

**New
Mexico
Intimate
Partner
Violence
Death
Review
Team**

**Annual
Report**

2023

**Findings &
Recommendations
from CY2020
Intimate Partner
Violence Deaths**

New Mexico Intimate Partner Violence Death Review Team Annual Report 2023

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 2023 report presents findings and recommendations from the Team’s review of 2020 intimate partner violence and sexual assault related deaths.

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Acknowledgments

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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 ipvdr.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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Incidents of Intimate Partner Violence and Sexual Assault Resulting in Death, CY2020

For case year 2020 (CY2020), the Team identified a total of 37 incidents of intimate partner violence (IPV) or sexual assault (SA) that resulted in at least one homicide death. The Team reviewed 24 out of those 37 incidents. Out of the 24 reviewed incidents, 19 were homicide alone and five were murder-suicides.

The remaining 13 incidents could not be reviewed due to insufficient information, incomplete investigation, or ongoing court proceedings. This report excluded CY2020 incidents leading to a death classified as suicide alone or undetermined manner of death.

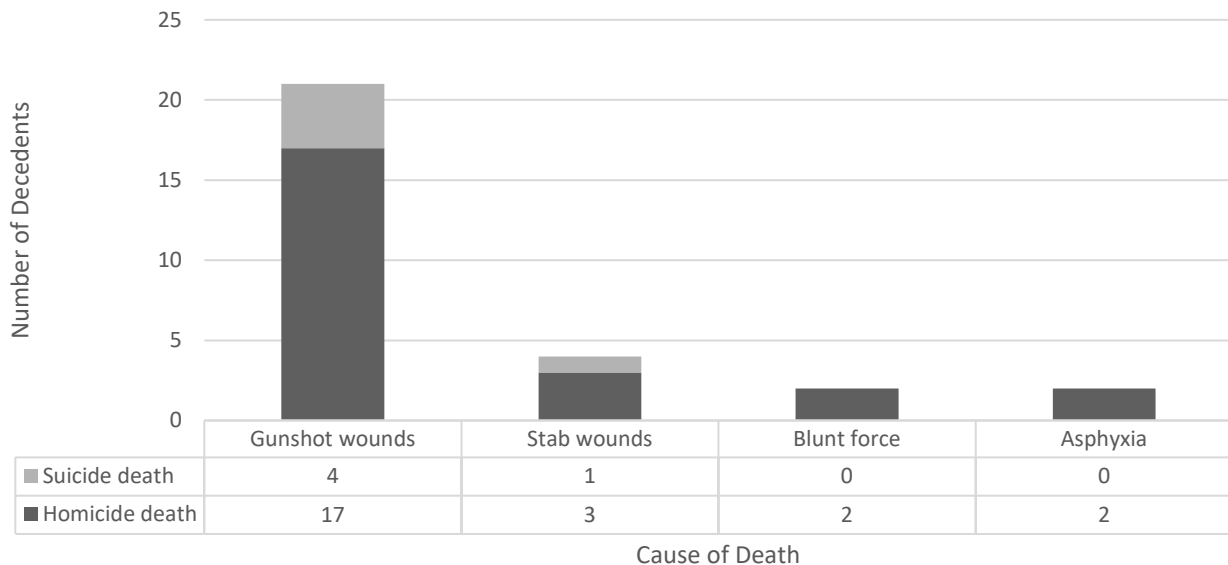
In the 24 reviewed incidents, 29 people died: 24 people died from acts of homicide, 5 were acts of

suicide. In addition, three perpetrators who were originally charged in a homicide death later died during apprehension or while in custody. IPV related death incidents occurred in 12 counties across the state and 50% of these incidents occurred in rural areas.

Of 29 decedents, 21 deaths (72%) were the result of gunshot wounds, including 17 homicide deaths and 4 suicide deaths. Two deaths were the result of blunt force trauma, two deaths were the result of asphyxia, and four deaths were the result of sharp force injuries or stab wounds.

Three incidents involved suspected sexual assault and none of the decedents received postmortem sexual assault analysis.

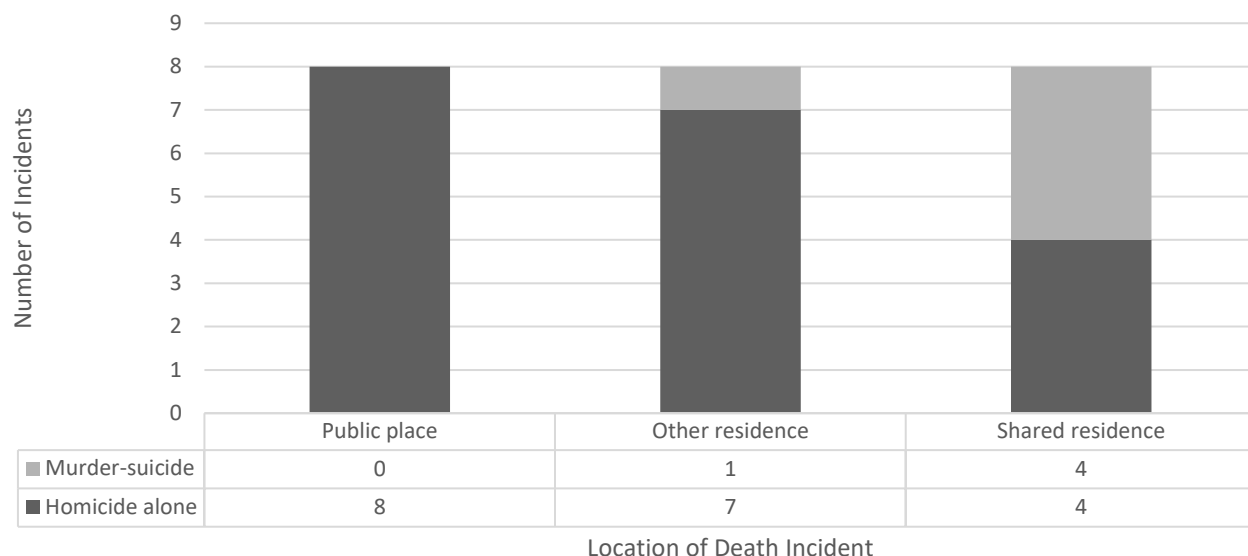
Cause of Death in IPV and SA Related Death Incidents (Number of decedents = 29)



The Team reviewed 7 cases (29%) with IPV perpetrators who were prohibited by federal law from possessing a firearm; in six of these, the perpetrators had possession of a firearm during the death incident. Seven death incidents (29%) took place in a public location, including six in a parking lot or roadway, and one inside an abandoned

building. The remaining 17 incidents occurred in a personal residence, with eight (8) incidents (33%) occurring in a residence shared by the victim and perpetrator. Five (5) IPV related death incidents (21%) 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 = 24)



Criminal Charges

Murder charges were filed against offenders in 13 of the 19 homicide alone incidents. The table below shows the adjudicated murder charge and sentence range for all reviewed CY2020 homicide convictions.

There were 6 homicide incidents where no offender was charged:

- One incident was considered self-defense or justifiable homicide.
- Two incidents involved intervention by on-duty police officers, all of whom were deemed to have acted in legal capacity and none of whom were charged in the incident.

- In three cases, the homicide offender died during apprehension or while in custody before prosecution.

Conviction and Sentencing

Prosecutors obtained convictions on a murder charge in all 13 cases in which charges were filed.

Ten murder convictions resulted from a plea agreement and three from a jury trial. In these 13 cases, the minimum sentence was two years for involuntary manslaughter and the maximum sentence was life + four years for 1st degree murder. Seven of the convictions involved a sentence that was partially suspended.

CY2020 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)
1 st Degree Murder	1	Life + 4 years
2 nd Degree Murder	10	6 to 18 years
Voluntary Manslaughter	1	14 years
Involuntary Manslaughter	1	2 years

Relationship and Person Characteristics in IPV and SA Related Death Incidents, CY2020

Relationship between the Intimate Partner Pair

For all reviewed cases, the death incident occurred either during or immediately following a threatened or actual incident of IPV or SA. In six incidents (25%), the intimate partner pair was married at the time of the death. Three incidents (12.5%) involved couples who were currently dating and 13 incidents (54%) involved former spouses or dating partners. Two incidents involved a sexual assault between a victim and perpetrator with no prior intimate

relationship. Nine couples (37.5%) shared biological or adopted children. Nine intimate partner pairs (37.5%) were separated or 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 CY2020 death reviewed by the Team.

Relationship between the Intimate Partner Pair (N = 24)

	Number of incidents	%
Relationship Status		
Spouse or Partner	6	25.0
Ex-spouse or Ex-partner	1	4.2
Boyfriend or Girlfriend	3	12.5
Ex-boyfriend or Ex-girlfriend	12	50.0
No known intimate relationship prior to the incident	2	8.3
In the Process of Separating	9	37.5
Habitation Status at Time of Incident		
Living together	10	41.7
Previously Lived Together	5	20.8
Never Lived Together	2	8.3
Living arrangement is unknown	5	20.8
Children		
Couple has any shared biological or adopted child(ren) of any age	9	37.5
Shared biological or adopted minor child(ren) in household	9	37.5
Any minor child(ren) in household	7	29.2
Step-child(ren) in household	4	16.7
History of Intimate Partner Violence within Pair		
Known history of intimate partner violence in relationship	8	33.3
At least one domestic violence police call for service	4	16.7
At least one arrest for intimate partner violence	3	12.5
Any history of a domestic violence order of protection between parties ¹	2	8.3
Any history of child custody cases	1	4.2

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 CY2020, there were 24 IPV and SA victims who were either the decedent, offender, or the surviving intimate partner. Victims ranged in age from 19 - 78 years old; the median age was 33 years. Most of victims (N= 23, 95.8%) were women. One victim became a parent when

they were a teenager. Seven IPV victims (29%) had a prior arrest for a domestic violence offense. Nine IPV and SA victims (37.5%) were homicide decedents. Thirteen victims (54%) survived the incident leading to the death. Among the survivors, two victims (8.3%) 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 = 24)

	Number of Victims	%
Gender		
Woman	23	95.8
Man	1	4.2
Race/Ethnicity		
White	7	29.2
Hispanic	14	58.3
Native American	2	8.3
Unknown	1	4.2
Health		
Known history of alcohol abuse	6	25.0
Known history of Illicit drug use	4	16.7
Known history of depression or other mental illness	3	12.5
Known history of a chronic disease	3	12.5
Criminal History		
At least one prior arrest	12	50.0
Convicted of at least one felony crime	4	16.7
At least one term supervised probation or parole	5	20.8
On probation or parole at the time of the incident	3	12.5
Intimate Partner Violence History		
Known history of intimate partner violence victimization	12	50.0
Known history of intimate partner violence perpetration	7	29.2
At least one arrest for domestic violence	7	29.2
At least one conviction for domestic violence	2	8.3
Party in at least one prior domestic violence order of protection	11	45.8

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 CY2020 incidents, there were 24 perpetrators. Perpetrators ranged in age from 18 – 89 years old; the median age was 36.5 years. Most (N= 23, 95.8%) of the IPV and SA perpetrators were men.

Eleven perpetrators (45.8%) were homicide offenders. Of the 15 perpetrators who died during the incident, 10 were homicide decedents and 5 were both homicide offenders and suicide decedents. At the time of the incident, 20.8% of IPV and SA perpetrators were drinking alcohol and 29.2% were using illicit drugs.

Background Characteristics of IPV and SA Perpetrators (N=24)

	Number of Perpetrators	%
Gender		
Woman	1	4.2
Man	23	95.8
Race/Ethnicity		
White	8	33.3
Hispanic	13	54.2
Native American	3	12.5
Health		
Known history of alcohol abuse	6	25.0
Known history of illicit drug use	12	50.0
Known history of depression or other mental illness	10	41.7
Known history of a chronic disease	4	16.7
Use of alcohol at time of death incident	5	20.8
Use of illicit drugs at time of death incident	7	29.2
Criminal History		
At least one prior arrest	19	79.2
Convicted of at least one felony crime	7	29.2
At least one term supervised probation or parole	8	33.3
On probation or parole at the time of the incident	5	20.8
Intimate Partner Violence History		
Known history of intimate partner violence victimization	0	0.0
Known history of intimate partner violence perpetration	14	58.3
At least one arrest for domestic violence	11	45.8
At least one conviction for domestic violence	4	16.7
Party in at least one prior domestic violence order of protection	7	29.2

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

	IPV and SA Victims (N = 24)		IPV and SA Perpetrators (N = 24)	
	Number of victims	%	Number of perpetrators	%
Service Contact History				
Domestic violence related friends and family support	2	8.3	0	0.0
Children, Youth and Families Department	3	12.5	1	4.2
Domestic violence related services	0	0.0	0	0.0
Health care services	2	8.3	1	4.2
Mental health services	3	12.5	2	8.3
Government services	2	8.3	1	4.2
Sexual assault related services	1	4.2	0	0.0
Substance abuse treatment program	0	0.0	0	0.0

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.² The most common known contacts for victims were contact with the Children, Youth and Families Department, and mental health related services. The most common contact for perpetrators was mental health care services. The table above shows the distribution of known help seeking and system contacts.

For CY2020, the Team reviewed eight incidents involving secondary victims. Two cases involved secondary victims who were acquaintances of the IPV victims. In three cases, the new intimate partners of IPV victims were killed by the victim's former partner and IPV or SA perpetrator in this case. In three cases the victim's new partner was killed by the IPV or SA perpetrator who had no known prior relationship to the victim.

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 12 incidents involving secondary offenders and victims. Four incidents involved secondary offenders who committed an act resulting in homicide. In two cases, the perpetrator was killed by a friend or family member of the IPV or SA victim. In the other two cases, an on-duty police officer killed the perpetrator acting in their official capacity as a first responder.

One of the civilian secondary offenders was charged and convicted of murder in relation to the incident, and the other three were found to be justifiable homicides.

² 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.

Team Recommendations

Legislation/Policy

Amend the Children’s Code to require that the Children, Youth, and Families Department assess any children present at a homicide for services. In CY2020, five death incidents occurred with minor children present. Children present at the scene of a homicide can experience incredibly negative developmental effects³. The Team recommends that all children who witness any homicide receive trauma informed, developmentally appropriate intervention and counseling. Receiving services immediately after a homicide provides an opportunity to break potential multigenerational cycles of violence.

Law Enforcement

Create model policies to improve service of domestic violence orders of protection by law enforcement agencies statewide. The team observed a number of cases in which domestic violence orders of protection were not served to the respondent leading to the dismissal of the petitions. Prompt service of domestic orders of protection not only ensures the safety of domestic violence survivors, but also the community at large. The Team supports the use of the Protection Order Service Checklist created by the National Center on Protection Orders and Full Faith & Credit (NCPOFFC) and endorsed by the National Sheriff’s Association⁴. This checklist provides guidance on the service of orders, documentation, and other strategies for law enforcement departments. Additionally, the NCPOFFC offers technical assistance, consultations, and customized training with organizations that work with orders of protection.

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 to standardized investigations for all domestic violence related incidents. This includes standardizing evidence collection protocols, requiring that domestic violence incident reporting forms include a lethality assessment, and the utilizing 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, awareness of statutory firearm restrictions/prohibitions, and the appropriate documentation of incidents that

³ Jaffe et al., (2012). Children in danger of domestic homicide. *Child abuse & neglect*, 36(1), 71–74. <https://doi.org/10.1016/j.chiabu.2011.06.008>

⁴ National Center on Protection Orders and Full Faith & Credit. (2016). *Protection Order Service Checklist*. Retrieved Sep 20, 2023

<https://www.sheriffs.org/sites/default/files/ProtectionOrderServiceChecklistFormatted.pdf>

⁵ ICAP National Law Enforcement Policy Center. (2016). *Domestic Violence Model Policy*. Retrieved Sep 20, 2023 <https://www.theiacp.org/sites/default/files/2021-07/Domestic%20Violence%20FULL%20-%20006292020.pdf>

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 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 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. In CY2020, 50% 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.

Courts

Courts should make available local domestic and sexual violence resource information in clerk's offices.

Individuals petitioning for domestic violence orders of protection may not know about the resources available to them. Local service providers should provide the courts with fliers and other resource materials that can be made available to any individual. The information on resources should be made available in Spanish and other languages commonly used throughout the State.

Offer ongoing training to improve and maintain judicial officer's capacity to engage with victims and perpetrators of domestic violence in both a trauma-informed and culturally sensitive manner. In CY 2020, the team found that 67% of perpetrators and 38% of victims had at least one prior criminal court contact, and 50% of perpetrators and 42% 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 hearing officers 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.

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. When available, pretrial programs should monitor offenders who are awaiting trial for violent crimes, including those charged with domestic violence, both felony and misdemeanor crimes. . 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. A standardized method to alert the judge of a defendant's failure to comply with conditions of release or sentencing conditions should be developed to best fit the needs of each jurisdiction. Monitoring compliance with domestic violence offender treatment/batterer intervention programs requires collaboration between courts and domestic violence service providers.

Encourage the judiciary to review all forms for domestic violence orders of protection. All forms should be reviewed and revised in order to increase uniform accessibility across the state.

Encourage judges to consider increased monitoring and supervision in domestic violence and sexual assault cases.

Judges have discretion in sentencing and should consider increased supervision, including CYFD certified domestic violence offender treatment programs in both felony and misdemeanor cases involving domestic violence, even if the underlying household member charge is dropped.

Prosecution

Establish best practices for resolving cases involving domestic violence or sexual assault.

Prosecutors should always attempt to contact and involve the victims in decisions on how to resolve the charges. 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. Prosecutors should make reasonable attempts to contact the investigating officer prior to dismissing a domestic violence case. This would give officers the opportunity to follow up with potential missing or uncooperative victims and other procedural issues.

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 every district attorney's office. 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 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 regardless of whether victims are available for testimony. Prosecutors may improve victim safety by ensuring victims are notified about charging decisions and collaborating with other agencies to improve investigations.

Medical, Mental, and Behavioral Health Care Services

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.

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.

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.

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 20.8% of victims and 12.5% 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.

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.

Improve access to postvention, grief, and support services for children, their caretakers and other adults who have either witnessed or experienced interpersonal violence. In five incidents, at least one child was present at the time of the death. In addition, many of these incidents had either a surviving intimate partner or other adult witnesses. Most cases involved parties with histories of intimate partner violence witnessed by children, parents, neighbors, co-workers and other relatives or acquaintances. Agencies in all system areas that come into contact with child witnesses of both fatal and non-fatal violence should ensure that proper referrals for developmentally appropriate intervention and counseling are made and that personnel follow up on these referrals when appropriate. Counseling and support resources are also needed for adult persons who witness or experience violence, including those charged with caretaking of surviving children and elders.

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