New Mexico Intimate Partner Violence Death Review Team

Annual Report

2022

Findings & Recommendations from CY2019 Intimate Partner Violence Deaths

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The New Mexico Intimate Partner Violence Death Review Team (Team), also known as the Domestic Violence Homicide Review Team, is a statutory body enabled by the New Mexico Legislature under NMSA §31-22-4.1 (Appendix A). The Team is funded by the New Mexico Crime Victims Reparation Commission. Team coordination and staff services are housed at the Center for Injury Prevention Research and Education (CIPRE) in the Department of Emergency Medicine, University of New Mexico Health Sciences Center. The Team is tasked with reviewing the facts and circumstances surrounding each intimate partner and sexual violence related death that occurs in the State of New Mexico, with the aim of reducing the incidence of these deaths statewide. The Team is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding each New Mexico death related to intimate partner violence (IPV) or sexual assault (SA). The 2022 report presents findings and recommendations from the Team's review of 2019 intimate partner violence and sexual assault related deaths.

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Acknowledgments

The New Mexico Intimate Partner Violence DeathReview Team wishes to thank:

- The New Mexico Crime Victims Reparation Commission (CVRC), Director Frank Zubia and the entire Crime Victims Reparation staff and Commission, for their support of the Team's work and assisting the Team with procuring meeting space;
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The Team staff wishes to thank both appointed and invited Team members for all of the work that they do to generate the findings and recommendations contained in this report.

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

Visit our website for more information about the New Mexico Intimate Partner Violence Death Review Team, our case review practice, and the production of findings and recommendations for this report. Visit ipvdrt.health.unm.edu to access our report archive and view multi-year data by person and incident characteristics.

Team Membership

Appointed Members

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Special Thanks to Out Going Team Members

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Special Thanks to Team & Committee Chairs

Gwyn Kaitis, Team Chair
Anastasia Martin, Marginalized Populations Committee
Cheryl Eaton, Native American Committee

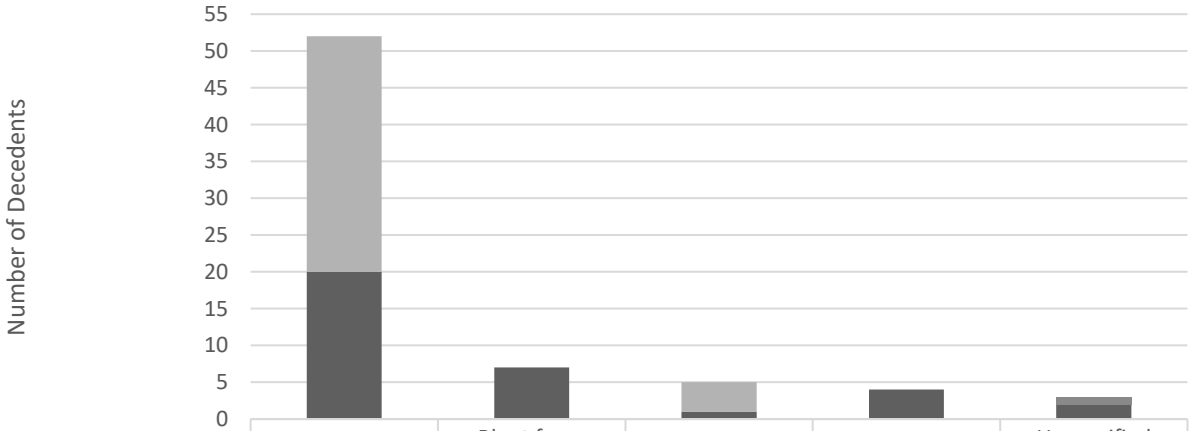
Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2019

For case year 2019 (CY2019), the Team identified a total of 90 intimate partner violence related incidents. We reviewed 58 incidents of intimate partner violence (IPV) or sexual assault (SA) that resulted in at least one death. In these 58 incidents, 71 people died: 34 died from homicide, 36 were acts of suicide, and one was classified as undetermined manner of death. IPV related death incidents occurred in 18 counties across the state and 53.4% of these incidents occurred in rural areas. The Team identified 32 additional IPV related incidents resulting in a death for CY2019 that could not be reviewed due to insufficient information, incomplete investigations, or ongoing criminal court proceedings.

The Team reviewed 23 incidents of homicide alone, 10 incidents of murder-suicide, 24 incidents of suicide alone, and one incident with an undetermined manner of death. Of 71 decedents, 52 deaths (72.2%) were the result of gunshot wounds, including 20 homicide deaths and 32 suicide deaths. Six deaths were the result of blunt force trauma, five deaths were the result of asphyxia, and four deaths were the result of stab wounds. The cause of the remaining three deaths was unspecified.

Seven incidents involved suspected sexual assault and six decedents received postmortem sexual assault analysis.

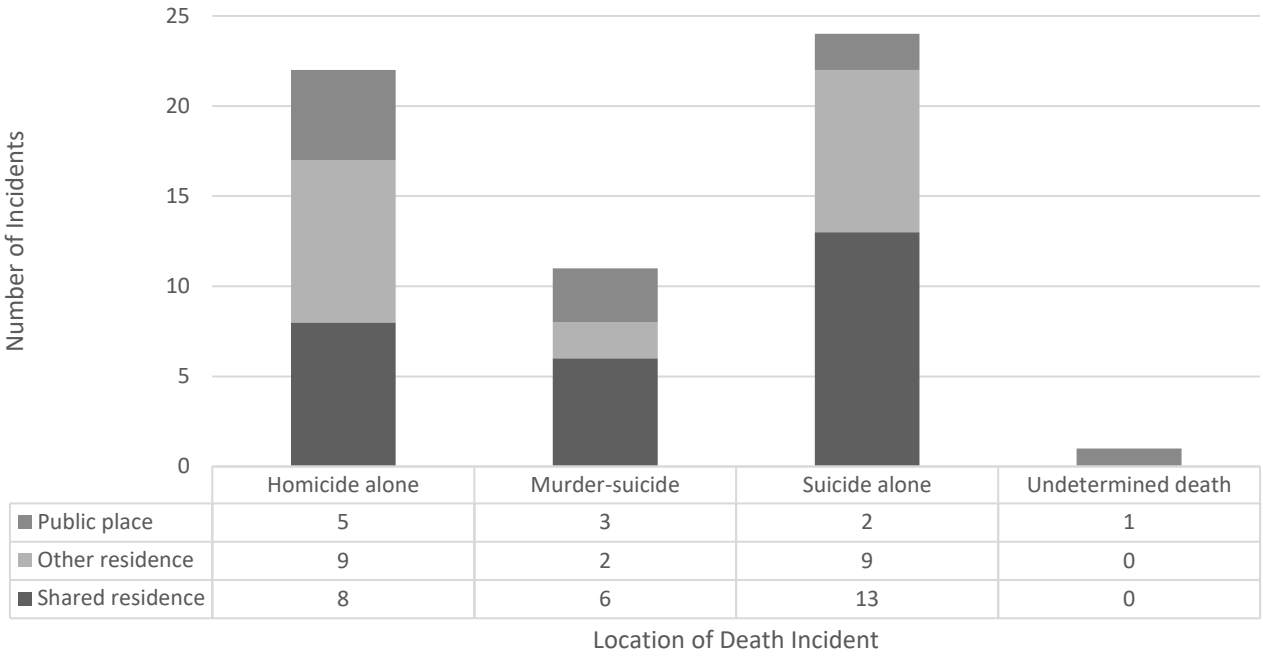
Cause of Death in IPV and SA Related Death Incidents (Number of decedents = 71)



	Gunshot wounds	Blunt force trauma	Asphyxia	Stab wounds	Unspecified means
Undetermined death	0	0	0	0	1
Suicide death	32	0	4	0	0
Homicide death	20	7	1	4	2

The Team reviewed 12 cases (20.6%) with IPV perpetrators who were prohibited by federal law from possessing a firearm. Eleven death incidents (19.1%) took place in a public location, including two in the front yard, parking lot, or driveway near a business or a personal residence, and two in open space areas. Two cases occurred on the side of a highway or street, three occurred in a workplace, and one inside a restaurant. The remaining 47 incidents occurred in a personal residence, with 27 incidents (46.6%) occurring in a residence shared by the victim and perpetrator. Eighteen (18) IPV related death incidents (31%) occurred with a minor child present. The figure on the next page shows the distribution of type of death incident by type of location.

Location of IPV and SA Related Death Incidents (Number of incidents = 58)



	Homicide alone	Murder-suicide	Suicide alone	Undetermined death
Public place	5	3	2	1
Other residence	9	2	9	0
Shared residence	8	6	13	0

Location of Death Incident

Criminal Charges

Murder charges were filed against offenders in 15 of the 23 homicide alone incidents and in one incident where the manner of death was undetermined; however, the latter was dismissed when the Office of the Medical Investigator (OMI) finalized the manner of death as undetermined. The table below shows the adjudicated murder charge and sentence range for all reviewed CY2019 homicide convictions.

There were 8 homicide incidents where no offender was charged:

- Four incidents were considered self-defense or justifiable homicide.
- In two secondary victim cases, the homicide offender committed suicide.
- Two incidents involved intervention by on-duty police officers, all of whom were deemed to have acted in a legal capacity and none of whom were charged in the incident.

Conviction and Sentencing

Prosecutors obtained convictions on a murder charge in 13 of 15 cases in which charges were filed. In the two cases with no murder conviction, one offender pleaded to the lesser offenses of tampering with evidence and bribery of a witness and the other pleaded guilty to unlawful carrying of a firearm.

Twelve murder convictions resulted from a plea agreement and one from a jury trial. In these 12 cases, the minimum sentence was seven years for voluntary manslaughter and the maximum sentence was 50 years with 5 years suspended for two counts of second degree murder. Three of the convictions involved a sentence that was partially suspended.

CY2019 Homicide Conviction Sentence Range by Charge Type (N = 13)

Most Serious Adjudicated Charge	Number of Convictions	Sentence Range in Years After Time Suspended (years in prison)
1st Degree Murder	1	25 years
2nd Degree Murder	9	12 to 45 years
Voluntary Manslaughter	2	7 to 11 years
Homicide by vehicle	1	14 years

Relationship and Person Characteristics in IPV and SA Related Death Incidents, CY2019

For almost all reviewed cases, the death incident occurred either during or immediately following a threatened or actual incident of IPV or SA. In 20 incidents (34.5%), the intimate partner pair was married at the time of the death. Twenty-seven incidents (46.6%) involved couples who were currently dating and nine incidents (15.5%) involved former spouses or dating partners. Three incidents involved a sexual assault of a victim and perpetrator with no prior intimate relationship. Twenty couples (34.4%) shared biological or adopted children. Fourteen intimate partner pairs (24.1%) were in the process of separating at the time of the incident. The following table reports relationship characteristics for victim and perpetrator pairs involved in an incident of violence resulting in a CY2019 death reviewed by the Team.

Relationship between the Intimate Partner Pair (N = 58)

	Number of incidents	%
Relationship Status		
Spouse or Partner	20	34.5
Ex-spouse or Ex-partner	3	5.2
Boyfriend or Girlfriend	27	46.5
Ex-boyfriend or Ex-girlfriend	5	8.6
No known intimate relationship prior to the incident	3	5.2
In the Process of Separating	14	24.1
Habitation Status at Time of Incident		
Living together	34	58.6
Previously Lived Together	12	20.7
Never Lived Together	8	13.8
Living arrangement is unknown	4	6.9
Children		
Couple has any shared biological or adopted child(ren) of any age	20	34.5
Shared biological or adopted minor child(ren) in household	18	31.0
Any minor child(ren) in household	23	39.7
Step-child(ren) in household	9	15.5
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	37	63.8
At least one domestic violence police call for service	12	20.7
At least one arrest for intimate partner violence	12	20.7
Any history of a domestic violence order of protection between parties[1]	2	3.4
Any history of child custody cases	4	6.9

[1] Denotes a DVOP at any time during the relationship between the intimate partner pair.

IPV and SA Victims

IPV and SA victim refers to the victim of intimate partner violence or a sexual assault leading to a death incident. The IPV or SA victim may be the decedent, offender, or surviving partner in the death incident. For CY2019, there were 58 IPV and SA victims who were either the decedent, offender, or the surviving intimate partner. Victims ranged in age from 9 – 76 years old; the median age was 36 years. Most victims (N= 55, 95%) were women. Nine victims (15%) became parents when they were teenagers. Nine IPV victims (15%) had a prior arrest for a domestic violence offense. Twenty IPV and SA victims (34.5%) were homicide decedents, one IPV and SA victim (1.7%) was suicide decedent, and one IPV victim was a decedent in an undetermined death incident (1.7%). Thirty-six victims (62.1%) survived the incident leading to the death. Among the survivors, four victims (6.9%) committed an act of homicide. The table below presents background characteristics for IPV and SA victims in reviewed incidents.

Background Characteristics of IPV and SA Victims (N = 58)

	Number of Victims	%
Gender		
Woman	55	94.8
Man	3	5.2
Race/Ethnicity		
White	23	39.7
Hispanic	22	37.9
Native American	11	18.9
Other	1	1.7
Unknown	1	1.7
Health		
Known history of alcohol abuse	10	17.2
Known history of Illicit drug use[2]	6	10.3
Known history of depression or other mental illness	3	5.2
Criminal History		
At least one prior arrest	18	31.0
Convicted of at least one felony crime	2	3.4
At least one term supervised probation or parole	5	8.6
On probation or parole at the time of the incident	0	0
Intimate Partner Violence History		
Known history of intimate partner violence victimization	31	53.4
Known history of intimate partner violence perpetration	13	22.4
At least one arrest for domestic violence	9	15.5
At least one conviction for domestic violence	2	3.4
Party in at least one prior domestic violence order of protection	7	12.1

[2] One IPV or SA victim had a known history of prescription drug misuse

IPV and SA Perpetrators

IPV and SA perpetrator refers to the identified perpetrator of intimate partner violence or sexual assault in an incident leading to a death. The perpetrator may be the decedent, offender, or surviving partner in the death incident. For reviewed CY2019 incidents, there were 58 perpetrators. Perpetrators ranged in age from 15 – 75 years old; the median age was 38.3 years. Most (N=56, 96.6%) of the IPV and SA perpetrators were men.

Twenty-five perpetrators (43.1%) were homicide offenders. Of the 45 perpetrators who died during the incident, 12 were both homicide offenders and suicide decedents and 23 were suicide alone decedents. One perpetrator was the surviving intimate partner in a victim suicide alone. At the time of the incident, 50% of IPV and SA perpetrators were drinking alcohol and 32.7% were using illicit drugs.

Background Characteristics of IPV and SA Perpetrators (N=58)

	Number of Perpetrators	%
Gender		
Woman	2	3.4
Man	56	96.6
Race/Ethnicity		
White	21	36.2
Hispanic	28	48.3
Native American	7	12.1
Other	2	3.4
Health		
Known history of alcohol abuse	36	62.1
Known history of illicit drug use[3]	17	29.3
Known history of depression or other mental illness	27	46.6
Known history of a chronic disease	10	17.2
Use of alcohol at time of death incident	29	50.0
Use of illicit drugs at time of death incident	19	32.8
Criminal History		
At least one prior arrest	38	65.5
Convicted of at least one felony crime	14	24.1
At least one term supervised probation or parole	22	37.9
On probation or parole at the time of the incident	1	1.7
Intimate Partner Violence History		
Known history of intimate partner violence victimization	3	5.2
Known history of intimate partner violence perpetration	37	63.8
At least one arrest for domestic violence	22	37.9
At least one conviction for domestic violence	10	17.2
Party in at least one prior domestic violence order of protection	8	13.8

[3] Two IPV or SA perpetrators had a known history of prescription drug misuse

Known Contacts with Service Providers for IPV and SA Victims and Perpetrators

	IPV and SA Victims (N = 58)		IPV and SA Perpetrators (N = 58)	
	Number of victims	**%**	**Number of perpetrators**	**%**
Service Contact History				
Domestic violence related friends and family support	7	12.1	1	1.7
Children, Youth and Families Department	3	5.2	4	6.9
Domestic violence related services	3	5.2	1	1.7
Health care services	2	3.4	9	15.5
Mental health services	2	3.4	4	6.9
Government services	1	1.7	1	1.7
Sexual assault related services	1	1.7	0	0
Substance abuse treatment program	0	0	5	8.6

Contacts with Service Providers

In addition to formal criminal and civil legal systems, the Team evaluates other known service contacts for both IPV and SA victims and perpetrators.[4] The most common known contacts for victims were friends and family related support for domestic violence, contact with the Children, Youth and families Department, and domestic violence related services. The most common contacts for perpetrators were health care services, court ordered contacts with substance abuse treatment programs, and the Children, Youth and Families Department. The table above shows the distribution of known helpseeking and system contacts.

Secondary Offenders and Victims

At times, individuals outside of the intimate partner relationship are identified as a party to IPV-related homicide, as either the decedent (a secondary victim) or offender (a secondary offender). The Team reviewed 13 incidents involving secondary offenders and victims.

Seven incidents involved secondary offenders who committed an act resulting in homicide. Three of these incidents involved a relative of the victim who committed an act of homicide against the perpetrator. Two secondary offenders were the new intimate partner of the victim and one was a friend of the victim. One case involved an on-duty police officer who killed the perpetrator acting in their official capacity as a first responder. In another case, another perpetrator was also killed by on-duty law enforcement officers responding to the homicide of the victim.

Three of the civilian secondary offenders were charged and convicted of murder in relation to the incident and four were found to be justifiable homicides.

For CY2019, the Team reviewed four incidents involving secondary victims. Two cases involved secondary victims who were the new intimate partners of the IPV victims and were killed by the victim's former partner. Two secondary victim cases involved the homicide of the children of the IPV victim and perpetrator.

Team Recommendations

Legislation/Policy

Revise the family violence protection act to require all respondents to relinquish firearms while restrained by a domestic violence order of protection. This may be accomplished by amending subsection a (2) of the NMSA 40-13-5, to remove the requirement of the judge's opinion of a "credible threat" in addition to the granting of the order of protection before mandating the relinquishment of a firearm. The team also recommends a review of the provisions of NMSA 40-13-5, 40-13-13 and NMSA 40-17-(1–13) to align the provisions for firearm relinquishment across the statues.

Expand the rights and protections of victims by amending the Victims of Violent Crime Act to allow victims to decide if they want to participate in pretrial interviews. Victims of violent crime experience secondary trauma as they participate in the criminal justice

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

system which can cause psychological harm and inhibit their full participation. The Team recommends amending the Victim of Violent Crime Act to set more rigorous guidelines for pretrial interviews to better protect victims.

Law Enforcement

Create model policies to improve accountability and quality control measures for the investigation, documentation, and reporting of incidents of violent death by law enforcement agencies statewide. The team observed a number of cases in which prior calls for service were properly documented and demonstrated knowledgeable and thorough responses to victims by police. However, there continues to be an unknown number of instances in which calls for service are not documented and investigations are abbreviated. The team supports the recommendation of the International Association of Chiefs of Police who advocate for the creation and implementation of model policies that includes standardized investigations for all domestic violence related incidents, including standardized evidence collection protocols, required domestic violence incident reporting forms that include a lethality assessment, and the utilization of on scene domestic violence advocates to support survivors.[5] The policies should also include continuing education for law enforcement officers about investigation, emergency orders of protection, summons, warrants, and appropriate removal of firearms. Agencies should ensure that senior leadership receives proper training on best practices in investigation and documentation, including documentation for testimony. Leadership should hold their staff accountable for following established protocols.

Increase capacity of law enforcement agencies to respond to intimate partner and sexual violence by improving the availability of victim-centered resources and advocate support. Law enforcement agencies are short staffed and officers often are called upon to do advocacy work. Developing an advocate workforce may ensure appropriate response while also lessening the workload of officers responding to these incidents of violence. Victim advocates with training on the dynamics of domestic violence should be called to the scene to assist with survivors, victims, and child witnesses and their adult caretakers to ensure that survivors are receiving appropriate services. These advocates should be employed by community-based victim advocate groups. Advocates may assist victims with orders of protection, safety planning, shelter access, referrals to other services such as counseling, and aftercare. Advocacy organized in an ongoing case management structure may also provide a point of contact for victims following the incident and improve victim access and use of services.

Law enforcement agencies should ensure officers are provided increased training on all aspects of intimate partner violence, including the dynamics of the violence and the appropriate documentation of incidents that involve IPV. An increase in the required amount of both academy training and continuing education for law enforcement professionals are steps toward improving the responses of officers towards victims of violence, as is collaborating with service providers to receive the training. The team recommends that agencies collaborate with victim advocates and service providers to train officers on risk assessment and trauma informed response for survivors and witnesses to violence.

Provide continuing education to law enforcement officers on the New Mexico Family Violence Protection Act (NMSA chapter 40, article 13) to ensure consistent application of the law and improve continuity in the use of domestic violence orders of protection across jurisdictions. The team reviewed cases where law enforcement reports identified a lack of clarity about whether a household member crime had occurred or missed opportunities for emergency protection orders or other types of relief at the scene. While these problems were observed in a minority of cases, each observation highlights an important area for continued education on the definition of household member, qualifying abuse acts, and best practices for emergency protection order petitions. These laws are subject to change as are the community resources available for victims. As such, the team recommends ongoing continuing education about both criminal and civil domestic violence law in order to ensure consistent application of the law across jurisdictions.

Victim Services

Identify gaps and leverage existing resources to improve the distribution of and access to domestic violence services, especially in rural areas. The team recognizes that additional resources are needed and that those needs and

[5] International Association of Chiefs of Police. 2016. "Domestic Violence Model Policy." Retrieved Dec. 11, 2017 (http://www.theiacp.org/MPDomesticViolence

gaps vary by community. The team also recommends that agencies look for ways to maximize existing resources to improve access to services whenever possible. One strategy may involve establishing community-coordinated-response (CCR) or multi-disciplinary teams (MDT) in specific locations that would facilitate collaboration between criminal justice and community organizations to include cross-training and joint scene response when responding to incidents. Almost 53% of reviewed deaths occurred in rural areas of the state. The team recognizes that additional resources, including remote service delivery options, like telemedicine, are needed and recommends agencies look for ways to maximize existing resources to improve access to services whenever possible.

Promote awareness and understanding of the danger and characteristics of stalking. In CY2019, 14% of the intimate partner pairs had abuse histories that included stalking behaviors. The team has noted that there is a need to promote awareness of the characteristics of stalking and the dangers as well as provide training to service providers and law enforcement. Victim advocates struggle to provide effective guidance regarding legal and law enforcement responses to stalking due to a need for training and a need for increased public awareness. Providing funding for training to educate and prepare victim advocates and to support public education/engagement efforts is necessary.

Courts

Civil and criminal courts should utilize evidence-based risk assessment tools for use in domestic violence cases.
Due to the nature of domestic violence cases, past violence is underreported and therefore not identified via pretrial risk assessment tools.

Courts should evaluate both the need and the capacity for monitoring offenders, both those awaiting trial for violent crimes and those sentenced to probation. An evaluation will help identify the resources necessary to develop an appropriate system of compliance monitoring to meet the needs of each jurisdiction. Relatively few pretrial monitoring programs exist statewide, with only a handful of counties having programs at the district or magistrate court level. When available, pretrial programs should monitor offenders who are awaiting trial for violent crimes, including those charged with either felony or misdemeanor domestic violence. Additionally, courts should evaluate what types and levels of monitoring are needed for offenders in different jurisdictions. Magistrate courts also have insufficient funding for supervising probation sentences, including those involving convictions for misdemeanor domestic violence. Court officials at all levels should ensure that providers of court ordered services associated with conditions of release are reporting violations and lack of compliance in a timely fashion. Monitoring compliance with domestic violence offender treatment/batterer intervention programs requires collaboration between courts and domestic violence service providers. The Team recommends courts require this treatment to be completed in a CYFD certified domestic violence offender treatment program.

Adhere to best practices for plea bargains with perpetrators in domestic violence and sexual assault cases. Although guided by statute and prosecutorial recommendations, judges have discretion in sentencing and deciding whether or not to accept plea bargains. The team recommends that IPV cases should not be plead down to non-household member crimes and that offenses committed against household members should be charged and sentenced as such. Judges should take into account prior criminal history when making sentencing decisions.

Offer ongoing training to improve and maintain court staff capacity to engage with victims and perpetrators of domestic violence in both a trauma-informed and culturally sensitive manner. In CY 2019, the team found that 65% of perpetrators and 31% of victims had at least one prior criminal court contact, and 19% of perpetrators and 28% of victims had at least one prior civil court contact. This training should provide information not only on safe and appropriate response to incidents of physical abuse, but also should help judges and court staff members identify controlling behaviors, stalking, and other forms of abuse. Educational content should be produced in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be culturally appropriate for the intended audience.

Prosecution

Enhance prosecutor training on intimate partner violence, interviewing victims, and evidence-based prosecutions in domestic violence and sexual assault cases. Require prosecutors and all related staff to obtain yearly training and continuing education on the social dynamics of IPV, understanding how victims of IPV and sexual assault experience trauma, and the available

community resources for victim support in their respective jurisdictions, as well as domestic violence and the law. District attorneys should also participate and support the participation of their investigators, advocates, and prosecutors in local or regional coordinated community response or multidisciplinary teams as part of these educational efforts.

Address policy and resource gaps in the prosecution of domestic violence and sexual assault cases by creating specialized domestic violence prosecution units within district attorney offices. The team observed a number of cases in which perpetrators had at least one dropped prosecution for domestic violence prior to the homicide; some perpetrators had multiple prior cases in which charges were dropped. Although guided by departmental policies, prosecutors have discretion in decisions regarding the charging, prosecuting, reducing, and dismissing of charges. Dismissals of domestic violence charges and plea agreements that lead to lesser charges should be avoided and offenses committed against household members should be charged as such. Charging decisions should also be based on thorough investigations and the consideration of evidence-based prosecution regardless of whether victims are available for testimony. Prosecutors may improve victim safety by ensuring proper notification of victims about charging decisions and collaborating with other agencies to improve investigations.

Medical, Mental, and Behavioral Health Care Services

Create statewide crisis response teams, composed of mental or behavioral health professionals, to respond to individuals experiencing mental health crisis. In CY2019, 33% of perpetrators had a history of suicidal ideation, and 19% had previously attempted suicide. Law enforcement agencies are understaffed and officers are often the first to respond to mental health related calls. Crisis response teams can provide immediate response, assessment, and referrals to individuals in the community experiencing behavioral health emergencies. Crisis response teams can help reduce the burden on law enforcement and emergency departments by diverting individuals from cycling through the criminal justice and hospital systems.

Require continuing education units about intimate partner violence for professional certifications and licensing for medical professions, allied health professions, social work, counseling, substance abuse treatment, psychology, and psychiatry. Educational requirements in these professions should include culturally appropriate training in how to screen for, ask questions about, and identify risks for IPV, safety planning, and referrals for appropriate IPV interventions for individuals of all ages. Medical professionals should also be trained on documentation of IPV, as required by the New Mexico Family Violence Protection Act [see NMSA §40-13-7.1]. These enhancements may come from curriculum development at schools of higher learning, IPV competency requirements for licensure, or required IPV continuing education, depending on the educational requirements of each respective occupation. Training should be designed and implemented by IPV victim advocates and focus on improving IPV identification as well as knowledge of available services for referral in local communities.

Medical providers treating patients with chronic health conditions should screen for substance abuse, IPV, depression, and suicidal ideation. Providers should be offered continuing education on trauma informed care among chronically ill patients. Patients at risk for IPV, depression, and suicidality should be referred to appropriate service providers.

Identify, inventory, and leverage existing resources to eliminate barriers to mental health services around the state, especially in rural communities. The team recognizes the need for additional mental health resources that are trauma informed, long-term, and are available in rural areas. The team recommends the development of culturally appropriate and holistic services for teens and young adults, military veterans, the elderly, those who threaten and/or attempt suicide, and Native American populations. The team also recommends that mental health care providers work to improve both visibility and accessibility of existing services and provide opportunities for education on issues related to both warning signs and intervention for suicide, self-harm, firearm storage and weapon safety, and dealing with crisis situations. The Native American Committee recommends improved availability of and access to mental health services that are culturally, linguistically, and age-appropriate for tribally affiliated individuals.

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

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

Improve and coordinate follow-up and case management to individuals who seek medical, mental, or behavioral health treatment, particularly in rural areas. The team observed cases where over 6.9% of victims and over 18.9% of perpetrators had sought treatment for physical or mental health conditions. Often, individuals do not complete prescribed treatment. The team recognizes that there is a shortage of services in all of these areas throughout the state and that when these services exist, coordination is lacking. Coordination of services can ensure that individuals are accessing and adhering to the services they need, including long-term services. Coordinated case management also gives more opportunities for providers to screen their patients for IPV and identify other needs, such as family counseling, grief services, and primary prevention. The team recommends cross-training for service providers in each of these areas.

Increase the availability of mental health services for aging individuals, particularly those with chronic medical issues. The loss of quality of life appears to be a contributing factor for marginalized persons with little or no prior history of intimate partner violence to engage in an extreme form of violence against themselves and/or their partner to resolve their perceived lack of quality of life.

Cross-cutting recommendations for the community

Improve universal awareness and recognition of intimate partner violence. The team recommends expanding public awareness education aimed at improving the recognition of IPV. These efforts should work to raise awareness on the warning signs of intimate partner violence, lethality risk factors, safety planning, and advice on how to talk about violent relationships. These efforts should also help community members identify intimate partner violence, including controlling behaviors, stalking, and other forms of abuse. Prevention advocates should coordinate local resources and a broad set of stakeholders to develop community capacity to engage in IPV prevention. The team recommends defining the target audience broadly, including culturally and age appropriate messaging for children, parents, organization, and adults in the community. These activities should be inclusive of boys and men of all ages, providing education on male violence victimization and perpetration as well as engaging men as allies in IPV and sexual assault prevention.

Increase public outreach efforts on how and when to report witnessed incidents of intimate partner violence and sexual assault. Public information initiatives should provide details not only on safe and appropriate response to incidents of physical abuse. Service providers can support these efforts by increasing visibility of services and resources in their communities. Provider outreach efforts should be designed for local communities, including workplaces, and be culturally and age appropriate for targeted audiences.

Employers should develop and implement policies for responding to domestic violence in the workplace.The team recommends that employers require their employees take training(s) that address prevention of domestic violence, how to respond to domestic violence, and how to report domestic violence. Employers should improve procedures for responding to inter-employee relationships and develop procedures for responding to domestic violence in the workplace that protects victims.

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