never Lived Together	3	5.2%
Other (No known relationship or Unknown status)	4	6.9%
Children		
Couple has any shared biological or adopted child(ren) of any age	20	34.5%
Shared biological or adopted minor child(ren) in household	19	32.8%
Any minor child(ren) in household	18	31.0%
Step-child(ren) in household	4	6.9%
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	39	67.2%
At least one domestic violence police call for service	27	46.6%
At least one arrest for intimate partner violence	19	32.8%
Any history of a domestic violence order of protection between parties	11*	19.0%
IPV-related criminal charges pending at time of incident	13	24.1%
Any history of child custody cases	4	6.9%

*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 and, when there is no known prior intimate partnership, the sexual assault victim. The IPV victim may be the decedent, offender, or surviving partner in the death incident. For CY2016, the Team reviewed incidents in which there were 58 IPV victims. Victims ranged in age from 11 to 83 years old; the median age was 40 years. Most of victims

(86.2%) were female. Ten (17.2%) IPV victims became parents when they were teenagers. Nine (15.5%) IPV victims had a prior arrest for a domestic violence offense. About half (48.3% or 26) of IPV victims were homicide decedents in the death incidents and two IPV victims were decedents in undetermined death incidents. The table below presents background characteristics for IPV victims in reviewed incidents.

Background Characteristics of IPV Victims (N=58)	Number of Incidents	%
Sex		
Female	50	86.2%
Male	8	13.8%
Race/Ethnicity		
White	25	43.1%
Hispanic	20	34.5%
Native American	11	19.0%
Other	2	3.4%
Health		
Known history of alcohol abuse	18	31.0%
Known history of illicit drug use	18	31.0%
Known history of depression or other mental illness	8	13.8%
Known history of a chronic disease	18	31.0%
Criminal History		
At least one prior arrest	28	48.3%
At least one arrest for DWI	12	20.7%
Convicted of at least one felony crime	8	13.8%
At least one term supervised probation or parole	16	27.6%
On probation or parole at the time of the incident	5	8.6%
Intimate Partner Violence History		
Known history of intimate partner violence victimization	38	65.5%
Known history of intimate partner violence perpetration	8	13.8%
At least one arrest for domestic violence	9*	15.5%
At least one conviction for domestic violence	3	5.2%
Party in at least one prior domestic violence order of protection	5	8.6%

*In two cases, an IPV victim was arrested for violence against a non-IP family member and the arrests were noted as domestic violence incidents.

IPV Perpetrators

IPV perpetrator refers to the identified perpetrator of intimate partner violence and, when there is no known prior intimate partnership, the sexual violence perpetrator.

The perpetrator may be the decedent, offender, or surviving partner in the death incident. For CY2016 reviewed incidents, there were 58 IPV perpetrators. Perpetrators ranged in age from 18 to 85 years and the median age was 41 years. Most (89.7%) of the IPV perpetrators were male and 31 (53.4%) were homicide offenders. Twenty two (37.9%) perpetrators survived the death incident.

Out of the 36 perpetrators that died, eleven (19.0%) were both homicide offenders and suicide decedents, thirteen (22.4%) were IPV perpetrators that completed suicide alone, and six (21.6%) IPV perpetrators were killed by a secondary offender. Three IPV perpetrators died undetermined deaths and in three cases, the IPV perpetrator was killed by their intimate partner. At the time of the incident, 55.2% of IPV perpetrators were drinking alcohol and 25.9% were using illicit drugs.

Background Characteristics of IPV Perpetrators (N=58)	Number of Incidents	%
Sex		
Female	6	10.3%
Male	52	89.7%
Race/Ethnicity		
White	24	41.4%
Hispanic	18	31.0%
Native American	13	22.4%
Other	3	5.2%
Health		
Known history of alcohol abuse	38	65.5%
Known history of drug use	26	44.8%
Known history of depression or other mental illness	20	34.5%
Known history of a chronic disease	17	29.3%
Use of alcohol at time of death incident	32	55.2%
Use of illicit drugs at time of death incident	16	27.6%
Criminal History		
At least one prior arrest	41	70.7%
At least one arrest for DWI	15	25.9%
Convicted of at least one felony crime	21	36.2%
At least one term supervised probation or parole	28	48.3%
On probation or parole at the time of the incident	10	17.2%
Intimate Partner Violence History		
Known history of intimate partner violence victimization	2	3.4%
Known history of intimate partner violence perpetration	41	70.7%
At least one arrest for domestic violence	28	48.3%
At least one conviction for domestic violence	12	20.7%
Party in at least one prior domestic violence order of protection	12	20.7%

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.² The most common service contacts were with medical providers: About one-half (51.7%, 30) of IPV victims and 44.8% (26) IPV perpetrators had at least one contact with a medical provider through primary care or the emergency department. Other common service contacts were with substance abuse treatment service: Thirteen (22.4%) IPV victims and seventeen (29.3%) IPV perpetrators had at least one contact with substance abuse service providers and most of the contacts were probation referrals. Six (10.3%) IPV victims and eleven (19.0%) IPV perpetrators had a history of attending domestic violence services as part of probation or a deferred sentence from a criminal proceeding, including DV counseling, batterer intervention, and anger management classes. Of those, one (1.7%) IPV victim and three (5.2%) IPV perpetrators attended a court ordered batterer intervention program, while three (5.2%) IPV victims and five (8.6%) IPV perpetrators attended court ordered domestic violence counseling 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 eleven incidents involving secondary offenders and victims.

Six incidents involved secondary offenders who committed an act of homicide. Two of these incidents involved on-duty police officers. One secondary offender was related to the IPV victim and one was neighbor to the IPP. Two secondary offenders were friends of the IPV perpetrator who aided in the homicide and one of them was convicted of murder charges. The on-duty police officers and other secondary offender were not charged.

For CY2016, the Team reviewed five incidents involving secondary victims who were killed by the IPV perpetrator. Two secondary victims were friends of the IPV victim, one was the former intimate partner of the IPV victim, one was the new intimate partner of the IPV victim, and one was the child of the IPV victim.

² 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

Team Recommendations

Legislation/Policy

Amend the Public Education Graduation Requirement statute (NMSA § 22-13-1.1.(J)) to expand the health education graduation requirement for high school students to one credit and must include information about healthy relationships, intimate partner violence, consent, and sexual assault. The Team recommends that the standards require inclusion of information about the connection between intimate partner violence, self-harm, and suicidal ideation. Additionally, the Team recommends that education be given about firearm safety and mental health. At least one quarter of the sessions will be dedicated to these topics.

Tribal Policies and Services

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. These programs should focus on violence prevention and can be housed in a variety of organizations. The Committee additionally recommends expanding educational programs that address violence within schools and jails.

The Native American Committee recommends supporting victims, children, and families by ensuring that tribal agencies collaborate with community, local, state, and federal agencies to offer culturally appropriate, victim centered, and trauma informed services that meet the needs of all tribally affiliated people. The Committee recommends collaboration between victim advocates, tribal home visiting program staff, 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 for, 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

documents related to the homicide and other prior interactions with the police or courts.

to its members, as well as focus on adherence to pertinent local and federal law. Continued collaboration will provide children and families with tribal support and follow up as they heal from trauma.

The Native American Committee recommends providing continuing education to tribal judges and court staff about domestic violence within native communities. The Committee believes that all court involved professionals benefit from increased knowledge and awareness of domestic violence and recommends yearly training that involves information on the dynamics of domestic violence. Additionally, tribal judges and court staff should be trained on adhering to pertinent federal rules and regulations.

Law enforcement

Provide increased mandatory and accredited training, by law enforcement agencies and other training entities, to officers on all aspects of intimate partner violence, including training that facilitates the timely and appropriate referral to services for victims.

Law enforcement is the most commonly accessed formal system of intervention for intimate partner violence in New Mexico.³ Properly trained law enforcement officers can provide victims with information on safety planning and community resources. An increase in the required length and content of both academy training and biennium and in-service training for law enforcement professionals is one step toward improving the responses of officers with regard to victims of violence. Collaborating with victim service providers should occur in the development and delivery of this training.

Mandate accountability and quality control measures for the investigation, documentation, and reporting of incidents of intimate partner violence perpetrated by members of law enforcement, including mechanisms to hold supervisors and those in positions of authority accountable for the response to those reports. The Team supports the recommendations of the International Association of Chiefs of Police, Police Executive Research Forum, The Commission on Accreditation for Law Enforcement Agencies, Inc., and the National Organization of Black Law Enforcement Executives, all of whom advocate

for the creation and implementation of model policies that includes standardized investigations for all intimate partner violence related incidents, including standardized evidence collection protocols, required incident reporting forms that include a lethality assessment, and the use of on scene intimate partner violence advocates to support survivors.⁴ Law enforcement agencies should mandate that senior leadership receives proper training on best practices in investigation and documentation when incidents of violence are perpetrated by law enforcement officers. Leadership must be held accountable and must hold their staff and each other accountable for following established protocols.

Establish and implement early warning systems that can assist agencies in the early identification of and intervention in the behavior of officers, helping to reduce liabilities and preserve officers' careers. Early warning systems can identify officers who are at risk of perpetrating violence or experiencing mental health crises. The Team supports law enforcement agencies using an early warning system data-base, computer assessments, or other tracking tools that facilitate identification of potential problematic behavior or mental health issues. Officers who are identified as high-risk should be confidentially and properly referred for counseling and other support resources outside of the disciplinary process, when possible.

Victim Services

Establish a commission that oversees the coordination and training of individuals within all agencies that serve survivors of intimate partner and sexual violence throughout the state. The Team recognizes that there is a shortage of services for survivors of IPV and sexual assault and that when these services exist, coordination is lacking. Additionally, gaps in services vary by community. The Team recommends a coordinator that facilitates training on prevention of violence and trauma informed care for all service providers. The Children, Youth, and Families Department and local law enforcement agencies should collaborate to improve knowledge of services available for referral. Broader knowledge of the available service agencies within a community

³ Caponera, Betty. 2014. Incidence and Nature of Domestic Violence in New Mexico XI: An Analysis of 2011 Data from the New Mexico Interpersonal Violence Data Central Repository. Albuquerque: New Mexico Interpersonal Violence Data Central Repository, New Mexico Coalition Against Sexual Assault Programs.

⁴ International Association of Chiefs of Police. 2018. "Domestic Violence Model Policy." Retrieved Dec. 18, 2019 (<https://www.theiacp.org/sites/default/files/2018-08/DomesticViolenceBinder2018.pdf>).

may help IPV service agencies provide more comprehensive services for victims. The Teen Dating Violence Committee additionally proposes caseworkers that will respond to violence in the youth community.

Prosecution

Enhance prosecutor training on intimate partner violence, interviewing victims, and evidence-based prosecutions in domestic violence and sexual assault cases. Require prosecutors and all related staff to obtain yearly 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, as well as domestic violence and the law. District attorneys should also participate and support the participation of their investigators, advocates, and prosecutors in local or regional Coordinated Community Response or Multidisciplinary Teams as part of these educational efforts.

Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases by creating specialized domestic violence prosecution units within District Attorney Offices. In CY2016 cases, 50% 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 be based on 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.

Courts

Provide continuing education to judges and court staff about domestic violence, specifically its dynamics. The Team believes that all court involved professionals benefit from increased knowledge and awareness of domestic violence and recommends yearly training that involves information on domestic

violence. The Teen Dating Violence Committee supports this recommendation and the Native American Committee additionally recommends that this training include information about the dynamics of domestic violence within tribal communities.

Address policy and resource gaps for pre-trial services, including expanding early intervention court programs statewide and increasing staffing in local District Attorney's offices. Relatively few pretrial monitoring programs exist statewide, with no comprehensive pretrial monitoring system in the magistrate courts and only a handful of counties with programs at the district court level. The pretrial monitoring programs that do exist can serve as a model for statewide expansion. Increasing resources for pretrial services should also include developing tools to evaluate risk factors, such as substance abuse and others, for perpetrators of domestic violence who are charged at both the felony and misdemeanor level. Finally, Team members believe that increased staffing at the District Attorney's office would increase the capacity to appropriately charge perpetrators of domestic violence.

Public Defender

Provide continuing education to Public Defenders and all related staff about domestic violence, specifically its dynamics. The Team believes that all defense attorneys and associated professionals would benefit from increased knowledge and awareness of domestic violence and recommends yearly training that involves information on domestic violence. The Teen Dating Violence Committee supports this recommendation and the Native American Committee additionally recommends that this training include information about the dynamics of domestic violence within tribal communities.

Probation and Parole

Address policy and resource gaps in the monitoring and supervision of intimate partner violence perpetrators who are subject to criminal no contact orders. The Team suspects that ineffective monitoring with regards to criminal no contact orders 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. Resources should be applied

to ensure that courts hold offenders accountable after violations are identified.

Address policy and resource gaps in the monitoring and supervision of offenders, including support for professional monitoring of sentence compliance and attendance at court ordered rehabilitation and batterer intervention programs. A review of IPV perpetrator criminal histories showed that 48% had at least one prior contact with state probation and parole services. Four perpetrators committed an IPV homicide 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. Cross-training with courts can clarify the role and capacity of probation and parole staff with regards to violations and offender accountability. Resources should be applied to ensure that courts hold offenders accountable to attend court ordered treatment and after violations are identified. The Teen Dating Violence Committee additionally recommends evaluating monitoring and supervision programs in order to understand how each jurisdiction implements them and how to improve them.

Medical, Mental, and Behavioral Health Care Services

Improve and coordinate follow-up and case management to individuals who seek medical, mental, or behavioral health treatment. The Team observed cases where 56.9% of victims and 62.1% of perpetrators had sought treatment for physical or mental health conditions. 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. The Team also recognizes that coordination could be legislated, enforced, and administered through licensing boards. Coordinated case management 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.

Improve medical and mental health providers adherence to the legal mandate to document intimate partner violence and encourage providers to screen for substance abuse and mental health issues among all patients. 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, while patients at risk for mental health conditions should be referred to mental health 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].

Identify, inventory, and leverage existing resources to eliminate barriers to mental health services around the state, especially in rural communities. The Team recognizes the need for additional mental health resources that are trauma informed, long-term, and also exist in rural areas, including telehealth. The Team recommends the development of culturally appropriate and holistic services for teens and young adults, military veterans, the elderly, those who threaten and/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 availability of and access to mental health services that are culturally, linguistically, and age-appropriate for tribally affiliated individuals.

Require continuing education units about intimate partner violence for professional coursework, 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 training in how to screen for, ask questions about, and identify risks for and indicators of IPV, safety planning, counseling specific to the needs of IPV victims, 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 curriculum development at schools for higher learning, IPV competency requirements for licensure, or required IPV continuing education, depending on the educational requirements of each respective occupation. Training should be designed and implemented by IPV victim advocates and focus on improving IPV identification and providing information about services available in local communities.

Identify, inventory, and leverage existing resources to eliminate barriers to mental health services around the state for veterans.

The Team recognizes the need for additional mental health resources that are long-term and trauma informed, specifically concerning PTSD. The Team recommends that the Department of Veterans Affairs (VA) work to improve both visibility and accessibility of existing services to veterans and 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.

Identify, inventory, and leverage existing resources to eliminate barriers to substance abuse services around the state, especially in rural communities.

The Team recognizes the need for additional substance abuse treatment resources that are trauma informed, long-term, and that exist in rural areas. The Team recommends the development of culturally appropriate and holistic services, with particular attention paid to the needs of teens and young adults, military veterans, the elderly, and Native American populations.

Cross-Cutting Recommendations for the Community

Improve universal awareness and recognition of intimate partner violence and expand public awareness education aimed at improving the recognition of and response to 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 service providers, schools, and, where present, IPV or sexual assault Coordinated Community 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, organizations, and adults in the community at large. 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. Additionally, the Native American Committee recommends education at an early age to prevent violence.

Explore models for the provision of unbundled legal services for petitioners and respondents involved in domestic violence orders of protection and family law cases.

In CY2016, the Team observed forty seven cases (81.0%) 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, the Access to Justice Commission, 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.

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