New Mexico Intimate Partner Violence Death Review Team

Annual Report 2020

Findings & Recommendations from CY2017 Intimate Partner Violence Deaths

New Mexico Intimate Partner Violence Death Review Team Annual Report 2020

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 2020 report presents findings and recommendations from the Team's review of 2017 intimate partner violence and sexual assault related deaths.

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Acknowledgments

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

- The New Mexico Crime Victims Reparation Commission (CVRC), Director Frank Zubia and the entire Crime Victims Reparation staff and Commission, for their support of the Team's work;
- The Albuquerque Family Advocacy Center, the New Mexico Office of the Attorney General (OAG), and the Crime Victims Reparation Commission for assisting the Team with procuring meeting space;
- Rebecca Montoya Mora and Dr. Sarah Lathrop of the New Mexico Office of the Medical Investigator, for assistance with case identification and data collection, and;
- All of the criminal justice and community service professionals across the State of New Mexico who assisted with the record collection necessary for conducting effective case reviews.

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

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

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

Samantha Acuff, Crime Victims Reparation Commission (CVRC)
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Special Thanks to Out Going Team Members

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Joan Shirley, Resource Center for Victims of Violent Death

Special Thanks to Team & Committee Chairs

Sally Sanchez and Joel Hagaman, 2019 IPVDRT
Gail Starr, Marginalized Populations Committee
Cheryl Eaton, Native American Committee
Emily Martin, Teen Dating Violence Committee

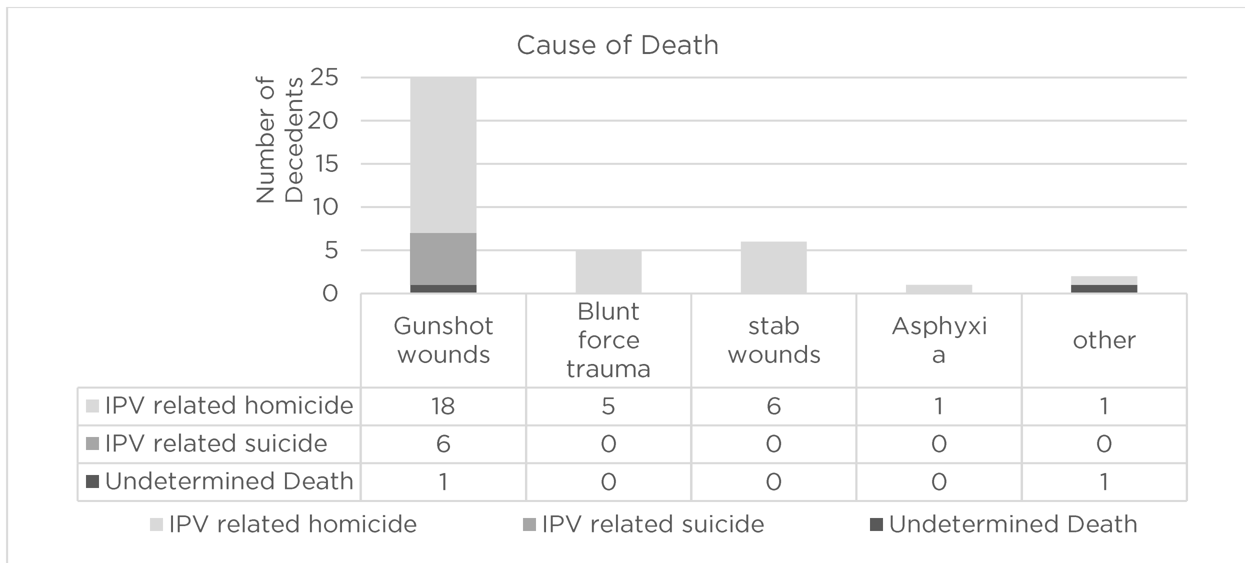
Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2017

For case year 2017 (CY2017), the Team reviewed 32 incidents of intimate partner violence (IPV) or sexual assault (SA) that resulted in at least one death. In these 32 incidents, 39 people died: Thirty-one deaths were the result of homicide, six were acts of suicide, and two were classified as undetermined deaths. The Team identified 23 additional IPV incidents resulting in death for CY2017 that could not be reviewed because of unresolved investigations or ongoing criminal court proceedings, as well as 39 additional cases that involved suicide alone. Suicide alone cases will be reviewed in 2020 and the findings will be presented in a supplemental report. IPV and SA related death incidents occurred in 16 counties across the state and 43.8% of these incidents occurred in rural areas.

The Team reviewed 25 incidents of homicide, five incidents of murder-suicide, and two incidents with an undetermined manner of death. Of 39 decedents, twenty-five deaths (78.1%) were the result of gunshot wounds, including 18 (59.4%) homicide deaths and one undetermined death. Six deaths were the result of stab wounds, five deaths were the result of blunt force trauma, and asphyxia was the cause of one homicide death. The cause of the remaining deaths were undetermined. In four of the five murder-suicide cases, the causes of death for both the homicide and suicide decedents was gunshot wounds.

Three incidents involved suspected sexual assault and all three decedents received postmortem sexual assault analysis.

Cause of Death (Number of decedents = 39)

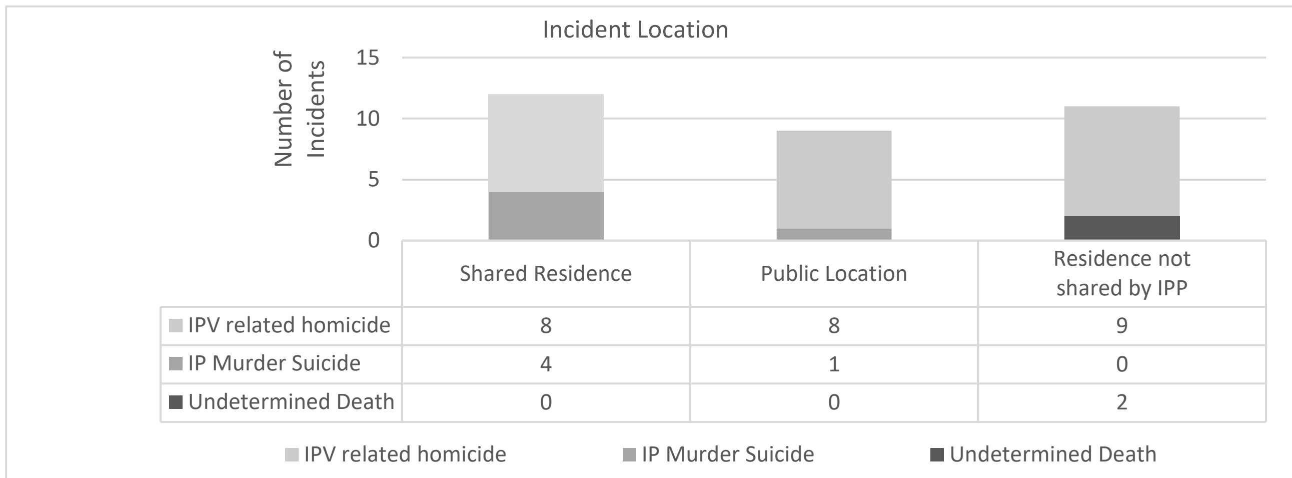


	Gunshot wounds	Blunt force trauma	stab wounds	Asphyxi a	other
IPV related homicide	18	5	6	1	1
IPV related suicide	6	0	0	0	0
Undetermined Death	1	0	0	0	1

The Team reviewed six incidents involving homicide offenders who were probhibited by federal law from possessing a firearm. In two of those incidents, the homicide offender used a gun to kill at least one other person.

Nine death incidents (28.1%) took place in a public location, including three on a street or driveway near the IPV victim's residence, one near the perpetrator's residence, and one near a shared residence. Two cases occurred on the side of the highway, one in a stranger's residence, and one one in a motel room. Twenty-three other incidents occurred in a personal residence, with 12 (37.5%) such incidents occurring in a residence shared by the IPV victim and IPV perpetrator. Four (12.5%) IPV related death incidents were witnessed by a minor child. The figure on the next page shows the distribution of location for incidents reviewed by type of death incident.

Location of Incident (Number of incidents = 32)



Criminal Charges

State criminal charges were filed against offenders in 14 of the 25 homicide alone incidents and all 14 prosecutions had a murder charge attached. The table below shows the final charge and sentence range for all reviewed CY2017 homicide convictions.

There are eleven homicide incidents which were not charged.

- Three incidents were considered to be self-defense or justifiable homicide; law enforcement declined to charge one case; and the prosecutor declined to charge another case.
- Five incidents involved intervention by at least one on-duty police officer, all of whom were deemed to have acted in legal capacity and none of whom were charged.
- One offender committed suicide immediately following the secondary victim IPV related homicide incident.

Conviction and Sentencing

Prosecutors obtained convictions for 12 individuals in 14 of the death incidents where charges were filed.

- The State entered Nolle Prosequi** for one offender.
- A jury acquitted one offender.
- The State dismissed murder charges for one offender and then charged the offender with being a felon in possession of a firearm.*

For individuals convicted of a murder charge, eight resulted from plea agreements and three from jury conviction. In incidents with a murder conviction, the minimum sentence on the most serious charge was seven years for voluntary manslaughter and the most serious charge was life imprisonment for first degree murder. One of the convictions involved a sentence that was partially suspended.

CY2016 Homicide Conviction Sentence Range by Charge Type
(# of Homicide incidents = 25; # of incidents with charge = 14)

Most Serious Final Charge	Number of Convictions	Sentence Range in Years After Time Suspended
1st Degree Murder	1	Life imprisonment followed by five years parole
2nd Degree Murder	6	13.5 to 28 year prison
Voluntary Manslaughter	4	7 to 14.5 years prison
Involuntary Manslaughter	0	N/A
Other	1*	1.5 years probation
**Dismissed	2	1 Nolle Prosequi; 1 acquittal

*The charge was for a felon in possession of a firearm

Relationship and Person Characteristics in IPV Related Death Incidents, CY2017

Relationship between the Intimate Partner Pair

For almost all reviewed CY2017 incidents, the death incident occurred either during or immediately following a threatened or actual incident of IPV or SA. In 8 incidents (25.0%), the intimate partner pair was married at the time of the incident. Nineteen incidents (59.4%) involved couples who were dating at the time of the incident and four incidents (12.5%) involved former spouses or dating partners. One incident involved a sexual assault between a SA victim and a third party with no prior intimate relationship. Nine (28.1%) of the couples shared biological or adopted children. Seven (21.9%) intimate partner pairs were in the process of separating at the time of the incident. The following table reports relationship characteristics for intimate partner pairs involved in the intimate partner violence related incident that resulted in at least one death reviewed by the Team.
Note: The following 32 cases include one case of SA where the decedent and offender were friends but had no known prior intimate relationship.

Relationship Characteristics of the Intimate Partner Pair (N=32)	Number of Incidents	%
Relationship Status		
Spouse or Partner	8	25
Ex-spouse or Ex-partner	3	9
Boyfriend or Girlfriend	19	59
Ex-boyfriend or Ex-girlfriend	1	3
Other (perpetrator and victim were friends)	1	3
In the Process of Separating	7	22
Habitation Status at Time of Incident		
Living together	20	63
Previously Lived Together	3	9
Lived Separately	0	0
Never Lived Together	6	19
Unknown	3	9
Children		
Couple has any shared biological or adopted child(ren) of any age	9	28
Shared biological or adopted minor child(ren) in household	5	16
Any minor child(ren) in household	5	16
Step-child(ren) in household	1	3
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	21	66
At least one domestic violence police call for service	13	41
At least one arrest for intimate partner violence	10	31
Any history of a domestic violence order of protection between parties	5	16
IPV-related criminal charges pending at time of incident	3	9
Any history of child custody cases	1	3

*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 the sexual assault leading to the death incident. The IPV or SA victim may be the decedent, offender, or surviving partner in the death incident. For CY2017, the Team reviewed incidents in which there were 32 IPV and SA victims who were either the decedent, offender, or the surviving intimate partner. Victims ranged in age from 19 to 99 years of age; the median age was 40 years. Most of victims (87.5%) were female. Three (9.4%) IPV victims became parents when they were teenagers. Eight (25.0%) IPV victims had a prior arrest for a domestic violence offense. More than one half (59.4% or 19) of IPV and SA victims were homicide decedents in the incident and one IPV victim was the decedent in an undetermined death incident. The table below presents background characteristics for IPV and SA victims in reviewed incidents.

Background Characteristics of IPV and SA Victims (N=32)	Number of Incidents	%
Sex		
Female	28	88
Male	4	13
Race/Ethnicity		
White	10	31
Hispanic	17	53
Native American	5	16
Asian	0	0
Health		
Known history of alcohol abuse	14	44
Known history of Illicit drug use(Rx)	8	25
Known history of depression or other mental illness	3	9
Known history of a chronic disease	5	16
Criminal History		
At least one prior arrest	18	56
At least one arrest for DWI	7	22
Convicted of at least one felony crime	3	9
At least one term supervised probation or parole	9	28
On probation or parole at the time of the incident	2	6
Intimate Partner Violence History		
Known history of intimate partner violence victimization	22	69
Known history of intimate partner violence perpetration	8	25
At least one arrest for domestic violence	8	25
At least one conviction for domestic violence	2	6
Party in at least one prior domestic violence order of protection	6	19

IPV and SA Perpetrators

IPV and SA perpetrator refers to the identified perpetrator of intimate partner violence in the incident leading to the death. The perpetrator may be the decedent, offender, or surviving partner in the death incident. For CY2017 reviewed incidents, there were 32 IPV perpetrators. Perpetrators ranged in age from 21 to 96 years old; the median age was 39 years. Most (87.5%) of the IPV and SA perpetrators were male.

Twenty-one (65.6%) perpetrators were homicide offenders and 15 (46.9%) perpetrators survived the death incident. Of the 17 perpetrators who died during the incident, six were both homicide offenders and suicide decedents, nine (52.9%) were killed by a third-party, one was killed by the victim, and one died an undetermined death. At the time of the incident 59.4% of IPV and SA perpetrators were drinking alcohol and 25.0% were using illicit drugs.

Background Characteristics of IPV and SA Perpetrators (N=32)	Number of Incidents	%
Sex		
Female	4	13
Male	28	88
Race/Ethnicity		
White	12	38
Hispanic	16	50
Native American	4	13
Black/Asian	0	0
Health		
Known history of alcohol abuse	22	69
Known history of drug use(Rx)	21(2)	66(6)
Known history of depression or other mental illness	8	25
Known history of a chronic disease	1	3
Use of alcohol at time of death incident	19	59
Use of illicit drugs at time of death incident(Rx)	8(2)	25(6)
Criminal History		
At least one prior arrest	22	69
At least one arrest for DWI	16	50
Convicted of at least one felony crime	9	28
At least one term supervised probation or parole	19	59
On probation or parole at the time of the incident	5	16
Intimate Partner Violence History		
Known history of intimate partner violence victimization	4	13
Known history of intimate partner violence perpetration	23	72
At least one arrest for domestic violence	14	44
At least one conviction for domestic violence	8	25
Party in at least one prior domestic violence order of protection	13	41

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 offenders.[1] The most common service contacts were with health care providers: More than half (65.6%, 21) of IPV and SA victims and (53.1%, 17) of IPV and SA perpetrators had at least one contact with a medical provider through primary care or the emergency department. Other common service contacts were with substance abuse treatment service providers: One quarter (25.0%, 8) of IPV and SA victims and a little less than one half (40.6%, 13) of IPV and SA perpetrators had at least one contact with a substance abuse treatment service provider. Two (6.3%) IPV and SA victims and five (15.6%) IPV and SA perpetrators used mental health services. Five IPV perpetrators and one IPV victim attended court ordered domestic violence counseling programs. Five IPV perpetrators attended a batterer's intervention program.

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 eleven incidents involving secondary offenders and victims.

Eight incidents involved secondary offenders who committed an act resulting in homicide. Five of these incidents involved a total of seven on-duty police officers who fired shots that resulted in a death. One secondary homicide offender was related to the IPV victim, one was the IPV victim's new partner, and one was a friend of the IPV victim's family. None of secondary offenders were convicted of murder charges.

For CY2017, the Team reviewed three incidents involving secondary victims. One secondary victim was a family member of the IPV perpetrator who was killed by the IPV perpetrator. One secondary victim was the new intimate partner of the IPV victim and was killed by the victim's former partner.

Team Recommendations

Legislation/Policy

Create New Mexico legislation to strengthen the ability of law enforcement to arrest domestic violence perpetrators and those who violate domestic violence order of protections when probable cause has been established, even when the alleged perpetrator has left the scene and a warrant is necessary. In CY2017 IPV-related deaths, there were 13 cases with prior calls to the police for domestic violence prior to the death incident. A quarter of those cases had at least one call that did not result in an arrest, but instead in a criminal summons. In defining the cases subject to mandatory arrest, lawmakers should consider those provided in the arrest without warrant statute (NMSA §31-1-7), the Family Violence Protection Act (NMSA §§40-13-6 and 4013-7), and criminal statutes related to crimes against household members (NMSA §§303-11 through 30-3-18). In addition, lawmakers should support assessment of the cost-benefit analysis of a warrant system of arrest for all domestic violence offenses.

Tribal Policies and Services

The Committee recommends establishing Multi-Disciplinary Teams that allow court personnel, service providers, and probation and parole officers to meet to monitor and discuss offenders' compliance with court ordered services. The Native American Committee recommends that tribal courts collaborate with accessible behavioral health service providers and local, state, and federal probation / parole officers to offer culturally appropriate and trauma informed behavioral health treatment and follow-up to offenders. The Committee observed six cases where individuals had contact with the criminal justice system prior to the incident and also had behavioral health needs. Violations and lack of compliance would be reported in a timely fashion during these meetings. Both service providers and probation and parole officers could follow-up with offenders to ensure continued compliance. Continued collaboration will provide offenders, and by extension their children and families, with tribal support and follow-up as they heal from trauma.

Provide training for tribal law enforcement officers on investigation and documentation of intimate partner violence (IPV) incidents. Training should focus on improving officers' ability to write detailed reports of IPV incidents, including when an officer is the lead investigator. The training should also include the importance of

[1] 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.

quickly filing reports that allow victims to receive services and prosecutors to proceed in filing charges.

Implement community policing in tribal communities to support collaboration between law enforcement officers and community members. The Committee observed multiple cases where better collaboration between police officers and civilians may have prevented a death. Collaboration between law enforcement officers and the larger community would inform officers of the needs of the community, as well as support tribal members when they experience violence.

Law enforcement

Create policy and standardized protocols that support and strengthen the authority to arrest perpetrators of domestic violence and individuals who violate domestic violence orders of protection immediately after the incident, including securing warrants in domestic violence related incidents in which probable cause of battery or violation of a domestic violence order of protection has occurred. The Team observed a number of cases in which prior domestic violence offenses led to court summons for perpetrators of domestic violence because perpetrators left the scene, rather than seek an arrest warrant. Immediate arrest increases victim safety. Agencies should ensure that senior leadership trains their staff on securing arrest warrants for domestic violence perpetrators and holds their staff accountable for following established protocols.

Create standardized protocols that include provisions for collaboration between law enforcement agencies and victims' service providers to ensure timely and appropriate referrals for victims following incidents of intimate partner violence and sexual assault. The Team has observed inconsistencies in the way law enforcement agencies engage with survivors following domestic violence incidents. Law enforcement agencies should encourage the use of non-governmental victim advocates in the field and collaborate and coordinate with advocates and other service providers to create trauma-informed, best practice protocols that model documentation of incidents and injuries after incidents. 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 and resources. If an advocate cannot be physically present at the scene, law enforcement officers should make phone contact with the advocate to provide services telephonically. Advocates may assist victims with orders of protection, victim compensation, safety planning, shelter and medical services access, referrals to other services such as counseling, and aftercare. The Native American Committee additionally notes that advocates can provide follow-up to victims that improves victim access and use of services, especially if they are organized in an ongoing case management structure.

Continue to provide training to law enforcement officers on current criminal and civil domestic violence laws, such as the New Mexico Family Violence Protection Act (NMSA Chapter 40, Article 13). The Team observed cases where law enforcement was not consistently upholding the law and where they did not act within the full extent of their capacity. While these problems are observed in a minority of cases reviewed by the Team, each observation highlights an important area for continued education on the definition of household member, qualifying abuse acts, and the best practices for emergency protection order petitions. The Team suggests that law enforcement officers remove firearms from the scene of domestic violence incidents when the firearm is part of evidence or the safety of officers, civilians, and victims is in question, as authorized by law. The Team also recognizes that laws and policies can change, such that law enforcement officers should receive continual education about domestic violence law in order to ensure consistent application of the law across jurisdictions.

Victim Services

Create standardized protocols that include provisions for collaboration between victim service providers and law enforcement agencies to ensure timely and appropriate referrals for victims following incidents of intimate partner violence and sexual assault. Victims service providers from non-governmental victim advocate organizations should collaborate and coordinate with law enforcement agencies and other service providers to create trauma-informed, best practices protocols that include documentation of incidents and injuries after incidents. Victim advocates with training on the dynamics of domestic violence should go to the scene to assist with survivors, victims, and child witnesses and their adult caretakers to ensure that survivors are receiving appropriate services and resources. If an advocate cannot be physically present at the scene, law enforcement officers should make phone contact with the advocate to provide services telephonically. Advocates may assist victims with orders of protection, victim compensation, safety planning, shelter and medical services access, referrals to other services such as counseling, and aftercare. The Native American Committee additionally notes that advocates can provide follow-up to victims that improves victim access and use of services, especially if they are

organized in an ongoing case management structure. Law enforcement agencies should encourage the use of victim advocates in the field.

The Team recommends that Crime Victims Reparation Commission (CVRC) staff, victim advocates, Children Youth and Families Department (CYFD) staff, and law enforcement officers collaborate to ensure that children who witness domestic violence receive early intervention services and forensic interviews immediately after a crime. CVRC should ensure all service providers know that children who witness domestic violence are eligible for victim compensation, including counseling services. CYFD should increase education for all of their staff, including case workers and social workers, on IPV, sexual violence, screening/identification, early intervention, referrals, and the effects of domestic and sexual violence on children. Continued collaboration will provide children and families with support and follow-up as they heal.

Improve school personnel capacity to recognize and respond to both domestic violence occurring within the home and to teen dating violence. The Team recommends that schools and their after-school programs partner with domestic violence service providers to link students and their parents to resources, including advocacy and counseling. The Teen Dating Violence Committee additionally recommends that schools include prevention education about domestic violence in their curricula. Education initiatives should have a broad community reach, targeting teens, parents, school personnel, persons working in youth-serving organizations, and adults in the community at large. These efforts should work to raise awareness on the warning signs of domestic and teen dating violence, lethality risk factors, safety planning, and bystander interventions.

Batterers Intervention Programs' (BIP) service providers should expand their capacity to improve support to their clients, such as through a 24-hour hotline to call if they need to discuss when they are at risk for committing violence. The Team reviewed five cases where perpetrators had been court ordered into BIP and five cases where perpetrators had been court ordered into domestic violence counseling. The Team believes that expanding and developing services to support both current and former BIP clients could decrease harm to victims.

Courts

Require training to improve court staff capacity to engage with victims and perpetrators of domestic violence in trauma-informed and culturally sensitive manners. The Team found that 47% of perpetrators and 25% of victims in CY2017 reviewed homicides had at least one prior contact with court services.

Identify and implement early intervention programs for juveniles that commit criminal offenses. The Team has observed homicide offenders with repeat system contacts as juveniles. Early interventions programs that are not focused on detention should be incorporated into existing assessment, counseling, treatment, and services that are offered across various system contacts. Courts should fully enforce that violent offenders participate in juvenile justice programming from the inception of their case. These programs should be developed in collaboration with teens and professionals who work in violence prevention and service provision. They should be developmentally and culturally appropriate.

Court officials should ensure monitoring of offenders who are awaiting trial, including those charged with either felony or misdemeanor domestic violence. Courts should evaluate their capacity for monitoring offenders and implement or expand services appropriate to the jurisdiction, as needed. This may include the development or expansion of pre-trial supervision protocols or programs. Court officials at all levels should expand and improve collaboration with providers of court ordered services associated with conditions of release, including substance abuse treatment programs, batterer-intervention programs, domestic violence service providers, and counselors to ensure reporting of violations and lack of compliance in a timely fashion. The Teen Dating Violence Committee additionally recommends that the courts serve as an entry point into substance abuse treatment services. This recommendation is consistent with the National Institute of Justice position[2] that courts hold violent offenders accountable for abiding by conditions of release and impose consequences when they do not.

Probation and Parole

Address policy and resource gaps in the monitoring and supervision of offenders, including support for professional monitoring of sentence compliance and attendance of court ordered rehabilitation and Batterer Intervention Programs. A review of IPV perpetrator criminal histories showed that 60% in CY2017 had at least one prior contact with state probation and parole services. Four homicide offenders were serving a

[2]National Institute of Justice. 2009. "Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors, and Judges." Retrieved August 17, 2020 (https://www.ncjrs.gov/pdffiles1/nij/225722.pdf)

probation or parole sentence at the time of the death incident. Even when arrested for new crimes, offenders were not always charged with probation or parole violations. In a few cases, violations were processed but did not necessarily result in changes to the terms of supervision. In these instances, probation and parole officers should offer suggestions for changes in supervision that could increase compliance. The Probation and Parole department should clarify and train officers on the best practices of working with offenders who commit additional crimes, including notifying the court of additional charges. Additionally, probation and parole officers should help offenders comply with substance abuse treatment programs. This recommendation is consistent with the National Institute of Justice position[3] that courts hold violent offenders accountable for abiding by conditions of release and impose consequences when they do not.

Medical, Mental, and Behavioral Health Care Services

Medical and mental health providers should receive regular training on screening for IPV and should ask about both IPV victimization and perpetration during screenings in order to connect individuals to pertinent domestic violence services. In CY2017 cases, 69% of IPV victims and 56% of IPV perpetrators had at least one contact with a mental health or medical provider. Providers should be offered continuing education on approaching discussions about domestic violence, effectively identifying IPV, and referring individuals to domestic violence services among people of all genders and ages. The Marginalized Populations Committee additionally recommends that medical and mental health providers screen for traumatic brain injuries, elder abuse, and other types of abuse. Agencies should hold personnel accountable for recording injuries and IPV referrals in the patient's medical record in accordance with the New Mexico Family Violence Protection Act [See NMSA §40-13-7.1].

Identify, inventory, and leverage existing resources to eliminate barriers to health care services around the state, especially in rural communities. In CY2017 cases, 69% of IPV victims and 56% of IPV perpetrators had at least one contact with a mental health or medical provider. Because medical and mental health services are frequently used by both victims and perpetrators, the Team recognizes the need for increasing infrastructure for the provision of these services. Additional health care resources that can be accessed from home, such as telehealth services, should also be established.

Require continuing education units about intimate partner violence for professional certifications and licensing in social work, counseling, substance abuse treatment, psychology, and psychiatry. Educational requirements in these professions should be evidence-based, trauma informed, and 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 and genders. These enhancements may come from curriculum development at schools for 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 about available services for referral in local communities.

Identify, inventory, and leverage existing resources to eliminate barriers to mental health and substance abuse services around the state. The Team recognizes the need for additional mental health and substance abuse resources that are trauma informed, culturally appropriate, long-term, and also exist in rural areas. The Team recommends that mental health and substance abuse counselors collaborate with victim service providers to increase victim access to substance abuse services. The Native American Committee additionally recommends expanding behavioral health services to include transportation to and from services, either through agency expansion or collaboration with transport organizations.

Review existing research to develop best practices in medication compliance among individuals who abuse alcohol and other substances, individuals with chronic illnesses, and individuals seeking services for intimate partner violence, including victims and perpetrators. The Team observed six individuals in six cases who had at least one chronic illness and 29 individuals in 21 cases where either the perpetrator or victim had a history of substance abuse. A number of those individuals were prescribed medication, but were not compliant in taking it. The Team believes that medication compliance may decrease IPV and SA related deaths in similar cases.

Cross-Cutting Recommendations for the Community

Eliminate barriers and improve knowledge of and access to grief counseling services throughout the state. The Team recognizes the

[3] Ibid

need for increased grief counseling resources that are trauma informed, culturally appropriate, long-term, and also exist in rural areas. The Team recommends supporting existing programs, such as those available through the Office of the Medical Investigator and mortuaries, as well as developing additional programs targeted at grief related to threatened and/or attempted suicide. 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.

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 IPV, lethality risk factors, safety planning, advice on how to talk about violent relationships, and what to do as a witness to IPV. Prevention advocates should coordinate local resources and stakeholders to develop community capacity to engage in IPV prevention. This may include city, county, and state government agencies, community-based service providers, schools, and, where present, IPV or sexual assault Community Coordinated Response Teams (CCRs) or Multi-Disciplinary Teams (MDTs). The Team recommends defining the target audience broadly, including culturally and age appropriate messaging for children, parents, organizations, and adults in the community. These activities should include providing education on male violence victimization and perpetration as well as engaging men as allies in IPV and sexual assault prevention. The Marginalized Populations Committee further recommends including information about elder abuse, mental health resources, and domestic violence services available to immigrant populations.

The Children, Youth, and Families Department (CYFD) should improve personnel knowledge and interpersonal communication among its employees in different departments around families experiencing IPV across their supervised caseloads in order to improve services. CYFD plays an important role in keeping children safe in New Mexico and should encourage staff, including youth transition specialists, youth probation officers, and protective service officers to communicate with one another as they serve youth. Doing so will allow them to maintain intensive and prolonged contact with families experiencing domestic or sexual violence.

Identify gaps and leverage existing resources to improve the distribution of and access to domestic violence services. The Team has observed inconsistencies in the way various service providers link victims to domestic violence services. The Teen Dating Violence Committee recommends that providers of any service create standardized protocols, including provisions for collaboration and coordination with other service providers to create best practices. These should ensure timely and appropriate referrals for victims following incidents of IPV and sexual assault, as well as facilitate referrals and follow-up. The Team recommends applying the protocol to all clients or patients that seek services.

Employers should develop and implement policies for responding to domestic violence in the workplace. The Team recommends that employers require their employees take training that addresses 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 also develop procedures for responding to domestic violence in the workplace that protects victims.

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