

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

Annual Report

2013

**Findings &
Recommendations
from CY2010
Intimate Partner
Violence Deaths**

January 1, 2014

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

Governor Martinez:

On behalf of the Intimate Partner Violence Death Review Team (Team), I am pleased to present to you our 2013 Annual Report. This report outlines findings and recommendations from the Team's review of intimate partner and sexual violence related deaths that occurred in New Mexico in calendar year 2010. The report of findings begins on page 9 and recommendations can be found on page 19. The report also provides a summary of the Team's 2013 activities and highlights the activities of agencies who are engaged in work consistent with the Team's recommendations from previous review years.

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

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

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

Sincerely,



Michelle Garcia, 2013 Team Chair
Representative, New Mexico Attorney General's Office

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

Table of Contents

Executive Summary	2
Acknowledgments.....	4
About the New Mexico Intimate Partner Violence Death Review Team.....	5
Definitions.....	8
Incidents of Intimate Partner Violence or Sexual Assault Resulting in Death, CY2010	9
Person Characteristics, CY2010	11
Incident Characteristics, CY2010.....	15
2013 Team Recommendations.....	19
2013 Team Activities	26
Recommendation Updates	30
Appendix A: Statutory Authority for the Domestic Violence Homicide Review Team	35
Appendix B: Team Membership.....	37
Endnotes.....	39

Executive Summary

The New Mexico Intimate Partner Violence Death Review Team (Team) is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each New Mexico death related to intimate partner violence and sexual assault. In 2013, the Team reviewed 33 deaths related to 28 incidents of intimate partner violence or sexual assault (IPV or SA). All reviewed deaths occurred in calendar year 2010 (CY2010). The Team reviewed 19 homicide deaths, nine suicide deaths, and five deaths resulting from police shootings in response to an IPV incident. The Team's 2013 group and committee activities beyond case review are detailed on page 26; updates on recommendations in prior reports begin on page 30.

The full report of the Team's case review findings can be found on pages 9–18. The following are select findings from the Team's review of CY2010 IPV-related homicide deaths:

IPV/SA Victims (Number of victims = 28)

- 89% of IPV/SA victims were female; 11% were male;
- 82% of IPV/SA victims had a prior history of IPV victimization;
- 42% of IPV victims were married to the IPV perpetrator; 23% were no longer in a relationship with the perpetrator;
- 25% of IPV/SA victims were drinking alcohol at the time of the incident;

IPV/SA Perpetrators (Number of perpetrators = 30)

- 90% of IPV/SA perpetrators were male; 10% were female;
- 73% of IPV/SA perpetrators had a prior history of IPV perpetration;
- 70% of IPV/SA perpetrators were drinking alcohol at the time of the incident;

Deaths Related to Intimate Partner Violence and Sexual Assault (Number of deaths = 33)

- Nine IPV victims were killed by their current or former partner;
- Two SA victims were killed by the perpetrator(s) of the sexual assault;
- Six bystanders were killed by IPV perpetrators, including three new partners of the IPV victim, two co-workers of the IPV victim, and one child;
- Three perpetrators who committed acts of homicide also committed suicide;
- Five IPV perpetrators were shot by police officers responding to the IPV incident;
- Two IPV perpetrators were killed by a bystander to the IPV incident; and
- Six IPV perpetrators committed suicide alone without committing homicide;

Prosecution and Sentencing in Homicide Incidents

- Criminal charges were filed against the homicide offender in 13 cases;
- Prison sentences ranged from one year (suspended) for aggravated assault to life in prison for 1st Degree Murder.

The executive summary is continued on page 3.

Executive Summary continued

In 2013, the Team developed recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim services, prosecution, courts, post-conviction services, medical and mental health care services, and cross-cutting recommendations for the broader community. *While these recommendations are organized by system areas 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.*

In total 20 recommendations are presented in the full report of Team recommendations found on pages 19–26. The following are example recommendations derived from repeated observations of similar problems across cases:

- **Create New Mexico legislation to require documentation of the abuse incident for all domestic violence calls for service with suspicion or allegations of abuse by responding law enforcement officers.** In the CY2010 IPV/SA-related deaths, there were 37 calls to the police prior to the death incident in 15 separate cases. Twenty-seven (27) percent of calls 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), and criminal statutes related to crimes against household members (NMSA §§30-3-11 through 30-3-18). 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.
- **Ensure the use of best practices when negotiating plea bargains with IPV perpetrators in domestic violence cases.** The Team observed 24 prior domestic violence cases subject to prosecution for 15 IPV perpetrators. Four cases were dismissed. Most of the prosecuted cases resulted in plea agreements and over 30% of prosecutions resulted in either a suspended sentence or unsupervised probation. Where plea agreements are found to be the best course of action, prosecutors should advocate for domestic violence offender treatment, continuation of the no-contact order with the victim, restitution to the victim and supervised probation. The Team also supports the inclusion of domestic violence offender treatment/batterer’s intervention in plea agreements, even in cases where the original charge is pled to a non-domestic violence offense.
- **Eliminate barriers and improve knowledge of and access to mental health services throughout the state.** Over half of reviewed cases involved an IPV perpetrator with an identified mental health issue which ranged from self-reported or witness-identified depression to formally diagnosed mental illness. Although 40% of all perpetrators had a known history of suicidal ideation, identified mental health issues were more common among the group of perpetrators who actually committed suicide. Most individuals had not been formally diagnosed and lacked consistent access to care. The Team recognizes the need for additional mental health resources, especially in rural areas. The Team recommends the development of culturally appropriate services for teens and young adults, military veterans and American Indian populations.

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 outgoing Director Kristy Ring and the entire Crime Victims Reparation staff and Commission, for their support of the Team's work,
- The Albuquerque Family Advocacy Center, the New Mexico Forum for Youth in Community, the Albuquerque Police Department, and the Administrative Office of District Attorneys 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. Additionally, the coordinator would like to recognize Research Assistant Nicole Devereaux for her contribution to collecting case information, data entry, and the writing of this report.

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

About the New Mexico Intimate Partner Violence Death Review Team

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

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

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

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

Develop methods of domestic and sexual violence prevention.

Types of Deaths Reviewed

The Team only reviews closed cases and does not attempt to re-open the investigations of those deaths.

Closed cases are those where the offender is dead or has been convicted in a death and most or all criminal appeals have expired. When a reasonable amount of time has passed since the death, the Team also reviews those cases that are classified as unsolved by law enforcement or where an offender was never criminally charged for the death.

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

- Homicide committed by the victim's current or former intimate or dating partner, whether male or female, including same-sex relationships,
- Homicide with a sexual assault component,
- Suicide by a victim of prior intimate partner violence,

- Suicide by a perpetrator of intimate partner violence or sexual assault (even if the victim survives) when the suicide is related to an incident of intimate partner or sexual violence or stalking,
- Homicide of the intimate partner violence or sexual assault perpetrator if related to an incident of intimate partner violence, sexual violence, or stalking (officer-involved shootings or bystander interventions), and
- Homicide of any child, family member or other individual killed during an incident of intimate partner or sexual violence or stalking.

Case Review Process

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

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

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

Team members make note of the patterns and trends they observe and identify risk factors for the victim or the offender involved in each death. These risk factors include, but are not limited to,

prior history of violence or abuse, availability of weapons, pregnancy, alcohol or drug use, mental health conditions, suicidal expressions, and recent separation.

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

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

Team Philosophy

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

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

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

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

Definitions

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

IPV: Intimate Partner Violence

SA: Sexual Assault

Homicide: Any death not classified as natural, accident or suicide, where a person dies as the result of an act performed by another, regardless of who perpetrated the incident. The Team’s definition of homicide includes cases that may not meet the legal definition of murder. For instance, we classify the death of an IPV perpetrator who is killed by a “Good Samaritan” as a homicide even where the shooting is ruled “justified” and no charges are filed.

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

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

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

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

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

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

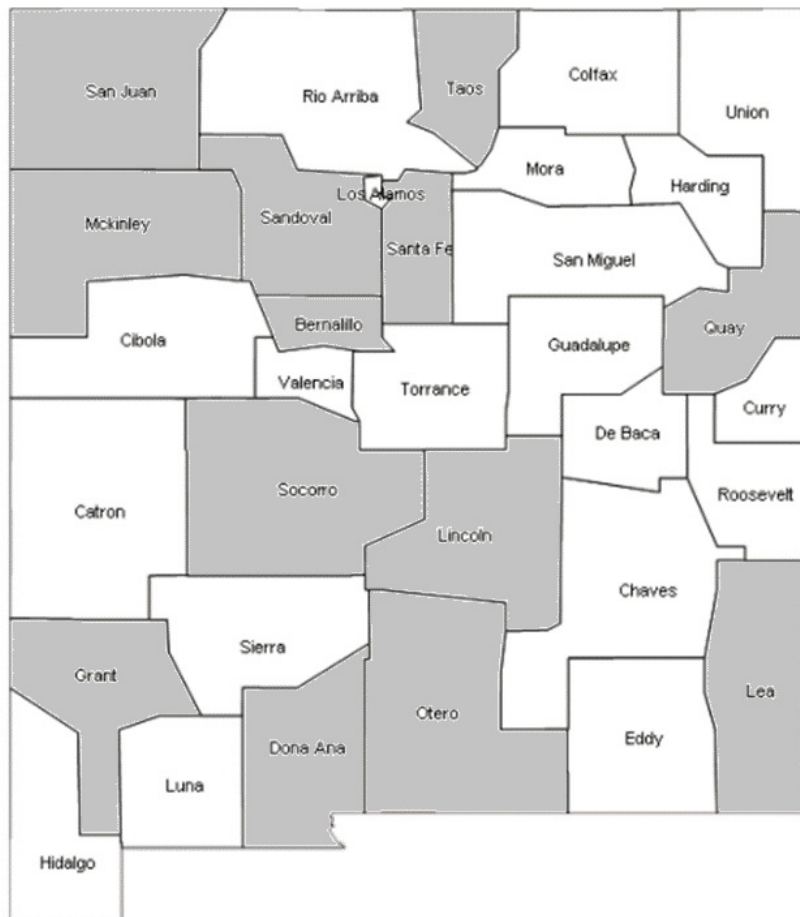
SA perpetrator refers to the identified perpetrator of an act of actual or attempted sexual assault. The SA perpetrator may be the decedent, offender, or surviving partner in the death incident.

Bystander refers to a person who is not involved in the act of intimate partner violence or sexual assault, but is identified as a witness to the violence. At times, bystanders to the intimate partner or sexual violence may be either the decedent or offender in the death incident.

Incidents of Intimate Partner Violence or Sexual Assault Resulting in Death, CY 2010

The Team reviewed 28 incidents of intimate partner violence (IPV) or sexual assault (SA) that resulted in death during calendar year 2010 (CY2010). In these 28 incidents, 33 people died: 19 deaths were the result of homicide, five were IPV offenders killed by on-duty police officers, and nine were acts of suicide. The Team identified six additional IPV incidents resulting in a homicide death in CY2010 that could not be reviewed because of an unresolved investigation, ongoing criminal court proceeding, or an active civil court case during the review year. The highlighted areas of the map identify New Mexico Counties with at least one reviewed CY2010 incident of IPV or SA resulting in death. Fifty-four (54) percent of these incidents occurred in urban areas.ⁱ

New Mexico Counties with at least One Reviewed CY2010 Death Related to IPV or SA



Relationship between the Intimate Partner Pair

In all 28 reviewed CY2010 cases, the death incident occurred either during or immediately following an actual or threatened incident of intimate partner or sexual violence. The following table reports relationship characteristics for the partner pair involved in the incident of intimate partner violence. The Team reviews cases involving homicide that occurs during either an actual or attempted sexual assault, regardless of the relationship between the parties. In both cases of sexual assault, there was no existing intimate relationship between the parties. As such, sexual assault cases were not included in this table, but are included in the sections on persons and incidents. The table below documents the characteristics of the intimate partner relationship in the remaining 26 cases reviewed by the Team by type of case.

Relationship Characteristics For the Intimate Partner Pair (Number of partner pairs = 26)		
	Number of Cases	%
Relationship Status		
Spouse or partner	11	42
Boyfriend or girlfriend	8	31
Ex-boyfriend or ex-girlfriend	5	19
Ex-Spouse or ex-partner	1	4
Dating partner	1	4
Recently separated or in the process of separating	14	54
Habitation Status at the Time of Incident		
Lived together	13	50
Previously lived together	7	27
Never lived together	4	15
Unknown habitation status	2	8
Children		
Couple has any shared biological or adopted child(ren) of any age	15	58
Any minor child(ren) in household	10	38
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	22	85
At least one domestic violence police call for service	15	58
At least one arrest for intimate partner violence	10	38
Any history of domestic violence orders of protection ⁱⁱ between parties	4	15
Domestic violence order of protection between parties at the time of the incident	1	4
Petition for domestic violence order of protection between parties within the last year	4	15
Criminal IPV charges pending at time of incident	4	15

Person Characteristics, CY2010

IPV or SA Victims

IPV victim refers to the victim of intimate partner violence. The SA victim refers to the victim of an actual or attempted sexual assault. The IPV or SA victim may be the decedent, offender, or surviving partner in the death incident. In CY2010 reviewed cases there were 26 IPV victims and two SA victims. IPV/SA victims ranged in age from 15 to 95 years old, with a median age of 36 years. Eighty-nine (89) percent were female. Two IPV victims were pregnant at the time of the death incident. Thirty-nine (39) percent of IPV/SA victims were homicide decedents in the death incident; in the remaining incidents the IPV/SA victim survived. Twenty-five (25) percent of IPV/SA victims were drinking or using drugs at the time of the death incident.

Background Characteristics of IPV and SA Victims, CY2010 (Number of victims = 28)		
	Number of Victims	%
Sex		
Female	25	89
Male	3	11
Race		
White	24	86
Native American	2	7
Unknown	2	7
Ethnicity		
Hispanic	12	43
Substance Abuse & Mental Health		
Known history of alcohol abuse	13	46
Known history of drug use	6	21
Known history of depression or other mental illness	5	18
Known history of a chronic illness	3	11
Criminal History		
At least one prior arrest	13	46
At least one arrest for DWI	5	18
Convicted of at least one felony crime	5	18
At least one term of supervision by probation or parole	8	29
On probation or parole at the time of the incident	1	4
Intimate Partner Violence History		
Known history of intimate partner violence victimization	23	82
Known history of intimate partner violence perpetration	4	14

Background Characteristics of IPV and SA Victims, CY2010 Continued		
	Number of Victims	%
At least one arrest for domestic violence	4	14
At least one conviction for domestic violence	1	4
Restrained party in at least one prior domestic violence order of protection	1	4
History of Associations		
Military veteran	1	4

IPV and SA Perpetrators

IPV perpetrator refers to the identified perpetrator of intimate partner violence. SA perpetrator refers to the identified perpetrator of actual or attempted sexual assault. The perpetrator may be the decedent, offender, or surviving partner in the death incident. In CY2010 reviewed cases there were 26 IPV perpetrators and four SA perpetrators. In one sexual assault case, three perpetrators were identified. Perpetrators ranged in age from 16 to 86 years old, with a median age of 37 years. Ninety (90) percent of IPV/SA perpetrators were male. Forty-six (46) percent were homicide offenders in the death incident, 7% were both homicide offenders and suicide decedents, 27% were killed as a result of bystander intervention (someone other than the IPV/SA victim), and 20% of IPV/SA perpetrators committed suicide alone. At the time of the incident, 70% of IPV/SA offenders were drinking alcohol and 20% were using illegal drugs.

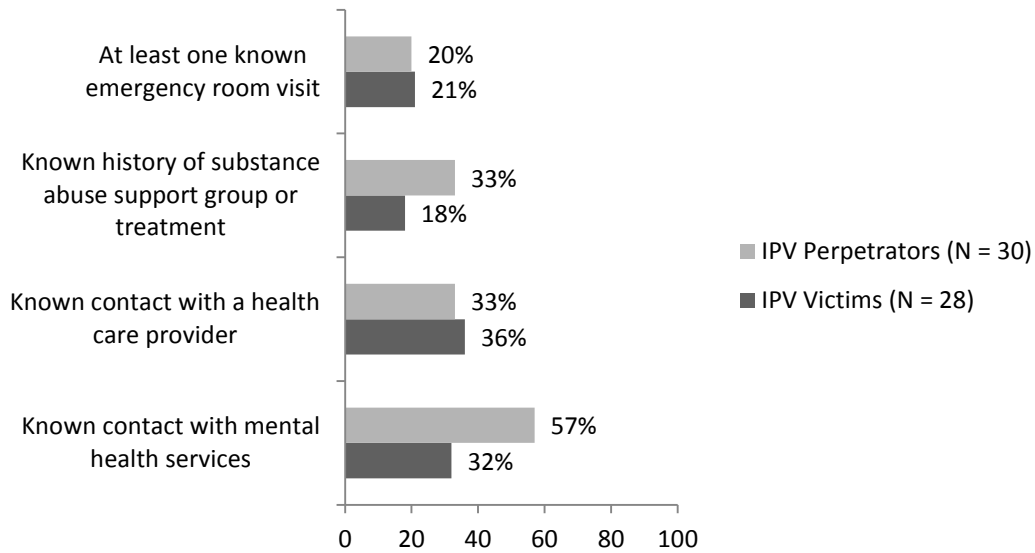
Background Characteristics of IPV and SA Perpetrators, CY2010 (Number of perpetrators = 30)		
	Number of Perpetrators	%
Sex		
Female	3	10
Male	27	90
Race		
White	25	83
Native American	5	17
Ethnicity		
Hispanic	16	53
Substance Abuse & Mental Health		
Known history of alcohol abuse	24	80
Known history of drug use	17	57

Background Characteristics of IPV and SA Perpetrators, CY2010 Continued		
	Number of Perpetrators	%
Known history of depression or other mental illness	15	50
Known history of a chronic illness	4	13
Criminal History		
At least one prior arrest	25	83
At least one arrest for DWI	15	50
Convicted of at least one felony crime	7	23
At least one term of supervision by probation or parole	19	63
On probation or parole at the time of the incident	4	13
Intimate Partner Violence History		
Known history of intimate partner violence victimization	5	17
Known history of intimate partner violence perpetration	22	73
At least one arrest for domestic violence	10	33
At least one conviction for domestic violence	7	23
Restrained party in at least one prior domestic violence order of protection	7	23
History of Associations		
Suspected gang involvement	2	7
Military veteran	5	17

Contacts with Service Providers

In addition to formal criminal and civil legal systems, the Team evaluates other known service contacts for both IPV victims and offenders.ⁱⁱⁱ Only three persons had a known prior contact with community domestic violence programs or advocates. One IPV perpetrator attended a court ordered batterer intervention program on two separate occasions, failing to complete the program on both occasions. Two IPV victims previously sought refuge in a domestic violence shelter. Both left the shelter a few days after admission. We also collected information on known medical and behavioral health service contacts. The percentage of IPV victim and perpetrator contacts with these services is shown in the graph below.

Percentage of IPV Victims and Offenders with Known Service Contacts by Service Type



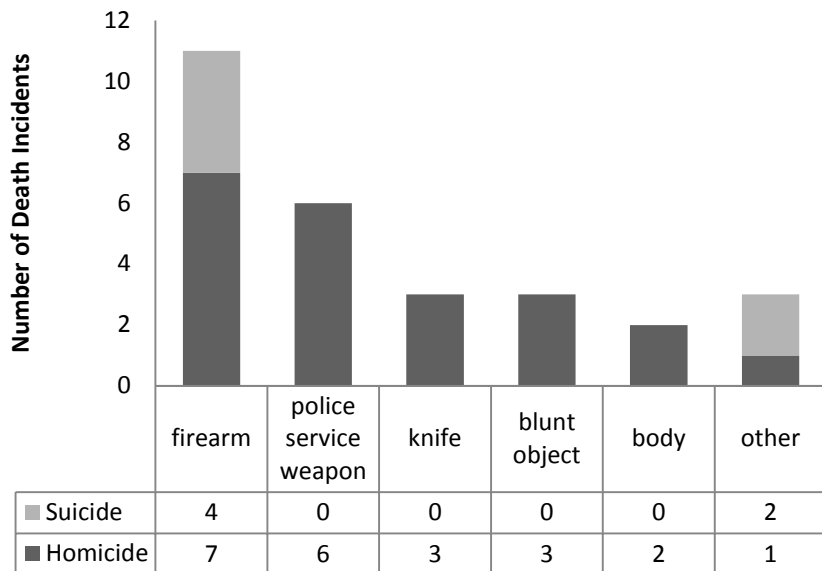
Bystanders

Bystander refers to a person who is not involved in the act of intimate partner violence or sexual assault, but is identified as a witness to the violence. At times, bystanders to the intimate partner or sexual violence may be either the decedent or offender in the death incident. In CY2010, the Team reviewed 11 cases involving a total of 13 bystanders as either decedent or offender in the death incident. Forty-six (46) percent of bystanders were homicide decedents: three new partners of the IPV victim were killed by the victims' former partners; two coworkers of the IPV victim were killed by the IPV perpetrator; one child of the intimate partner pair was killed by the IPV perpetrator. Fifty-four (54) percent of bystanders killed the IPV perpetrator, including: five cases of on-duty police officers responding to a domestic violence call; one homeowner providing shelter to an IPV victim; one relative intervening on behalf of the IPV victim.

Incident Characteristics, CY2010

The Team reviewed 13 cases of homicide, two cases of double homicide, two cases of murder suicide, five police involved shootings, and six cases of suicide alone. Seventeen cases involved deaths that were the result of gunshot wound(s). Blunt force trauma was the cause of death in five cases; three incidents involved stabbing deaths and single cases involved deaths due to ligature hanging, drug overdose, and a forced confinement leading to hyperthermia. Four IPV-related death incidents were witnessed by a minor child.

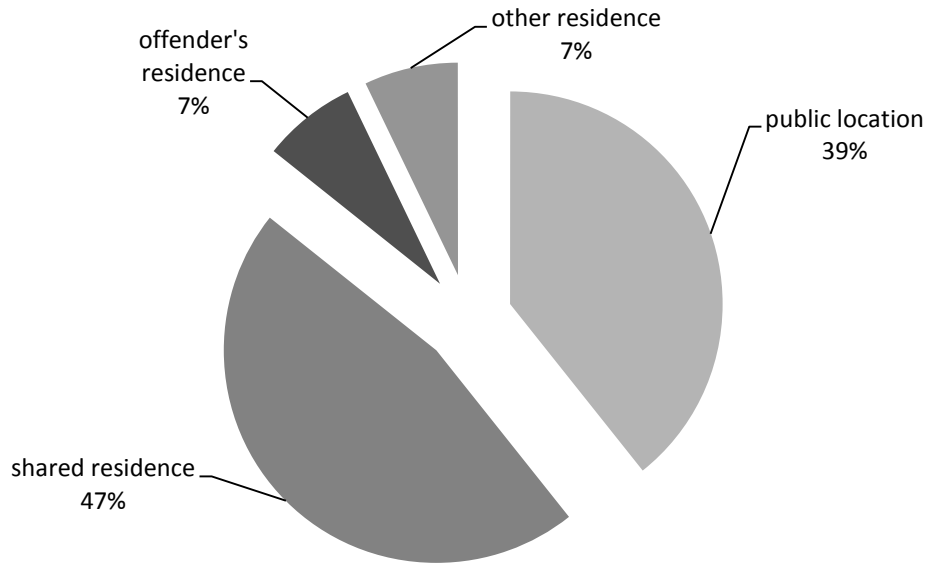
Weapon Used in Incident (Number of incidents = 28)



Eleven death incidents (39%) took place in a public location; the remaining cases occurred at a personal residence. Public locations included parking lots, streets, and wilderness areas.

Homicide incidents were more common in public locations, with all but one of the six cases involving offender suicide alone occurring in a private residence.

Location of Incident (Number of incidents = 28)



Criminal Charges

Either a state or federal prosecutor filed criminal charges against the offender in 13 death incidents. In the remaining cases, no charges were filed. In five uncharged cases, an on-duty law enforcement officer killed the IPV offender. All five police involved shootings were ruled justified. In another case, a bystander killed the IPV offender in self-defense and the prosecutor declined to press charges. In the remaining nine uncharged incidents, the offender committed suicide immediately following the IPV incident.

Conviction and Sentencing

Prosecutors obtained convictions on all 13 charged cases and convicted on the most serious charge in 10 of 13 charged cases. In three remaining cases, the offender's most serious charge was reduced during plea bargaining. These pleas included a reduction of 2nd degree murder to voluntary manslaughter, involuntary manslaughter to aggravated assault, and criminal sexual penetration to false imprisonment. Of these 13 convictions, eight resulted from plea agreements and five from jury convictions. In cases with a conviction, the minimum sentence on the most serious charge was 1 year suspended for aggravated assault and the maximum sentence was life in prison.

CY2010 Homicide Conviction Sentence Range by Charge Type (Number of cases = 13)		
Most Serious Prosecuted Charge	Number of Cases	Sentence Range in Years
Aggravated Assault	1	1 (suspended)
False Imprisonment	1	3 (suspended)
Criminal Sexual Penetration	1	9
Involuntary Manslaughter	1	1.5
Voluntary Manslaughter	2	1 to 2
Intentional Child Abuse Resulting in Death	1	33 to Life
2 nd Degree Murder	5	12 to 15
1 st Degree Murder	1	18 to Life

Perpetrator Background Characteristics by Type of Death Incident

IPV and SA perpetrators are divided into three groups: perpetrators who committed an act of homicide; perpetrators who committed suicide alone; and perpetrators killed by a bystander (usually responding police officers). Across these three groups, perpetrators share similar characteristics, with the majority in all groups having: a known history of alcohol abuse, at least one prior arrest, a history of probation or parole contact, and a known history of intimate partner violence perpetration. IPV perpetrators who committed suicide alone and those who were killed by a bystander more often had a known histories of depression or mental illness and more extensive criminal histories (especially related to domestic violence) when compared to offenders who committed an act of homicide.

Background Characteristics of IPV and SA Perpetrators by Type of Death Incident, CY2010 (Number of perpetrators = 30)

	Perpetrator committed an act of homicide (N = 17)*		Perpetrator committed suicide alone (N = 6)		Perpetrator was killed by a bystander (N = 6)	
	Number of Perpetrators	%	Number of Perpetrators	%	Number of Perpetrators	%
Substance Abuse & Mental Health						
Known history of alcohol abuse	14	78	6	100	4	67
Known history of drug use	10	56	2	33	5	83
Alcohol use at time of death incident	13	72	4	67	3	50
Drug use at time of death incident	3	17	1	17	2	33
Known history of depression or other mental illness	7	39	5	83	3	50
Known history of suicidal ideation	6	33	4	67	2	33
Criminal History						
At least one prior arrest	13	72	6	100	6	100
At least one arrest for DWI	8	44	5	83	2	33
Convicted of at least one felony crime	3	17	0	0	4	67
At least one term of supervision by probation or parole	9	50	5	83	5	83
On probation or parole at the time of the incident	2	11	0	0	2	33
Intimate Partner Violence History						
Known history of intimate partner violence victimization	3	17	1	17	1	17
Known history of intimate partner violence perpetration	11	61	6	100	5	83
At least one arrest for domestic violence	3	17	4	67	3	50
At least one conviction for domestic violence	2	11	2	33	3	50
Restrained party in at least one prior domestic violence order of protection	3	17	3	50	1	17
History of Associations						
Suspected gang involvement	2	11	0	0	0	0
Military veteran	3	17	2	33	0	0

*Three of the 17 IPV perpetrators who committed an act of homicide also committed suicide. These perpetrators are included in this column only.

2013 Team Recommendations

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

In 2013, the Team developed recommendations for the following system areas: legislative, tribal agencies, law enforcement, victim services, prosecution, courts, post-conviction services, medical and mental health care services, and cross-cutting recommendations for the broader community. Systems throughout the state continue to work toward improving response to domestic violence; however, some of these recommendations are continued from prior review years and are derived from observations of similar dynamics in the CY2010 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 2013 recommendations:

I. Legislative

- a. **Create New Mexico legislation that mirrors the existing Federal statute prohibiting an offender's possession of firearms while subject to an order of protection or following conviction for a misdemeanor domestic violence offense (see 18 U.S.C. 922 (d) and (g)).** A firearm was used in 57% of reviewed CY2010 homicides and 67% of reviewed suicides. In addition, in two of the five police involved shootings, officers confronted an IPV perpetrator with a firearm. Seven reviewed cases involved a prohibited person in possession of a firearm: two IPV perpetrators were convicted felons, three had

convictions for misdemeanor domestic violence, one was adjudicated incompetent in a court of law, and one was restrained by a domestic violence order of protection at the time of the incident. Not only would state legislation reinforce the importance of removing firearms from the hands of these offenders, but it could also provide resources for retrieving and storing these weapons and create a more comprehensive system for monitoring compliance with the law.

- b. **Create New Mexico legislation to require documentation of the abuse incident for all domestic violence calls for service with suspicion or allegations of abuse by responding law enforcement officers.** In the CY2010 IPV/SA-related deaths, there were 37 calls to the police prior to the death incident in 15 separate cases. Twenty-seven (27) percent of calls 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), and criminal statutes related to crimes against household members (NMSA §§30-3-11 through 30-3-18). 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.
- c. **Amend the Public Safety Telecommunicator Training statute (NMSA §29-7C-7) to require training on the nature of domestic disturbance calls and common types of emergency situations that may result from intimate partner violence.** Over 19,000 incidents of domestic violence were reported to law enforcement in New Mexico in 2010.^{iv} Domestic disturbance calls are one of the most common calls for assistance in the state. We observed multiple cases of abduction by an intimate partner in which dispatcher knowledge and action was a critical component in the case outcome. In two cases, the call was handled effectively and both victims survived. However, in another case the dispatcher did not believe the story provided by the caller and expressed this disbelief to responding officers. The victim in this case died waiting for rescue. The Team acknowledges the role of human error in responding to incidents. However, state statutes governing dispatcher education do not require training on domestic abuse calls. A better understanding of the nature and seriousness of domestic violence may help dispatchers improve law enforcement response to these incidents and help in the prevention of victim, officer, and bystander injury and death.
- d. **Incorporate curriculum on teen dating violence in mandatory public school health education standards for high school students.** In CY2010, the Team's Teen Dating Violence committee reviewed three cases of IPV/SA related death involving victims and/or perpetrators ages 10 to 19 years. Current efforts to educate teens about healthy relationships and dating abuse can be found throughout the state. However, these programs are typically provided by external agencies and contingent on grant funding from local, state, federal, and private partners. Schools have often been identified as a key site for teen dating violence prevention initiatives. In 2010, New Mexico adopted mandatory health education requirements for high school graduation (see NMSA §22-13-1.1(J)). The committee agrees with the recommendation of the 2009 House Memorial 53 Work Group,^v which advocated the inclusion of teen dating violence prevention

components to mandatory high school health education curriculum. Modifications should include age appropriate instruction on identifying positive interpersonal relationships, controlling and coercive behaviors, dating abuse, physical violence, sexual harassment, sexual assault and information on how those experiencing abuse can get help. The production of curriculum should involve experts on teen dating violence, IPV/SA victim advocacy and services, and health education curriculum development.

II. Tribal Policies and Services

- a. **For tribal governments who have a formalized criminal code, the Native American Committee recommends enacting domestic violence codes within criminal codes.** By including domestic and family violence in the criminal code, tribal law enforcement and prosecutors will have an additional tool to ensure the protection of those who are victims of intimate partner and family violence.

III. Law Enforcement

- a. **Evaluate response to domestic violence calls and ensure personnel are following best practices models during dispatch, response, and incident documentation.** There were 15 CY2010 cases with at least one prior domestic violence call involving the IPV victim and perpetrator. In these 15 cases, we observed 37 calls to the police. Thirty-five (35) percent of calls did not result in arrest, and 27% of calls did not yield a written report. Documentation may assist officers in assessing risk and determining the primary aggressor in future calls. In five death incidents, police officers responded to a scene with an armed IPV perpetrator resulting in the use of lethal force. Only one of those cases involved a warning to officers about prior calls related to violence. An efficient system of identification and documentation of all calls related to domestic violence would provide guidance on safety considerations to officers during subsequent call responses. Law enforcement agencies should include an assessment of policies, procedures, and training for call-takers, dispatchers, and responding officers in the evaluation.^{vi}
- b. **Law enforcement agencies should ensure officers are provided training on the delivery of information and referrals for victims of intimate partner violence and sexual assault and encourage the use of victim advocates in the field.** Law enforcement is the most commonly accessed formal system of intervention for domestic violence in New Mexico.^{vii} Law enforcement agents provide victims with information on safety planning and community resources. These efforts may be enhanced by increased use of victim advocates on domestic violence calls. Field advocates are sometimes based in law enforcement agencies, but may also come from community-based victim advocate groups. Advocates assist victims by providing victim assistance with orders of protection, shelter access, and referrals to other services. Advocacy organized in an ongoing case management structure may also provide a point of contact for victims following the incident and improve victim access and use of services, regardless of whether or not an arrest occurs. Law enforcement agencies should provide training on the delivery of information and referrals for victims to officers and encourage the use of victim advocates in the field.

IV. Victim Services

- a. **Identify, inventory and leverage existing resources to improve sexual assault response, services, forensic examination, investigation, and prosecution especially in rural areas and in areas frequently serving Native populations.** The Team reviewed four CY2010 cases with an alleged, attempted, or completed sexual assault. In two cases, the SA victims were hospitalized prior to death. These cases revealed problems in coordinating the victims' medical needs and evidence collection. Prosecution of both cases was hampered by insufficient evidence. The Team recommends that communities focus on communication and coordination of services and investigation of sexual assault. The Multi-Disciplinary Team model (MDT) 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 are comprised of representatives from advocacy, service providers, law enforcement and prosecution to identify methods to improve response, investigation, and prosecution. MDTs should also include their tribal agency counterparts, especially in jurisdictions bordering Indian Country and should be developed under the advisement of victim services and advocacy communities.
- b. **Improve the coordination of services for IPV/SA 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, 46% IPV/SA victims from CY2010 had a history of alcohol abuse, 18% had concurrent substance abuse and mental health issues, 46% had a criminal history, and three victims had a known history of prostitution. Only two of these victims had a known contact with an IPV/SA service agency. Non-domestic violence service providers, such as substance abuse services, income and nutrition support, and preventive health care, frequently provide services to IPV victims. The Team recommends IPV/SA service providers engage in cross-training for service providers in each of these areas. Communities with domestic violence or sexual assault community coordinated response or multi-disciplinary teams should actively maintain communication and representation from intervention agencies outside of those directly focused on IPV/SA. Knowledge of the available scope of service agencies within a community may help an agency provide more comprehensive assistance for IPV victims.

V. Prosecution

- a. **Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases.** In CY2010, 1 out of every 4 (25%) IPV/SA perpetrators had at least one dropped prosecution for domestic violence prior to the homicide; some perpetrators had multiple prior cases where charges were dropped. Although guided by departmental policies, prosecutors have discretion in charging decisions. In addition to the seriousness of the crime, considerations for charging an alleged IPV/SA perpetrator should also take into account the perpetrator's known history of violence, threats, and use of weapons.^{viii} Charging decisions should also follow thorough investigations and the consideration of evidence based prosecution regardless of whether victims are available for testimony.^{ix} Collaboration with

other agencies may also provide prosecutors with tools for improving both victim safety and investigations. District Attorney's should support the participation of their investigators, advocates, and prosecutors in local or regional domestic and/or sexual violence related community coordinated response or multi-disciplinary teams where available.

- b. **Ensure the use of best practices when negotiating plea bargains with IPV perpetrators in domestic violence cases.** The Team observed 24 prior domestic violence cases subject to prosecution for 15 IPV perpetrators. Four cases were dismissed. Most of the prosecuted cases resulted in plea agreements and two were pled to non-domestic violence offenses. Over 30% of prosecutions resulted in either a suspended sentence or unsupervised probation. Where plea agreements are found to be the best course of action, prosecutors should advocate for domestic violence offender treatment, continuation of the no-contact order with the victim, restitution to the victim and supervised probation.^x State law requires mandatory domestic violence offender treatment or intervention with a certified provider for some domestic violence convictions. However, the Team also advocates for the inclusion of domestic violence offender treatment/batterer's intervention in plea agreements, even in cases where the original charge is pled to a non-domestic violence offense or a domestic violence offense that does not require such treatment or intervention.

VI. Courts

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

Magistrate courts generally have few resources for supervising pre-trial release or probation sentences, including cases of misdemeanor domestic violence. Courts should be evaluated for both need and capacity for monitoring offenders. An evaluation will help identify the resources necessary to develop an appropriate system of compliance monitoring to meet the needs of each jurisdiction. In addition, court officials should ensure that providers of court ordered services associated with conditions of release are reporting violations and lack of compliance in a timely fashion.

- b. **Expand training for court personnel on cross-cutting issues for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection.** Some reviewed cases involved parties with simultaneous cases in criminal and civil courts. Each of these courts has the authority to issue no contact orders, and both domestic matter and domestic violence civil cases can result in orders related to joint property, child custody,

visitation, or the use of services like mediation or family counseling. Training on the overlapping areas of concern in domestic violence cases may assist courts in developing policies and procedures to effectively prevent or address conflicting orders and consolidate services. Effective training would need to include all court personnel (from clerks to judges) along with individuals from other community stakeholder agencies.^{xii} The Team also recommends regular update and distribution of New Mexico specific guidebooks developed to assist criminal justice agencies, including courts, in navigating the complexity of domestic violence cases.^{xiii}

VII. Post-Conviction Services

- a. **Reduce caseloads for post-conviction professionals, especially those who work with intimate partner violence offenders.** A review of IPV/SA perpetrator criminal histories showed that 63% had at least one prior contact with post-conviction services. Four perpetrators committed the act of IPV that lead to the reviewed death while serving a probation or parole sentence, usually either DWI or domestic violence. Even when arrested for new crimes, offenders were not always charged with probation or parole violations. In a few cases, violations were processed but did not necessarily result in changes to the terms of supervision. The Team suspects that ineffective monitoring is at least due in part to excessive caseloads. Reduced caseloads may also improve violation notifications to the court and provide more comprehensive monitoring for those with violation histories. Courts should hold offenders accountable when violations are identified.
- b. **Ensure adequate substance abuse testing for persons serving terms of probation or parole.** The Team often encounters cases with offenders who have been subject to probation and parole supervision but are known to continue to drink or use drugs. Substance use increases the risk for injury and death during incidents of intimate partner violence.^{xiv} Agencies tasked with supervision should evaluate policies, procedures, and capacity of departments to carry out testing in their respective jurisdictions and explore methods to expand testing in ways that do not place additional burdens on personnel. One example is the use of an automated random system that requires offenders to call in on a predetermined basis. The system generates a code that alerts the offender to report to a testing facility within a determined time frame.

VIII. Medical, Mental, and Behavioral Health Care Services

- a. **Enhance knowledge about intimate partner violence for licensed professionals in medical professions, social work, counseling, psychology, and psychiatry.** Each year the Team reviews a number of cases where victims and offenders received psychiatric care, marriage counseling, or other medical, behavioral, or social services from licensed behavioral health professionals. Educational requirements in these professions should include training in: identification of risk for IPV victimization and offending, safety planning, and referrals to appropriate IPV interventions. These enhancements may come from curriculum development at schools for higher learning, IPV competency requirements for licensure, or requiring IPV continuing education, depending on the educational requirements of each respective occupation. Training should be designed and implemented by IPV/SA victim advocates and

focus on improving IPV/SA identification as well as knowledge on available services for referral in local communities.

- b. **Eliminate barriers and improve knowledge of and access to mental health services throughout the state.** Over half of reviewed cases involved an IPV perpetrator with an identified mental health issue which ranged from self-reported or witness-identified depression to formally diagnosed mental illness. Although 40% of all perpetrators had a known history of suicidal ideation, identified mental health issues were more common among the group of perpetrators who actually committed suicide. Most individuals had not been formally diagnosed and lacked consistent access to care. The Team recognizes the need for additional mental health resources, especially in rural areas. The Team recommends the development of culturally appropriate services for teens and young adults, military veterans and American Indian populations. The Team also recommends that mental health care providers work to improve both visibility and accessibility of existing services and provide opportunities for caretaker education on issues related to both warning signs and intervention for suicide, self-harm, firearm storage and weapon safety, and dealing with crisis situations.
- c. **Eliminate barriers and improve knowledge of and access to substance abuse services.** Eighty (80) percent of the IPV perpetrators had a history of alcohol abuse, 57% had a history of illegal drug use, and half had at least one arrest for DWI. Most of these individuals had little to no contact with substance abuse treatment. Rather, perpetrators were more frequently seen by medical and mental health providers. Most of the 10 perpetrators with a history of substance abuse services were court ordered to treatment as a result of drug or alcohol related offenses. 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. The Team recommends the development of culturally appropriate services for teens and young adults, military veterans and American Indian populations.

IX. Cross-Cutting Recommendations for the Community

- a. **Improve access to early intervention and support services for persons who have either witnessed or experienced interpersonal violence and their caretakers.** Over half of all reviewed cases had a known history of child witness to violence in the home. In four cases, at least one child was present at the time of the death. In addition, 19 of these incidents had either a surviving intimate partner or other adult witnesses. Most cases involved parties with histories of intimate partner violence witnessed by children, parents, neighbors, co-workers and other relatives or acquaintances. Agencies in all system areas that come into contact with child witnesses of both fatal and non-fatal violence should ensure that proper referrals for developmentally appropriate intervention and counseling are made and that personnel follow up on these referrals when appropriate. Counseling and support resources are also needed for adult persons who witness or experience violence, including those charged with caretaking of surviving children and elders.
- b. **Improve access to social and legal resources for teen parents throughout the state.** Since beginning specialized case reviews in 2010, the Team's Teen Dating Violence committee has observed a pattern of cases (both homicide and suicide) involving teen parents who are in the

process of breaking up or have recently separated. The committee reviewed two CY2010 cases where the intimate partner pair was comprised of young parents. In both cases, anxieties about parenting, custody, and visitation with the child or children often precipitate the incident leading to the death. In one case, the IPV perpetrator killed the couple's child. The committee advocates inter-agency collaboration to improve access to educational, social, and legal resources for teen parents. This may include the expansion of GRADS (Graduation Reality and Dual-role Skills) sites in high schools. In addition to supporting the goal of graduation, these programs provide education for teen parents regarding child development and parenting skills. These sites may also be an important resource for helping teens link to community resources related to social and legal services that can help them navigate co-parenting and relationship conflict. Communities should also engage in outreach activities to provide services and support for teen parents who have recently graduated or have already dropped out of school.

2013 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 2013, the Native American Committee reviewed three homicide deaths involving a Native victim, Native offender, or both occurring between January 1, 2010 and December 31, 2010. Native American CY2010 case data are incorporated in the presentation of findings beginning on page 9. The committee held two meetings in Albuquerque and one case review meeting hosted by Sexual Assault Services of Northwest New Mexico in Farmington, NM on August 28, 2013. The Committee continues to work on improving case identification and data collection efforts for these cases. The Committee's recommendations are included in the 2013 Recommendations section of this report (*see* recommendation II.a. and IV.a.).

Friends & Family Committee

The Friends & Family Committee is charged with acquiring additional personal and relationship characteristics for case reviews using structured, face-to-face interviews with family members, friends and coworkers of the decedent. During the 2013 review year, the Friends & Family Committee identified two cases with potential participants who met inclusion criteria and sent out invitations. No interviews were conducted. In the coming year, the Friends & Family Committee will be responsible for continuing participant identification, recruiting participants, and interviewing individuals who volunteer to participate in the project. Details derived from these interviews will produce a more complete understanding of the cases and allow the Team to better evaluate risk factors and victim and offender system resource utilization.

Marginalized Populations Committee

The Team recognizes that several populations are underserved or marginalized in our society, including but not limited to people with disabilities, the elderly, and people of color. The

Marginalized Populations Committee assesses how these populations are affected by intimate partner violence and sexual assault and creates strategies and recommendations to specifically address the unique needs within these populations. In 2013, the Committee continued to focus on prevention and intervention of intimate partner and sexual violence among homeless women. The committee held a study panel on youth homelessness on July 30, 2013. Panelists included representatives from: Albuquerque Police Department, Albuquerque Public Schools, New Mexico Children Youth and Families Department, University of New Mexico Departments of Emergency Medicine, Psychiatry, and Pediatrics and Adolescent Medicine, a juvenile prosecutor, and a juvenile public defender.

Teen Dating Violence Committee

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

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

In 2013, the Committee reviewed three dating violence-related homicide deaths occurring between January 1, 2010 and December 31, 2010 and one dating violence homicide from 2009. Teen CY2010 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 2013 Recommendations section of this report (*see* recommendations: I.d. and IX.b.).

2013 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 2013.

February

- The Team's coordinator presented a paper written by Team members titled: "Ethical Considerations in Domestic Violence Fatality Review" at the Western Society of Criminology Annual Conference in Berkeley, California (February 8, 2013).

May

- The Team's coordinator and two members attended the National Domestic Violence Fatality Review Conference, "Global Possibilities" in Phoenix, Arizona (May 19-21, 2013).
- A Team member presented information on data collection, case review methodology, member and guest participation to the Sexual Assault Nurse Examiner Task Force to formalize the process of S.A.N.E. participation on the IPVVRT (May 17, 2013).

July

- The Team's coordinator participated in a mock domestic violence fatality review led by a team member and law professor at the University of New Mexico School of Law (July 18, 2013)
- The Team's coordinator participated in a brainstorming panel hosted by a member of the Albuquerque City Council on prevention and intervention service needs for sex workers (July 25, 2013).

November

- Homicide Studies: An Interdisciplinary & International Journal published a special issue on fatality review in November 2013, including an article written by members of the New Mexico Intimate Partner Violence Death Review Team on the ethical practice of fatality review.
- The Team responded to a member agency data request on domestic violence and animal abuse to be used for the documentary *The Deadly Link* (currently in production).

Dissemination of Team Recommendations

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

Recommendation Updates

The Team monitors statewide developments in legislation, policy, and agency practice to assess the relevance of their recommendations over time. In 2013, we identified ongoing progress and accomplishments consistent with the Team's recommendations from previous years. Here, we report on the activities of agencies represented by Team members and on other statewide efforts addressing priorities previously identified by the Team. Many of these activities were either led or supported by agencies represented by Team members.

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

- The Eddy County Sheriff's Office formed a Community Coordinated Response Team (CCRT) to promote a seamless systems approach to domestic violence cases. The CCRT provides training on domestic violence and focuses on holding offenders accountable while also protecting victims and their children. The jurisdiction of the project covers all of Eddy County and the cities of Artesia, Carlsbad, and Loving. Participating agencies include: Eddy County Sheriff's Office, Carlsbad Police Department, New Mexico State Police, Loving Police Department, Artesia Police Department, 5th Judicial District Attorney's Office, Carlsbad Medical Center, Carlsbad Battered Families Shelter, Grammy's House Shelter, Canyon Sage Healing Arts, New Mexico Children Youth and Families Department, 5th Judicial District Court, Carlsbad Magistrate Court, and the Carlsbad Anti-Gang and Drug Coalition.
- Federal grant monies from the Services, Training, Officers, and Prosecutors (STOP) VAWA and Victims of Crime Act Assistance (VOCA) provide for victim advocates and victim liaisons who deliver services to crime victims seen by law enforcement, including victims of domestic violence and sexual assault, in selected law enforcement agencies throughout the

state. STOP VAWA and VOCA Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.

Enhance law enforcement efforts to hold offenders accountable by improving both the practices of and quality control measures for the investigation, documentation, and reporting of domestic violence.

- The New Mexico Coalition Against Domestic Violence and the Eddy County Sheriff's Office sponsored: *Effective Investigation, Community Collaboration and Response*, a domestic and sexual violence intervention training with Mark Wynn, an internationally recognized expert on child abuse, domestic violence, and sexual assault prevention and intervention to first responders, advocates, and other professionals. The training was held in Carlsbad and covered lethality assessment, interpreting power and control, examining motive and impact of strangulation, effective on scene investigation, civil liability, stalking and counter-stalking, and responding to children exposed to domestic violence. The workshop was supported by STOP VAWA funds awarded by the New Mexico Crime Victims Reparation Commission.

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

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

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

- Eight Northern Indian Pueblos Council, Inc. (ENIPC), PeaceKeepers made numerous presentations on intimate partner violence, teen dating violence, and elder abuse. These presentations included: "Recognizing the signs and symptoms of domestic violence in the schools and in the workplace" and a Domestic Violence Summit, both in July 2013 as well as law enforcement training in August 2013. They attended health fairs throughout the eight northern pueblos at local schools, senior citizens centers, and other community events. The 11th Annual Walk Against Domestic Violence was hosted in collaboration with ENIPC sister programs, Ohkay Owingeh CHR program, Tewa Women United, and Nambe Pueblo Healthy Family Services.

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

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

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

- The New Mexico Judicial Education Center held a day-long training for judges, hearing officers and commissioners on managing civil domestic violence protection order cases in August 2013; several tribal judges also attended this training. Additionally, workshop sessions on domestic violence related issues were included in the annual judicial conclave held in June 2013 for district, metropolitan and appellate court judges, hearing officers, commissioners and staff attorneys. Domestic violence was also a training topic in the annual magistrate judge training held in September 2013. The Judicial Education Center is housed at the UNM School of Law and provides training and resources for state judges and other court personnel on a wide range of topics.

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

- The NETWORK is a multidisciplinary group of domestic violence and sexual assault program providers in New Mexico that meets to share information, resources, and to foster support and collaboration in the community. The NETWORK meets every other month in Albuquerque. Members across the state participate via conference call and webinar technologies. These meetings provide a forum for disseminating information about new programs and policies and also provide continuing education opportunities.
- The New Mexico Crime Victims Reparation Commission and the New Mexico Coalition Against Sexual Assault Programs held the 18th Annual Advocacy in Action (AIA) Conference in Albuquerque in May 2013. AIA provides two days of workshops on domestic and sexual violence prevention and intervention and related topics for attorneys, counselors, law enforcement, nurses, social workers, and other related professions.
- Sexual Assault Services of Northwest New Mexico hosted their 11th Annual Domestic Violence and Sexual Assault Conference in Farmington on November 5-6, 2013. The conference was sponsored in part by the Farmington Police Department. Workshops covered a variety of topics on domestic and sexual violence, including; the effects of domestic violence on children, media portrayal and promotion of rape, domestic violence and immigration, and cultural competency in working with transgendered victims.
- The University of New Mexico (UNM) hosted international lecturer Ted Bunch in March of 2013. Mr. Bunch presented *Why Good Men are Silent: How Men and Boys Can be the Solution to Ending All Forms of Violence Against Women and Girls*. The event included a session for service providers and professionals and a lecture for students and the general public. The event was co-sponsored by UNM African American Student Services, Democratic Women of Bernalillo County, New Mexico Coalition Against Domestic Violence, New Mexico Coalition of Sexual Assault Programs, Progressive Women's Association, Rape Crisis Center of Central New Mexico, and the UNM Women's Resource Center.

- The New Mexico Coalition Against Domestic Violence, in collaboration with Santa Fe Public Schools, New Vistas, City of Santa Fe, and the CYFD Domestic Violence Unit, sponsored workshops with the author of *Trauma Stewardship*, Laura van Dernoot Lipsky. The workshops aimed to provide community service providers with insight on the effects of exposure to the trauma of their service populations and provide skills for resolving conflicts that may arise as a result of repetitive exposure.
- The New Mexico Coalition Against Domestic Violence hosted workshops on provider confidentiality. *Confidentiality in the Digital Age: Forming Successful Partnerships while Protecting Survivor Safety* was held in Albuquerque in October 2013. The program was aimed at improving knowledge about maintaining domestic violence survivor confidentiality among community service providers and law enforcement.
- The New Mexico Coalition Against Domestic Violence (NMCADV) with statewide partners from victim services, law enforcement, shelters, and victim advocates produced “New Mexico Domestic Violence Offender Treatment/Intervention Program Standards 2013.” The purpose of the document is to provide best practices guidelines for statewide programs aimed at helping perpetrators stop the violence.

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

- Federal grant moneies from STOP VAWA, VOCA Assistance, and Sexual Assault Services Program awards are used throughout the state to provide for victim advocates, counseling, support groups, legal assistance, and shelter services for victims of domestic violence and sexual assault. STOP VAWA and VOCA Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.

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

- The New Mexico Attorney General’s Office (NMAGO) hosted a workshop on community violence at the New Mexico Bar in August 2013. Conference topics included: human trafficking, orders of protection and other legal rights for teens, dating violence, reproductive coercion, technology as a weapon of abuse, mental health and violence, children youth and gun violence, and cyber-bullying NMAGO also launched the website *Respect and Rights*: www.stopthemean.com. The site provides resources for young people, teen parents, school personnel, and parents on the nature of violence, prevention strategies, and the legal and community resources available to assist teens who are experiencing abuse, including relationship violence.
- The New Mexico Forum for Youth in Community provides youth-centered training for system actors and positive youth development, leadership and peer education programming for teens and young adults.

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

- The Resource Center for Victims of Violent Death is a statewide service designed to support living victims by helping them deal with their day to day needs and provide assistance in acquiring services, including grief counseling and victim's rights advocacy. In 2013, the Center expanded support group offerings to both Los Lunas and Rio Rancho. Information about these services is available on the Center's website:
www.bridgesforvictimsofviolentdeath.org.
- Federal grant moneies 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 domestic 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 Assistance funding is administered by the New Mexico Crime Victims Reparation Commission.
- New Mexico Community Faith Links (NMCFL) started an after school program at Reginald Chavez Elementary School in Albuquerque in 2013. The purpose of this program is to identify and provide early intervention, safety planning, and support to child witnesses of domestic violence. In the coming year, NMCFL will begin offering evening groups for families of children who participate in the after school program. One group will provide education and support for creating healthy families, including domestic violence prevention and intervention. Another group will be focused on parenting support and will include a potluck dinner and community activity components. The purpose of this group is to create an environment that will encourage struggling families to seek help to stop abuse and violence. NMCFL plans to duplicate these services in its other existing after school programs.

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 2013, the Team was chaired by Michelle Garcia, New Mexico Attorney General’s Office.

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 2013.

Medical Representatives

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

Criminologist Representative

Lisa Broidy & Maria Velez	UNM Department of Sociology
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Victim Service Provider Representatives

Mollie Ferguson	S.A.F.E. House
Connie Monahan	NM Coalition of Sexual Assault Programs
Anna Nelson ^T	New Mexico Forum for Youth in Community
David River	NM Coalition Against Domestic Violence
Doug Southern ^F	Roswell Refuge

Administrative Office of the District Attorney’s Representative

Annette Martinez-Varela	Administrative Office of the District Attorneys
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Attorney General’s Office Representative

Michelle Garcia	Attorney General’s Office
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Civil Legal Services Representatives

Gabriel Campos ^M	City of Albuquerque
Melissa Ewer ^F	Catholic Charities VAWA Immigration Project
Kara Johnson	New Mexico Legal Aid

Public Defender Representative

Vacant	Chief Public Defender
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Judicial Representatives

Judges Sandra Clinton & Sandra Engel	Bernalillo County Metropolitan Court
Judge Alisa Hadfield	2 nd Judicial District Court Domestic Violence Division
Jenna Yanez & Patricia Galindo	Administrative Office of the Courts

Law Enforcement Representatives

Captain Quintin McShan ^M	New Mexico State Police
Agent Eric Threlkeld	Eddy County Sheriff’s Office

State Agency Representatives

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

Tribal Representatives

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

Other Appointed Members

MaryEllen Garcia	Crime Victims Reparation Commission
Dale Klein-Kennedy ^F	New Mexico Community FaithLinks
Kari Meredith ^{M, N, T}	Attorney General's Office
Joan Shirley ^{F, M}	Community Representative, Resource Center for Victims of Violent Death
Sherry Stephens	New Mexico Parole Board

Special thanks to outgoing appointed members for their service on the Team: Sheila Allen (Crime Victims Reparation Commission), Lisa Broidy (UNM Institute for Social Research & Department of Sociology), Sandra Clinton (Bernalillo County Metropolitan Court), Kristina Faught-Hollar (AODA's representative), Mark Myers (Las Cruces Police Department), and Jenna Yanez (Administrative Office of the Courts).

The following *invited members* participated in Team or committee meetings during the 2013 review year:

Laura Banks, UNM Emergency Medicine	Roberta Muro, CYFD ^T
Laura Bassein, UNM School of Law, Institute of Public Law	Amy Ortiz, 2 nd Judicial DA's Office
Paula Bauch, Department of Health ^T	Andrea Ortiz, APD Homicide ^P
Joyce Burkholder, Community Member	Patrice Perrault, CYFD ^T
Bryan Byrd, New Mexico State Police ^P	Chris Pollock, APD FASTT
Kathleen Carmona, 2 nd Judicial DA's Office	Laura Price-Waldman, Catholic Charities ^P
Adrian Carver, NM Forum for Youth in Community	Rachel Reed, Sexual Assault Services Northwest NM ^N
Domenick Ciccone, APD	Laura Rombach, UNM Department of Psychiatry, CRCBH
Sandra Clinton, Bernalillo County Metropolitan Court	Elizabeth Sabbath, UNM Sociology ^P
Rosemary Cosgrove-Aguilar, 2 nd Judicial District Court ^{T, P}	Jonathan Salazar, New Mexico State Police ^P
Sampson Cowboy ^N	Heather Sandoval, Attorney General's Office ^{T, P}
Colleen Dearmin, Cristus St. Vincent, S.A.N.E.	Arlene Sheyka, New Beginnings ^N
Liceth Garcia, S.A.F.E. House	Nicole Shields, 2 nd Judicial DA's Office
Baonam Giang, NM Asian Family Center	Sherry Spitzer, NM Asian Family Center ^M
Michelle Harmon, ARCA	Gail Starr, Albuquerque S.A.N.E.
Annie Henz, Attorney General's Office	Laura Sullivan, CYFD ^P
Trent John, CYFD	Liz Thomson, Albuquerque Police Department
Jean Klein, Bernalillo County Metropolitan Court	Bianca Villani, Rape Crisis Center ^T
Edwin Lente, Sexual Assault Services Northwest NM ^{N, P}	Loudine Wanoskia, Jicarilla Apache Behavioral Health ^{N, P}
Amber Macias-Mayo, UNM School of Law	
Selena Martinez-Metzgar, NM Legal Aid	
Carrie McNeil, CDC and NMDOH ^{M, P}	
Kathy Meredith, Sexual Assault Services Northwest NM ^N	

2013 Committee Chairs

Friends and Family	Dale Klein-Kennedy & Joan Shirley
Marginalized Populations	Quintin McShan
Native American	Cheryl Eaton
Teen Dating Violence	Kari Meredith & Anna Nelson

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

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

^{iv} Caponera, Betty. 2012. Incidence and Nature of Domestic Violence in New Mexico X: An Analysis of 2010 Data from the New Mexico Interpersonal Violence Data Central Repository. Albuquerque: New Mexico Interpersonal Violence Data Central Repository, New Mexico Coalition Against Sexual Assault Programs.

^v New Mexico Public Education Department and New Mexico Department of Health. 2009. *Report on House Memorial (HM) 53: Prevention of Teen Dating Violence*. September, 2009.

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

^{vii} Caponera, Betty. 2013. 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.

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

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

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

^{xi} National Institute of Justice. 2010. *Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors, and Judges*. Washington, D.C.: U.S. Department of Justice. [Online]: <http://www.nij.gov/nij/topics/crime/intimate-partner-violence/practical-implications-research/welcome.htm>.

^{xii} Sack, Emily. 2002. *Creating A Domestic Violence Court: Guidelines and Best Practices*. San Francisco, CA: Family Violence Prevention Fund.

^{xiii} See The New Mexico Coalition of Sexual Assault Programs publication "Response to Sexual Assault, Domestic Violence, and Stalking: A Guide for Criminal Justice Professionals in New Mexico," http://www.nmcsap.org/LE_Guide_Page.html, The New Mexico Attorney General's Office 2009 publication "Enhancing Enforcement of Orders of Protection in New Mexico: A Best Practices Guide for Law Enforcement, Prosecution and Courts," and the New Mexico Judicial Education Center's 2005 publication, "New Mexico Domestic Violence Bench Book: Criminal and Civil Proceedings Involving Domestic Violence."

^{xiv} Campbell, Jacquelyn C. et al. 2003. Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study. *American Journal of Public Health* 93: 1089-1097. See also: Sharps, Phyllis W. et al. The Role of Alcohol Use in Intimate Partner Femicide. *American Journal on Addictions* 10: 122-135.

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