New Mexico Intimate Partner Violence Death Review Team

Annual Report

2015

Findings & Recommendations from CY2012 Intimate Partner Violence Deaths

January 1, 2016

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

Governor Martinez:

On behalf of the Intimate Partner Violence Death Review Team, I am honored to present to you our 2015 Annual Report. This report outlines findings and recommendations from our review of intimate partner and sexual violence related deaths that occurred in New Mexico in calendar year 2012. In reviewing these deaths, team members identify gaps in system responses to victims at both local and state levels and recommend strategies for improving these interventions in order to prevent future injury and death related to domestic and sexual violence.

The Team's findings can be found on pages 9-18 and recommendations can be found on pages 19-25. The report also provides a summary of the Team's 2015 activities and highlights the activities of agencies that are engaged in work consistent with the Team's recommendations from previous years.

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

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

Sincerely,

MaryEllen Garcia

MaryEllen Garcia, 2015 Team Chair
Grants Administrator, New Mexico Crime Victim Reparations Commission

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

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Executive Summary

The New Mexico Intimate Partner Violence Death Review Team (Team) is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each New Mexico death related to intimate partner violence (IPV) or sexual assault (SA). In 2015, the Team reviewed 26 deaths related to 16 incidents of IPV and five incidents of SA. All reviewed deaths occurred in calendar year 2012 (CY2012). The Team reviewed 17 homicide deaths and nine suicide deaths. The full report of the Team's case review findings begins on page 9. The Team's 2015 group and committee activities beyond case review are detailed on page 26; updates on recommendations made in prior reports begin on page 30.

The following are select findings from the Team's review of CY2012 IPV-related homicide deaths:

IPV Victims (Number of victims = 16)

- 88% of IPV victims were female; 12% were male;
- 75% of IPV victims had a prior history of IPV victimization;
- 38% of IPV victims were married to the IPV perpetrator; 12% were no longer in a relationship with the perpetrator;
- 31% of IPV victims were drinking alcohol at the time of the incident;

IPV Perpetrators (Number of perpetrators = 16)

- 88% of IPV perpetrators were male; 12% were female;
- 75% of IPV perpetrators had a prior history of IPV perpetration;
- 56% of IPV perpetrators were drinking alcohol at the time of the incident;

Deaths Related to Intimate Partner Violence (Number of death incidents = 16)

- Seven IPV victims were killed by their current or former partner;
- Two perpetrators committed suicide following the murder of the IPV victim and seven IPV perpetrators committed suicide alone;
- Three of the 16 IPV incidents had secondary homicide victims. Secondary victims included: one new partner of the IPV victim and two relatives of the IPV victim;

Deaths Related to Sexual Assault (Number of death incidents = 5)

- 60% of SA victims were female, 40% of SA victims were male;
- All SA perpetrators were male;
- All but one SA death incident occurred in a public place (motel or outdoor area)
- One SA homicide resulted in the death of a secondary victim in a subsequent incident;
- Two cases of SA homicide involved the SA victim killing the perpetrator in self-defense;

Prosecution and Sentencing in Homicide Incidents

- Criminal charges were filed against the homicide offender in eight cases;
- Prison sentences ranged from 4 years for manslaughter to life in prison for 1st Degree Murder.

The executive summary is continued on page 3.

Executive Summary continued

In 2015, 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.**

Acknowledgments

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

- The New Mexico Crime Victims Reparation Commission (CVRC), Director Frank Zubia and the entire Crime Victims Reparation staff and Commission, for their support of the Team's work,

- The Albuquerque Family Advocacy Center, the New Mexico Forum for Youth in Community, Eight Northern Indian Pueblos PeaceKeepers Domestic Violence Program, and the Crime Victims Reparation Commission for assisting the Team with procuring meeting space,

- Rebecca Montoya Mora and Dr. Sarah Lathrop of the New Mexico Office of the Medical Investigator, for assistance with case identification and data collection, and

- All of the criminal justice and community service professionals across the State of New Mexico who assisted with the record collection necessary for conducting effective case reviews.

The Team staff wishes to thank both appointed and invited Team members for all of the work that they do to generate the findings and recommendations contained in this report.

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

About the New Mexico Intimate Partner Violence Death Review Team

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

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

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

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

Develop methods of domestic and sexual violence prevention.

Types of Deaths Reviewed

The Team only reviews closed cases and does not attempt to re-open the investigations of those deaths. Closed cases are those in which the offender is dead or 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 when an offender was never criminally charged for the death.

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

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

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

Case Review Process

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

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

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

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

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

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

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

Team Philosophy

The Team recognizes that offenders of 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, in which a person dies as the result of an act performed by another, regardless of who perpetrated the incident. The Team's definition of homicide includes cases that may not meet the legal definition of murder. For instance, we classify the death of an IPV perpetrator who is killed by a "Good Samaritan" as a homicide even when the shooting is ruled "justified" and no charges are filed.

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

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

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

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

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

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

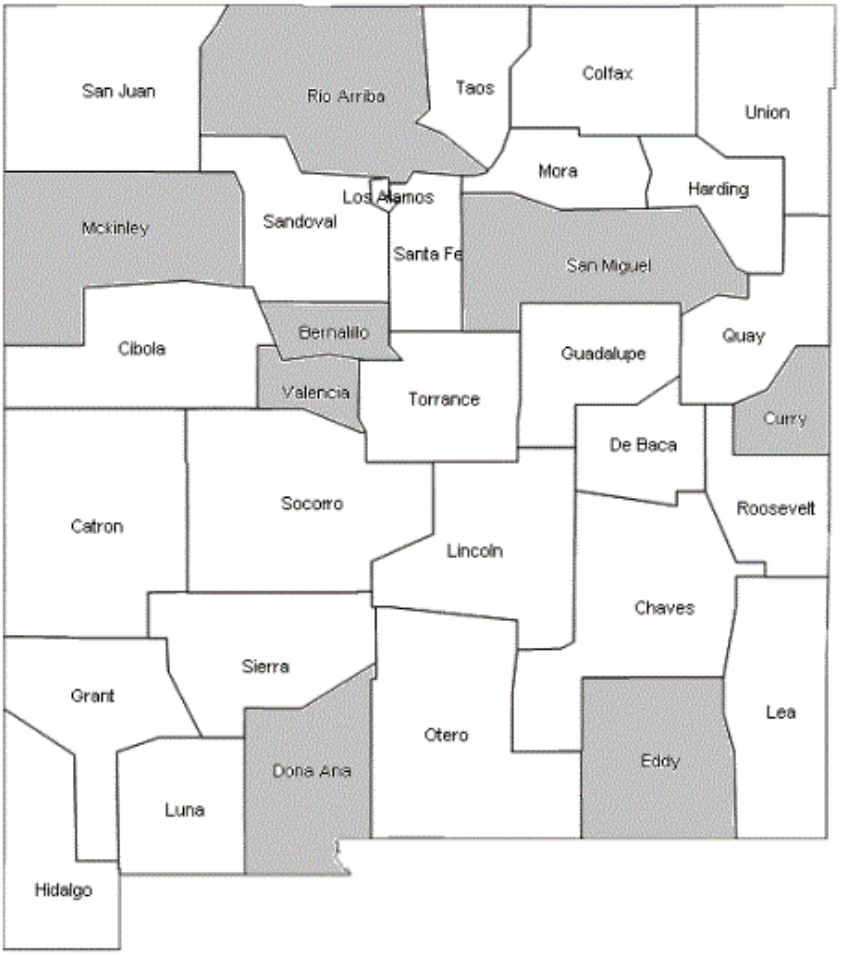
SA perpetrator refers to the identified perpetrator of an act of actual or attempted sexual assault. The SA perpetrator may be the decedent or offender in the death incident.

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

Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2012

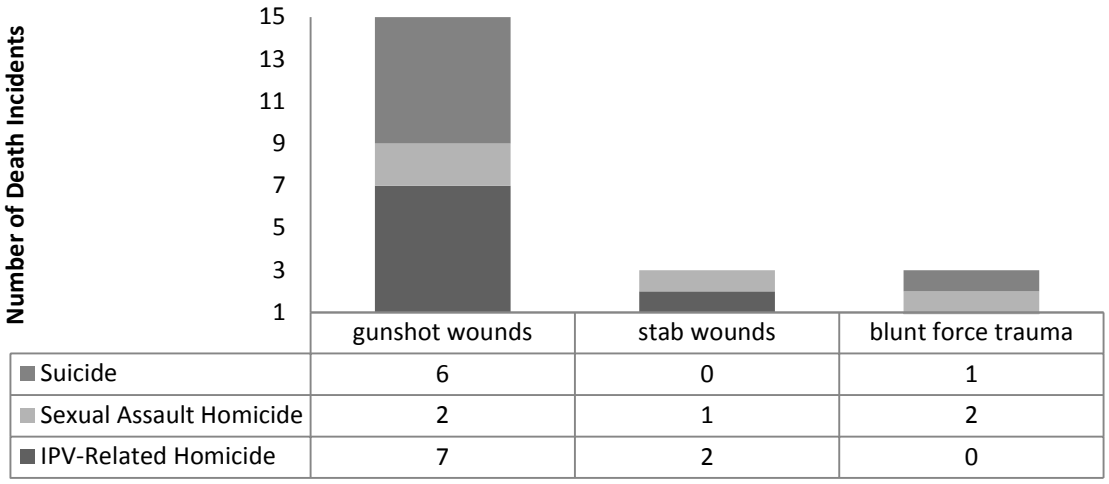
The Team reviewed 21 incidents of intimate partner violence (IPV) and sexual assault (SA) that resulted in death during calendar year 2012 (CY2012). In these 21 incidents, 26 people died: 17 deaths were the result of homicide, and nine were acts of suicide. The Team identified five additional IPV incidents resulting in a homicide death in CY2012 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 CY2012 incident of IPV resulting in death. Forty-three percent of these incidents occurred in rural areas.[i]

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



The Team reviewed 12 cases of homicide, two cases of murder suicide, and seven cases of suicide alone. Fifteen (15) cases involved deaths that were the result of gunshot wound(s). Stab wounds were the cause of death in three (3) incidents; three (3) homicide deaths were the result of blunt force trauma. Five homicide incidents involved an actual or attempted sexual assault. Six (6) reviewed cases involved a prohibited person in possession of a firearm: three (3) had convictions for misdemeanor domestic violence and all six (6) had felony convictions.

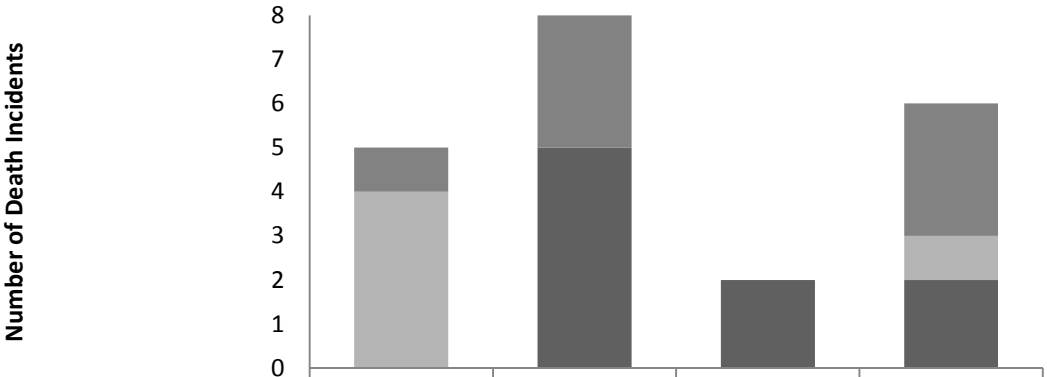
Cause of Death (Number of incidents = 21)



	gunshot wounds	stab wounds	blunt force trauma
Suicide	6	0	1
Sexual Assault Homicide	2	1	2
IPV-Related Homicide	7	2	0

Five death incidents (24%) took place in a public location, including two cases at a motel, one in a roadway, and two cases outdoors near residential areas. The remaining cases occurred at a personal residence, with half of residential based incidents occurring at a residence shared by the IPV victim and perpetrator. Two death incidents took place at a residence in which only the decedent lived. Six incidents occurred at the residence of a friend or relative of one of the parties. One IPV-related death incident was witnessed by a minor child. The figure below shows the distribution of location for cases reviewed by type of death incident.

Location of Incident (Number of incidents = 21)



	Public Location	Shared Residence	Decedent's Residence	Other's Residence
Suicide	1	3	0	3
Sexual Assault Homicide	4	0	0	1
IPV-Related Homicide	0	5	2	2

Criminal Charges

Either a state or federal prosecutor filed criminal charges against the offender in eight death incidents. In the remaining cases, no charges were filed. Three homicide deaths were determined to be the result of self-defense by IPV or SA victims. In the remaining three uncharged incidents, the offender committed suicide immediately following the IPV incident. The table below shows the prosecuted charge and sentence range for all reviewed CY2012 IPV and SA homicide convictions.

CY2012 Homicide Conviction Sentence Range by Charge Type (Number of cases = 8)

Most Serious Prosecuted Charge	Number of Cases	Sentence Range in Years
Voluntary Manslaughter	4	4 to 10.5
2nd Degree Murder	3	15 to 30
1st Degree Murder	1	30 to Life

Conviction and Sentencing

Prosecutors obtained convictions on all eight charged cases. Of these eight convictions, seven resulted from plea agreements and one from jury conviction. One IPV offender and one SA offender were also tried and convicted of 1st degree murder for the deaths of two secondary victims. These charges were in addition to those stemming from the homicide charges for the deaths being reviewed by the team. In cases with a conviction, the minimum sentence on the most serious charge was 4 years in prison for voluntary manslaughter and the maximum sentence was life in prison for 1st degree murder. Two of the three SA offenders with homicide prosecutions were also convicted of criminal sexual penetration charges.

Relationship and Person Characteristics in IPV-Related Death Incidents

Relationship between the Intimate Partner Pair

In 16 reviewed CY2012 cases, the death incident occurred either during or immediately following a threatened or actual incident of intimate partner violence. Thirty-eight percent of these incidents involved a married couple and over one-quarter of all couples had shared biological or adopted children. Almost one-third of intimate partner pairs were in the process of separating at the time of the incident. The following table reports relationship characteristics for intimate partner pairs involved in the incident of intimate partner violence that resulted in at least one death reviewed by the team.

Relationship Characteristics For the Intimate Partner Pair (Number of partner pairs =16)		
	Number of Cases	**%**
Relationship Status		
Spouse or partner	6	38
Boyfriend or girlfriend	8	50
Ex-boyfriend or ex-girlfriend	1	6
Ex-Spouse or ex-partner	1	6
Recently separated or in the process of separating	5	31
Habitation Status at the Time of Incident		
Lived together	9	56
Previously lived together	4	25
Never lived together	3	19
Children		
Couple has any shared biological or adopted child(ren) of any age	4	25
Shared biological or adopted minor child(ren) in household	3	19
Step-child(ren) in household	4	25
Any minor child(ren) in household	3	19
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	12	75
At least one domestic violence police call for service	5	31
At least one arrest for intimate partner violence	2	13
Any history of domestic violence orders of protection[ii] between parties	2	13
Domestic violence order of protection between parties at the time of the incident	1	6
Petition for domestic violence order of protection between parties within the last year	1	6
Criminal domestic violence charge pending at time of incident	1	6

IPV Victims

IPV victim refers to the victim of intimate partner violence. The IPV victim may be the decedent, offender, or surviving partner in the death incident. In CY2012 reviewed cases there were 16 IPV victims who ranged in age from 20 to 74 years old, with a median age of 36 years. Eighty-eight percent were female. Nineteen percent of IPV victims had at least one child as a teenager (N = 3). Only one IPV victim had a prior arrest for a domestic violence offense. Forty-four percent of IPV victims were homicide decedents in the death incident; in the remaining incidents the IPV victim survived. The table below presents background characteristics for IPV victims in death incidents reviewed by the Team.

Background Characteristics of IPV Victims, CY2012 (Number of victims = 16)		
	Number of Victims	**%**
Sex		
Female	14	88
Male	2	12
Race		
White	13	81
Native American	3	19
Ethnicity		
Hispanic	8	50
Substance Abuse & Mental Health		
Known history of alcohol abuse	8	50
Known history of drug use	3	19
Known history of depression or other mental illness	1	6
Known history of a chronic illness	1	6
Criminal History		
At least one prior arrest	5	31
At least one arrest for DWI	2	12
Convicted of at least one felony crime	2	12
At least one term of supervision by probation or parole	3	19
On probation or parole at the time of the incident	1	6
Intimate Partner Violence History		
Known history of intimate partner violence victimization	12	75
Known history of intimate partner violence perpetration	4	25
At least one arrest for domestic violence	1	6
At least one conviction for domestic violence	1	6
Restrained party in at least one prior domestic violence order of protection	1	6

IPV Perpetrators

IPV perpetrator refers to the identified perpetrator of intimate partner violence. SA perpetrator refers to the identified perpetrator of sexual assault. The perpetrator may be the decedent, offender, or surviving partner in the death incident. In CY2012 reviewed cases there were 16 IPV perpetrators. Perpetrators ranged in age from 19 to 55 years old, with a median age of 37 years. Eighty-eight percent of IPV perpetrators were male. Thirty-eight percent percent were surviving homicide offenders in the death incident, 13% were both homicide offenders and suicide decedents, 44% of IPV perpetrators committed suicide alone, one IPV perpetrator was killed by his victim. At the time of the incident, 56% of IPV offenders were drinking alcohol and

38% were using illegal drugs. Thirty-one percent of IPV perpetrators had at least one child as a teenager (N = 5).

Background Characteristics of IPV Perpetrators, CY2012 (Number of perpetrators = 16)		
	Number of Perpetrators	**%**
Sex		
Female	2	12
Male	14	88
Race		
White	14	88
Native American	2	12
Ethnicity		
Hispanic	8	50
Substance Abuse & Mental Health		
Known history of alcohol abuse	11	69
Known history of drug use	9	56
Known history of depression or other mental illness	10	63
Known history of a chronic illness	1	6
Criminal History		
At least one prior arrest	11	69
At least one arrest for DWI	7	44
Convicted of at least one felony crime	5	31
At least one term of supervision by probation or parole	9	56
On probation or parole at the time of the incident	4	25
Intimate Partner Violence History		
Known history of intimate partner violence victimization	2	12
Known history of intimate partner violence perpetration	12	75
At least one arrest for domestic violence	5	31
At least one conviction for domestic violence	4	25
Restrained party in at least one prior domestic violence order of protection	7	44
History of Associations		
Suspected gang involvement	2	12
History of military service	1	6

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. All three were IPV perpetrators who attended a court ordered batterer intervention program. We also collected information on other known service contacts. The most common service contacts were with medical and mental health

service providers including emergency room visits, primary care providers, and mental health screenings typically resulting from court orders in criminal or civil proceedings. Thirty-eight percent of IPV perpetrators had at least one contact with a mental health service provider. Thirty-eight percent of IPV perpetrators had at least one known contact with a medical provider through primary care, clinic, or emergency room visits. We know less about service utilization by IPV victims. There were no observed IPV victim contacts with community domestic violence programs or advocates. Observed IPV victim service utilization was limited to substance abuse treatment and medical providers.

Mental Health Problems in IPV and SA-Related Deaths

The Team documents any known history of depression, anxiety, or diagnosed mental illness for each party in the reviewed death incidents. This information is derived from a variety of sources, including police and court records in which the individual or a witness reports a known history of or treatment for a mental health condition. Whenever possible, the team also documents whether or not those with mental health problems seek assessment, diagnosis, or treatment from a medical or mental health service provider. The Team does not access medical records; therefore, the details on mental health problems are limited.

- Sixty-seven percent of reviewed CY2012 IPV and SA death incidents involved at least one party with a known mental health problem (N = 14).
- Eleven cases involved an IPV/SA perpetrator with a known mental health problem; three cases involved an IPV/SA victim with a known mental health problem.
- The type of mental health problems identified:
  - Known history of depression (N = 5)
  - Known history of anxiety (N = 3)
  - Known history of diagnosed mental illness (N = 6)
- Six IPV/SA Perpetrators had a history of suicidal ideation.
- Twelve of the 14 IPV/SA victims and perpetrators with a known mental health problem also had a history of alcohol or drug abuse.
- Sixty-four percent of those with a known mental health problem sought assessment, diagnosis or treatment from a medical or mental health service provider (N = 9). In most cases, these contacts were facilitated by orders related to criminal justice involvement.

While mental illness does not cause domestic violence or sexual assault, the Team recognizes that mental health conditions present challenges to prevention and intervention for both victims and offenders. The Team made a number of recommendations related to improving the provision of mental health service in New Mexico, including recommendations IVa., VIIb., and VIIIc.

Relationship and Person Characteristics in SA-Related Death Incidents

In CY2012 cases, the Team reviewed five incidents of sexual assault (SA) that resulted in a death. The sexual assault (SA) victim refers to the victim of an actual or attempted act of sexual assault. The SA victim may be the decedent or the homicide offender in the death incident. The sexual assault (SA) perpetrator refers to the identified perpetrator of an act of actual or attempted sexual assault. The SA perpetrator may be the decedent or the homicide offender in the death incident.

SA Victims

Three of the five SA victims in reviewed CY2012 cases were female. SA victims ranged in age from 18 to 45 years. Three SA victims were Hispanic, one White and one Native American. Two SA victims had a previous history of sexual assault victimization. Two of the five SA victims had known alcohol and drug abuse histories. Two victims had a known history of depression.

SA Perpetrators

All reviewed incidents of sexual assault homicide had a male SA perpetrator. SA perpetrators ranged in age from 19 to 41years. Two SA perpetrators were Hispanic, one was White, one Native American, and one perpetrator was African American. All five SA perpetrators had criminal histories and prior contact with probation and parole. One sexual assault perpetrator was a registered sex offender, who was in compliance at the time of the incident. All but one had known alcohol and drug abuse histories. One SA perpetrator had a diagnosed mental illness.

Relationship Between SA Victims and Perpetrators

None of the parties involved in these homicides were current or former intimate partners. Three cases involved non-intimate acquaintances. Two cases involved complete strangers. In two incidents, the SA victim killed the perpetrator in self-defense. In the remaining three incidents, the SA victim was killed by the perpetrator. Two of the five SA death incidents in reviewed CY2012 cases involved a male victim and male offender.

Bystanders and Secondary Victims

Bystander refers to a person who is not involved in the act of intimate partner violence, but is identified as a witness to the violence. At times, bystanders to intimate partner violence may be either the decedent or offender in the death incident. The term secondary victim is used to denote bystanders to the intimate partner violence or sexual assault that are injured or killed during the incident. In CY2012, the Team reviewed five cases involving bystanders as secondary victims in the death incident. In these cases, three secondary victims were killed: one new partner of the IPV victim and two relatives of the IPV victim. In the former case, the IPV victim survived. The latter two deaths occurred at the same time as the homicide of the IPV victim. The two remaining cases with secondary victims were IPV related suicide incidents. One involved a previous partner who was in shelter at the time of the IPV perpetrator's suicide, which involved a second IPV victim. The other was a friend of the IPV victim who was shot, but survived. In addition to cases involving secondary victims, one sexual assault homicide involved a second unrelated homicide by the offender two days after the reviewed incident.

2015 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 2015, 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 CY2012 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 2015 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 64% of reviewed CY2012 homicides and 86% of reviewed suicides. Six reviewed cases involved a prohibited person in possession of a firearm: three had convictions for misdemeanor domestic violence and all six had at least one felony conviction. Not only would state legislation reinforce the importance of removing firearms from the hands of these offenders, but it could also provide resources for retrieving and storing these weapons and create a more comprehensive system for monitoring compliance with the law.

b. **Create New Mexico legislation to require law enforcement documentation of abuse incident for all domestic violence calls for service with suspicion or allegations of abuse.** In the CY2012 IPV-related deaths, there were 10 cases with prior calls to the police prior to the death incident. Almost half of those cases had at least one call that did not result in written documentation. In defining the cases applicable to mandatory documentation, lawmakers should consider those provided in the arrest without warrant statute (NMSA §31-1-7), the Family Violence Protection Act (NMSA §§40-13-6 and 40-13-7), 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.

II. Tribal Policies and Services

a. **For tribal governments who have a formalized criminal code, the Native American Committee recommends enacting domestic violence codes within these criminal codes.** 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.

b. **Create and coordinate domestic violence and sexual assault volunteer advocate training program to prepare local residents to respond to incidents and provide advocacy and referrals to victims in Indian Country and surrounding rural areas.** Rural areas face a shortage of trained advocates. In addition, the population disbursement, characteristic of rural areas, leads to logistical challenges in bringing advocates to victims in their home communities. Victim advocates housed in local tribal and tribal serving agencies in these communities can ensure victims of intimate partner and sexual violence receive prompt assistance in their home communities. Increased presence of volunteer victim advocates may also provide leadership support for improved confidentiality and privacy policies for victims of intimate partner violence who seek law enforcement or sheltering support at the tribal level. Volunteer victim advocates should be trained and supported by experienced advocates working near their home communities.

III. Law Enforcement

a. **Improve accountability and quality control measures for the investigation, documentation, and reporting of incidents of violent death by law enforcement agencies statewide.** The Team observed a number of cases in which prior calls for service were properly documented and demonstrated knowledgeable and thorough responses to victims by police. However, there continue to be instances in which calls for service are not documented and investigations are abbreviated. Law enforcement agencies should collect information from identified IPV victims or other witnesses relevant to understanding the circumstances of these incidents when possible. Agencies should ensure that senior leadership receives proper training on best practices in

investigation and documentation. Leadership should hold their staff accountable for following established protocols.

b. **Create standardized protocols for addressing the needs of survivors following domestic violence incidents resulting in serious injury or death.** The team has observed inconsistencies in the way law enforcement agencies engage with survivors following domestic violence homicide and suicide incidents. Law enforcement agencies should collaborate and coordinate with advocates to create best practice protocols. The team recommends applying the protocol to cases in which the perpetrator commits suicide and the victim may no longer be at risk for violence. When possible, in cases involving serious injury and death, victim advocates with training on the dynamics of domestic violence should be called to the scene to assist with surviving victims, children, and their adult caretakers to ensure survivors are receiving appropriate aftercare and counseling.

IV. Victim Services

a. **Improve the coordination of services for IPV victims who experience the co-occurrence of intimate partner violence and substance abuse, criminal offending, mental illness, or specialized medical conditions.** Concurrent risk factors can present barriers to providing, accessing, and using services. Decreasing the risk for intimate partner violence and sexual assault related death requires multiple types of intervention services. For example, 52% of IPV and sexual assault victims from CY2012 had a history of substance abuse, 15% had a history of mental health problems, and 33% had a criminal history. Only one victim had a known contact with an IPV service agency. Those with overlapping substance abuse or mental health issues were more likely to have contact with a behavioral health service provider. Non-domestic violence service providers, such as substance abuse services, income and nutrition support, and preventive health care, do come in contact with IPV victims. The Team recognizes that there is a shortage of services in all of these areas throughout the state and that when these services exist, coordination is lacking. The Team recommends IPV service providers engage in cross-training for service providers in each of these areas. Communities with domestic violence or sexual assault community coordinated response or multi-disciplinary teams should maintain communication with and representation from intervention agencies outside of those directly focused on IPV. Knowledge of the available scope of service agencies within a community may help an agency provide more comprehensive assistance for IPV victims.

V. Prosecution

a. **Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases.** In CY2012, 24% of IPV perpetrators had at least one dropped prosecution for domestic violence prior to the homicide; some perpetrators had multiple prior cases in which charges were dropped. Although guided by departmental policies, prosecutors have discretion in charging decisions. In addition to the seriousness of the crime, considerations for charging an alleged IPV perpetrator should also take into account the perpetrator's known history of violence, threats, and use of weapons.[iv] Charging

decisions should also follow thorough investigations and the consideration of evidence-based prosecution regardless of whether victims are available for testimony.[v] 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 when available.

VI. Courts

a. **Monitor compliance with court ordered domestic violence offender treatment/batterer's intervention for persons convicted of domestic violence.** Domestic violence offender treatment/ batterer's intervention is required for persons convicted of certain misdemeanor domestic violence offenses. The Children Youth and Families Department (CYFD) evaluates and approves programs meeting best practice standards. Courts should ensure that offenders are assigned to CYFD approved programs. Programs should be required to report non-compliance in a timely fashion and offenders should be held accountable for failure to comply with and complete program requirements.

b. **Provide continuing education to judges and court staff to ensure legal compliance and improve continuity in the provision of domestic violence orders of protection across the state.** The team recommends targeted efforts on issues related to eligibility of same-sex and non-cohabitating couples, petitions with allegations of stalking, and identifying the appropriate party to restrain in cases with counter-petitions alleging abuse. While the handling of these types of cases represents a minority of protection order petitions, each highlights an important area for continued education on the definition of household member, qualifying abuse acts, and the best practices for order issuance. The team also recommends an examination of jurisdictional request and use of emergency protection orders and judicial support for these requests when appropriate.

c. **Courts should prioritize monitoring of offenders, both those awaiting trial for violent crimes and those sentenced to court monitored probation.** The Team has repeatedly observed instances in which an offender commits a new domestic violence offense while awaiting trial on other charges, while serving a probation sentence, or while subject to a domestic violence order of protection. 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.[vi] Relatively few pretrial monitoring programs exist statewide, with no official pretrial monitoring in the magistrate courts and only a handful of counties having pretrial monitoring programs at the district court or metro court level. When available, pretrial programs should monitor offenders who are awaiting trial for violent crimes, including those charged with either felony or misdemeanor domestic violence.

   Magistrate courts 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.

VII. Post-Conviction Services

a. **Identify and address gaps in probation supervision for persons who reach adulthood during a juvenile probation and parole term.** Persons between the ages of 18 and 21 may be under the supervision of juvenile probation and parole, but treated as adults if identified for a new offense. The Teen Dating Violence Committee observed a gap in supervision for an offender serving probation sentences in both the juvenile and adult probation systems. The Team recommends exploring the overlap between these systems and assessing options for improving collaboration between juvenile and adult services during this transition period.

b. **Improve assessment and treatment of offenders for mental and behavioral health conditions during incarceration in county and state correctional facilities.** Sixty-four percent of domestic violence and sexual assault perpetrators had at least one prior criminal conviction resulting in jail or prison time prior to the 2012 death incident. The Team observed a high prevalence of mental and behavior health problems in this population (see Mental Health Problems in IPV and SA-Related Deaths on page 16). Assessment and treatment programs should include but are not limited to: substance abuse, mental health, domestic violence offender treatment, and sex offender counseling. The Team also recommends improving collaboration between programs in the facility and the agencies providing post-release supervision to ensure continuity of services as offenders transition back into the community.

VIII. Medical, Mental, and Behavioral Health Care Services

a. **Encourage the use of Sexual Assault Nurse Examiners (SANE) for injury documentation and medical/forensic services for victims of intimate partner violence.** The documentation of injuries and the name of the alleged perpetrator, if known, in the medical record is required by NMSA §40-13-7.1. SANE personnel have specialized training in documenting injuries related to intimate partner and sexual violence. The team recognizes that should a victim choose to pursue legal action against an abuser, thorough medical documentation is important for legal proceedings.

b. **Broaden and standardize criteria for the application of sexual assault examinations at autopsy.** The team reviewed five cases of sexual assault homicide occurring in CY2012. A sexual assault examination was performed at autopsy in six of the 14 reviewed homicide incidents. While circumstances surrounding some incidents do not warrant a sexual assault exam, the absence of investigation of sexual assault at autopsy can inhibit accurate identification of sexual assaults in intimate partner homicides. Additionally, the team recommends that medical investigators provide transparent description of evidence collection procedures and injury documentation in the autopsy report when sexual assault is suspected.

c. **Eliminate barriers and improve knowledge of and access to mental health services throughout the state.** Over half of reviewed cases involved an IPV or sexual assault perpetrator with an identified mental health issue which ranged from self-reported or witness-identified depression to formally diagnosed mental illness. 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.

d. **Eliminate barriers and improve knowledge of and access to substance abuse services.** Sixty-nine percent of the IPV perpetrators had a history of alcohol abuse, 56% had a history of illegal drug use, and almost half had at least one arrest for DWI. Most of these individuals had little to no contact with substance abuse treatment. Most of the six 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. **Provide public outreach and education on how and when to report witnessed incidents of intimate partner violence and sexual assault.** In 2012 death incidents, we reviewed multiple cases in which neighbors, apartment managers, and family members all witnessed prior stalking, threats or abuse and choose not to call police. Public education initiatives should provide information not only on safe and appropriate response to incidents of physical abuse but also should help community members identify controlling behaviors, stalking, and other forms of abuse. Content for educational tools and media products should be produced in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be culturally and age appropriate for the intended audience. For example, young audiences should receive training that addresses unique bystander issues faced by youth who witness IPV in their peer group.

b. **Improve access to early intervention and support services for children, their caretakers and other adults who have either witnessed or experienced interpersonal violence.** Over one third of all reviewed cases had a known history of child witness to violence in the home. In three cases, at least one child was present at the time of the death. In addition, many of these incidents had either a surviving intimate partner or other adult witnesses. Most cases involved parties with histories of intimate partner violence

witnessed by children, parents, neighbors, co-workers and other relatives or acquaintances. Agencies in all system areas that come into contact with child witnesses of both fatal and non-fatal violence should ensure that proper referrals for developmentally appropriate intervention and counseling are made and that personnel follow up on these referrals when appropriate. Counseling and support resources are also needed for adult persons who witness or experience violence, including those charged with caretaking of surviving children and elders.

c. **Identify and implement early intervention programs for juveniles that commit violent offenses, including violence against family members and intimate partners.** The Teen Dating Violence Committee has observed young homicide and suicide offenders with repeat system contacts for violence against both intimate partners and non-intimate family members. Domestic violence offender treatment intervention should be incorporated into existing assessment, counseling, treatment, and service offerings across various system contacts. These programs should be developed in collaboration with teens and professionals who work in domestic and sexual violence advocacy and service provision and should be developmentally and culturally appropriate.

2015 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 2015, the Native American Committee reviewed four intimate partner violence related deaths involving a Native IPV victim, Native IPV perpetrator, or both occurring between January 1, 2012 and December 31, 2012. Native American CY2012 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 Eight Northern Indian Pueblos PeaceKeepers program in Ohkay Owingeh on July 31, 2015. The Committee continues to work on improving case identification and data collection efforts for these cases. The Committee's recommendations are included in the 2015 Recommendations section of this report (*see* recommendations in section II).

Friends & Family Committee

The Friends & Family Committee is charged with acquiring additional personal and relationship characteristics for case reviews using structured, face-to-face interviews with family members, friends and coworkers of the decedent. In the coming year, the Friends & Family Committee will be responsible for researching strategies and protocols for participant identification, recruiting, and interviewing individuals. Details derived from these interviews will produce a more complete understanding of the cases and allow the Team to better evaluate risk factors and victim and offender system resource utilization.

Marginalized Populations Committee

The Team recognizes that several populations are underserved or marginalized in our society, including but not limited to people with disabilities, the elderly, and people of color. The Marginalized Populations Committee assesses how these populations are affected by intimate partner violence and sexual assault and creates strategies and recommendations to specifically address the unique needs within these populations. In 2015, Committee members worked on a report documenting findings and recommendations derived from a set of study panels on violence prevention and intervention among homeless women and girls. The report is forthcoming.

Teen Dating Violence Committee

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

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

In 2015, the Committee reviewed one dating violence-related homicide death occurring between January 1, 2012 and December 31, 2012 and two dating violence related deaths occurring in 2010 and 2011, respectively. Teen CY2012 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 2015 Recommendations section of this report (*see* recommendation: VIIIc., VIIId., and IXc.).

2015 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 2015.

January

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

May

- Team members facilitated a workshop, Ethical Conundrums in Fatality Review, at the National Domestic Violence Fatality Review Initiative Conference in St. Petersburg, Florida (May 19, 2015).

June

- 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 (June 30, 2015).

December

- The Team responded to a media data request on the incidence of domestic violence homicide.

Dissemination of Team Recommendations

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

Recommendation Updates

The Team monitors statewide developments in legislation, policy, and agency practice to assess the relevance of their recommendations over time. In 2015, 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.

Improve accountability and quality control measures for investigation, documentation, and reporting of incidents of domestic and sexual violence and associated deaths.

- Federal grant monies from the STOP VAWA provide support for two rural programs that have specialized domestic violence detectives to improve the quality of domestic violence, sexual assault, stalking and dating violence investigations. Additionally, they will increase outreach efforts with teens within the community regarding dating and intimate partner violence.

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

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

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

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

- The Administrative Office of the Courts provided educational seminars on topics related to domestic violence orders of protection, the Family Violence Protection Act, full faith and credit and foreign orders of protection. These events included: a presentation to the Coalition to Stop Violence Against Native Women in August. A September presentation at the American Indian Law Center 8th Annual Tribal Leadership Conference. In November, AOC

presented to the Tribal State Judicial Consortium. And in November, training was provided to police officers working at the Bureau of Indian Affairs.

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.

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

- The Administrative Office of the Courts (AOC) held a number of trainings pertaining to domestic violence and the courts. In June, training sessions were provided for district court clerks who handle domestic violence order of protection cases. All 13 Judicial Districts sent at least one staff member. The training covered newly created party identifiers for orders of protection involving a minor as the petitioner or respondent, new causes of action in order of protection cases involving dating teens, stalking, and sexual assault cases, and new case procedures for handling re-opened cases.

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

- The Domestic Violence Offender Treatment and Intervention (DVOTI) Task Force was created by Senate Memorial 52 during the 2015 legislative session. The Task Force was created to perform a number of activities including: assessing operations, curriculum, assessments, qualifications of facilitators, data collection and other areas of operations for DVOTI programs; examine the role of New Mexico courts and the Department of Corrections Adult Probation and Parole division in the monitoring and enforcing treatment requirements and orders for offenders; to review all current laws, protocols, and administrative rules pertaining to domestic violence; and to review current research and best practices and methods of data collection to measure short- and long-term offender outcomes. The DVOTI Task Force had a series of meetings that included presentations from nationally and internationally recognized researchers and experts in the domestic violence field. Recommendations will be available in 2016.

Improve access to civil legal assistance for victims of intimate partner violence.

- In 2015, the City of Albuquerque and the Albuquerque Police Department finalized procedures for processing U-Visa applications for victims of crime, including domestic violence.

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

- The Children, Youth, and Families Department (CYFD) Domestic Violence Unit and the Department of Health collaborated on a domestic violence awareness event that included information tables and a domestic violence awareness walk around the state capital. Partners in the event included: New Mexico Coalition Against Domestic Violence, the Coalition to Stop Violence Against Native Women, Esperanza Shelter, and the New Mexico Department of Health.

- The New Mexico Coalition Against Domestic Violence hosted "Message Matters," a conference focused on how victim service providers can effectively talk about the work they do for funders, legislators, and the general public. This national conference was held in December in Bernalillo New Mexico.

- The New Mexico Crime Victims Reparation Commission in collaboration with the New Mexico Coalition Against Sexual Assault Programs, New Mexico Coalition Against Domestic Violence, and the Coalition to Stop Violence Against Native Women held the 20th Annual Advocacy in Action (AIA) Conference in Albuquerque in March of 2015. AIA provides two and one-half days of workshops on domestic and sexual violence prevention and intervention and related topics for attorneys, counselors, law enforcement, nurses, social workers, and other related professions.

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

- The New Mexico Children, Youth, and Families Department (CYFD) received funding to work with the New Mexico Coalition Against Domestic Violence to establish foster placement for companion animals for survivors of domestic violence who are entering emergency shelters in collaboration with the Companion Animal Rescue Effort (CARE) program. In FY2015, 48 survivors who accessed emergency shelter had 129 companion animals placed in foster care. In addition, 28 foster homes were established statewide and 27 non-veterinary boarding kennels have agreed to shelter companion animals.

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

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

- Haven House sponsored multiple public education events about domestic and dating violence in the community of Rio Rancho in 2015. The agency provided two education events on teen dating violence at Rio Rancho Middle School. The agency also presented on batterers intervention, domestic violence education, the effects of child witness to violence, and teen dating violence to staff working in Rio Rancho Public Schools. Participating staff members included nurses, social workers, and counselors. In October, Haven House collaborated with the Rio Rancho Mayor's Office on the Purple Ribbon Imitative.

- In 2015, the Office of the Attorney General (OAG) worked under contract with the New Mexico Public Education Department on a grant from the U.S. Department of Health and Human Services, Office of Adolescent Health to deliver education programs targeting pregnant and parenting teens, women, fathers, and their families on healthy relationships and the warning signs and red flags of teen dating violence (TDV). The Office worked with both New Mexico Graduation Reality and Dual-Roll Skills (GRADS) students and middle and high school students throughout the state of New Mexico. This year the OAG reached over 2900 youth and adults through the Healthy Relationships/TDV prevention presentations, and over 1600 youth and adults received information on the warning signs and red flags of TDV and reproductive coercion through health fairs and other events throughout the state.

- In July 2015, approximately 200 adults from across the state of New Mexico attended the 3rd Annual Office of the Attorney General's Summit on Community Violence. The Summit included presentations on suspicious activity reporting, gangs in Albuquerque, scientific knowledge about intimate partner violence, and internet crimes against children. The summit also included information on organizations in New Mexico that help support and engage our youth, giving them a place to express themselves and getting them off the streets.

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

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

- 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 2015, the Center's two staff members and volunteers served 170 families at the state, national and

international levels. Information about these services is available on the Center's website: www.bridgesforvictimsofviolentdeath.org.

- The Resource Center for Victims of Violent Death held their yearly Victim Rights Week event on April 25th. The event was a community collaboration of victim service providers within Bernalillo and Sandoval Counties and community members.

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

- Federal grant monies from VOCA Assistance have been distributed to agencies throughout the state to provide support to the Court Appointed Special Advocate Program (CASA) who provide services for and on behalf of children who are victims of abuse, neglect and 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.

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

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 2015, the Team was chaired by MaryEllen Garcia, New Mexico Crime Victim Reparations Commission.

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 2015.

Medical Representatives

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

Criminologist Representative

Maria Velez	UNM Department of Sociology

Victim Service Provider Representatives

Sally Craine	Roswell Refuge
Connie Monahan	New Mexico Coalition of Sexual Assault Programs
Alexandria Taylor	Valencia Family Services
Lisa Weisenfeld	New Mexico Coalition Against Domestic Violence

Administrative Office of the District Attorney's Representative

Annette Martinez-Varela	Administrative Office of the District Attorneys

Attorney General's Office Representative

Julia Anderson	New Mexico Office of the Attorney General

Civil Legal Services Representatives

Gabriel Campos [M]	City of Albuquerque
Jane Zhi	New Mexico Legal Aid

Public Defender Representative

Vacant

Judicial Representatives

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

Law Enforcement Representatives

Andrea Ortiz[T]	Albuquerque Police Department

State Agency Representatives

Kim Bachechi	New Mexico Department of Health
Shauna Fujimoto	Children, Youth and Families Department
Grace Nailor	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
Desiree Weekoty	Coalition to Stop Violence Against Native Women

Other Appointed Members

MaryEllen Garcia	Crime Victims Reparation Commission
Dale Klein-Kennedy[F]	New Mexico Community FaithLinks
Joan Shirley [F, T]	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: Kim Bechechi (New Mexico Department of Health), Melissa Ewer (Catholic Charities), Judge Alisa Hadfield (2nd Judicial District Court), Grace Nailor (New Mexico Aging and Long-Term Services Department), Anna Nelson (New Mexico Forum for Youth in Community), Barry Porter (New Mexico Public Defender Department), David River (New Mexico Coalition Against Domestic Violence), Doug Southern (Roswell Refuge), Desiree Weekoty (Coalition to Stop Violence Against Native Women).

The following *invited members* participated in Team or committee meetings during the 2015 review year:

David Adams, U.S. Attorney's Office[N]
Renee Allen, Southwest Indian Polytechnic Institute[N]
Arlene Armijo, Bureau of Indian Affairs[N]
Marcos Armijo, Rio Arriba County Sheriff's Office[N]
Laura Banks, UNM Emergency Medicine[P]
Cecily Barker, APD FASTT
Laura Bassein, UNM Institute of Public Law
Paula Bauch, Department of Health[T]
Beverly Billy, Tewa Women United[N]
Kathleen Carmona, 2nd Judicial DA's Office
Camille Carey, UNM Law School
Adrian Carver, NM Forum for Youth in Community[P]
Francisco Chavez, NM Department of Health[T]
Lindsey Cheama, New Beginnings[N]
Sandra Clinton, Bernalillo County Metropolitan Court (Retired)
Kim Dixon, Presbyterian Health Services
Karen Dugas, NM Department of Health
Rachel Felix, UNM School of Law[N]
Michele Fuller, S.A.F.E. House
Richard Gaczewski, CYFD[T]
Judge Tina Garcia, Los Lunas Magistrate Court
Baonam Giang, NM Asian Family Center
Michelle Harmon, ARCA
Edwin Lente, Sexual Assault Services Northwest NM[N, P]
Adele Lucero, APD FASTT
Quintin McShan, Homeland
Brenda Pinto, New Beginnings[N]
Toni Rodriguez, APD
Roberta Rodosevich, Haven House
Elizabeth Sabbath, UNM Sociology[P]
Heather Sandoval, Attorney General's Office[T]
Gail Starr, Albuquerque SANE Collborative[P]
Charelene Tsoodle-Marcus, EINPC PeaceKeepers[N]
Sharon Vandeever, US Attorney's Office[N]
Loudine Wanoskia, Jicarilla Apache Behavioral Health[N]
Desiree Weekoty, Coalition to Stop Violence Against Native Women[N]

2015 Committee Chairs

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

Endnotes

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

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

[v] 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.

[vi] National Institute of Justice. 2011. *Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors, and Judges*. Washington, D.C.: U.S. Department of Justice. [Online]: http://www.nij.gov/nij/topics/crime/intimate-partner-violence/practical-implications-research/welcome.htm.

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