New Mexico Intimate Partner Violence Death Review Team

Process Evaluation Report

# 2010

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# Introduction

In December 2010, the New Mexico Intimate Partner Violence Death Review Team (Team) adopted a policy to produce an annual program evaluation. The evaluation is two pronged, consisting of both an assessment of outcomes and a process evaluation.

## **Outcomes Evaluation**

In an effort to assess outcomes of the Team's work, Team members, in collaboration with the coordinator, monitor activities around the State that can be identified as consistent with the Team's recommendations from prior years. Activities may include, but are not limited to, developments in legislation, policy, and agency practice. Keeping track of these activities helps the Team assess the relevance of their recommendations over time. Team members report activities related to these recommendations at meetings as they occur throughout the year. These reports are documented by the coordinator and reported in the *Recommendation Updates* section of the Annual Report.

#### **Process Evaluation**

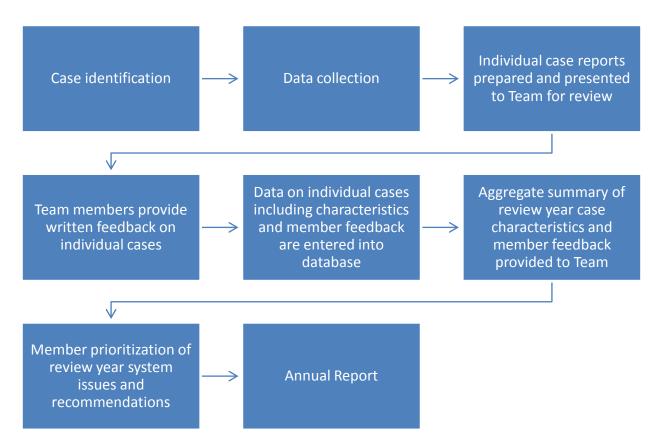
The second component of the evaluation plan is a process evaluation. Beginning in 2011, the coordinator will provide the Team with a report that examines the review process, including the case data collection strategy, case review procedures, and adherence to the Team's statutory mandate. This report will be presented at the January meeting where the Team will discuss the findings and provide feedback on improving the review process to better serve the mission, goals, and objectives established in *NMSA 1978 §31-22-4.1*.

### **Overview of the Death Review Process**

The Team is tasked with reviewing the facts and circumstances of domestic violence related deaths and sexual assault related deaths in New Mexico. Each identified death incident is reviewed individually. The purpose of the review is to identify the causes of the fatalities and their relationship to government and nongovernment service delivery systems. Recommendations for system improvements are made following each case review. Review findings and recommendations are compiled and reported in the aggregate at the end of each

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review year. This knowledge is produced with the goal of developing more effective methods of domestic violence prevention. Figure 1 provides a diagram of the review process.





The present report provides an assessment of three components of the review process: meeting statutory objectives, the case review process from identification through data collection, and the case review process from case presentation through Team member feedback. This work is intended to serve as a discussion guide for the Team to review and make recommendations for improving the case review process.

# **Statutory Objectives**

*NMSA 1978 §31-22-4.1* defines the Team's composition and sets out specific objectives to be accomplished.

## Membership

The statute identifies 11 occupational categories to be represented in the Team's appointed membership. In 2010, each occupational category and agency specified in the statute was represented in the Team's appointed membership. Table 1 shows the number of appointed members by member type.

## Table 1. Number of Appointed Team Members by Type

|   | Number of       |
|---|-----------------|
|   | Representatives |
| Appointed Member Type   | in 2010         |
| Medical personnel w/expertise in domestic violence                        | 2               |
| Criminologists  | 1               |
| New Mexico District Attorney's Association                                | 1               |
| Attorney General's Office   | 1               |
| Victim service providers  | 5               |
| Civil legal service providers   | 2               |
| Public Defender Department  | 1               |
| Judiciary   | 3               |
| Law enforcement   | 2               |
| Department of Health, the Aging and Long-Term Services Department and the | 4               |
| Children, Youth and Families Department who deal with domestic violence   |                 |
| victims' issues   |                 |
| Tribal organizations who deal with domestic violence                      | 4               |
| Others appointed by CVRC  | 4               |

The Team has 30 appointed members. In addition to appointed members, the Team includes over 116 invited members who represent a diverse group of local, state, tribal, and federal agencies. Monthly meeting attendance averages approximately 45 members.

# Objectives

The statute defines 5 specific objectives to guide the Team's work. Table 2 lists each objective alongside corresponding 2010 activities and 2011 goals.

| Statutory Objectives  | 2010 Activities   | 2011 Goals  |
|---|---|---|
| Review trends and patterns<br>of domestic violence related<br>homicides and sexual  | Team compared patterns of risk<br>factors and case characteristics<br>across 2007 homicide and suicide  | Complete activity for 2008 deaths, and  |
| assault related homicides in<br>New Mexico  | cases   | Provide multi-year<br>comparison of these<br>characteristics (deaths<br>occurring between 2005<br>and 2008)   |
| Evaluate the responses of government and nongovernment service  | Team compared system<br>interventions preceding these<br>deaths for both victim and offender  | Complete activity for 2008 deaths, and  |
| delivery systems and offer<br>recommendations for<br>improvement of the<br>responses  | and compared criminal charges and<br>prosecution outcomes for 2007<br>homicides   | Provide multi-year<br>comparison of intervention<br>delivery as well as criminal<br>charges and prosecution<br>outcomes (deaths occurring<br>between 2005 and 2008) |
| Identify and characterize<br>high-risk groups for the<br>purpose of recommending  | Team identified risk factors for<br>(victim, offender, and<br>environmental) for each 2007  | Complete activity for 2008 deaths, and  |
| developments in public policy   | reviewed death,   | Prepare list of lethality risk<br>factors commonly<br>identified in Team reviews<br>and frequency of risk<br>identification in reviewed<br>deaths (2005-2008)       |
| Collect statistical data in a<br>consistent and uniform<br>manner on the occurrence of  | Team utilized standardized form for<br>collecting and reporting case data<br>for each 2007 reviewed death   | Complete activity for 2008 deaths, and  |
| domestic violence related<br>homicides and sexual<br>assault related homicides  |   | Construct and maintain<br>database of collected data<br>elements (including the<br>Team's feedback) for all<br>cases (2005-2008)                                    |
| Improve collaboration<br>between tribal, state and<br>local agencies and<br>organizations to develop<br>initiatives to prevent<br>domestic violence | Team works toward improved<br>collaboration through<br>organizational representation in<br>Team membership, by monitoring<br>community and agency prevention<br>and intervention activities<br>statewide, and by providing<br>recommendations derived through<br>multi-disciplinary case review<br>discussion | Continue to assess ways in<br>which organizations are<br>working together to<br>improve both prevention<br>efforts and response to<br>domestic violence             |

| Table 2. Statutory Objectives, ' | Team Activities, and Future Goals |
|----------------------------------|-----------------------------------|
|----------------------------------|-----------------------------------|

# **Case Review Process: Identification through Data Collection**

## **Case Identification**

The coordinator identifies cases for review using several methods: researching death records at the Office of the Medical Investigator, reviewing media reports regarding domestic and sexual violence, requesting information from local domestic violence and sexual assault agencies on homicides in their communities, and receiving case suggestions from Team members or other professionals. The coordinator attempts to gather information on all domestic and sexual violence deaths that occur in the state. However, many deaths are not reported in conjunction to domestic or sexual violence and therefore, may be difficult to identify as such through public records. Table 3 lists the types of cases that the Team considers for review and the number of reviewed calendar year 2007 cases (CY2007) that fit in each category.

|  | Number of CY2007        |
|--|-------------------------|
| Type of Case   | Deaths Reviewed in 2010 |
| Homicide committed by intimate or dating partners                    | 18                      |
| Homicide with a sexual assault component                             | 1                       |
| Suicide by a victim of prior domestic violence                       | 0                       |
| Suicide by an offender of domestic violence (even if the victim      | 14                      |
| survives) when the suicide is related to domestic or sexual violence |                         |
| Homicide of the offender if related to domestic violence (officer-   | 4                       |
| involved shootings or bystander interventions)                       |                         |
| Accidental death from asphyxiation, toxicity, or overdose where      | 0                       |
| there is a history of domestic or sexual violence                    |                         |
| Homicide of any child, family member or bystander killed during a    | 1                       |
| domestic violence incident   |                         |

#### Table 3. Types of Cases Reviewed

## **Data Collection**

Once cases are identified for review, the coordinator collects information about the victim and offender and the death incident. In addition to demographic and relationship information, the coordinator also determines which agencies or systems the victim or offender had contact with prior to or following the death and contacts each of those agencies to obtain all pertinent and available reports and case information. The coordinator also researches available media reports

or other relevant information sources (i.e. websites) regarding the death or prior incidents with the victim or the offender. Once compiled this information is entered into the Team's *Confidential Case Review Form* as completely as possible (see Appendix 1). Table 4 details the types of information collected by the coordinator for use in case investigation and compilation with notes on the availability and accessibility of each type of information.

Table 4. Case Review Data Types, Sources, and Access

| Types of Information   | Source(s)  | Access | Comments  |
|--|--|--------|---|
| Law enforcement reports, including crime<br>scene investigations and detective's<br>investigative reports    | Individual law<br>enforcement agencies   | Good   | Law enforcement reports are public records<br>available upon request. Acquiring these documents<br>may require a fee for copying/mailing and can take<br>from a few days to two or three weeks to obtain.   |
| Media reports  | Albuquerque Journal<br>Subscription Archive*<br>Internet Search                                | Good   | Stories of intimate partner violence related deaths<br>are collected in real time. Media coverage of<br>homicide is consistent statewide and generally leads<br>to stories on the arrest and prosecution of the<br>offender. Murder-suicide is generally covered but to<br>a lesser extent that homicide and there is no<br>coverage of suicide unless it occurs in a public<br>manner. |
| Details of any prior protective orders<br>(temporary and permanent)  | Identified through NM<br>Justice Net** and NM<br>Courts<br>Retrieved from<br>individual courts | Good   | Protection order documents are public records<br>available upon request. Acquiring these documents<br>may require a fee for copying/mailing and can take<br>from a few days to two or three weeks to obtain.  |
| Civil court data regarding divorce,<br>termination of parental rights, child<br>custody, or child visitation | Identified through NM<br>Justice Net and NM<br>Courts,<br>Retrieved from<br>individual courts  | Fair   | Divorce proceedings are easily identified and those<br>without children can be ordered from individual<br>courts although we generally do not request these<br>documents unless they are immediate / relevant to<br>the death review.   |
|  |  |        | We do not have access to the content of proceedings<br>for parentage, child custody, and visitation cases.<br>The outcomes are generally noted in the data<br>available on NM Justice Net.  |

Table 4. Continued

| Types of Information   | Source(s)   | Access         | Comments   |
|--|---|----------------|--|
| Criminal histories of the offender and the victim  | Identified through NM<br>Justice Net and NM<br>Courts,  |                | Consistent access to criminal histories within the State of NM.  |
|  | If relevant to review,<br>reports may be<br>requested from<br>individual law<br>enforcement agencies<br>and / or courts | Fair-<br>Good  | Limited access to criminal histories for persons who<br>are from out of state or have spent significant time<br>outside of NM and those that live on the State's<br>border with another state or Mexico. |
| CYFD protective services data (regarding<br>alleged child abuse or neglect involving<br>either the victim or the offender) and<br>juvenile justice data (prior delinquency<br>history of the offender or the victim) | Team Member Report<br>Out   | Good           | No direct access to records.   |
| Adult protective services summary data and prior abuse history   | Team Member Report<br>Out   | Good           | No direct access to records.   |
| Summaries of psychological evaluations<br>or reports appearing in public record<br>documents, such as police files   | As documented in law<br>enforcement and / or<br>court documents   | Fair -<br>Poor | No direct access to mental health care records.<br>Rarely documented unless symptoms and/or<br>treatment are reported immediately preceding the<br>death   |
| OMI autopsy report   | OMI Database***   |                |  |
|  | In person review of autopsy records   | Good           |  |
| Workplace information<br>(stalking/harassment, alerts among co-<br>workers)  | As documented in law<br>enforcement and / or<br>court documents   | Poor           | Rarely documented unless the workplace and/or co-<br>workers are tied in some way to the incident<br>(location, witnesses, construction of timeline, etc)  |

Table 4. Continued

| Types of Information  | Source(s)   | Access        | Comments  |
|---|---|---------------|---|
| Medical reports and hospital emergency room information   | As documented in law<br>enforcement and / or<br>court documents   | Poor          | Rarely documented unless immediately preceding the death.   |
| Shelter or program services information<br>from domestic violence or sexual assault<br>advocates (if appropriate and legally<br>permissible)              | Team Member Report<br>Out,<br>As documented in law<br>enforcement and / or<br>court documents                 | Fair          | Difficult to identify shelter use unless reported in law enforcement documentation  |
| School reports regarding children reporting abuse in the home   |   | None          |   |
| Statements from neighbors, friends or<br>witnesses (often found in police files as<br>transcribed material or in court<br>documents or trial transcripts) | As documented in law<br>enforcement and / or<br>court documents   | Fair-<br>Good | In homicide and undetermined death cases, witness<br>reports and interviews with relevant parties are<br>generally documented. Witness reports are less<br>rigorously documented in cases involving suicide<br>and murder-suicide   |
| Pre-sentence investigation report<br>(probation)  |   | None          |   |
| Parole information (including victim notification)  | Team Member Report<br>Out<br>Court case information<br>obtained through NM<br>Justice Net and/or NM<br>Courts | Fair          | Electronically available court records do not contain<br>a full report of the conditions of release, treatment<br>orders, etc but rather document only the terms of<br>the original sentence. Details available in the<br>electronic court record are limited to formal<br>violations of court mandated conditions of release,<br>and whether or not the parolee successfully<br>completes the terms of parole. |

Table 4. Continued

| Types of Information  | Source(s)   | Access        | Comments  |
|---|---|---------------|---|
| Information regarding weapons<br>confiscation, purchase, and background<br>checks | As documented in law<br>enforcement and / or<br>court documents | Fair-<br>Poor | Rarely documented unless directly related to or immediately preceding the death   |
| Drug and alcohol treatment information  | As documented in incident reports and court records.            | Poor          | Limited to the determination of whether or not an<br>individual has been mandated by the court to attend<br>drug and/or alcohol treatment. No information on<br>treatment for those with no criminal or DVOP<br>history. At times, the facility for treatment is<br>documented. |
|   |   |               | Unless the individual is on probation and/or parole<br>and violated for failure to attend or complete<br>treatment, we do not have access to information on<br>the outcome of treatment.  |

\*The Department of Emergency Medicine at UNM maintains a subscription to the Albuquerque Journal archives.

\*\* New Mexico Justice Net requires authorization from the Justice Information Sharing Council. Access to this database is critical to identifying incident, criminal history, and outcomes information. Similar information is publicly available on the New Mexico Courts website. However, this site has significant technical design / maintenance issues.

\*\*\*The Department of Emergency Medicine at UNM has a memorandum of understanding with Department of Health to access autopsy records from the Office of the Medical Investigator. This data source is critical to identifying cases for review.

# **Case Reporting and Team Feedback Procedures**

During closed sessions of the Team meetings, the coordinator distributes the *Confidential Case Review Form* and other relevant documents (i.e. news articles, court docket entries) to the Team. This form has been revised for the 2011 review year and can be located in Appendix 1. Beginning in 2011, all information contained in the *Confidential Case Review Form* will be recorded in a database so that case similarities and differences can be identified and monitored over time. The form includes detailed information about the victim, offender, the relationship between the parties, the death incident, system response to the death, and a narrative that includes a timeline of events surrounding the death. Team members review the information provided and the narrative is read aloud. Team members ask questions to clarify issues or obtain additional information about the case. When appropriate, the coordinator invites representatives from agencies or systems that had contact with the offender or victim prior to or following the death to the meetings in order to provide the Team with additional information not available in the written records.

After reading and discussing the facts of the death, Team members conduct a thorough review of the death and factors associated with the death. In particular, Team members look for: risk factors for the victim or the offender prior to the death, system failures associated with the death, and recommendations for policy or systems improvement.

### Feedback

Each Team member is responsible for participating in the case review discussion and for writing down findings and recommendations on the *Team Member Case Review Feedback Form* (revised form is located in Appendix 2). The Team relies on the professional expertise of each of its members and therefore, it is important for Team members to analyze each case according to their profession and contribute ideas and suggestions for inclusion in the Team's recommendations. After each review, the coordinator summarizes the findings and recommendations identified in the review and maintains case statistics for aggregate reporting, such as age, race, and gender of victims and offenders and the relationship between victim and offender.

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# **Appendix 1: Confidential Case Review Form**



# New Mexico Intimate Partner Violence Death Review Team

# CONFIDENTIAL CASE REVIEW FORM DATE OF REVIEW: SECTION 1. VICTIM INFORMATION

- 1. Victim's Name: Other Names/AKA's:
- 2. OMI #:

3. Date of Death:

4. County of Residence:

| 5.   | Race/Ethnicit<br>y:   | White                          | Black             | Hispanic<br>   | Native American               |                   | Other<br>:                               |      |
|--|---|--------------------------------|-------------------|----------------|-------------------------------|-------------------|--|------|
| 6.   | Sex: M H  | F Other:                       | er                |                |                               | Date of<br>Birth: |  | Age: |
| <ul><li>8. History of Substance Abuse:</li><li>8a. Abuse of Alcohol?</li><li>8b. Abuse of illicit drugs?</li></ul> |   |                                | Yes<br>Yes<br>Yes | No<br>No<br>No | Unknown<br>Unknown<br>Unknown |                   |  |      |
| 9.   | Substance use duri<br>homicide?<br>9a. Use of Alcoh<br>9b. Use of illicit       | iol?                           | Yes<br>Yes<br>Yes | No<br>No<br>No | Unkno<br>Unkno<br>Unkno       | own               |  |      |
| 10.  | History of Mental<br>10a. Diagnosis of<br>10b Victim of ch<br>10c. Victim of ch | r treatment f<br>nild abuse/ne | eglect-physic     |                | Yes<br>Yes<br>Yes<br>Yes      | No<br>No<br>No    | Unknown<br>Unknown<br>Unknown<br>Unknown |      |

11. Criminal History? Yes No

If yes, please provide the following information for each offense:

| Case       | 2   | Date   | Offense 7         | Гуре           | Charges I                | Filed             | Outco                                    | ome  |  |  |  |
|------------|---|--|-------------------|----------------|--------------------------|-------------------|--|------|--|--|--|
|            |   |  |                   |                |                          |                   |  |      |  |  |  |
| 12.<br>13. | homicide?   |  |                   |                | Yes<br>Yes               | No<br>No          | Unknown<br>Unknown                       |      |  |  |  |
| SEC        | SECTION 2. OFFENDER INFORMATION                             |  |                   |                |                          |                   |  |      |  |  |  |
| 1.         | Offender's Name<br>Other Names/AK                           |  |                   |                |                          |                   |  |      |  |  |  |
| 2.         | OMI<br>#:   |  |                   | 3.             | Date of D                | Death:            |  |      |  |  |  |
| 4.         | County of Reside  | nce:   |                   |                |                          |                   |  |      |  |  |  |
| 5.         | Race/Ethnicity:   | White  | Black             | Hispanic       | Native                   | American          | Other<br>:                               |      |  |  |  |
| 6.         | Sex: M  | F Other<br>:   |                   |                |                          | Date of<br>Birth: |  | Age: |  |  |  |
| 8.         | History of Substa<br>8a. Abuse of Al<br>8b. Abuse of ill    | cohol?   | Yes<br>Yes<br>Yes | No<br>No<br>No | Unkno<br>Unkno<br>Unkno  | own               |  |      |  |  |  |
| 9.         | Substance use due homicide?                                 | ring   | Yes               | No             | Unkno                    | own               |  |      |  |  |  |
|            | <ul><li>9a. Use of Alco</li><li>9b. Use of illici</li></ul> |  | Yes<br>Yes        | No<br>No       | Unkno<br>Unkno           |                   |  |      |  |  |  |
| 10.        | 10b Victim of c   | l Illness?<br>or treatment for<br>child abuse/neg<br>child abuse-sex | lect-physic       |                | Yes<br>Yes<br>Yes<br>Yes | No<br>No<br>No    | Unknown<br>Unknown<br>Unknown<br>Unknown |      |  |  |  |

11. Criminal History? Yes No If yes, please provide the following information for each offense:

| Case  |  | Date   | Offense Type        | ,          | Charges Fil | ed | Outcome |  |  |  |  |  |
|---|--|--|---------------------|------------|-------------|----|---------|--|--|--|--|--|
|   |  |  |                     |            |             |    |         |  |  |  |  |  |
|   |  |  |                     |            |             |    |         |  |  |  |  |  |
| 12.   | Was offender on j<br>homicide?   | probation at the   | e time of the       |            | Yes         | No | Unknown |  |  |  |  |  |
| 13.   | Was offender on j  | parole at the tir  | ne of the homio     | cide?      | Yes         | No | Unknown |  |  |  |  |  |
| SEC   | SECTION 3. NATURE OF RELATIONSHIP  |  |                     |            |             |    |         |  |  |  |  |  |
| 1.  | Ex-Spouse/E<br>Boyfriend or  | mon Law/Partr<br>x-Common La<br>Girlfriend<br>l or Ex-Girlfrie | ner<br>w/Ex-Partner | of the hor | nicide):    |    |         |  |  |  |  |  |
| 2.  | Same Gender Rel  | ationship:   | Yes                 | No         |             |    |         |  |  |  |  |  |
| 3.  | <ul> <li>Habitation Status at time of homicide:</li> <li>Living together</li> <li>Separated and divorce pending</li> <li>Separated and divorce final</li> <li>Previously lived together, no divorce filed</li> <li>Never lived together</li> </ul> |  |                     |            |             |    |         |  |  |  |  |  |
| 4.  | Victim and Offen   | der have childr  | en together:        |            | Yes         | No | Unknown |  |  |  |  |  |
| First   | Child: A   | ge: L  | iving in House      | hold:      | Yes         | No |         |  |  |  |  |  |
| Biological child of the victim:YesNoBiological child of the offender:YesNoPresent during the murder:YesNoWitnessed murder:YesNo |  |  |                     | No<br>No   |             |    |         |  |  |  |  |  |
| Seco  | nd Child: A  | ge: L  | iving in House      | hold:      | Yes         | No |         |  |  |  |  |  |
| Biological child of the victim:YesNoBiological child of the offender:YesNoPresent during the murder:YesNoWitnessed murder:YesNo |  |  |                     |            |             |    |         |  |  |  |  |  |

# SECTION 4. INTIMATE PARTNER VIOLENCE

| 1. | Documented Prior Intimate Partner Violence (IPV) between Victim and Offender: | Yes | No |
|----|---|-----|----|
| 2. | Prior IPV Police Reports between Victim and Offender:                         | Yes | No |
|    | How many IPV Police reports?  |     |    |

Dates:

| SEC | SECTION 5. RESOURCE UTILIZATION BY VICTIM                                    |     |    |  |
|-----|--|-----|----|--|
| 1.  | Order of Protection against Offender (at time of homicide):                  | Yes | No |  |
|     | Date Issued:   |     |    |  |
| 2.  | Order of Protection against Offender (pending at time of homicide):          | Yes | No |  |
|     | Date Requested:  |     |    |  |
| 3.  | Order of Protection against Offender (applied for, but did not qualify):     | Yes | No |  |
|     | Date Applied for:  |     |    |  |
| 4.  | Order of Protection against Offender (applied for, but dismissed by Victim): | Yes | No |  |
|     | Date Applied for:  |     |    |  |
| 5.  | Order of Protection against Offender (in the past):                          | Yes | No |  |
|     | Date Issued:   |     |    |  |
| 6.  | Order of Protection against Victim (at time of homicide):                    | Yes | No |  |
|     | Date Issued:   |     |    |  |
| 7.  | Order of Protection against Victim (in the past):                            | Yes | No |  |
|     | Date Issued:   |     |    |  |

# SECTION 6. MEDICAL INJURIES/OMI FINDINGS

- 1. Location of homicide:
- 2. Site of Homicide (Choose one only):
  - Shared Residence
  - Victim's Residence
  - Offender's Residence
  - Victim's Workplace
  - Parking Lot
  - Street
  - Other
  - (specify):
- 3. Site where body was found (If different, Choose one only):
  - Shared Residence
  - Victim's Residence
  - Offender's Residence
  - Victim's Workplace
  - Parking Lot
  - Street
  - Other
  - (specify):
- Injury Date: 4.

#### 5. Day of Week:

6. Date Pronounced Dead: Time Pronounced Dead:

- 7. Weapon/Method Used:
  - Handgun
  - Shotgun
  - Rifle
  - Other firearm (specify): Knife (specify):

  - Body (specify):
  - Blunt Object (specify):
  - Drowning
  - Hanging
  - Other (specify):
- 8. Was a Sexual Assault Analysis Conducted? No Yes

| If yes:        | Positive   | Negative     |
|----------------|------------|--------------|
| <b>H JU</b> 5. | 1 obiei (e | 1 (eguit ) e |

| 9.  | What injuries did the victim suffer? (check all that apply): Gunshot/s                    |            |             |  |  |                           |                |  |  |
|-----|---|------------|-------------|--|--|---------------------------|----------------|--|--|
|     |   |            |             |  |  |                           |                |  |  |
|     | Lacerations/slashes/gashes  |            |             |  |  |                           |                |  |  |
|     | Stab/incised wounds         Burns         Broken bones/cartilage         Smoke inhalation |            |             |  |  |                           |                |  |  |
|     |   |            |             |  |  |                           |                |  |  |
|     |   |            |             |  |  |                           | Cuts/abrasions |  |  |
|     |   |            |             |  |  | Bruises/contusions/hemato | omas           |  |  |
|     | Strangulation   |            |             |  |  |                           |                |  |  |
|     | Other (specify):  |            |             |  |  |                           |                |  |  |
|     |   |            |             |  |  |                           |                |  |  |
| 10. | Murder-Suicide  | Yes        | No          |  |  |                           |                |  |  |
|     |   |            |             |  |  |                           |                |  |  |
|     | Method:   |            |             |  |  |                           |                |  |  |
|     | Location:   |            |             |  |  |                           |                |  |  |
|     | Date & Time:  |            |             |  |  |                           |                |  |  |
|     |   | <b>T</b> 7 | <b>N</b> .T |  |  |                           |                |  |  |
| 11. | Murder-Attempted Suicide  | Yes        | No          |  |  |                           |                |  |  |
|     |   |            |             |  |  |                           |                |  |  |
|     | Method:   |            |             |  |  |                           |                |  |  |
|     | Location:<br>Date & Time:   |            |             |  |  |                           |                |  |  |
|     | Date & Time:  |            |             |  |  |                           |                |  |  |
| 12. | Others Injured:   | Yes        | No          |  |  |                           |                |  |  |
| 12. | Specify:  | 105        | 110         |  |  |                           |                |  |  |
|     | Speeny.   |            |             |  |  |                           |                |  |  |
| 13. | Manner of Death Recorded by   |            |             |  |  |                           |                |  |  |
| 13. | OMI:  |            |             |  |  |                           |                |  |  |

# **SECTION 7. PRESENCE OF CHILDREN**

| 1. | Homicide occurred during the exchange of children:  | Yes | No |
|----|---|-----|----|
| 2. | Homicide occurred during a court ordered visitation:  | Yes | No |
| 3. | Children found homicide victim:   | Yes | No |
| 4. | Custody of children following the homicide (check all that apply):<br>CYFD Relative of Victim Relative of Offender Other (specify): |     |    |

# SECTION 8. CRIMINAL JUSTICE RESPONSE

1. Police Agency(s) that Responded:

Investigating Detective:

- 2. Charges Filed:
- 3. Charges Prosecuted:
- 4. District Attorney:
- 5. Judge:
- 6. Sentence (if any):

# **SECTION 9. CASE SUMMARY**

# HISTORY

**EVENT** 

# **CHARGES/PROSECUTION**

# Appendix 2: Team Member Case Review Feedback Form

# NM Intimate Partner Violence Death Review Team

## **Team Member Feedback**

## **Comments:**

| <b>Risk Factors: Victim</b> | <b>Risk Factors: Offender</b> | <b>Risk Factors: Environmental</b> |
|-----------------------------|-------------------------------|------------------------------------|
|                             |                               |                                    |
|                             |                               |                                    |
|                             |                               |                                    |
|                             |                               |                                    |
|                             |                               |                                    |
|                             |                               |                                    |
|                             |                               |                                    |

# **System Failures:**

System Recommendations:

**Case Review Recommendations (i.e. Team procedures, requests for additional information):** 

# **Appendix 3: Team Member Evaluation Comments**

# Please detach this form and return to coordinator at your convenience Feedback can also be emailed to <u>dalbright@salud.unm.edu</u>

# **Statutory Objectives**

Comments on and/or recommendations for agency representation in Team membership:

Comments on and/or recommendations for meeting statutory objectives in 2011:

# **Case Review**

Comments on and/or recommendations for improving case identification:

Comments on and/or recommendations for improving data collection (Please note: if recommending access to information not currently collected, please provide point of contact for the owner of the data):

Comments on and/or recommendations for improving the case report out process and forms:

Thank you for your feedback!