

# Getting Away with Murder

## Volume V

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Intimate Partner Violence Deaths 2003–2004  
Findings and Recommendations from  
The New Mexico Intimate Partner Violence Death Review Team  
July 2007

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By  
<to come>

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2007 was a remarkable year for the NM Intimate Partner Violence Homicide Review Team. It was not only the tenth anniversary of our team, but also the year that legislation providing statutory authority was passed by the New Mexico Legislature and signed into law by Governor Richardson. Pursuit of this law was an outgrowth of a subcommittee effort to evaluate the potential risks and benefits of interviewing family and friends of IPV homicide victims. One of the conclusions drawn from these discussions was that we could not proceed with such an endeavor without adequate confidentiality provisions codified into law. As a grass roots organization without statutory authority, we had limited ability to ensure confidentiality. The new law amends the Crime Victims Reparation Act and provides purpose language, member composition, confidentiality language, and protection from civil liability for providing testimony, records, reports or other information to the team. The full text of the law is available in Appendix A of this report.

Other interesting developments are on the horizon. Due to resource constraints in the past, the team has largely been confined to Bernalillo County. A strong consensus of team members feel that working with principal stakeholders from the communities where these crimes occurred is a more powerful and appropriate approach to obtain a community based and contextually accurate understanding from which to make system recommendations. In the forthcoming review period, we hope to travel around the state and conduct local reviews in the affected communities.

In addition, we will continue our subcommittee efforts towards developing a protocol eliciting victims' family perspectives on these cases. The implementation of such a protocol will be vetted by a research review committee to assure questions and concerns about the potential harm of such interviews are adequately addressed.

Finally, we are forging connections with tribal communities about intimate partner violence homicides involving American Indians. At the core of this effort are methods to identify victim barriers in a sensitive way that respects the core values of diverse communities. Exploring the gaps in services and disparities in judicial outcome that are a direct result of jurisdictional issues affecting tribal communities is also paramount.

We expect that our next review period will represent a period of greater engagement with rural communities in New Mexico and result in improved communication and collaboration with all of those who work towards the eradication of intimate partner violence and sexual assault. In the meantime, we hope the findings and recommendations of this report are more than a listing of prior cases but instead a call to action.

## Executive Summary

2007 marks the 10<sup>th</sup> anniversary of the establishment of the New Mexico Intimate Partner Violence (IPV) Death Review Team. In 1997, the team reviewed cases of female homicide only resulting from intimate partner violence. Over the past decade the scope of our work expanded to include a wider range of deaths attributable in some manner to IPV. Today, we identify and review cases of sexual assault homicide, male homicide victims of IPV, same-sex IPV deaths, and others who have died in the context of IPV such as first responders, bystanders, family members, friends, and other relations. We also recognize other important areas that have not been developed by our team due to resource constraints such as exploring the relationship between female suicide and a history of abuse.

The New Mexico Intimate Partner Violence Death Review Team is modeled on Child Fatality Review teams which use a multi-agency approach to examine potentially preventable deaths. We used this model to investigate homicide deaths where the perpetrator was a former or current intimate partner. The goals of the team include identifying factors associated with increased risk of lethality, finding weaknesses in the systems that are designed to protect victims, improving communication and cooperation between the different agencies that work with victims and their families, and developing strategies and recommendations to prevent future injury and death. Finally, it is important to place the findings and recommendations of this report into a community context that promotes an ongoing dialogue about violence prevention and intervention.

In 2003 and 2004, approximately three people a month died in circumstances related to intimate partner violence in New Mexico. Using information obtained from the New Mexico Office of the Medical Investigator, 72 deaths, mostly ruled homicide, were identified as IPV-related and 6 were identified as sexual assault homicide. A small subset of the IPV cases were identified as an “undetermined” manner of death (as opposed to homicide) category. The most recurring example of such cases typically involve a female decedent that, in the course of arguing with an intimate partner, either jumped out, fell out, or was pushed out of a moving vehicle, but the state medical examiner could not determine which actually occurred.

The team reviewed a total of 28 closed cases of IPV-related homicide where the perpetrator and victim were either former or current intimate partners. The findings and recommendations of this report were principally derived from these cases. There are 12 additional cases for the period where the perpetrator and victim were either former or current intimate partners, but the team did not review because of pending legal proceedings or they were closed (N=2). For most open cases, an intimate partner has been charged with homicide, but a trial or some other legal issue is pending. In one open case, a wrongful death lawsuit is pending adjudication. The two closed cases occurred on tribal land and were prosecuted by federal authorities. At this time, we do not have enough information on these cases to conduct a review. The demographic, perpetrator information, criminal history and other findings for the ten open and two closed cases are not included in this report, but will be addressed during the next review period. Finally, 32 other deaths were also identified in the context of IPV and they have been organized into the following categories: new partners killed by an ex-partner (*e.g.*, ex-boyfriend kills his ex-girlfriend’s new boyfriend) or vice versa (N=7), murder/suicide perpetrators (6), family members (6), certain cases where the manner of death is undetermined (5), male abusers killed by on-duty law enforcement personnel (3), children (2), co-workers (2), law enforcement or other first responders (1).

Of the 28 cases reviewed in depth by the team, 86% of the victims were female and 14% were male. The average age of the victim and perpetrator was 40 years. The majority (86%) of victims died in their homes and in half of the cases, a firearm was the principal weapon. About one-fifth of the cases (21%) were homicides followed immediately by suicide of the perpetrator. The average actual term for perpetrators in cases where there was a plea or a conviction was 19.5 years. The longest actual sentence was 76 years and the shortest was twelve months. In five of the cases (18%), the judicial outcome did not reflect a prison sentence. Such cases involved a perpetrator who was killed by an on-duty law enforce-

ment officer (N=1), a case of justifiable homicide (1), a case where the grand jury did not return an indictment (1), and cases (2) where a perpetrator also died from injuries sustained in the commission of an IPV homicide (e.g. carbon monoxide poisoning and burns). Finally, one-third of the cases involved children who were killed, directly witnessed a homicide, or were present in a home when an IPV-related death occurred.

The team reviewed each case in detail to evaluate the efficiency and effectiveness of each system. We identified system responses in the areas of law enforcement, prosecution and judicial systems, physical and mental health care services, legislation, and advocacy services. In this document, we provide recommendations for improvement in each area. Case vignettes are included to illustrate how systems have interacted and sometimes failed.

We did not want to focus solely upon system weaknesses. Therefore, we have taken the opportunity to illustrate successful strategies and policies that have been used in various communities in New Mexico to combat IPV and sexual assault. In 2007, for instance, Governor Richardson signed three relevant bills into law. House Bill 216 created a mechanism for victims who want to obtain a substitute address and Senate Bill 820 created a provision for increasing probation time for certain domestic violence offenders. Senate Bill 1092 (Appendix A) provides statutory authority for the fatality review team. Another important law that went into effect in 2007 is entitled “Katie’s Law” which mandates the collection of DNA samples from persons arrested for certain felonies and properly applied may expedite the identification and adjudication of rape, murder, and other crimes. The law is also important to families seeking justice in cases of sexual assault homicide where a perpetrator is still at large. Other statewide system improvements include specialized law enforcement and prosecution units responding to intimate partner violence and stalking. Lastly, communities continue to educate themselves on the dynamics of intimate partner violence and how to foster improved public awareness and prevention strategies.

IPV is a major public health, social, and criminal justice problem in New Mexico. In New Mexico, an about 36 people a year die in circumstances relating to intimate partner violence. Our review identifies some of the obstacles victims may have encountered and highlights possible solutions to improve services and to prevent future violence and death. The issue of intimate partner violence deserves serious attention and community participation and dialogue on this matter is of paramount importance.

## **How to use this report for implementing change\***

1. Read the report and remember the stories of those who have lost their lives to domestic violence or sexual assault.
2. Share the report with others. Free copies of this report and our four previous reports can be downloaded at <http://www.cvrc.state.nm.us/documents.html>. Email the link to co-workers, advocates, judges, police officers, mental health, professionals, chemical dependency counselors, attorneys, healthcare workers, religious institutions, schools, family members, and friends. Print a specific section that you think would be particularly relevant to another individual’s work and share it with them.
3. Make a discussion of the report the focus of a staff meeting at your workplace. As an agency, identify five to ten recommendations that are particularly relevant to your community and work toward their implementation. View the recommendations as goals and identify steps for moving forward. Utilize the recommendations for strategic planning. For non-profit agencies: share the report with your board and offer it as a tool for education and strategic planning.

\* The New Mexico Intimate Partner Violence Death Review Team gratefully acknowledges the work of the Washington State Domestic Violence Fatality Review in developing these suggestions.

# Executive Summary

4. Create discussion groups in your community to talk about the report. These groups can be interdisciplinary groups of professionals, or a group of community members interested in making their communities safer and healthier (e.g., religious groups, neighborhood watch). As a group, identify a few recommendations to prioritize and plan action steps toward achieving them.
5. If your community has a domestic violence task force or commission, share the report with the group's facilitator and make it a topic for a future meeting. As a community task force, identify areas where the community is doing well and which areas need improvement. Identify a few key recommendations for your local task force to address. Start a fatality review work group to report back to the task force as a whole on its progress.
6. Use the Fatality Review findings, recommendations, and statistics in community education, with the media, and in grant proposals.

## Key Recommendations

- Conduct fatality reviews in communities and judicial districts where the crimes occurred with the principal stakeholders from those communities so that the statewide variations in resource availability and specific issues are adequately identified and addressed.
- Improve education and outreach to immigrant communities about system resources, to encourage engagement and reporting in the system.
- Increase the availability and spectrum of batterer services available to perpetrators while they are incarcerated and connect them to treatment services after they are released as a condition of parole.
- Improve the availability of outreach, service support, and referrals to IPV-related programs for people who regularly interact with homeless or transient populations in rural and urban areas throughout the state.
- Develop a higher level of system integration between substance abuse, mental health and domestic violence service providers so that cross-training and multi-disciplinary research can occur.
- Expand the number of specialized prosecution units that focus on misdemeanor level domestic violence cases. These units need to have full time investigators and victim advocates assigned to them in addition to other resources such as pre-prosecution diversion and repeat offender programs.
- Introduce protocols requiring county jails or law enforcement to inform domestic violence judges or commissioners when there is an arrest for the violation of an order of protection.
- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of a domestic violence related crime.
- Emphasize law enforcement training to increase scrutiny of misdemeanor and felony level IPV crimes for risk factors associated with homicide.
- Promote policies in the educational system that help students, teachers and administrators respond to problems associated with IPV.
- Improve victim notification services by strengthening communication between the courts, corrections, and victims.
- Increase the frequency with which victim advocates respond to IPV crime scenes throughout New Mexico.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.

# Acknowledgments

This report is the product of the combined expertise of the New Mexico Intimate Partner Violence Death Review Team participants. The team members brought their interest, years of experience, expertise, case information, and commitment to the monthly meetings. The following is a list of the individuals and agencies that compose the team. Additionally, this report would not be possible without the cooperation of local law enforcement, district attorneys, victim advocates, and the many others who provided case information and their unique perspectives.

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For the families and friends of the victims, the team respectfully acknowledges their loss and in submitting this report we hope to prevent future intimate partner violence death and injury.

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# Findings

For 2003 and 2004, the New Mexico Intimate Partner Violence Homicide Review Team identified 40 IPV-related cases where the perpetrator and victim were either former or current intimate partners. The team also identified an additional 32 IPV related deaths which included instances where someone other than a current or former partner was killed. The spectrum of victims in such cases includes ex-partners killed by a new partner or vice versa (N=7), murder/suicide perpetrators (6), family members (6), certain cases where the manner of death is undetermined (5), male abusers killed by on-duty law enforcement personnel (3), children (2), co-workers (2), law enforcement or other first responders (1). Some of these cases involved multiple killings where a combination of victims was present at one crime scene. This represents a total of 72 IPV-related deaths in New Mexico during 2003 and 2004. There were also six sexual assault homicides in New Mexico during this period.

**Table 1.** Victims and perpetrator characteristics.

	Victim		Perpetrator	
	N=28		N=28	
Average age (years)	40.0		40.0	
Gender	86% female		86% male	
Race				
Hispanic	13	46%	15	53%
Anglo	11	39%	7	25%
Native American	3	11%	3	11%
Asian	1	4%	1	4%
African American	0		2	7%

**Table 2.** Living arrangement and relationship type.

<b>With whom the victim lived</b>			
Spouse or intimate partner	20	71%	
Alone	7	25%	
Homeless	1	4%	
<b>Relationship of the perpetrator to victim</b>			
Intimate partner	11	39%	
Spouse	10	36%	
Ex-intimate partner or ex-spouse	7	25%	

**Table 3.** Percent of cases involving children

<b>Children killed, present, or witness</b>	
Children present at time of homicide	21%
Children killed	7%
Children witnessed the homicide	4%
Total (present, killed or witnessed)	32%

The team reviewed in depth 28 of the 72 cases during a twelve month period spanning 2006 and 2007. The following tables represent characteristics from the 28 cases the team reviewed. Information about gender, age, prior system involvement and the presence of children at the various crime scenes is presented to promote a better understanding of the attributes and trends involved in these cases. Most of the homicide victims are female (Table 1), but it should be noted that there were four males who were also killed. One of the male homicides involved a female perpetrator who was severely abused for many years. The case resulted in a ruling of justifiable homicide. In two other cases, the female perpetrator was either acquitted or the grand jury did not return an indictment.

Most of the victims were Hispanic (46%) or Anglo (39%), with the remainder American Indian (11%) or Asian (7%). All of the cases involved heterosexual relationships. Most of the perpetrators were Hispanic (53%) or Anglo (25%), with the remaining being American Indian (11%), African American (7%), or Asian descent (4%). Seventy-one percent of the victims were killed by a current

spouse or intimate partner with whom they lived (Table 2).

Approximately one-third of the reviewed cases involved children in some capacity. Childhood experiences of violence were categorized into those who witnessed a homicide, those who present in the home when a homicide occurred and those who were actually killed (Table 3). Two children were killed in separate cases and nearly a dozen either witnessed or were present in the home during the commission of a homicide. There was one case of a mother killed in her second trimester of her pregnancy.

IPV homicides frequently share similar characteristics. The commonalities include the weapons used, the number of injuries, location of the homicide and person who discovered the body. Data collected by the review team included the weapons the perpetrator used, the principal injury that led to the victim's death and the average number of injuries in cases of gunshot and stabbing deaths (Table 4).

Half of victims died as a result of firearm injuries. When a firearm injury occurred, a handgun (86%) was the weapon most often used. Stabbing or cutting injuries (25%), strangulation or asphyxiation (11%) and blunt force injuries (14%) were the cause of most of the non-firearm deaths.

A majority of victims were killed in their homes (78%). An additional 14% were killed in a variety of settings including outdoors, a motel and an abandoned building. An additional 20% occurred in an outdoor setting. One person was killed in the workplace and another at the perpetrator's residence (Table 5). Almost half of the cases (46%) were reported to law enforcement by a stranger, friend, or acquaintance. In one-quarter of the deaths, the perpetrator was the reporting party. A family member was the reporting party in an additional quarter. Finally, one sexual assault victim who experienced multiple beatings by her ex-boyfriend survived long enough to report her injuries and the crimes. In six of the reviewed cases (21%), murder followed by suicide of the perpetrator.

**Table 4.** Weapons used and injuries suffered

<b>Weapons used</b>		
Firearms	14	50%
<i>Handgun</i>	12	86%
<i>Rifle</i>	2	14%
Knife	7	25%
Blunt object, feet, hands	6	21%
Fire	1	4%
<b>Injuries suffered</b>		
Firearm injuries	14	50%
Stab or cutting injuries	7	25%
Blunt injuries	4	14%
Strangulation or asphyxiation	3	11%
<b>Multiple injuries</b>		
	Average	Range
Gunshot wounds	2.0	1–4
Stab or cutting wounds	7.0	1–25

**Table 5.** Incident location and reporting.

<b>Location</b>		
Victim's residence*	22	78%
Outdoor setting, abandoned building, motel	4	14%
Workplace	1	4%
Perpetrator's residence (victim not residing)	1	4%
<b>Who reported the incident to authorities</b>		
Stranger, friend, or acquaintance	13	46%
Perpetrator	7	25%
Family member	7	25%
Victim	1	4%

\*Includes cases where victim and perpetrator lived together

# Findings

Prior victim and perpetrator system utilization demonstrates opportunities for intervention. One of the challenges for organizations that have the responsibility to care and protect for at-risk individuals is to identify missed opportunities or clues in events preceding a homicide that potentially could have influenced outcome, but at the time of a particular intervention eluded investigators, clinicians, advocates, or family members.

**Table 6.** Prior system involvement.

<b>Orders of protection</b>	5	18%
<b>Shelter use</b>	none	
<b>Prior police record</b>		
Victim		
<i>Police record</i>	7	25%
<i>No police record</i>	21	75%
Perpetrator		
<i>Police record</i>	20	71%
<i>No police record</i>	8	29%
<b>Police documented IPV history</b>	19	68%

The team identified five victims who had filed, or attempted to file, an order of protection against the perpetrator. Only one of these orders was in effect at the time of a homicide and it was in a case of justifiable homicide where a battered woman with a long history of abuse killed her partner in self-defense after a home invasion. In the other four cases, the orders of protection expired or were dismissed within the year preceding the homicide. In many cases, abuse was documented in the months and weeks preceding the homicide, but in most instances did not result in the filing of an order of protection. None of the victims

utilized shelter services prior to their deaths (Table 6).

Documentation of previous law enforcement involvement in the time preceding the reviewed homicides came from two sources: New Mexico Courts online and directly from individual law enforcement agencies. Many of the DV-related cases did not result in a prosecution and are unavailable in the electronic registry of New Mexico Courts online. In several judicial districts the burden of filing a violation of an order of protection was placed on the victim. Over two-thirds (68%) of the reviewed cases involved prior law enforcement interventions or reports that were IPV-related with misdemeanor cases outnumbering felony reports. In almost every case reviewed, the team discovered that some combination of friends, neighbors, family members, children, and co-workers were aware of some form of abusive dynamics between the victim and perpetrator.

**Table 7.** IPV Homicide by County

Bernalillo	11	38%
Doña Ana	4	13%
Otero	2	7%
Santa Fe	2	7%
Taos	2	7%
Chaves	1	4%
Lea	1	4%
Lincoln	1	4%
Luna	1	4%
McKinley	1	4%
Rio Arriba	1	4%
San Miguel	1	4%

Table 7 breaks down the 28 reviewed cases by the county in which each homicide occurred. A summary of initial charges submitted by the prosecution, the result of the plea agreements (N=14) or trial (N=1), sentencing, and additional relevant details to these cases can be found in Table 8. Six cases of perpetrator suicide are not included. The average actual term for perpetrators in cases where there was a plea or a conviction was 19.5 years. The longest actual sentence was 76 years and the shortest was twelve months. In seven of the cases (25%), the judicial outcome did not reflect a prison sentence. Such cases involved acquittals (N=2), cases (2) where a perpetrator died from injuries sustained in the commission of a IPV homicide (e.g., carbon monoxide poisoning and burns), a perpetrator who was killed by an on-duty law enforcement officer (1), a case of justifiable homicide (1), and a case where the grand jury did not return an indictment (1).

**Table 8.** Perpetrator charges and sentencing.

Initial Charge(s)	Plea or Conviction	Sentence	Time Given	Comments	
<ul style="list-style-type: none"> <li>• 1st degree murder (2 counts)</li> <li>• 2nd degree murder</li> <li>• Aggravated Assault</li> <li>• 15 lesser counts</li> </ul>	<i>Convicted</i>	<ul style="list-style-type: none"> <li>count 1-2 →</li> <li>count 3 →</li> <li>count 4 →</li> <li>counts 5-20 →</li> </ul>	<ul style="list-style-type: none"> <li>• 1st degree murder (2 counts)</li> <li>• 2nd degree murder</li> <li>• Aggravated Assault</li> <li>• 15 lesser counts</li> </ul>	76 years	Actual term of 76 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> <li>• Aggravated burglary</li> <li>• Interference with communications</li> <li>• Kidnapping</li> </ul>	<i>Pleaded</i>	<ul style="list-style-type: none"> <li>count 1 →</li> <li>count 2 →</li> <li>count 3 →</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> <li>• Aggravated burglary</li> <li>• Interference with communications</li> </ul>	47 years; 7 yrs. suspended	Actual term of 40 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• 1st degree murder</li> <li>• Kidnapping</li> <li>• Criminal sexual penetration</li> <li>• Tampering with evidence</li> </ul>	<i>Pleaded</i>	<ul style="list-style-type: none"> <li>count 1 →</li> <li>count 2 →</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Manslaughter</li> <li>• Kidnapping</li> </ul>	26 years; 1 year enhancement (habitual offender)	Actual term of 27 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> <li>• 1st degree attempted murder</li> <li>• Aggravated burglary</li> <li>• Tampering with evidence</li> </ul>	<i>Pleaded</i>	<ul style="list-style-type: none"> <li>count 1 →</li> <li>count 2 →</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> <li>• 1st degree attempted murder</li> </ul>	26 years; 11 yrs. suspended	Actual term of 15 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• 1st degree murder</li> <li>• Tampering with evidence</li> </ul>	<i>Pleaded</i>	<ul style="list-style-type: none"> <li>count 1 →</li> <li>count 2 →</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> <li>• Tampering with evidence</li> </ul>	26 years; 11 yrs. suspended	Actual term of 15 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• 1st degree murder</li> </ul>	<i>Pleaded</i>	count 1 →	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> </ul>	20 years;	Actual term of 20 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> </ul>	<i>Pleaded</i>	count 1 →	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> </ul>	20 years;	Actual term of 20 years; 5 yrs. parole
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> <li>• Tampering with evidence</li> </ul>	<i>Pleaded</i>	count 1 →	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> <li>• Tampering with evidence</li> </ul>	19.5 years	Actual term of 19.5 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> <li>• Tampering with evidence</li> </ul>	<i>Pleaded</i>	<ul style="list-style-type: none"> <li>count 1 →</li> <li>count 2 →</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> <li>• Tampering with evidence</li> </ul>	18 years; 15.5 yrs. suspended	Actual term of 2.5 years; 5 yrs. probation
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> <li>• Tampering with evidence</li> <li>• Possession of a Firearm by a felon</li> </ul>	<i>Pleaded</i>	<ul style="list-style-type: none"> <li>count 1 →</li> <li>count 2 →</li> <li>count 3 →</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> <li>• Tampering with evidence</li> <li>• Possession of a Firearm by a felon</li> </ul>	17 years;	Actual term of 17 years; 2 yrs. parole
<ul style="list-style-type: none"> <li>• Murder (open charge)</li> <li>• Tampering with evidence</li> </ul>	<i>Pleaded</i>	count 1 →	<ul style="list-style-type: none"> <li>• 2nd degree murder</li> </ul>	15 years;	Actual term of 15 years; 2 yrs. parole

# Findings

**Table 8.** Perpetrator charges and sentencing (continued).

Initial Charge(s)	Plea or Conviction	Sentence	Time Given	Comments
• Murder (open charge)	Pleaded	count 1 → • 2nd degree murder	15 years, 1 year enhancement (habitual offender), 4.5 yrs. suspended	Actual term of 11.5 years; 1 yr. parole
• 2nd degree murder • Tampering with Evidence	Pleaded	count 1 → • Involuntary manslaughter count 2 → • Tampering with Evidence	6 years	Actual term of 6 years; 2 yrs. parole
• 2nd degree murder • Aggravated Battery • Battery against a household member	Pleaded	count 1 → • Voluntary manslaughter	6 years	Actual term of 6 years; 2 yrs. parole
• Voluntary manslaughter	Pleaded	count 1 → • Involuntary manslaughter	1.5 years, all suspended except for time served	Actual term served 1 year; 1 yr. parole

## Other Deaths Attributed to Intimate Partner Violence

*“Missing from the Circle”* is a public service to American Indians and families searching for loved ones. Hundreds of Indian people across the country are missing without a trace, leaving loved ones devastated and without closure. For decades, many cases have gone unreported or become cold cases because of lack of evidence or inadequate resources on remote Indian lands to address this tragic problem. Today there are hundreds of missing or unidentified American Indians needing to be reunited with their family and cultural circle. For those missing we must search. For those deceased who remain unidentified, we must identify to ensure their remains are returned for proper care.

<http://www.lamarassociates.net/missingpersons.html>

Every year in New Mexico, skeletal remains of women are recovered from regions throughout the state. The manner of death in many of these cases is undetermined and the identity of the decedent is often unknown. How many of these “Jane Doe’s” were victims of a domestic violence or sexual assault homicide?

The possibility that a subset of these cases were due to sexual assault or domestic violence reminds us that the exact toll of violence against women is elusive. Compounding the injustice associated with these cases are socioeconomic issues and the fact that many “Jane Doe’s” are discovered in underserved rural communities. How many of such cases involved impoverished women? How many occurred on tribal land? Where do families of the missing go for help?

We address the likelihood of this subset of deaths with the hope that other fatality review teams and the general public will call attention to these cases. Perhaps, using genetic profiles of family members of missing persons coupled with improvements in forensic science some unidentified decedents will be identified.

However, unless fundamental issues surrounding the perpetration of intimate partner and sexual assault killings are addressed at all levels of society and accompanied by meaningful social change the

problem will remain. The findings and recommendations of this report strongly suggest that more can be done and we hope that his report is used for implementing change.

IPV brings millions of Americans to the health care system each year. Failure to recognize, treat and refer abuse can lead to adverse health outcomes, injury and potentially death. It is important for clinicians to be alert to symptoms or signs that could be associated with IPV, such as headaches, depression, insomnia, anxiety, vague abdominal or pelvic pain and unexplained bruises. IPV is directly associated with depression, anxiety, suicidality, post-traumatic stress disorder, mood and eating disorders and substance dependence. Knowledge of abuse may influence assessment and treatment of the patient's health problems. Failure to detect IPV may result in unnecessary medical testing, inconsistent treatment and will delay referral to proper services.

Mental or physical health issues were identified in nearly every case reviewed in depth by the team. Substance abuse history, primarily involving alcohol, appeared in 71% of the cases. In about half of the reviewed homicides, the perpetrator and victim were at risk or dependent drinkers. Determination of quantity and frequency of alcohol use was most often self-reported by the perpetrator, identified in the decedent's medical records, or presented in sufficient detail in law enforcement witness interviews with family and friends of the perpetrator and victim. Police reports documenting IPV preceding a homicide were an additional source for identifying substance abuse patterns and history. Patterns of escalating substance abuse among perpetrators in the days or weeks preceding a homicide were identified in several cases suggesting the likelihood of increased dangerousness for victims and perpetrators.

Four cases involved perpetrator history of methamphetamine abuse. One perpetrator self-reported bingeing on methamphetamine prior to the commission of a homicide. Perpetrator history of cocaine abuse appeared in two cases. Substance abuse in many cases served to further isolate victims from family and may have kept them from accessing others kinds of support such as domestic violence services.

The team identified perpetrator mental health problems in eleven (39%) of the reviewed cases using the same methodology. All of the murder-suicide cases were included in this category. In half of the murder-suicide cases, relatives or friends of the deceased specifically reported knowledge of previous suicide or homicide threats.

Finally, four cases involved perpetrators or victims with serious physical health problems. One murder-suicide involved a female victim with a diagnosis of Alzheimer's disease. Her husband, who also had chronic health problems, was her primary caretaker. The couple had been married a long time, but there was no documentation that the husband was screened for depression.

## Spotlight on Alzheimer's Disease

Alzheimer's disease is the seventh leading cause of death in the United States. A recent study projected that by the year 2050 there may be as many as 13 million persons suffering from the disease in the United States.<sup>1</sup> Today, there is an estimated 4 million persons diagnosed with Alzheimer's. The activity of caring for these individuals places tremendous costs on the health care system and presents unique challenges for families and care givers. An increase in the number of persons living with Alzheimer's could translate into an increase in the number of murder-suicides among this population in the absence of improved identification of risk factors and adequate intervention and prevention efforts.

In 2005, a published case control study compared a group of older married men, suicide only versus spousal homicide-suicide.<sup>2</sup> Their results showed that homicide-suicide perpetrators had a significant IPV history and were caregivers for their female partner. In contrast, the suicide only group tended to be receiving care from their female partner and suffered from a variety of chronic ailments. Risk factors for suicide that clinicians should be alert to depression, older age, long term marriages, one or both with health problem or IPV, and past ideation about suicide or violence. A 2000 *Psychiatric Times*<sup>3</sup> report identified the following intervention/prevention strategies:

- Intensive treatment of depression.
- Removal of firearms from the home.
- Increase social support for families and partners that are caregivers.

1. Hebert L, Scherr P, Bienias S, *et al.* Alzheimer Disease in the US Population. *Arch Neurol* 2003; 60:1119–22.

2. Malphurs J, Cohen D. A Statewide Case Control Study of Spousal Homicide-Suicide in Older Persons. *Am J Geriatr Psychiatry* 2005; 13(3):211–7

3. Cohen D. Homicide-Suicide in Older People. *Psychiatric Times*. 2000; 17(1).

## IPV Documentation by Health Care Providers

Medical documentation is very important for legal proceedings. Good documentation can reduce the risk of the health care provider needing to testify in person. This new law requires all licensed health care providers to document domestic violence. This is NOT mandatory reporting.

### Purpose:

- To provide domestic violence victims with a tool to be used in court, especially when requesting Orders of Protection.

### Medical Personnel Must:

- Document all subjective and objective findings related to domestic violence in the medical record.
- Document name of alleged perpetrator in the medical record.
- Provide all identified or suspected domestic violence victims with referral for services.

### Please Note:

- Reporting to law enforcement is NOT mandatory, unless: Victim requests, or Otherwise mandated by law such as in suspected child or elder abuse.
- Documents are confidential.
- Documents can ONLY be released with patient's written consent or court order.

### Documentation Example:

**S:** GG is a 43 yo woman who complains of neck pain and bruising after a fight with her husband (JJ Smith) at 10 pm in her apartment. She states that "he choked me with his hands until I passed out." JJ stated to her that "I'm going to kill you." She does not want to call the police.

**O:** Vital signs are normal. Patient is anxious and tearful. Her voice is hoarse. There is a 1.5 cm red, tender thumb-like ecchymosis over her right anterior neck, between the sternocleidomastoid muscle and the laryngeal prominence.

**A:** Strangulation, domestic violence. Her injuries are consistent with her history.

**P:** Observation, resources provided, safety plan discussed.

Another murder-suicide case involved a male perpetrator with medical complications of hepatitis C. Several days before he killed his wife, he met with a treatment team in another state to discuss his forthcoming liver transplant. The victims' family in this case reported that she was not going to get a divorce because she wanted her insurance to still cover the perpetrator's healthcare needs. Interviews suggested that his mental health issues went undetected despite the care he was receiving for his physical condition. A different victim also suffered from chronic liver disease, abuse and chemical dependence. She was treated for her physical condition and dependency, but never accessed resources for the abuse she was experiencing. An overall lack of integration between substance abuse providers and the domestic violence community was observed.

## System Weaknesses

- IPV often goes unnoticed as a cause of physical and psychological injury in all health care settings.
- Medical documentation of physical abuse usually lacks the detail found in forensic examinations.
- IPV health care education is not always a part of ongoing training for mental and physical health care professionals.
- Alcohol and substance abuse are highly prevalent in IPV, but referral and treatment of these conditions are often not made and treatment programs are limited in number and funding sources are limited.

## System Strengths

- Many professional associations have spotlighted IPV in continuing education curriculum.
- There has been an increase in the number of Sexual Assault Nurse Examiner (SANE) Units in New Mexico, particularly in rural New Mexico.
- Health care providers are now required to document cases of IPV in the medical record.
- There is increased screening for IPV among health care first responders.
- There is improved cooperation between care providers, physicians and victim assistance.
- A specialized program in IPV and sexual assault has been developed at the University of New Mexico Hospital for Emergency Medicine residents.
- There is improved EMS response to IPV incidents that includes strategies for keeping personnel safe while providing medical care, discussing injuries and medical complaints common to victims of IPV.

## Recommendations

- Improve quality and quantity of documentation of domestic violence by health care providers consistent with New Mexico law (see sidebar on opposite page; N.M. Stat. Ann. § 40-13-7.1 Medical personnel; documentation of domestic abuse).
- Alert physicians and other health care professionals to risk factors associated with homicide-suicide in elderly populations. Such factors include relationships where an older male is caring for a female who is ill, the marriage is longstanding, the health care needs of one or both have changed and the female is in, or about to be admitted, to an institution.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.
- Develop a higher level of system integration between substance abuse, mental health and domestic violence service providers so that cross-training and multi-disciplinary research can occur.
- Develop a series of IPV monitoring initiatives at hospitals and other health care sites statewide to elicit a more accurate picture of the magnitude, cost and prevalence of the problem.

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### *Diana and Steven*

Raymond leaned against an ice box in his girlfriend's kitchen with a bleeding gunshot wound to his back. He had just dropped his cell phone into his shirt pocket after calling 911 to report a shooting at the residence. As he waited for help to arrive, he watched his 38-year-old girlfriend, Diana, bleed out on her kitchen floor from gunshot wounds to the head, shoulder and lower back. One room over, Diana's estranged ex-husband, Steven, was barely breathing and not long after deputies arrived he succumbed to his injury, a self inflicted gunshot wound to his right temple with a .357 caliber pistol. Diana later died from her injuries after being airlifted to a nearby trauma center. Raymond recovered from his wounds and continues to live in the same community.

Law enforcement interviews revealed that Steven had recently returned from a trip where he had medical appointments related to managing Hepatitis C. He was also on a donor list to obtain a new liver. Prior to the trip, Diana spoke with Steven about

separating and was in the process of moving into a new residence when the offense occurred. One of Diana's relatives stated that Steven made homicidal threats for over a year, including "if I can not have Diana then no one else will." Relative attempted to respond to Steven's threats. They approached his family and asked if they would take precautions such as getting him to turn over his firearms. Steven retained custody of his firearms.

Another relative shared that Diana wanted to split up with Steven, but was not going to get a divorce because she wanted her insurance to still cover Steven's healthcare needs. She also stated that less than a week prior to the homicide, Steven confronted Diana. He told her that he wanted her to go with him to discussions with healthcare providers about his liver transplant. During the conversation he told Diana that if she did not go with him to the appointments that he was going to kill her.

## **Specialized Prosecution Unit for Misdemeanor IPV Cases**

### *Second Judicial District*

As part of an effort to decrease the dismissal rate for misdemeanor IPV cases handled by the Second Judicial District, a specialized pilot prosecution unit was established within the District Attorney's Office in 2005. The unit was staffed by a full time ADA and a team of time victim advocates and investigators. Other resources available to facilitate the processing of cases included access to pre-prosecution diversion and repeat offender programs. During the pilot period, the dismissal rate was 43% compared to the countywide average of 78%.

One assistant trial attorney wrote the following about her experiences working cases in the specialized prosecution unit. "I believe the project accomplished the very important objective of engaging victims in the legal, criminal, prosecutorial process. Some of the cases that resulted in dismissals still show that the state, the prosecutor, investigator, or advocates, had extensive contact with victims and decided based upon circumstances to dismiss a case. We had situations where victims would call every week just to check in even if they wouldn't tell us where they lived so that they could be served. Ultimately, that case ended up being dismissed, but the victim knew we were there, should she change her mind. One cannot put that story into a statistical form. Almost every single case in the project had some type of interaction with the District Attorney's Office. I believe that even many of the dismissals were a success because they are cases that were actively worked by our team. We never gave up on a case until it was clear that we had exhausted all of our options. No cases were dismissed for lack of effort. This is a success."

IPV cases are among the most frequent in the legal system and New Mexico has one of the highest national rates of domestic violence filings per capita. Furthermore, IPV cases present complicated and potentially confusing scenarios for victims unfamiliar with criminal justice procedures. There are also immense resource constraints in IPV-related cases on many district attorneys' offices to locate and serve individuals, prepare evidence, conduct interviews, and provide transportation to victims. In one judicial district, a case reviewed in depth by our team concerned a male abuser who was killed by his girlfriend in what was later ruled a justifiable homicide. One of the hallmarks of the case was an inability of the courts to adequately mediate the fallout from a repeat offender who concurrently abused one former and one current intimate partner over several years. There were numerous law enforcement reports, multiple orders of protection and violations of those orders. Despite several convictions, sentences were consistently suspended and there were no provisions for the enhancement of repeat offenses. Overall, 54% of the homicide perpetrators in cases reviewed in depth were repeat offenders, having law enforcement documented battery of their partner in two or more misdemeanors. On average, there were 4.4 previous law enforcement reports of IPV-related misdemeanor offenses among the repeat offender group. One subject had a prior sexual assault homicide conviction. Only 18% of the homicide perpetrators had a documented history of one or more IPV-related felony. All of those identified in the felony group were also identified as repeat offenders in the misdemeanor group. It was difficult to fully ascertain a perpetrator's entire criminal history, but we found evidence in several cases that previous partners (prior to the homicide) of perpetrators were regularly abused.

Other cases revealed different system challenges. For instance, a victim of domestic abuse frequently must monitor several actions in different courts. Orders of protection in New Mexico are issued from the district courts while most misdemeanor offenses are prosecuted in a magistrate or Metropolitan Court. The review of several cases caused concern to the committee that information regarding arrests for violations of order of protection was not being given to the issuing civil court. Suggestions to remedy this gap in information sharing include protocols requiring county jails or law enforcement to inform domestic violence judges or commissioners when there is an arrest for the violation of an order of protection. At one judicial district in New Mexico, the court employs two probation officers who assist the domestic violence commissioners in monitoring compliance. Improved communication between

probation officers at the metropolitan and magistrate courts with the district courts that issue orders of protection will improve victim safety and enhance offender accountability.

While the legal system has made significant progress in recent years in areas of judicial education, advocacy, sentencing, and court interventions, there are still problems that need to be addressed. The New Mexico Intimate Partner Death Review Team has identified several system weaknesses through detailed case review and provided recommendations to strengthen legal system responses to IPV.

## System Weaknesses

- Specialized probation programs and ongoing risk management for arrested perpetrators are unavailable in most New Mexico judicial districts.
- Inadequate communication and contact between domestic violence courts and probation officers can result in poor supervision of offenders.
- High case volume for individual prosecutors can inhibit their ability to spend time dealing with victims, adequately develop cases both legally and factually, and overall familiarity with their cases.
- Training for administrators, clerks, and other court staff about issues unique to intimate partner violence is largely unavailable.
- Resources constraints in district attorneys offices can result in the loss of maintaining victim contact, particularly among cases that go into warrant status because the defendant fails to appear at an initial case stage.

## System Strengths

- Specialized IPV prosecution units exist in some district attorney offices.
- Courts increasingly integrate offender accountability programs.
- Many rural regions have increased prosecution of misdemeanor and felony IPV cases.

## Recommendations

- Provide for enhanced and mandatory jail time for repeat offenders.
- Expand the number of specialized prosecution units that focus on misdemeanor level domestic violence cases. These units need to have full-time investigators and victim advocates assigned to them in addition to other resources such as pre-prosecution diversion and repeat offender programs.

## Domestic Violence Repeat Offender Program (DVROP)

### *Bernalillo County Metro Court*

The goal of the program is to reduce incidents of domestic violence in the community by providing court services to high-risk repeat offenders, mete out immediate consequences for program violations, and provide treatment and resources to the offender and his/her family that modify behavior which leads to domestic violence.

- The program's objective is to address the issue of repeat offenders in misdemeanor domestic violence cases; to ensure public safety and the safety of the victim and families in domestic violence situations and to assist in the treatment and counseling of all parties involved in the domestic violence cycle.
- The program consists of eligible offenders that are post conviction/pre-sentence cases. If the offender is accepted into the program, he/she is under intense supervision requiring treatment, employment/school or community service, random drug and alcohol screens and mandatory court reviews on a regular basis.
- The DVROP teams consists of a program judge, a probation officer, a court clinician, and a judicial specialist. It is a four phase program which can be completed in 52 weeks.
- Phase 1: two weekly meetings with probation officer (PO), weekly drug and alcohol screen, twice monthly case reviews with a judge, minimum of three weekly treatment sessions, AA/NA meetings with sponsor.
- Phase 2: One weekly meeting with PO, one weekly drug and alcohol screen, monthly case review with a judge, minimum three weekly treatment sessions.
- Phase 3: Two monthly meetings with PO, two monthly drug and alcohol screen, monthly case review with judge, minimum three weekly treatment sessions.
- Phase 4: One monthly meeting with PO, one monthly drug and alcohol screen.

## Recommendations (continued)

- Support early intervention programs for misdemeanor offenders.
- Introduce protocols requiring county jails or law enforcement to inform domestic violence judges or commissioners when there is an arrest for the violation of an order of protection.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates. Closer supervision might involve graduated sanctions for perpetrators who are not compliant with court-ordered interventions.
- Support and encourage the application of enhanced penalties on sentences, such as firearm and child abuse enhancements.
- Encourage statewide adoption of dedicated IPV courts similar to the drug court model.
- IPV legal issues should be incorporated throughout the law school curriculum. Alerting lawyers to the ways in which IPV issues surface in seemingly unrelated fields of law can be achieved through alterations in the core legal curriculum.

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### *Ellen and Daniel*

On an early morning in the spring of 2004, JD dropped in to visit with his 37 year-old sister, Ellen, who lived nearby with her husband, Daniel, and their teenage daughter. As he approached their home, he noticed smoke inside the residence and raced to get inside. After forcing entry, JD retreated from the intensity of the heat and called 911 from a phone up the road.

The scene inside the residence was grim. Daniel's body was discovered in the living room with multiple stab wounds and burn marks on his hands consistent with having started a fire using accelerant. In a back bedroom, the remains of his wife and their teenage daughter were recovered with extensive thermal injuries and charring of the entire body surface area. Both of them died from multiple blunt force injuries of the head. During the removal of the bodies, a bloodied crowbar was discovered underneath Ellen's daughter. Authorities believed that Daniel was stabbed by Ellen six times during an altercation that involved the crowbar. After he bludgeoned his family and started the fire, he succumbed to his stabbing injuries and the carbon monoxide produced by the fire.

Toxicology findings revealed the presence of ethanol in all the decedents. Cocaine metabolites were present in blood sampled from Daniel and Ellen.

Ellen started her relationship with Daniel in the late 1990's after getting to know him while he was a patient at a local alcohol and drug treatment center. There were several DV-related police reports in the years preceding the homicide. Witness interviews and law enforcement reporting suggest a pattern of increasing substance use and escalation in conflict between Daniel and Ellen prior to the killings.

There was widespread knowledge among family and friends of problems in Daniel and Ellen's relationship and unremitting alcohol abuse. Daniel had a long history of abusing alcohol and driving under the influence documented by four previous DWI convictions.

Ellen was offered the opportunity to participate in the pre-prosecution diversion program and refused. In the fall of the previous year, a stipulated dismissal contingent upon no new charges at the end of a six month period was arrived upon whereby Ellen was to submit to alcohol assessment and comply with any recommendations. Unfortunately, not long after this agreement, Ellen was charged again with a related DV related offense. She obtained several continuances for hearings related to these charges and was killed before her court date.

Advocacy is an essential component of victim services. Victim advocacy facilitates access to resources, safety planning, includes support, referrals to service and navigation of the legal system. Advocacy organizations are in a unique position to work with many of the system components available for victims of intimate partner violence, such as coalitions to shelters, crisis centers, law enforcement, health care, and the courts.

In addition to statewide organizations like the New Mexico Coalition Against Domestic Violence with its network of shelters, the New Mexico Coalition of Sexual Assault Programs with SANE programs and rape crisis centers, there are a variety of other organizations and service providers statewide. (links to service providers are online at <http://www.nmcadv.org>)

Two organizations serving the immigrant community are Enlace Comunitario (see sidebar) and Catholic Charities. Catholic Charities provides <qqq>

Other organizations in New Mexico serve the needs of American Indians such as the Peacekeepers Domestic Violence Program (see sidebar) and the Coalition to Stop Violence Against Native Women. This coalition provides assistance and support to Native women who have been battered or sexually assaulted. It is also a forum for support, community organizing, and networking opportunities.

Important multi-agency organizations that work with a broad spectrum of service providers exist as well. They include the NETWORK and the emergence of organizations that co-locate victim services. The NETWORK, formed in 2002, is an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations dedicated to strengthening policies, protocols and services to reduce the incidence of sexual assault and domestic violence in state and tribal communities.

Transformations in service delivery through the co-location of services in Family Advocacy Centers are occurring in New Mexico. In October 2006, the Tri-County Family Justice Center opened in Las Vegas and in the fall of 2007, the Albuquerque Family Advocacy Center will open its doors. Some of the advantages of co-locating services in one facility include a victim friendly environment, reduction of investigation time for agencies involved, improved quality of investigations, reduction in the number of victim interviews and a decrease in travel time for victims and service providers.

## **Enlace Comunitario**

### *Spanish language services for victims of domestic violence*

Enlace Comunitario's mission is to work with Latino immigrants to eliminate domestic violence and strengthen their community.

Domestic violence affects women from all nationalities, ethnic backgrounds and social classes. However, women from immigrant communities appear to be at greater risk than others, and are undoubtedly less likely to access needed services. The primary problem for Spanish-speaking domestic violence victims in Albuquerque is not their culture or demographics, but their access to services. While Albuquerque does offer a variety of services and a shelter care for domestic violence victims, Enlace Comunitario offers the only comprehensive program for Spanish-speaking victims in the city. Enlace Comunitario provides the following services:

- Domestic violence-related therapy, intervention during a crisis, safety planning, case management, parenting and life skills classes, and other direct services for battered immigrant women and their children
- Promoting immigrant leadership development and the strengthening of immigrant-led organizations, and facilitating presentations in Spanish about immigrant rights and domestic violence issues.
- Developing, translating and distributing informational material on domestic violence and immigration. We also develop case management and counseling tools in Spanish which we share with other providers throughout the state.

We envision a city, state and nation where immigrants can become a collective, conscious, free and powerful force dedicated to the eradication of violence and the elimination of barriers to success.

**505-246-8972**

## **Eight Northern Pueblos Council** *Peacekeepers Domestic Violence Program*

The Peacekeepers program is a domestic violence program serving individuals residing within the Eight Northern Pueblos. We seek to raise awareness of domestic violence by educating the communities on the devastating effects of domestic violence and to address and reduce violence by offering the following services:

- Domestic violence counseling, crisis intervention and women's support groups. Counseling is available in a confidential setting.
- Adult/children's counseling. Age appropriate counseling and/or therapeutic activities for children of victims of domestic violence available through referral.
- Advocacy. Court advocacy, assistance with protection orders, assistance in civil legal matters relating to domestic violence, transportation to courts, health care facilities, housing, and shelters.
- Training for service providers, tribal courts, law enforcement and tribal government personnel, schools, community members, and alcohol treatment centers.
- Systems advocacy to address policies and procedures of the court systems and other criminal justice issues.
- Offenders Group. Perpetrator education groups for those addressing their use of violence against their partners or household members.
- Prosecution on behalf of the Pueblos of domestic violence or sexual assault cases perpetrated against Indian women and children.
- Civil legal assistance to victims of domestic violence such as child support, custody, divorce, and orders of protection.
- Transition housing pilot program - two apartments for victims and their children for independent living.

**505-753-4790**

## **System Weaknesses**

- A systematic approach to service delivery once the victim has entered the system has not been developed.
- Shelters and support of their operations are underfunded, especially in rural areas.
- Specialized programs for advocates to travel with first responders to IPV crime scenes are few.
- Resources are lacking for underserved populations, including American Indians, victims with disabilities, and battered immigrant victims and their children.
- Special programs to enhance civil legal assistance for victims of IPV are unavailable to the majority of victims.

## **System Strengths**

- Specialized child advocacy addressing family violence in the home is increasing. This includes safety planning with children.
- Coordinated Community Response teams exist in some counties.
- Service delivery models that co-located victims services in one facility are emerging in New Mexico.

## **Recommendations**

- Increase the frequency with which victim advocates respond to IPV crime scenes throughout New Mexico.
- Enhance counseling and education opportunities for victims of IPV and their children.
- Improve communication along the continuum of care for victims of IPV. Principal players in mental health, substance abuse treatment, transitional housing, advocacy services, and career services need increased opportunities for interdisciplinary professional development.
- Increase the number of special programs to enhance civil legal assistance for victims of IPV.

### **A perspective from Melissa Ewer, immigration attorney, Catholic Charities**

When the team reviewed the case of “Juan and Lucinda”, I thought of a number of my Mexican immigrant clients whose situations closely paralleled the facts of this 2003 homicide: a decades-old marriage, a large immediate family including young children and an abusive husband with substance abuse problems. Previous threats that he would kill her and/or her family, combined with limitations on her interaction with others, is a common experience for many of my clients, most of whom are immigrants who have experienced violence with an intimate partner. Several police reports on the offender for domestic violence as well as other criminal charges (DWI, burglary and robbery) and a medical assessment reveal several opportunities for the “system” to interact with the victim and/or offender. However, there is no indication that either the victim or the offender had accessed advocates or treatment, even though the location of the family was Albuquerque, the largest metropolitan area in the state and the place with the most resources. In my experience, many immigrant women with a long history of abuse ultimately receive help through a trusted friend, family member, church member or teacher at their children's school who perhaps has accessed services herself in the past and serves as a source of encouragement. Culturally and linguistically competent service providers, effective attention to substance abuse issues along with community awareness and sensitivity to issues of intimate partner violence will bring the state of New Mexico closer to preventing the deaths of additional victims of intimate partner violence.

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#### *Lucinda and Jaun*

*“My Dad would tell my Mom that she was gross because he thought that my Mom was worthless and stupid” -Lucinda’s 9-year-old daughter.*

In the Spring of 2003, Juan stabbed his 38 year-old wife, Lucinda, eleven times in the presence of their 3 year-old grandchild. Shortly after the stabbing, his 9 year-old daughter came home from playing in the park and found her mother face down in a pool of blood and watched, as her father ran away. Juan eventually fled to Mexico, where he lived for a little over a year, until Mexican authorities apprehended him and processed his extradition to the United States.

Juan was born and raised in Northern Mexico. He came to the United States in 1980 via Ciudad Juarez. Law enforcement records indicate that he was deported to Mexico in 1988, but returned to the US shortly thereafter. Lucinda and Juan were married for twenty five years and they had seven children together. Interviews with relatives recounted a

life of fear and misery for Lucinda. He was an alcoholic, a drug user, and an abuser. Lucinda lived in fear that if she left her husband, he would kill her or her sons. According to one family member “Juan was very controlling and did not like her wearing make-up or socializing.” Another family member told interviewing officers that Lucinda out of fear, frequently slept in a different room away from Juan with the door locked. According to others, she wanted to leave Juan and return to live in Mexico.

Juan had a long substance abuse history. He started drinking when he was a teenager. He self reported that he typically consumed 2 cases of beer about every three days until he was thirty years-old. On the day of the offense, Juan was on a three day drinking binge. There were three previous DV related law enforcement reports detailing physical violence and alcohol abuse.

Juan pled guilty to second degree murder and received a sentence of 15 years.

**Albuquerque Police Department  
Criminal Investigation Bureau  
Violent Crimes Division  
Family Abuse Stalking Training  
Team (FASTT) unit**

The FASTT unit is responsible for the investigation and preparation of cases involving domestic violence and stalking. The unit also provides training and victim assistance.

- Responsible for conducting a complete and thorough investigation, including case supplemental close outs.
- Responsible for proper case documentation regarding the inclusion of evidence, to include taped or written statements, photographs and other related documents.
- Responsible for the instruction of one field training block per month.
- Provides victims of domestic violence and stalking with all needed information and available resources.
- Provides assistance in the preparation of court orders of protection and related paperwork.
- Obtains and executes arrest and search warrants as needed.
- Provides assistance and guidance, when requested, to field service units relating to proper domestic violence and stalking investigation techniques.
- Prepares and provides court testimony.
- Conducts public educational awareness programs relating to domestic violence and stalking.
- Assists in homicide investigations, as a result of participation in the homicide call out team.
- Submits on a timely basis, all reports and documentation required by the unit, section, and department.
- Responsible for coordinating and conducting needed surveillance regarding case follow up.

Law enforcement (LE) reports are among the most available sources of information concerning past history of intimate partner violence between homicide victims and perpetrators. Every single case reviewed in depth by the team had at least one law enforcement report associated with it. This is not necessarily true for other systems accessed by victims or perpetrators such as health care, advocacy, or civil legal assistance. This results in increased scrutiny of LE response to the problem, especially if previous reports of service prior to the homicide are available and no other sources of information are at hand. This is an important consideration for the fatality review process when evaluating the broader context and the community dimensions of IPV-related deaths. In many reviewed cases, police reports reflected numerous ongoing narratives ranging from substance abuse patterns, family awareness of the problem, community awareness of the problem, controlling behaviors, to previous threats of death. A tendency to focus on law enforcement failures has to be adequately balanced by acknowledging and recognizing that not all previous law enforcement reports for service are riddled with system failures, even though some illustrate missed clues and opportunities for intervention. Context is important, especially when evaluating the magnitude and the complexity of the problem intimate partner violence presents for law enforcement personnel. For example, in 2005, according to the New Mexico Interpersonal Violence Data Central Repository, there were 28,256 IPV-related reports to law enforcement in New Mexico, an average of 77 calls for service per day.

Law enforcement officers and other first responders to intimate partner violence scenes frequently experience a complex, volatile and confusing environment. Risks to officers safety cannot be understated. In 2004, an officer responding with his partner to shots fired at a residence in Otero County resulted in a deputy killed in a case involving a male abuser who had just murdered his pregnant wife. In 2001, a member of a SWAT extraction team in Gallup was killed during a raid on a home where a suspect was holding his wife and child at gunpoint.

There are other less recognized cases involving male abusers who were shot and killed by on duty law enforcement officers. There were three such cases in 2003 and 2004. In each one, the male abuser presented a threatening scenario for an intimate partner which ultimately put responding officers in a situation of having to utilize deadly force.

What may have prevented the previously mentioned deaths and others associated with domestic violence? What are some of the milestones that have allowed police departments to improve

their response to domestic violence? How can police departments and other institutions develop meaningful patterns of cooperation in handling the social problems associated with domestic violence? How can fatality review teams contribute to this conversation?

In 68% of the cases reviewed in depth by our fatality review team there was at least one IPV-related police report documented prior to the homicide. The team has attempted to balance important and crucial information about law enforcement responses to the problem of IPV by underscoring several law enforcement system strengths and weaknesses related to domestic violence. Improving law enforcement response to IPV is the ultimate goal of any system review and requires not only political will from leadership within law enforcement agencies, but also a multidisciplinary approach involving representatives from the advocacy, judiciary, prosecutorial, legislative and medical communities.

## System Weaknesses

- The level of dangerousness is frequently minimized for misdemeanor level IPV cases.
- There is a lack of accountability for officers to properly implement IPV-related procedures, sometimes resulting in insufficient prioritization.
- There are administrative barriers to conducting more thorough investigations of murder/suicides.
- Delays are encountered in reporting IPV cases to district attorney's offices, resulting in dropped cases.

## System Strengths

- Many departments have implemented standardized protocols for IPV response, including checks for prior histories of IPV, a greater attention to risk assessment, and the development of specialized law enforcement units.
- All counties require sworn officers to distribute informational packets to victims at the IPV scene with data on how to obtain orders of protection and specific details on victim's rights.
- Several law enforcement agencies in New Mexico have access to victim assistance programs and their personnel for field work.
- IPV-specific training is available to a large number of officers.
- Several law enforcement agencies in New Mexico have access to victim assistance programs and their personnel for field work.
- The NM Legislature enacted a law which requires all permanent Orders of Protection to be entered into the National Crime Information Center (NCIC) database.

## **Santa Fe Police Department** *Domestic Violence, Sexual Assault, and Stalking liason*

The liason role was crafted in 2006 by Mayor David Coss and leadership from Esperanza Shelter for Battered Families, the Rape Crisis and Trauma Treatment Center, the District Attorney's Office, Family Court and the Police Department in response to community concerns regarding a high number of domestic violence, sexual assault and stalking cases in the City of Santa Fe.

The position is dynamic and includes facilitating the local Coordinated Community Response to DV/SA/S; reviewing all DV/SA/S dispatch and incident reports; following up on incident reports when there is a high lethality factor; ensuring that the SFPD provides the best possible services to survivors through attendance at in-house, local and national trainings; networking with agencies that provide adjunct services to both perpetrators and survivors of violence; writing grants to improve services from the SFPD and other partner agencies; planning conferences and other education and awareness events for the public; and collecting and analyzing data. The position also maintains close relationships with statewide organizations such as the Homicide Review Team, the New Mexico Coalition Against Domestic Violence and the Network. The Liaison position is located in Criminal Investigations at the Santa Fe Police Department.

I have found the SFPD law enforcement officers to be very committed to ensuring safety for victims and their children. I am grateful to have this opportunity to work in the community and push an agenda which sees Santa Fe as the safest city in the United States and the world by 2012.

Carol A. Horwitz, Ph.D.  
Domestic Violence and Sexual Assault Liaison  
City of Santa Fe at the Santa Fe Police Department  
City of Santa Fe, New Mexico  
July 2007

## Recommendations

- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of domestic violence.
- Improve the evaluation of IPV reporting practices among law enforcement agencies statewide consistent with the standards of the New Mexico Interpersonal Violence Data Central Repository.
- Create a benchmark for correct and effective response and risk assessment in IPV cases and hold officers accountable to meet the standard.
- Improve victim notification services by strengthening communication between the courts, corrections, law enforcement and victims.

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### *Larry and Joan*

In the early hours of a spring day in 2004, the police received a call from a tenant in an apartment on J-street. The reporting party lived above Joan and Larry, a married couple engaged in a loud and boisterous fight. On arrival, officers located them inside their apartment. They had been drinking most of the night and according to Larry “a verbal argument got out of hand.” Joan advised officers that Larry struck her on the left side of her head and she was experiencing extreme pain. While one of the officers did not observe any marks or discoloration on the left side of her head, he did observe scratches and bruises on her left arm that appeared to be a few days old.

An ambulance was requested and when EMS personnel arrived Joan grew increasingly agitated and eventually refused treatment. Joan was upset. A belt tape captured her frustration. “That man has been arrested six times...He has been accused of all kinds of things and tonight it happened again.”

The next morning, Larry returned to his apartment. He knocked repeatedly on the door, but Joan did not answer. Larry called the police and requested a civil standby. Officers arrived, gained entry to the apartment and found Joan deceased on the living room floor. Her infant child was unharmed and found in his crib.

“Due to conflicting statements from Larry and Joan and the lack of physical evidence of a battery, no arrests were made. Larry agreed to leave the apartment and spend the night with a friend to avoid further problems,” wrote a detective in a criminal complaint against Larry for Murder in the Second Degree.

The cause of death was blunt force injury to the head. Autopsy revealed a fracture to her left temporal skull with a large amount of bleeding overlying her brain (epidural hematoma). The fracture was the result of a telephone striking Joan in the head after Larry threw it at her.

During interviews with law enforcement, Larry stated that he was married to Joan for approximately two years. For the past fourteen years he was in the military and recently took a hardship discharge. He told investigators that his wife lived in town for about a year and he moved out to join her and their child two weeks prior to the offense.

Larry was sentenced to a term of 18 months, all of which was suspended except time served (approximately 1 year), followed by one year parole. After his release from prison, he relocated out of state.

The legislative process is central to addressing intimate partner violence (IPV). Proposed IPV legislation is sometimes met with resistance, due to the stereotypes and biases, which are attached to interpersonal violence. Therefore, it is critical, in the pursuit of IPV legislation, that groups from different disciplines collaborate, both in the formation of IPV legislative initiatives and in lobbying on behalf of those initiatives. Collaboration will not only ensure the success of IPV legislation, but it will also ensure that the IPV legislation is beneficial to victims, children and New Mexico.

During the 2007 legislative session, several different groups and agencies pursued IPV legislation and funding initiatives. These legislative initiatives were not developed as part of a collective process, and were brought forth without support from all sides.

Some of the IPV initiatives were unsuccessful including a bill to increase penalties for battery against a household member and aggravated battery against a household member. Although the bill did not pass during the regular session, the Governor was committed to strengthening our domestic violence laws and placed this item on the call for the 2007 Special Legislative Session. (For successful legislation see sidebar)

In an effort to encourage unity in the pursuit of IPV legislation, strengthen New Mexico's response to domestic violence, and increase public awareness and accountability, Governor Richardson and the First Lady have begun the process of establishing a New Mexico Domestic Violence Leadership Board. This Board will consist of a multidisciplinary team of individuals working in the IPV field. One of the key functions of the Board will be to assist the New Mexico Domestic Violence Czar in developing the Governor's domestic violence legislative agenda. Likely to be on the Governor's 2008 legislative agenda, will be a bill to increase penalties for domestic violence offenses; however, the specifics of this proposed legislation, will be largely influenced by input from the New Mexico Domestic Violence Leadership Board. This collaborative process is expected to yield positive results in the pursuit IPV legislation that is beneficial to New Mexico.

At the federal level, resources continue to be allocated towards a spectrum of IPV-related services. Congress reauthorized and expanded the Violence Against Women Act in 2005, and President Bush signed it into law in January of 2006. The Violence Against Women Act of 2005 (VAWA 2005) contains new initiatives to help children exposed to violence, to train health care providers to support victims of abuse, to encourage men to become part of the solution, and to provide crisis services for victims of rape and sexual assault. It also continues efforts to

## **Violence Against Women Legislative News (2007)**

- To ensure safety for victims of domestic violence and their children, when fleeing a violent relationship, the New Mexico legislature enacted a law that allows victims of domestic violence or a representative to create a substitute address through the Secretary of State. The Secretary of State will act as an agent for the forwarding of mail and keep the victim's information strictly confidential. This law also requires other agencies public and private to accept this address, which will ensure that the victim's real address is kept out of multiple databases.
- The Legislature enacted a law increasing the probationary time for battery and aggravated battery against a household member to a period up to 2 years. Also, a late amendment to this legislation incorporated language from the Governor's increased penalty bill to require the offender to complete a domestic violence offender treatment program approved by the Children Youth and Families.
- To ensure increased enforcement of Orders of Protection, the Legislature enacted a law which requires all permanent Orders of Protection to be entered into the National Crime Information Center (NCIC) database.
- Critical to improving system responses to IPV throughout New Mexico, the Legislature enacted a law, which formally established the Domestic Violence Homicide Review Team through the Crime Victims Reparation Commission and appropriated \$80,000.00 in funding for the team. This multidisciplinary team reviews the facts and circumstances of domestic violence related homicides and sexual assault related homicides within the state. The team will determine the causes of death and their relationship to both government and non-government service delivery systems. Also, the team will continue to develop methods of domestic violence prevention.

## **Successful funding initiatives for the 2007 Legislative Session include:**

- CYFD received \$225,000 statewide domestic violence services, \$98,300 for oversight of statewide domestic violence programs and will once again administer \$2.6 million dollars of TANF funds for domestic violence programs.
- Over \$2.5 million dollars allocated to domestic violence shelters and programs for capital improvements.
- Additional funding for domestic violence shelters: \$100,000 was appropriated for the domestic violence shelter in Shiprock, three separate appropriations for a total of \$145,000 for the shelter in Ruidoso, \$30,000 for the shelter in Roswell, and \$47,000 for domestic violence services in Eddy County.
- \$70,000 was allocated to address domestic violence in before and after-school programs in Bernalillo County and Rio Rancho.
- Domestic violence related positions were funded in the 4th, 5th, 12th and 3rd Judicial District Attorney's Offices totaling \$345,000.
- \$190,000 to fund the Bernalillo County Metro Court Domestic Violence Pilot Prosecution Project.

strengthen the law enforcement response to violence against women and to provide supportive services, such as transitional housing to families forced to leave their homes because of violence.

Due to receiving over \$5,000,000 of VAWA funding in New Mexico annually, an increasing number of victims of domestic violence, sexual assault and stalking have been able to access services. In addition, VAWA funds devoted to enhancing the efforts of prosecution, law enforcement and the courts have improved the criminal justice system's response to these crimes.

VAWA 2005 includes additional requirements for which states must be in compliance in order to be eligible to continue to receive grant funding. It will be up to New Mexico's legislators to amend current state statutes during the 2008 session, to enable New Mexico to continue to provide these valuable initiatives that enhance victim safety and promote offender accountability.

### **Role of the New Mexico domestic violence czar**

The Domestic Violence Czar position was created in 2004 as a result of recommendations made to the Governor by the Domestic Violence Advisory Board, chaired by First Lady Barbara Richardson. The Domestic Violence Czar position was called upon to provide statewide leadership in addressing and emphasizing all aspects of domestic violence. The role of the Domestic Violence Czar is to act as chief policy advisor to the Governor in matters relating to domestic violence, to assist in the development and pursuit of the Governor's legislative agenda, and assist with implementation of successful domestic violence legislation. The Domestic Violence Czar is also responsible for promoting public awareness about domestic violence throughout the state, and coordinating domestic violence efforts between the Governor's Office, the courts, law enforcement, health care providers, state agencies and service providers; in addition to being a statewide point of contact for victims of domestic violence.

## DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., RN, FAAN  
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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the physical violence increased in severity or frequency over the past year?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does he own a gun?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you left him after living together during the past year?
		3a. (If have never lived with him, check here <input type="checkbox"/> )
<input type="checkbox"/>	<input type="checkbox"/>	4. Is he unemployed?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has he ever used a weapon against you or threatened you with a lethal weapon?
		5a. (If yes, was the weapon a gun? <input type="checkbox"/> )
<input type="checkbox"/>	<input type="checkbox"/>	6. Does he threaten to kill you?
<input type="checkbox"/>	<input type="checkbox"/>	7. Has he avoided being arrested for domestic violence?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have a child that is not his?
<input type="checkbox"/>	<input type="checkbox"/>	9. Has he ever forced you to have sex when you did not wish to do so?
<input type="checkbox"/>	<input type="checkbox"/>	10. Does he ever try to choke you?
<input type="checkbox"/>	<input type="checkbox"/>	11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
<input type="checkbox"/>	<input type="checkbox"/>	12. Is he an alcoholic or problem drinker?
<input type="checkbox"/>	<input type="checkbox"/>	13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
		(If he tries, but you do not let him, check here: <input type="checkbox"/> )
<input type="checkbox"/>	<input type="checkbox"/>	14. Is he violently and constantly jealous of you?
		(For instance, does he say "If I can't have you, no one can.")
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever been beaten by him while you were pregnant?
		(If you have never been pregnant by him, check here: <input type="checkbox"/> )
<input type="checkbox"/>	<input type="checkbox"/>	16. Has he ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input type="checkbox"/>	17. Does he threaten to harm your children?
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you believe he is capable of killing you?
<input type="checkbox"/>	<input type="checkbox"/>	19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your
		property, or call you when you don't want him to?
<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input type="checkbox"/>	Total "Yes" Answers

**Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.**

# Key Recommendations

## Key Recommendations

- Conduct fatality reviews in communities and judicial districts where the crimes occurred with the principal stakeholders from those communities so that the statewide variations in resource availability and specific issues are adequately identified and addressed.
- Improve education and outreach to immigrant communities about system resources, to encourage engagement and reporting in the system.
- Increase the availability and spectrum of batterer services available to perpetrators while they are incarcerated and connect them to treatment services after they are released as a condition of parole.
- Improve the availability of outreach, service support, and referrals to IPV-related programs for people who regularly interact with homeless or transient populations in rural and urban areas throughout the state.
- Develop a higher level of system integration between substance abuse, mental health and domestic violence service providers so that cross-training and multi-disciplinary research can occur.
- Expand the number of specialized prosecution units that focus on misdemeanor level domestic violence cases. These units need to have full time investigators and victim advocates assigned to them in addition to other resources such as pre-prosecution diversion and repeat offender programs.
- Introduce protocols requiring county jails or law enforcement to inform domestic violence judges or commissioners when there is an arrest for the violation of an order of protection.
- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of a domestic violence related crime.
- Emphasize law enforcement training to increase scrutiny of misdemeanor and felony level IPV crimes for risk factors associated with homicide.
- Promote policies in the educational system that help students, teachers and administrators respond to problems associated with IPV.
- Improve victim notification services by strengthening communication between the courts, corrections, and victims.
- Increase the frequency with which victim advocates respond to IPV crime scenes throughout New Mexico.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.

## Conclusion and Forward to Selected Case Synopses

IPV is a major public health, social, and criminal justice problem in New Mexico. In New Mexico, an about 36 people a year are killed in circumstances relating to intimate partner violence. Our review identifies some of the obstacles victims may have encountered and highlights possible solutions to improve services and to prevent future violence and death. The issue of intimate partner violence deserves serious attention and community participation and dialogue on this matter is of paramount importance.

Our ongoing analysis of these cases often raises more questions than provides answers. If we are to prevent future IPV-related injuries and deaths, what kinds of civil and individual commitments need to be strengthened? How can communities become more involved with addressing these problems?

This report presents an opportunity to probe the nature of IPV in our society. It can be used as an instrument for reflection as well as a statement of the problem and a source of recommendations. We hope that readers will dig deeper into the root causes of IPV, rather than take a hardened or passive view of the fatal outcomes contained in this report.

### **Forward to Selected Case Synopses**

We have included selected individual case synopses in the following pages that provide a picture of lives that have been lived and lost. Although the names are fictional, they are actual events. We present them here to illustrate some of the complexity and variability of the homicides our team reviewed. Each case is devastating. Each story, however, can lead us forward in the areas of prevention and the formulation of new social policies. Some of these cases present missed clues and opportunities for intervention. Over the past 50 years IPV, has moved largely from the shadows and is now openly recognized as a community and social problem, yet every year IPV-related bloodshed continues. Future success in eliminating IPV is largely dependent on the manner in which individuals and communities collectively reflect and take action towards long-term social change. It is well understood that social behaviors do not change overnight, one just needs to look at the legacy of oppressive policies in our society to know that cultural change can be tenuous at times, but also very real and substantive. Social and cultural change in the areas of IPV needs to be addressed at every level of society. In the same way that almost everyone has a context in which they understand IPV (on a personal level or on the level of having known or heard of someone who has been injured or killed by a partner), everyone has a stake in seeing the problem eradicated and facilitating the end to this particular type of violence.

## Case Synopses

Mr. L. was a paramedic, pulling an evening shift at a hospital in Southern New Mexico in the Fall of 2003 when he was almost broadsided by a pickup while loading an empty stretcher into the back of an ambulance. The driver, a 38 year-old white supremacist named Tex locked up his brakes and came to a screeching halt. He yelled for help. In the bed of his truck was his bloodied ex-girlfriend, 39 year-old Tanya, with a gunshot wound to her face. While Mr. L and others wheeled a gurney holding Tanya into the Emergency Department, Tex attempted to leave, but was stopped by Mr. L. Deputies arrived quickly and detained Tex who had blood on his face, hands, and arms as well as his clothing. They found a .45 caliber clip in his back pocket and recovered his firearm on a roadside shoulder nearby.

Tanya and Tex had a difficult relationship that went back and forth for nearly five years and was marked by controlling behaviors, physical and emotional abuse. One of Tanya's friends, in a witness interview, stated "anytime she left the house, Tex would start calling around to see where she went." Another friend said Tanya believed that no matter where she fled, Tex's connection to a supremacist group could always be utilized to find her. In the immediate period preceding her death, Tanya was well into the process of ending her relationship with Tex, a process that intensified after an arrest for possession of methamphetamine. Shortly after this arrest, she received a referral to treatment through the court system and was placed on probation. She completed the treatment program, obtained employment outside of the home, and began to voice her concerns to other about her abusive relationship with Tex.

Tex was a habitual offender, a felon, a methamphetamine addict, and a racist. He was known to be short tempered and frequently carried a firearm with him, despite the fact that he was a convicted felon.

In the spring before the killing, Tex was pulled over for a traffic violation and found to be in possession of a .22 caliber handgun. The gun was returned to him and no arrest was made.

Tanya's mother was aware of the fact that her daughter was in an abusive situation. According to a police report "she stated that Tex had been threatening her daughter

and her children. He told her that he would kill them all or have one of his brothers from the prison kill them. She related that Tex had beaten Tanya in the past month and that her daughter had requested a welfare check on her at the time. She also related that Tanya was planning to leave Tex within the week."

Two days prior to the homicide, one of Tanya's friends drove her to the supermarket so she could pick up a wire transfer that was intended to fund her escape to the Midwest.

Tex pleaded guilty to second degree murder, tampering with evidence and possession of a firearm by a convicted felon and received a 17 year sentence

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In December of 2004, the New Mexico Governor ordered flags to be flown at half mast in honor and mourning of a 49-year-old Otero County Sheriff's Deputy, who was killed in the line of duty responding to a domestic violence call. The slain deputy was a seasoned law enforcement officer, a Vietnam veteran who served 21 years in the Army and received the Bronze Star, and a father of two children. The headlines in the local newspaper the day before read "White Supremacist Kills Officer and Pregnant Women." The 30 year-old pregnant victim was found inside a closet at the crime scene wrapped in a comforter. She died from multiple gunshot wounds. Her 3 year-old daughter was also present, but she survived with minor injuries. The perpetrator died in an extra-judicial killing that occurred after the deputy was shot. The killings received national attention and illuminated not only the plight of battered women in this country, but the risks to first responders and the horrors experienced by child witnesses to domestic violence.

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Dan lived with his common law wife, Amelia. They met in Colorado and later moved to New Mexico where he eventually built a home for them to live in. Amelia was a nurse and Dan was intermittently employed as a carpenter. Amelia's sister also lived at the residence with her boyfriend, Lee. On an August night in the summer of 2004 Dan and Lee went out drinking. When they returned, Amelia was asleep. A short time later, Amelia was woken up, an argument ensued and she stabbed him.

During law enforcement interviews with Amelia's sister, several past incidences of unreported physical violence were revealed. She also stated that alcohol fueled verbal arguments were frequent and she personally witnessed many of these. Neighbors reported frequently hearing a good deal of mutual screaming, occurring mostly on weekends when both individuals were home. Chronic alcohol abuse was a hallmark of the relationship and Dan had recently been diagnosed with terminal cancer. In the weeks for he was stabbed, he was drinking more than he usually did.

Amelia pled guilty to second degree murder and third degree tampering with evidence. She was sentenced to 18 years, all suspended except for time served. Her actual sentence was 2.5 years.

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Daniela, age 43, and her boyfriend Ruben, age 42, were out drinking at a local bar with a mutual friend, Robert. After an evening of drinks, Robert took Ruben and Daniela home and then went out again. When he returned, Daniela and Ruben were sitting on the couch, apparently passed out. Robert sat down after opening a beer to watch the television. About an hour later he got up and asked Daniela if she was feeling all right. When she did not respond, he placed his hand on her skin. She was cold. He turned to Ruben and upon a closer inspection he noticed blood on his face and a rifle between his legs. Robert ran from the residence and called the police. After the crime scene was examined, detectives ruled that Ruben shot Daniela in the chest with a .22 caliber rifle which he subsequently turned on himself, firing one round upward through the underside of his chin. Toxicology reports indicated high blood alcohol levels for Ruben and Daniela

Daniela worked as a waitress in a local Café, but had quite her job just a few weeks before her death. After leaving the job, she started drinking a lot. Their relationship was about five years old and they lived in a trailer together within the city limits. Daniela was socially isolated and financially dependent on Ruben, according to a friend. Ruben was described as jealous and controlling.

Daniela was close to Ruben's mother, whom she often called when she was not getting along with Ruben. According to his mother, her son and Daniela had been

arguing recently about money and he was depressed about being laid off of his job.

Family and friends knew that she was fighting with Ruben on a regular basis. During the investigation, a long history of unreported domestic violence was exposed to investigating officers. It is unknown if Ruben made previous threats of homicide or suicide. One investigating officer at the crime scene found an old small caliber bullet hole in the trailer, but the circumstances of its origin remain unclear, leaving open the possibility of previous threats of intimidation or death.

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Adrian picked up her telephone to call her friend, Erica, and instead reached Erica's five year old son, who stated that his mother and step-father were hurt. He said to Adrian "mommy is in the corner, I cleaned her blood." Adrian called 911. A police dispatcher subsequently called the house and spoke to the 5-year old boy, who stated that "Mommy and [step] Daddy were shot." When officers arrived at the scene they located the young boy looking out the front window. When officers tried to encourage him to open the front door he responded that his mother was blocking the door and he could not move her. The young boy eventually walked officers to the front of the apartment where they found 24 year-old Erica, slumped against the front door with blood on her face and chest. She died from a single gunshot wound to the head. In the master bedroom, the boy's step-father was found on the floor. He died from a self inflicted gunshot wound to the head.

Toxicology reports indicated high ethanol concentrations in Erica and Justin. No drugs of abuse were detected.

Erica and Justin were married for three years. Their relationship was tumultuous and marked by physical and emotional abuse. Many people were aware that Erica and Justin were having problems, including co-workers, parents, neighbors and Erica's ex-boyfriend. Erica frequently complained to her ex-boyfriend about Justin's physical and emotional abuse. He also said that they broke up and got back together frequently as well. About one month prior to her death, Erica told a different friend that she was seriously considering getting a divorce. On two previous occasions, Erica told friends that Justin had authored suicide notes, but she never indicated if the

## Case Synopses

notes said anything about Justin hurting Erica prior to him killing himself.

According to a report on the murder-suicide in a local paper, Justin entered into an early intervention program for IPV offenders after a 2001 battery charge. While he was enrolled in this program there was an additional battery charge levied against him, as well as another report about a domestic dispute. However, his probation officer, according to the article “recommended that Justin be allowed to continue with the program and the request was granted...Charges in both cases were dropped after he completed the program.”

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Detectives with the police Repeat Offenders Project arrested a car thief who claimed to have information about a female homicide. The thief told detectives that during a recent visit with his ex-girlfriend, he learned that her 26 year-old son, Tony, shot his girlfriend in the head with a sawed-off shotgun. The thief then led detectives to an apartment where they discovered the remains of 23 year-old Roberta in a back bedroom.

Tony and Roberta had been together for approximately five months. On the evening of the offense, Tony was high on methamphetamine. After he shot his girlfriend, instead of calling the police, he fled the residence and was apprehended eight days later in a stolen car with his mother. At the time of his arrest he was in possession of methamphetamine. The cause of Roberta’s death was a shotgun wound to the head.

Roberta lived at her apartment for just a few months. She used to live with an aunt who eventually asked Roberta to move because she did not like Tony over at the house. At the time of her homicide, Roberta was receiving ISD cash assistance. She also had a young daughter who was not living with her.

Several apartment residents canvassed after the homicide recalled hearing multiple arguments between Tony and Roberta during the months they lived there.

Tony pled guilty to involuntary manslaughter and tampering with evidence. He received a 6 year prison sentence.

---

Twenty-year-old John was released from jail on an unsecured appearance bond. He spent the last month

incarcerated after an arrest on a warrant stemming from a DV-related aggravated assault charge involving his 23 year-old wife Monica. He was instructed by the court not to possess any weapons, not to violate any laws, not to leave the county, not to drink, and most importantly he was instructed to avoid all contact with his wife. This was not his first offense. His history of intimate partner violence started in his juvenile years and extended to an additional partner. Two weeks after he was released from jail, he violated the court order and beat up Monica in the presence of her four children. She had lumps on her head and a bruised lip from the assault.

The next day, Monica went to visit with her father, who sat her down and gave her a .22 caliber pistol. Monica was scared. She told her father that John had threatened to kill her in the past.

A few days later, Monica received a knock on her door. After asking who was there, she recognized the voice of Sammy, one of John’s cousins. When she opened the door she observed that John was with him. Seconds later he rushed her. Monica ended up on the floor and endured punches and kicks. She cried for Sammy’s help and he did nothing. Sometime during the assault, Monica was pushed towards her couch where she kept her father’s gun and shot John in the chest.

Monica’s four children were present in the home when the killing occurred. The case was ruled a justifiable homicide by the local district attorney’s office.

Toxicology results on blood sampled from John revealed the presence of ethanol and cocaine.

In the two years preceding the homicide, there were nearly two dozen DV-related law enforcement reports between John and Monica. The burden of filing charges was frequently placed on Monica. Several assaults occurred while she was pregnant, but no arrest was made because John succeeded in fleeing from the scene. She petitioned for an order of protection 5 times in the four months preceding the shooting, all of which were dismissed for a variety of reasons including failure to serve the respondent and failure to appear (transportation and child care issues in two instances prevented Monica from being able to attend court). There is some documentation in court records that Monica utilized advocacy services,

but limited information prevented any conclusions to be drawn about these interactions. One thing is certain; Monica took matters of defense and protection into her own hands in a violent situation that could have had a different outcome.

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Jim was a transient who frequently utilized an abandoned building for shelter from the elements. On a wintry day in 2003, he entered this building to look for a friend, but instead discovered an unresponsive female on the second floor who appeared to be dead. He notified the police.

The victim in this case was 35 year-old Dana, a homeless female, who moved to town from the Midwest with her husband, 41 year-old Eli. On the day of the offense, Eli self-reported drinking a half a gallon of vodka. According to Eli's statements, once inside the building, Dana became angry with Eli because he wanted to move back to the Midwest, so she began yelling at him. Eli then pushed Dana to the ground, got on top of her and placed both of his hands around her neck. The cause of death was manual strangulation.

Ten days prior to her murder, Dana was seen at a local Emergency Department. She was brought in by emergency medical services after she and Eli both cut their wrists with dirty razors while drinking alcohol. She cut herself "because she was going to lose her husband." Two days before her death, due to an infection, she returned to the Emergency Department again to have her laceration examined. She left the department without being seen.

Eli pled guilty to voluntary manslaughter and was sentenced to six years in prison.

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Raymond woke up in the middle of the night to the sound of a man yelling and pounding on his front door. He got out of bed and put on a pair of pants. His heart was racing when he turned the knob to open his door. Before him was the silhouette of his neighbor, Raul, illuminated by the flames of his burning trailer home across the street. "Help me, my house is on fire," Raul yelled to his neighbor before turning around and running across the street to his front yard where he then collapsed. A small trail of blood followed him from Raymond's porch.

Raymond called 911. A sergeant with the local Sheriff's

Department arrived first. He dragged Raul away from the edge of the burning trailer, occasionally losing his grip as skin peeled away from the burns. When he arrived at a safe distance and put Raul to rest, he noticed that Raul's pants appeared to be melted in some regions and were imbued with the scent of gasoline. Inside, flames consumed the life of his wife, 48 year-old, Anita, and her 19 year-old son. They both received thermal injuries that charred most of the surface area of their bodies and soot filled portions of their lungs. A life flight helicopter transported Raul to a nearby hospital. At dawn, deputies recovered an empty gas can from inside a shed next to the home. A plastic chair rested upright and adjacent to the gas can. Three cigarette butts from Raul's favorite brand were placed in a crooked fashion into the dirt floor beside them.

Three days later Raul died within the confines of a burn center, approximately 90% of his body received full thickness burns.

Raul's neighbors reported that Anita was in the process of leaving him and scheduled to move out of the residence with her son on the next day. She was going to move to Texas. Charred remains of moving supplies and plates smothered with newspaper embers suggested that Anita had already packed many of her belongings. The fire marshal concluded that the origin of the fire was beneath the trailer. Investigators also located the locking mechanisms for the doors to the home which were in the locked position at the time of the fire.

Anita's daughter relayed to investigators that Raul had made past threats of suicide, physically abused her mother, and frequently drank alcohol in excess. A long time friend of Anita, told authorities "All week long, Raul talked of suicide because he knew Anita was going to leave him today."

**AN ACT  
RELATING TO DOMESTIC ABUSE; CREATING THE DOMESTIC  
VIOLENCE HOMICIDE REVIEW TEAM; PROVIDING DUTIES; ESTABLISHING  
CONFIDENTIALITY OF CERTAIN RECORDS AND COMMUNICATIONS;  
PROVIDING IMMUNITY FROM CIVIL LIABILITY.BE IT ENACTED BY  
THE LEGISLATURE OF THE STATE OF NEW MEXICO:**

Section 1. A new section of the Crime Victims Reparation Act is enacted to read:

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.

Section 2. EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, 2007.

**N.M. Stat. Ann. § 40-13-7.1 (2006) § 40-13-7.1. Medical personnel;  
documentation of domestic abuse**

- A.** When medical personnel who are interviewing, examining, attending or treating a person:  
(1) receive a report from the person of an act of domestic abuse, the medical personnel shall document the nature of the abuse and the name of the alleged perpetrator of the abuse in the person's medical file and shall provide the person with information and referral to services for victims of domestic abuse; or (2) may have reason to believe or suspect that the person is a victim of domestic abuse, the medical personnel shall provide the person with information and referral to services for victims of domestic abuse.
- B.** Medical and other health care or communications concerning domestic person obtained by or from medical the course of an interview, examination, treatment are confidential communications released: (1) with the prior written consent (2) pursuant to a court order; or (3) when necessary to provide and operations in accordance with Insurance Portability and Accountability (HIPAA)] [42 USCS § 300gg et
- C.** As used in this section, "medical (1) licensed health care practitioners; (2) licensed emergency medical (3) health care practitioners who attend or treat a person and guidance or supervision of licensed practitioners; and (4) residents and interns.

## MEDICAL

1. Campbell JC, Webster D, Koizol-McLain J, *et al.* Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health* 2003;7:1089–1097.  
*The authors conducted an eleven city case control study seeking to identify risk factors for female homicide in abusive relationships. Several risk factors were identified over and above previous intimate partner violence. They include an abuser's lack of employment, access to a firearm, separation after cohabitation (higher risk with excessively controlling abusers), having a child living in the home who was not the abusive partner's biological child, and abusers' previous threats with a weapon and threats to kill.*
2. Zachary MJ, Mulvilhill MN, Burton WB, *et al.* Domestic abuse in the emergency department: Can a risk profile be defined? *Academic Emergency Medicine* 2001;8:796–803.  
*The authors conducted a study of women presenting to the emergency department for IPV. Their analysis of clinical and demographic risk factors revealed no sensitive or reliable predictors of IPV. They concluded, therefore, that all women should be screened for IPV.*
3. Wathen NC, MacMillan HL, Nadine MA. Interventions for violence against women, scientific review. *JAMA* 2003; 289:589–600.  
*The authors reviewed IPV related health care literature concerning interventions that seek to prevent the abuse of women. Twenty-two articles were identified for review and rated good, fair, or poor. Most of the reviewed studies received a rating of poor due to methodologic flaws. The authors concluded that "information about evidence-based approaches in the primary care setting for preventing IPV is seriously lacking." Therefore, the evaluation of interventions to improve the outcome of female IPV victims "remains a key research priority."*
4. Nicolaidis C, Curry MA, Ulrich Y. Could we have known? A qualitative analysis of data from women who survived an attempted homicide by an intimate partner. *Journal of General Internal Medicine* 2003; 18:788–794.  
*The authors conducted a qualitative study of women from six different cities who were almost killed by an intimate partner. The study did not seek to validate risk factors for female homicide. Rather, they examined perceptions of risk, and the context surrounding the attempted homicide. Results of the study indicated that nearly half of the victims did not suspect that their lives were in danger. However, 93% of the women in this study had previously experienced violence by their partner who almost killed them. The study concluded that clinicians should not be falsely reassured by a woman's sense of safety, by the lack of a history of severe violence, or by the presence of few classic risk factors for homicide.*
5. Gundersen L. Intimate partner violence: the need for primary prevention in the community. *Annals of Internal Medicine* 2002; 136(8):637–640.  
*The author argues that for historical reasons tertiary prevention of IPV has received the majority of attention and resources in a clinical setting. Only recently has primary prevention such as routine screening for IPV been expanded for women and to a lesser extent screening for men to see if they are at risk for committing violence. The author highlights specific programs to prevent IPV and provides a useful glossary of terms. Zero tolerance and public education are identified as effective prevention strategies that should take place at the community level to influence cultural change.*
6. Zink T, Elder N, Jacobson J. How children affect the mother/victim's process in intimate partner violence. *Archives of Pediatrics & Adolescent Medicine* 2003; 157(6):587–592.  
*Researchers from the University of Cincinnati interviewed 32 mothers living in an IPV shelter about their abuse histories, perceptions about the effects of abuse on their children, and the manner in which they would like to be treated in a health care environment. They concluded that for over half of the subjects, something the child did or said catalyzed their seeking help. The children's attachment to the abuser was sometimes identified as a reason to delay getting help. Lastly, mothers looked towards their children's physicians for IPV resources and non-blaming education on how IPV affected their children.*

## COST & PREVENTION

7. National Center for Injury Prevention and Control. *Cost of intimate partner violence against women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention; 2003.  
Available at [http://www.cdc.gov/ncipc/pub-res/ipv\\_cost/](http://www.cdc.gov/ncipc/pub-res/ipv_cost/)  
*The authors, researchers at the Centers for Disease Control, estimate the cost of Intimate Partner Violence against women in the United States based on the incidence of IPV in a given year (1995). Intimate partner rape, physical assault, and stalking costs exceed \$5.8 billion each year; nearly \$4.1 billion of which is for direct medical and mental health care services. The total costs of IPV also include nearly \$0.9 billion in lost productivity for victims of nonfatal IPV and \$0.9 billion in lifetime earnings lost by victims of IPV homicide. The hidden costs of ineffective health care, relapses, and the harm generated by failure to intervene with clients are not included in this report.*
8. Rosewater A. *Promoting prevention, targeting teens: an emerging agenda to reduce domestic violence*. San Francisco (CA): Family Violence Protection Fund; 2003.  
Available at <http://endabuse.org/field/PromotingPrevention1003.pdf>  
*The author, a researcher for the Family Violence Protection Fund, summarizes much of the findings available on youth that are at risk of violence and suggests steps for building a new domestic violence prevention agenda centered on promoting healthy relationships among teens and young adults. One of the key findings of the study is that prevention has largely been absent from public policy and programs, which focus primarily on adult victims, crisis response and criminalizing domestic violence.*

## PUBLIC POLICY

9. United States Department of Justice. Intimate partner homicide. Washington (DC): *National Institute of Justice Journal*, 2003;250. Available at <http://www.ncjrs.org/pdffiles1/jr000250.pdf>.  
*This issue of the NIJ Journal focuses on homicides committed by the victim's spouse or other intimate partner. There are several review articles that synthesize some of the recent literature on IPV. The article surveys the current thinking about risk factors, the role of substance abuse in domestic violence cases, the effectiveness of domestic violence services and the benefits of the fatality review process.*
10. Websdale N, Moss H, Johnson B. Domestic violence fatality reviews, implications for law enforcement *The Police Chief* July 2001; 65–74.  
*The authors' central arguments concern the utility of IPV death review teams for law enforcement. When conducted appropriately, recommendations developed from IPV death review teams have been shown to improve law enforcement agencies response to IPV, assist in future officer training, and enhance the coordination of policing activities with other agencies involved in dealing with family violence. Some of the goals of IPV death review teams include preventing future IPV related death or injury and influencing the improvement of services for female victims and their children.*

## NEW MEXICO

11. Caponera B. *Incidence and nature of domestic violence in New Mexico IV: an analysis of 2005 data from the New Mexico interpersonal violence data central repository*. July 2006.  
*The author presents data on the prevalence of IPV in New Mexico based on reporting from law enforcement agencies, district and magistrate courts, and IPV service providers. Victim and perpetrator demographics, types of injury, weapons used, data on children victim-witnesses, mental and physical health care costs, and convictions are provided. This report contains the most concise and current data available on IPV related crimes in New Mexico and has been acknowledged by the CDC and Department of Justice as a good model for other states to emulate.*