# New Mexico Intimate Partner Violence Death Review Team

Annual Report

2025

**Findings & Recommendations from CY2021 Intimate Partner Violence Deaths**

July 1, 2025

The Honorable Michelle Lujan Grisham
Governor of the State of New Mexico
State Capitol Building, 4th Floor
Santa Fe, New Mexico 87503

Governor Lujan Grisham:

The Intimate Partner Violence Death Review Team (the Team) is a statutory body authorized by the New Mexico Legislature under NMSA 1978 §31-22-4.1. It is composed of members from state, community, and governmental agencies across New Mexico. Our role is to examine the underlying facts and circumstances of deaths related to intimate partner violence across New Mexico.

It is my great privilege to present the 2025 Annual report on behalf of the Team. This report summarizes the findings and recommendations from the Team's review of intimate partner violence-related fatalities that occurred in New Mexico in 2021. In reviewing these cases, Team members worked to identify gaps in system responses to all parties involved, including victims, perpetrators, and impacted family members, at both the State and local levels. In order to prevent future injury and death related to intimate partner violence, the Team also proposes strategies to improve prevention, intervention, and response efforts.

The Team's work is carried out in memory of victims and on behalf of their families and all those affected by intimate partner violence. By learning from their stories and applying effective prevention and intervention strategies, their deaths will not have been in vain.

We thank you for your ongoing commitment to addressing intimate partner violence in New Mexico and hope this report guides meaningful policy and practice improvements for a stronger, more effective response.

Respectfully,

Captain Eric K. Threlkeld, 2025 Team Chair
New Mexico Intimate Partner Violence Death Review Team

cc: New Mexico Legislature
Chief Justice, New Mexico Supreme Court
Secretary, New Mexico Department of Public Safety
Secretary, New Mexico Children, Youth and Families Department
Secretary, New Mexico Department of Health
Secretary, New Mexico Aging and Long-Term Services Department
New Mexico Attorney General
Director, New Mexico Crime Victims Reparation Commission

**New Mexico Intimate Partner Violence Death Review Team**
**Annual Report 2025**

The New Mexico Intimate Partner Violence Death Review Team (IPVDRT), also known as the Domestic Violence Homicide Review Team, is a statutory body established 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 (CVRC). Team coordination and staff services are housed at the New Mexico Statistical Analysis Center (NMSAC) within the Institute for Social Research, University of New Mexico. The Team is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding intimate partner violence (IPV) or sexual assault (SA) related deaths in New Mexico, with the goal of reducing the incidence of these deaths statewide. The current 2025 report presents findings and recommendations from the Team's review of 26 partner violence-related deaths that occurred in 2021 or were solved by law enforcement in 2021.

## Contents

## Executive Summary

The New Mexico Intimate Partner Violence Death Review Team (IPVDRT) is a multidisciplinary group of professionals who meet monthly to review the facts and circumstances surrounding New Mexico deaths related to intimate partner violence (IPV) or sexual assault (SA). The Team reviewed 28 deaths related to 26 incidents of IPV in Fiscal Year 2025 (FY2025).[1] The reviewed deaths either occurred or were solved in calendar year 2021. The Team reviewed 22 incidents of homicide, 2 incidents of murder-suicide, and 2 incidents of suicide only. Select findings from the Team's FY2025 review of IPV-related deaths are highlighted below.

### Incidents of Intimate Partner Violence (IPV) Resulting in Death

- The Team reviewed 26 incidents of IPV that resulted in 28 deaths involving 24 offenders.
- These incidents occurred in 16 New Mexico counties and seven (27%) were in rural areas.
- Twenty-three decedents in 21 incidents died from firearm-related injuries. Twelve IPV perpetrators were prohibited by federal law from possessing a firearm, four of whom used a firearm in the incident.
- Eight incidents (29%) occurred when children were present.
- While most incidents occurred in a private residence, nine incidents (35%) occurred in a public location, including in driveways, parking lots, streets, and campgrounds.
- Nineteen offenders were charged in connection with the 22 homicide incidents, and 18 were convicted. After accounting for time suspended, sentences of incarceration ranged from 0 years in prison for felony aggravated battery to 54 years for first-degree murder.

### Relationship & Person Characteristics

*Relationship between the intimate partner pair (IPP)*

- Nine of the IPP couples (35%) were currently married or in a long-term domestic partnership, 14 couples (54%) were currently dating, and 3 (11%) had previously dated.
- Eight (31%) were in the process of separating at the time of the incident, including four married couples and four dating couples.
- Twenty (77%) of the IPPs had a prior history of violence within their relationship.
- Twelve (46%) of the IPPs had one or more prior domestic violence calls for service.

*IPV victims*

- There were 26 IPV victims among the cases reviewed in FY2025. The victim of IPV may be the decedent (N=17), offender (N=2), or surviving partner (N=7) in the death incident.
- Victims ranged in age from 18 to 75 years old and 81% of IPV victims were female.
- Nine (35%) had a history of IPV victimization with a prior partner, and five (19%) had a history of previous IPV perpetration.

[1] The Fiscal Year begins on July 1 and ends June 30.

*IPV perpetrators*

- There were 26 IPV perpetrators. An IPV perpetrator may be the decedent (N=9), offender (N=16), or surviving partner (N=1) in the death incident.
- Perpetrators ranged in age from 18 to 74 years old and 77% of perpetrators were male.
- Twelve perpetrators (46%) had a history of previous IPV perpetration while two (8%) had a history of previous IPV victimization.

*Native American-involved cases*

- The Native American Committee reviewed two cases (8%) involving Native American victims and perpetrators.

*Contacts with service providers*

- Victims most frequently had previous contact with mental health services (35%) and healthcare services (31%).
- Perpetrators most frequently had previous contact with the substance abuse services (31%), healthcare services (27%) and Children, Youth, and Families Department contact (23%).

*Secondary offenders and victims*

- At times, individuals outside of the intimate partner relationship are identified as a party to IPV-related homicides, as either the decedent (secondary victim) or offender (a secondary offender).
- Six cases reviewed this year involved secondary offender homicides including family members, law enforcement or the victim's current partner.

## Team Recommendations

In FY2025, the Team developed recommendations addressing multiple stakeholder systems. The following section provides a concise summary of these recommendations, organized by system area. The details for each recommendation can be found in the report, beginning on page 19. The recommendations are generated from recurring themes the Team observed during its case reviews over the past fiscal year. The goal of these recommendations is to reduce the risk of future deaths and serious injuries resulting from intimate partner violence.

*Legislation/Policy*

- Remove the requirement for a separate "credible threat" finding in the Family Violence Protection Act, instead requiring that <u>all</u> respondents restrained by a domestic violence order of protection relinquish firearms. This requirement should be in addition to the existing prohibition on firearm possession or purchase by anyone subject to such orders.
- Create New Mexico legislation that requires law enforcement to document all incidents of abuse for all domestic violence calls for service with suspicion or allegations of abuse.
- Create and fund a task force to research, evaluate, and recommend a uniform lethality assessment to be used across all system areas in New Mexico, and recommend training protocols.
- Increase funding for risk assessment training and service outreach for IPV Providers.

*Law Enforcement*

- Prioritize and create accountability mechanisms to ensure that officers attend court hearings for all violent crimes.
- Create and implement standardized policies and culturally appropriate responses to domestic violence-related incidents. These policies should include clear protocols for investigating, documenting, and reporting such incidents; assessing firearm access and lethality risk; engaging victim advocates and making service referrals; notifying CYFD when children are present; and improving procedures for post-incident follow-up.

*Courts*

- Adhere to best practices for plea bargains with perpetrators in domestic violence and sexual assault cases.
- Make local domestic and sexual violence resource information available in clerk's offices.
- Encourage courts to include screening for substance use and mental health needs as part of civil and criminal adjudication process and proceedings, order treatment if applicable, and allocate funding to support service access.
- Encourage judges to require and enforce offender compliance with court-ordered domestic violence treatment programs, substance use, and/or mental health treatment both pre- and post-adjudication.
- Address policy and resource gaps for pre-trial services statewide to improve screening for and addressing substance use and mental health needs.
- Encourage the use and funding for an integrated domestic violence court system.
- Expand training for court personnel for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection to improve and maintain judicial officers' capacity to engage with victims, children present in the household, and perpetrators of domestic violence in a trauma-informed and culturally sensitive manner pre- and post-conviction.

*Prosecution*

- Encourage evidence-based prosecution for all 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 but should be prepared to proceed without victim participation.
- Enhance prosecutor training, data tracking, and participation in multidisciplinary or coordinated community response efforts related to intimate partner violence and sexual assault.

*Probation and Parole*

- Improve post-conviction professionals' ability to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators, and ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources.
- Monitor offenders for compliance with court-ordered domestic violence, substance use, and/or mental health treatment; promptly report violations to the court; request and attend compliance hearings; and suggest appropriate sanctions and/or interventions.

*Victim Services*

- Develop standardized, trauma-informed protocols that promote collaboration between non-governmental victim service providers to ensure timely referrals and comprehensive follow-up support for victims of intimate partner violence and sexual assault.
- Identify gaps and evaluate the use of existing resources to improve the distribution of and access to culturally appropriate domestic violence services, especially in rural areas, and increase funding where needed.

*Children, Youth, and Families Department (CYFD)*

- Initiate and facilitate collaboration with local community stakeholders to provide pathways to CYFD prevention services.
- Improve professional expertise and capacity to advocate for and intervene with families in which children are present in homes experiencing domestic violence.

*Medical, Mental, and Behavioral Health Care Services*

- Encourage medical providers to follow best practices for identifying and addressing IPV-related risk in adult patients throughout the course of patient care including intake, intervention, and discharge.
- Identify, inventory, and evaluate the use of existing resources to eliminate barriers to mental health and substance use services in the state, especially in rural communities.
- Improve and coordinate follow-up and case management with children who witnessed domestic violence to ensure children receive intervention services such as medical, mental, or behavioral health treatment and forensic interviews immediately after a crime, particularly in rural areas.
- Improve and coordinate follow-up and case management with individuals who seek medical, mental, or behavioral health treatment, particularly in rural areas.

*Community*

- Improve universal awareness and recognition of IPV through education and prevention efforts beginning early and extending across the lifespan to improve healthy relationships and change the climate of IPV tolerance.
- Improve and increase education and prevention efforts addressing topics such as ACEs, violence prevention, mental health, bullying, boundary setting, and help-seeking. These efforts should be culturally appropriate and accessible in multiple languages.

*Cross-Agency*

- Improve access to postvention, grief, and support services for children, their caretakers and other adults who have either witnessed or experienced interpersonal violence.
- Increase and improve the visibility of intimate partner violence, sexual assault, and trauma-informed grief services among all local stakeholder agencies and the community by engaging in multi-agency collaboration.

*Military*

- Identify, inventory, and leverage existing resources to eliminate barriers to mental health services around the state for active-duty military members and veterans.

## 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 and assisting the Team with procuring meeting space;

- Dr. Sarah Lathrop and Garon Bodor of the New Mexico Office of the Medical Investigator for assistance with case identification and data collection;

- 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; and

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

This report is prepared—and the Team's work undertaken—in honor and memory of those who have lost their lives to intimate partner and sexual violence, as well as the family members who have suffered these profound losses. It is the Team's intention to share these findings and offer recommendations to improve systemic responses and, ultimately, to prevent future incidents of injury and death associated with intimate partner violence.

For more information about the New Mexico Intimate Partner Violence Death Review Team, please visit our website (https://isr.unm.edu/centers/new-mexico-statistical-analysis-center/ipvdrt/index.html). The site provides details about Team meetings and membership, as well as archived reports and select multi-year data.

## Team Membership

**Appointed Members**

Dana Beyal, 2nd Judicial District Attorney's Office
Pam Brendler, Crime Victims Reparations Commission (CVRC)
Cassie Brown, Ph.D., University of New Mexico (UNM) School of Medicine, Department of Psychiatry & Behavioral Sciences, Division of Forensic Behavioral Sciences
Judge Amber Chavez Baker, 2nd Judicial District Court
Judge Rosemary Cosgrove-Aguilar, Bernalillo County Metropolitan Court
Cameron Crandall, UNM Hospital
Anamaria Dahl, Department of Health (DOH)
Cheryl Eaton, Federal Bureau of Investigations, Victim Services
Maribel Encarnacion, Children, Youth and Families Department (CYFD)
Bonnie (Sara Yvonne) Escobar, Enlace Comunitario
Patricia M. Galindo, Administrative Office of the Courts
Cheryl Hobbs, New Mexico Probation and Parole
Heather Jarrell, Office of the Medical Investigator
Anastasia Martin, NM Aging and Long-Term Services Department
Adaline Nuanez-Baca, New Mexico Corrections Department (NMCD)
Raylene Quintana, Eight Northern Indian Pueblos Council (ENIPC)
Judge Debra Ramirez, 2nd Judicial District Court
Demica (Mica) Reagan, New Mexico Coalition Against Domestic Violence (NMCADV)
Donna Richmond, CVRC
David River, CYFD
Edna Frances Sprague, New Mexico Legal Aid
Gail Starr, Healthcare for the Homeless
Liza Suzanne, DOH
Eric K. Threlkeld, Eddy County Sheriff's Office

**Invited Members**

Marina Aguilar, United States Department of Justice, Attorney's Office of New Mexico (USAO-NM)
Danielle Albright, Emergency Medicine, UNM
Chearie Alipat, New Mexico Asian Family Center
Laura Banks, Emergency Medicine, UNM
Stacy Blazer-Clark, New Mexico Coalition of Sexual Assault Programs
Pat Caristo, New Mexico Resource Center for Victims of Violent Death
Kathleen Carmona, U.S. Attorney General's Office
Tiffany Corn, U.S. Attorney's Office – New Mexico
Kathryn Farquhar, NM Aging and Long-Term Services Department
Ernest Frenier, ENIPC
MaryEllen Garcia, NMCADV
Charolette Gonzales, Coalition to Stop Violence Against Native Women (CSVANW)
Craig Hay, NM Aging and Long-Term Services Department
Christyana Jaramillo, NMCD
Tiffany Jiron, CSVANW
Jennifer Rose Kletter, New Mexico Legal Aid
Judge Crystal Lees, 2nd Judicial District Court
Donna Maestas, ENIPC
Kayla Martensen, Ph.D., UNM Department of Sociology & Criminology
Quintin D. McShan, Homeland
Joella Montoya, Community Against Violence, Inc.
Dr. Carolyn Morris, Psychologist
Jennifer Nanez, UNM, Division of Community and Behavioral Health
Becky O'Gawa, 2nd Judicial District Attorney's Office

Melissa E. Riley, Ph.D., Native Community Development Associates
LaVerne Roller, ENIPC
Andrea Roman-Alfaro, Ph.D., UNM Department of Sociology & Criminology
Ana Romero, ENIPC
Crystal Rubio, USAO NM
Jacqueline Sanchez, CVRC
Sheri Sanchez, ENIPC
Veronica Savage, CYFD
Steven Sierra, 2nd Judicial District Court Domestic Relations
Sarah Tafoya, Albuquerque SANE Collaborative
Sharon Vandever, USAO NM
Michelle Varela, New Mexico Office of the Attorney General
Amanda Vigil, ENIPC
Patricia Vigil-Batrum, ENIPC
Shelby Whitehill, USAO NM
Kristin Wood-Hegner, CVRC

**Special Thanks to Team & Committee Chairs**

Eric K. Threlkeld, Team Chair
Anastasia Martin, Vice Chair
Gail Starr, Chair of the Marginalized Populations Committee
Bonnie (Sara Yvonne) Escobar, Chair of the Teen Dating Violence Committee
Dr. Carolyn Morris, Chair of the Native American Committee

**Special Thanks to Outgoing Team Members**

Cassie Brown, Ph.D., University of New Mexico School of Medicine, Department of Psychiatry & Behavioral Sciences, Division of Forensic Behavioral Sciences
Anastasia Martin, NM Aging and Long-Term Services Department
Judge Debra Ramirez, 2nd Judicial District Court
David River, Children, Youth and Families Dept. (CYFD)
Sarah Tafoya, Albuquerque SANE Collaborative

# Introduction

Intimate Partner Violence (IPV) is prevalent in New Mexico. A recent self-report survey found that in the prior twelve months, 19% of respondents experienced domestic violence.[2] Moreover, over one-third of adults living in New Mexico have experienced intimate partner violence in their lifetimes.[3] Rates of lifetime IPV are slightly higher for New Mexico women (37.6%) than national estimates (37.3%) while rates for New Mexico men are 2.4% higher than the national rate (33.3% versus 30.9%, respectively).

At its most extreme, IPV results in death. In 2021, the National Violent Death Reporting system reported that nationally, 7.0% of homicides were committed by an intimate partner.[4] According to the New Mexico Department of Health, 8.4% of homicides in New Mexico in 2021 were due to intimate partner violence. Further, once rates are disaggregated by gender, there is a notable difference. Nearly one-third (27%) of female victims were killed by an intimate partner in 2021, and 4% of male homicide victims were killed by an intimate partner.

Many of these deaths could have been prevented. The New Mexico Intimate Partner Violence Death Review Team (IPVDRT), a legislatively established statutory body, reviews the facts and circumstances of deaths related to IPV and SA. Cases are identified for review using several methods: researching death records from the Office of the Medical Investigator (OMI), reviewing media reports regarding domestic and sexual violence, and receiving case suggestions from Team members or other professionals. During the review process, the Team identifies system failures, gaps and successes that occurred in each case. They then make recommendations based on the data with the aim of preventing future deaths. Since 1998, the Team has been reviewing cases involving IPV-related homicides. Each year, the Team publishes a report presenting its findings and recommendations.

During Fiscal Year 2025 (FY2025) the Team reviewed cases that occurred or were solved in 2021. The cases reviewed include only those that are fully resolved, meaning there are no known pending court cases associated with the incident. Additionally, only cases for which we are able to obtain information are reviewed. Thus, each year, there are fewer cases reviewed than there are incidents in that year. The characteristics of the cases reviewed may not be representative of all IPV-related fatalities that occurred in 2021.

[2] Dumont, R. & G. Shaler (2024). *New Mexico Crime Victimization Report*.
[3] Caponera, B. (2022*). Incidence and Nature of Domestic Violence In New Mexico XX: An Analysis of 2021 Data from the New Mexico Interpersonal Violence Data Central Repository. New Mexico Coalition of Sexual Assault Programs*.
[4] National Center for Injury Prevention and Control (2021). *NVDRS Violent Deaths Report* [Data set]. https://wisqars.cdc.gov/nvdrs/

## Incidents of Intimate Partner Violence (IPV) Resulting in Death

The Team identified a total of 73 incidents of possible intimate partner violence (IPV) or sexual assault (SA) that resulted in at least one death per incident. These incidents either occurred or were solved by police in calendar year 2021. The Team reviewed 26 out of those 73 incidents. Of those reviewed:

- 16 were intimate partner homicide
- 6 were secondary offender homicide
- 2 were murder-suicide
- 2 were suicide

The remaining 47 incidents include 20 homicides and 27 suicides. The homicide-involved cases were not reviewed because there were pending court cases, insufficient information, time constraints, or other reasons. The Team did not review the remaining suicide-only cases due to both time constraints and lack of information.

Among the 26 reviewed incidents, 28 people died. Sixteen cases involved IPV homicide alone; six included secondary offender homicides; two were IPV murder-suicide involving four decedents; and two cases involved suicide alone. There was a total of 24 offenders.

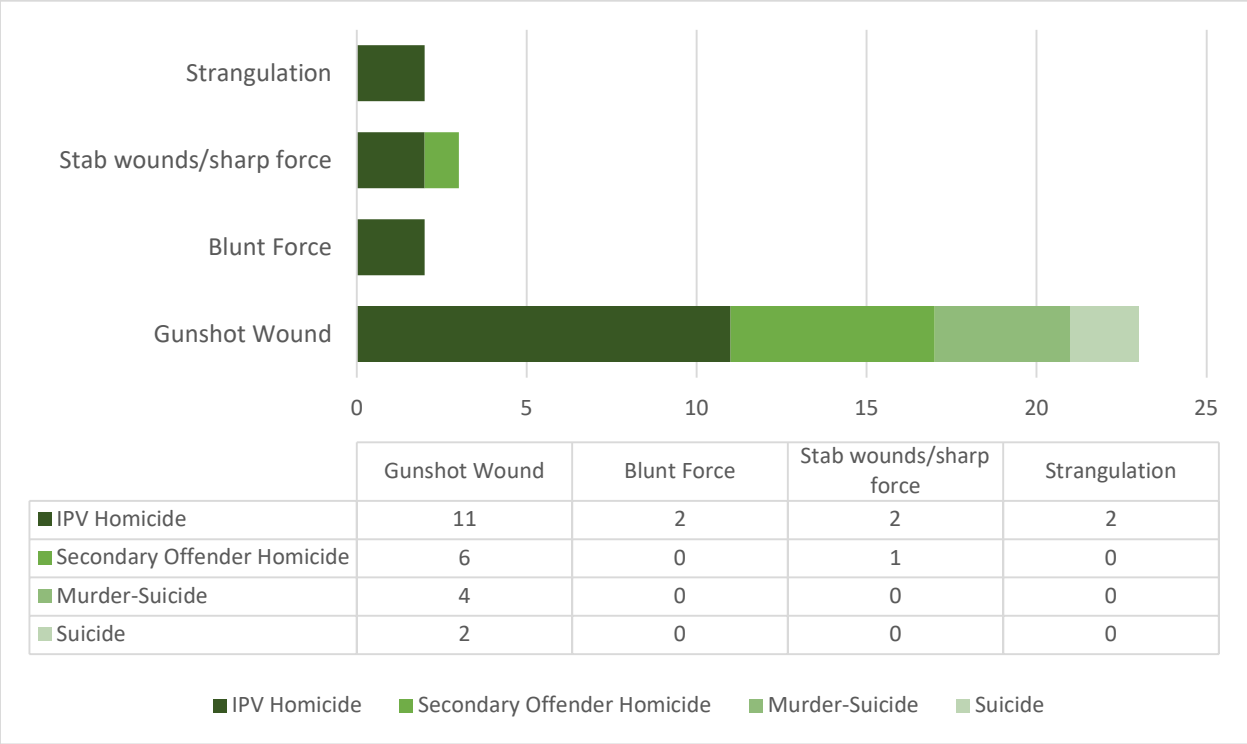
The Team reviewed IPV-related death incidents that occurred in 16 counties across New Mexico. Seven (27%) of these incidents occurred in rural areas.

Of 28 decedents, 23 deaths (82%) involved a firearm. Twenty-two (22) decedents died from gunshot wounds alone, and one from both gunshot and knife wounds. Among the remaining five deaths, one involved blunt force trauma and strangulation; one involved blunt force trauma alone; two cases involved stab wounds or sharp force; and one was strangulation only.[5]

A sexual assault examination was conducted in one case, but the results were unknown.

[5] This reflects the cause of death as determined by the Office of Medical Investigator or Coroner. Weapons include firearms, hands, knives, axes, and ligatures.

**Cause of Death in IPV Related Death Incidents (Number of Decedents = 28)**




| | Gunshot Wound | Blunt Force | Stab wounds/sharp force | Strangulation |
|---|---|---|---|---|
| IPV Homicide | 11 | 2 | 2 | 2 |
| Secondary Offender Homicide | 6 | 0 | 1 | 0 |
| Murder-Suicide | 4 | 0 | 0 | 0 |
| Suicide | 2 | 0 | 0 | 0 |

IPV Homicide  Secondary Offender Homicide  Murder-Suicide  Suicide

Note: Sums to 30 because 2 cases involved multiple causes of death.

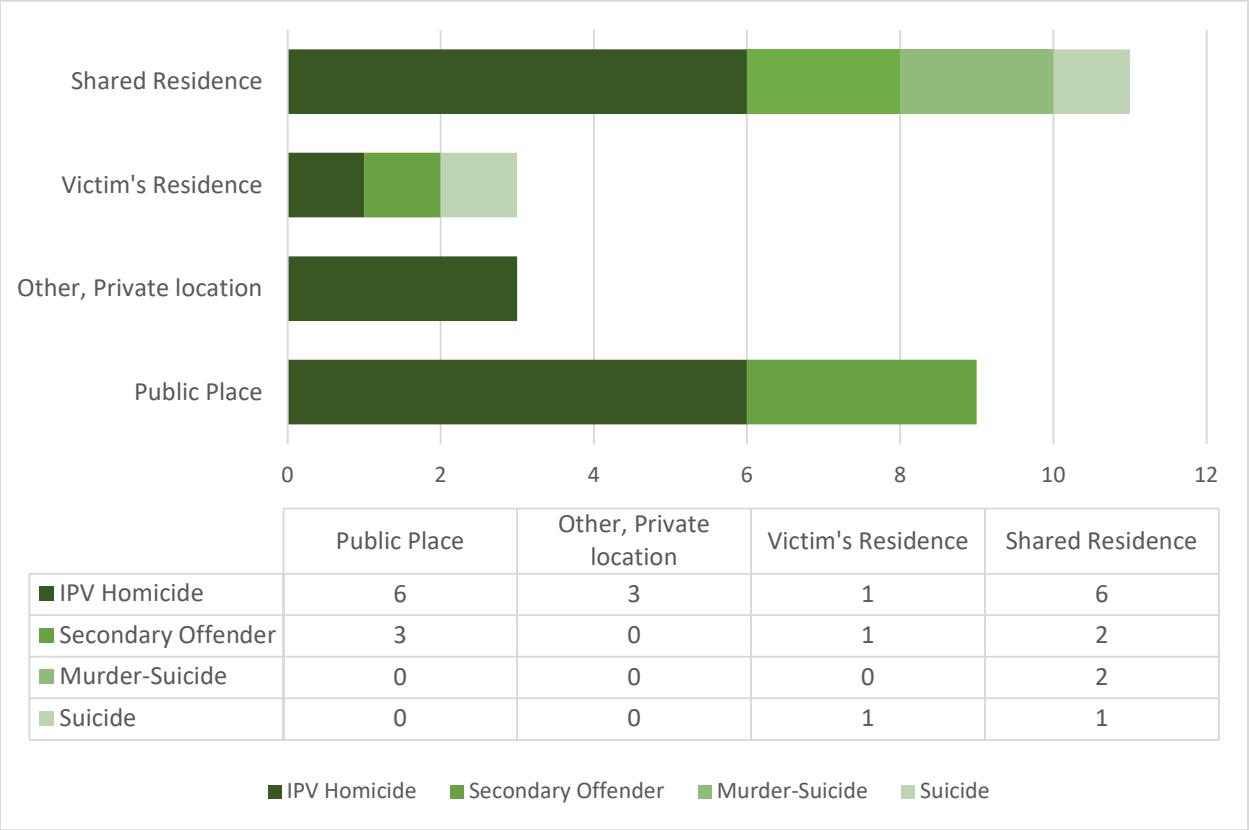
The Team reviewed twelve cases with IPV perpetrators who were prohibited by federal law from possessing a firearm; in four of these, the perpetrator, who was the offender, used a firearm during the death incident. In three secondary offender homicides, the perpetrator had a gun at the incident and was prohibited from possessing one. In total, seven of the twelve prohibited perpetrators used or had a gun during the incident.

Out of 28 deaths, eight death incidents (29%) occurred in the presence of children. Of these, four were IPV homicide incidents (14%), two (7%) involved secondary offenders, and another two (7%) were suicide only.

The location of the incidents varied. Nine death incidents (35%) occurred in a public location. Of these, three occurred in a parking lot, three in the driveway or outside a residence, two in campsites, and one on the highway. Eleven incidents (42%) occurred in the couple's shared residence. Three incidents (12%) occurred at the victim's residence, two (8%) at someone else's home, and one (4%) in a motel room.

The figure below shows the distribution of type of death incident by type of location.

**Location of IPV Related Death Incidents (Number of Incidents = 26)**




| | Public Place | Other, Private location | Victim's Residence | Shared Residence |
|---|---|---|---|---|
| IPV Homicide | 6 | 3 | 1 | 6 |
| Secondary Offender | 3 | 0 | 1 | 2 |
| Murder-Suicide | 0 | 0 | 0 | 2 |
| Suicide | 0 | 0 | 1 | 1 |

**Criminal Charges, Conviction and Sentencing**

Murder charges were filed in 19 of the 22 homicide incidents reviewed. Prosecutors did not file charges in the remaining three cases. These three cases all involved secondary offenders and prosecutors determined these were justifiable homicides.

Prosecutors obtained convictions in 18 of the 19 cases in which charges were filed. One case resulted in an acquittal. Most offenders were convicted of murder or manslaughter. Two were convicted of aggravated battery.

Fifteen people entered plea agreements and three were found guilty by a jury. In 14 cases, the murder charge was reduced to a lesser offense as part of a plea agreement. After accounting for time suspended, post-conviction incarceration varied from 0 years to 54 years. The most serious adjudicated charge and sentence range for all convictions is illustrated in the following table.

**CY2025 Homicide Conviction Sentence Range by Charge Type (N = 18)**

| Most Serious Adjudicated Charge | Number of Convictions | Incarceration Sentence Range in Years After Time Suspended (Years in Prison) |
|---|---|---|
| 1st Degree Murder | 1 | 54 |
| 2nd Degree Murder | 11 | 10 to 33 |
| Voluntary Manslaughter | 3 | 0 to 9 |
| Involuntary Manslaughter | 1 | 1.5 |
| Felony Aggravated Battery | 2 | 0 to 2 |

## Relationship and Person Characteristics in IPV Related Death Incidents

### Relationship Between the Intimate Partner Pair[6]

Nine of the 26 incidents involved intimate partner pairs who were married or long-term domestic partners. Fourteen couples were in a current dating relationship. The remaining three couples had previously been in a dating relationship.

Eight couples were in the process of separating. Four of these couples were married and four were dating.

Most of the couples were living together or had lived together previously. Among the 14 couples currently living together, six were married. Six couples had previously lived together, including three married couples, one currently dating couple, and two who had previously dated. The remaining six couples (23%) had never lived together, including five who were in a current dating relationship and one who had previously dated.

Ten incidents involved minor children. Children were present at the death incident in eight cases. Four couples had shared biological or adopted children, all of whom were present at the time of the incident. Three incidents involved stepchildren, and one involved a minor who was not either partner's child.

Although most couples had a known history of intimate partner violence, fewer than half sought formal assistance.

The following table summarizes relationship characteristics of victim-perpetrator pairs involved fatal violence incidents reviewed by the Team in FY2025.

[6] The IPV pair refers to the victim and perpetrator of IPV or SA leading to a death incident. The victim or perpetrator may be the homicide decedent, homicide offender, or surviving intimate partner following the homicide.

**Relationship Between the Intimate Partner Pair (N = 26)**

| | Number of incidents | % |
|---|---|---|
| **Relationship Status** | | |
| Spouse or Partner | 9 | 35% |
| Dating | 14 | 54% |
| Ex-dating partners | 3 | 11% |
| | | |
| In the Process of Separating | 8 | 31% |
| | | |
| **Habitation Status at Time of Incident** | | |
| Living together | 14 | 54% |
| Previously Lived Together | 6 | 23% |
| Never Lived Together | 6 | 23% |
| Living arrangement is unknown | 0 | 0% |
| | | |
| **Children** | | |
| Any minor child(ren) in household | 9 | 35% |
| Couple has any shared biological or adopted child(ren) of any age | 4 | 12% |
| Shared biological or adopted minor child(ren) in household | 4 | 12% |
| Stepchild(ren) in household | 5 | 19% |
| Other child(ren) in household | 3 | 12% |
| Any history of child custody cases | 0 | 0% |
| | | |
| **History of Intimate Partner Violence Within Pair** | | |
| Known history of intimate partner violence in relationship | 20 | 77% |
| At least one domestic violence police call for service | 12 | 46% |
| At least one arrest for intimate partner violence | 8 | 31% |
| Any history of a domestic violence order of protection between parties[7] | 4 | 15% |

**IPV Victims**

***IPV victim refers to the victim of intimate partner violence leading to a death incident*.** The IPV victim may be the decedent, offender, or surviving partner in the death incident. For the FY2025 review, there were 26 IPV victims who were either the decedent (N=17), offender (N=2), or the surviving intimate partner (N=7). Victims ranged in age from 18-75 years old; the median age was 37.5 years old. Most victims (N= 21, 81%) were women. Half had a known history of alcohol abuse, and over half had a known history of illicit drug use. The majority had prior involvement with the criminal justice system. Nine (35%) had been victims of IPV with

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

a prior partner, and five (19%) had a prior arrest for a domestic violence offense. Half had been a petitioner or respondent in a prior DVOP.

The table below presents background characteristics for IPV victims from reviewed incidents.

**Background Characteristics of IPV Victims (N = 26)**

| | # of Victims | % |
|---|---|---|
| **Sex** | | |
| Female | 21 | 81% |
| Male | 5 | 19% |
| | | |
| **Race/Ethnicity** | | |
| White | 3 | 12% |
| Hispanic | 18 | 69% |
| Native American | 2 | 8% |
| African American | 1 | 4% |
| Biracial | 1 | 4% |
| Unknown | 1 | 4% |
| | | |
| **Health** | | |
| Known history of alcohol abuse | 13 | 50% |
| Known history of Illicit drug use[8] | 15 | 58% |
| Known history of depression or other mental illness | 9 | 35% |
| Known history of a chronic disease | 6 | 23% |
| Teen parent | 7 | 27% |
| | | |
| **Criminal History** | | |
| At least one prior arrest | 18 | 69% |
| Convicted of at least one felony crime | 9 | 35% |
| At least one term supervised probation or parole | 11 | 42% |
| On probation or parole at the time of the incident | 1 | 4% |
| | | |
| **Intimate Partner Violence History** | | |
| Known history of intimate partner violence victimization[9] | 9 | 35% |
| Known history of intimate partner violence perpetration[10] | 5 | 19% |
| At least one arrest for domestic violence[11] | 5 | 19% |
| At least one conviction for domestic violence | 4 | 15% |
| Party in at least one prior domestic violence order of protection[12] | 13 | 50% |

[8] Three IPV victims had a known history of prescription drug misuse.
[9] Excludes current partner; with current partner this number increases to 22 (85%)
[10] Excludes current partner; with current partner, this number increases to 9 (35%)
[11] Domestic violence includes any household member; it is not limited to the intimate partner.
[12] May be either the petitioner or respondent.

**IPV Perpetrators**

**IPV 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 the 26 cases reviewed in FY2025, there were 26 perpetrators, nine of whom were decedents, 16 were offenders, and one was a surviving intimate partner.

Perpetrators ranged in age from 18 to 74 years old; the median age was 34 years. Most (N= 20, 77%) of the IPV perpetrators were men.

At the time of the incident, 18 (69%) of IPV perpetrators were known to have been drinking alcohol, using illicit drugs or both. Alcohol use alone was most common; 13 (50%) of perpetrators consumed alcohol only. Three perpetrators used only illicit substances, two of whom used methamphetamine only and one used methamphetamine along with other illicit substances. The remaining two consumed alcohol and used one or more illicit substances, including one known to have used methamphetamine.

Most perpetrators (81%) had prior involvement with the criminal justice system, and almost half had a history of intimate partner violence perpetration with one or more prior partners.

Additional information regarding IPV perpetrators is available in the table below.

**Background Characteristics of IPV Perpetrators (N=26)**

| | **Number of Perpetrators** | **%** |
|---|---|---|
| **Sex** | | |
| Female | 6 | 23% |
| Male | 20 | 77% |
| | | |
| **Race/Ethnicity** | | |
| White | 7 | 27% |
| Hispanic | 13 | 50% |
| Native American | 2 | 8% |
| African American | 3 | 12% |
| Asian | 1 | 4% |
| | | |
| **Health** | | |
| Known history of alcohol abuse | 18 | 69% |
| Known history of illicit drug use | 17 | 65% |
| Known history of depression or other mental illness | 10 | 39% |
| Known history of a chronic disease | 5 | 19% |
| Teen parent | 3 | 12% |
| Substance use at time of incident | 18 | 69% |
| Use of alcohol (alone or with another substance) at time of death incident | 15 | 58% |

| | Number of Perpetrators | % |
|---|---|---|
| Use of illicit drugs (alone or with another substance) at time of death incident | 5 | 19% |
| | | |
| **Criminal History** | | |
| At least one prior arrest | 21 | 81% |
| Convicted of at least one felony crime | 13 | 50% |
| At least one term supervised probation or parole | 18 | 69% |
| On probation or parole at the time of the incident | 5 | 19% |
| | | |
| **Intimate Partner Violence History** | | |
| Known history of intimate partner violence victimization[13] | 2 | 8% |
| Known history of intimate partner violence perpetration[14] | 12 | 46% |
| At least one arrest for domestic violence | 13 | 50% |
| At least one conviction for domestic violence | 7 | 27% |
| Party in at least one prior domestic violence order of protection[15] | 11 | 42% |

**Contacts with Service Providers**

In addition to formal criminal and civil legal systems, the Team evaluates other known service contacts for both IPV victims and perpetrators.[16] The most commonly known service contacts for victims were with mental health services and healthcare. Victims' family and friends were aware of the abuse in over one-quarter of the cases. The most common service contact for perpetrators was the substance use treatment program, healthcare contacts, and prior contact with the Children, Youth and Families Department. The table below shows the distribution of known help seeking and system contacts for victims and perpetrators**.**

[13] Excludes current partner; with current partner, this number increases to 8 (31%)
[14] Excludes current partner; with current partner, this number increases to 22 (85%)
[15] May be either the petitioner or respondent.
[16] 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.

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

| | IPV Victims (N = 26) | | IPV Perpetrators (N = 26) | |
|---|---|---|---|---|
| **Service Contact History** | **Number of victims** | **%** | **Number of perpetrators** | **%** |
| Domestic violence-related friends and family support | 7 | 27% | 2 | 8% |
| Children, Youth and Families Department | 4 | 15% | 6 | 23% |
| Domestic violence related services | 2 | 8% | 4 | 15% |
| Health care services | 8 | 31% | 7 | 27% |
| Mental health services | 9 | 35% | 5 | 19% |
| Government services[17] | 5 | 19% | 3 | 11% |
| Sexual assault related services | 0 | 0% | 0 | 0% |
| Substance abuse treatment program | 6 | 23% | 8 | 31% |

**Secondary Offenders and Victims**

***Individuals outside of the intimate partner relationship are sometimes a party to IPV-related homicide, as either the decedent (a secondary victim) or offender (a secondary offender).***

The Team reviewed six incidents involving secondary offenders who committed homicide resulting in the death of the IPV perpetrator (victims' intimate partners). All the surviving intimate partners in these cases were IPV victims.

In three of these cases, the secondary homicide offender was a family member, two of which were determined to be justifiable homicide. In another case, the secondary homicide offender was a law enforcement officer responding to IPV; this was also determined to be justifiable. The last two cases involved the current partner of the IPV victim.

[17] This includes state and federal services that require ongoing contact/supervision to receive benefits or services, such as Supplemental Security Income (SSI), WIC, SNAP-food stamps, SSI, etc., or services like Adult Protective Services that are not already captured elsewhere.

## Team Recommendations

### Legislation/Policy

**Remove the requirement for a separate "credible threat" finding in the Family Violence Protection Act, instead requiring that all respondents restrained by a domestic violence order of protection relinquish firearms. This requirement should be in addition to the existing prohibition on firearm possession or purchase by anyone subject to such orders.** *In numerous cases, one or both offenders were prohibited from possessing a firearm but used them in the current or prior incident.* The Team recommends 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 30-7-16, NMSA 40-13-5, NMSA 40-13-13 and NMSA 40-17-(1–13) to align the provisions for firearm relinquishment across the statutes.

**Create New Mexico legislation that requires law enforcement to document all incidents of abuse for all domestic violence calls for service with suspicion or allegations of abuse.** *In nearly a quarter of the cases reviewed, there were prior calls for service involving intimate partner violence or domestic disturbances that did not result in an incident report.* The Team recommends new legislation to require law enforcement to document all domestic violence-related incidents. When defining which cases would require mandatory documentation, lawmakers should consider those outlined in the arrest without warrant statute (NMSA §31-1-7), the Family Violence Protection Act (NMSA §§40-13-6 and 40-13-7), the Crimes Against Household Members Act (NMSA §§30-3-10 through 30-3-18), and other statutes involving domestic violence related crimes. Additionally, lawmakers should consider applying the documentation standards set for medical providers (NMSA §§40-13-7.1) to law enforcement, requiring them to record the nature of the abuse and the name of alleged perpetrator, even in cases without probable cause for arrest.

**Create and fund a task force to research, evaluate, and recommend a uniform lethality assessment to be used across all system areas in New Mexico, and recommend training protocols**. *In at least one-quarter of the cases reviewed, there were prior calls for intimate partner violence and the police did not administer a lethality assessment.* The Team recommends that legislature create and fund a task force to adopt and use a uniform, research-based lethality assessment tool specifically for New Mexico. This state-specific tool should reflect cultural, geographic, and demographic dynamics of intimate partner violence (IPV). This standardized, evidence-based approach will improve early identification of high-risk cases and strengthen systemic responses. The Team also recommends that this task force evaluate existing or new lethality tools and issue a recommendation for annual trainings for uniform lethality assessment tool and trauma-informed care to be used by New Mexico law enforcement agencies. The tool could also be used by other system areas victims engage with, such as service providers, CYFD, or medical professionals.

**Increase funding for risk assessment training and service outreach for IPV Providers.** *The Team noted that lethality assessments are not always administered, and in 50% of the cases, there were prior IPV incidents with no indication of service referrals.* Allocate additional state funds to support comprehensive training for IPV service providers on the use of lethality and risk assessment tools. This will improve the quality and consistency of safety planning, enabling advocates to better identify escalating violence

and coordinate with systems partners to prevent homicides. Additionally, state funds should be allocated to IPV service providers to increase efforts to increase visibility of services and outreach efforts to better support survivors and other impacted by IPV.

### Law Enforcement

**Prioritize and create accountability mechanisms to ensure that officers attend court hearings for all violent crimes.** *The Team observed cases in which prior incidents were dismissed because the responding officer did not appear at the hearing, resulting in a missed opportunity for intervention.* While there are circumstances under which such absences cannot be avoided, the Team encourages law enforcement departments and leadership to develop an internal tracking and notification system to ensure officer court dates are prioritized and attended. Departments should institute a policy of progressive discipline for unexcused failures to appear and assign command oversight to monitor compliance.

**Create and implement standardized policies and culturally appropriate responses to domestic violence-related incidents. These policies should include clear protocols for investigating, documenting, and reporting such incidents; assessing firearm access and lethality risk; engaging victim advocates and making service referrals; notifying CYFD when children are present; and improving procedures for post-incident follow-up.** *Although law enforcement agencies frequently responded to domestic violence calls for service in accordance with established best practices, in at least 38% of cases, responses deviated from best practices in one or more ways*. The Team recommends that law enforcement agencies develop and adopt policies aligned with the International Association of Chiefs of Police (IACP) Intimate Partner Violence Response Policy and Training Guidelines.[18] These guidelines promote a standardized and comprehensive response to all domestic violence-related incidents. These policies should address; a) *Victim Services*. Implement referral protocols to ensure certified victim advocates respond through on-scene deployment, agency-embedded advocates, or rapid follow-up within 24 hours. Advocates may assist with orders of protection, safety planning, shelter access, referrals to other services such as counseling, and aftercare. b) *Documentation*. Require written reports for all domestic violence calls, regardless of visible injuries or arrest, with supervisory audits to ensure accuracy and compliance. c) *Firearm Risk*. Integrate firearm risk assessments into the DV response protocols and establish referral process for ERFPO petition when applicable. d) *Lethality assessment*. Require the use of a standardized lethality assessment for all qualifying DV incidents, with high-risk response follow-up protocols including immediate advocacy referral and supervisor notification. e) *Child welfare*. Use field checklists and internal reporting systems to ensure immediate notification to CYFD or tribal social services department when children are on-scene or indirectly affected by IPV and collaborate with CYFD to strengthen the referral process. f) *Evidence collection*. Support evidence-based prosecution strategies by collecting comprehensive evidence and collaborating with prosecutors to build cases that can be tried even without victim testimony when necessary. g) *Investigation of all IPV-related deaths*. Standardize investigations of all suspected IPV-related deaths, including suicides, adhering to homicide protocols. h) *Post-incident follow-up*. Establish a formal post-

[18]IACP National Law Enforcement Policy Center. (2016). *Domestic Violence Model Policy.* https://www.theiacp.org/sites/default/files/2019-04/Domestic%20Violence%20Policy%20-%202019.pdf

incident follow-up process for all DV calls, to include welfare checks, reassess risk, and provide resources within 72 hours of the incident by designated personnel (e.g., specialized DV units, community policing teams). i) *Training*. Expand academy training and continuing education on DV investigation and documentation, including recognizing non-physical indicators of abuse and engaging in trauma-informed interviewing; pursuing emergency orders of protection, issuing summons, and executing warrants; responding to children exposed to violence including reinforcing statutory requirements for mandatory reporting of child endangerment; and providing victim support including written resource guides and safety planning.

**Courts**

**Adhere to best practices for plea bargains with perpetrators in domestic violence and sexual assault cases**. *The Team noted that in several cases, the sentence in either the current or prior incidents was lenient or that domestic-violence charges had been dismissed*. Although guided by statutes and prosecutorial recommendations, judges have discretion in sentencing and deciding whether 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 consider prior criminal history when making sentencing decisions.

**Make local domestic and sexual violence resource information available in clerk's offices.** *In at least 5 cases, one or both parties were previously victims of domestic violence, but did not receive any referrals/treatment, or needed assistance.* 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.

**Encourage courts to include screening for substance use and mental health needs as part of civil and criminal adjudication process and proceedings, order treatment if applicable, and allocate funding to support service access**. *In several cases, one or both parties had one or more prior DVOPs but did not receive any referrals/treatment for perpetration.* The Team recommends that courts implement early screening for substance use, behavioral health, and mental health needs when individuals first enter the legal system. Timely identification and treatment of these needs may reduce future legal involvement and help prevent domestic violence. Judges should consider ordering appropriate treatment for offenders as part of their conditions of release or sentence, if post-adjudication, based on screening outcomes. Screening or referrals should also be made available to survivors on a voluntary basis. All mandated services should be trauma-informed and developmentally, culturally, and linguistically responsive. To ensure equitable access, jurisdictions should allocate funding to support the availability and affordability of these services.

**Encourage judges to require and enforce offender compliance with court-ordered domestic violence treatment programs, substance use, and/or mental health treatment both pre- and post-adjudication.** *The Team noted that the offender previously violated court orders and sanctions were not imposed in at least 35% of the cases.* The Team supports adhering to the guiding principles from the National Center for State Courts (NCSC), advocating for accessible and effective

diversion programs for individuals with behavioral, mental health and substance use needs when appropriate. Judges should also ensure that individuals convicted of misdemeanor battery against a household member are assigned to and complete CYFD-approved domestic violence offender treatment programs as required by NMSA § 30-3-15, as well as substance use and mental health treatment when needed. Judges should also consider requiring CYFD-certified domestic violence offender treatment programs in both felony and misdemeanor domestic violence cases even if the underlying household member charges are dismissed. Courts should hold regular compliance hearings to monitor adherence to court-ordered intervention and take appropriate action when noncompliance is identified.

**Address policy and resource gaps for pre-trial services statewide to improve screening for and addressing substance use and mental health needs.** *The Team noted that the offender previously violated court orders and sanctions were not imposed in at least 35% of the cases, some of whom violated conditions of release.* Relatively few pretrial monitoring programs exist statewide, with no comprehensive pretrial monitoring system in the magistrate courts and only a handful of counties with programs at the district court level. Existing pretrial monitoring programs can serve as a model for statewide expansion. Increasing resources for pretrial services should also include developing tools to evaluate risk factors, such as substance use, mental health, and others, for perpetrators of domestic violence who are charged at both the felony and misdemeanor level. This would allow judges to make more informed decisions about pretrial supervision.

**Encourage the use and funding for an integrated domestic violence court system.** *In multiple cases, the Team observed that one or both parties were previously victims of domestic violence but did not receive any referrals/treatment or needed assistance*. Individuals experiencing domestic violence, whether as offenders or victims, are often involved in multiple court cases concurrently. This may include DVOP hearings, other family or civil matters, and criminal proceedings. Judges in these various cases make decisions about the safety of household members and make recommendations related to screening, counseling, and service referrals. Additionally, both civil and criminal courts can issue stay away orders. These separate courts may not have a complete picture of those involved, which may result in ineffective decisions or contradictory orders. The Team encourages courts to research implementing a unified family court or integrated domestic violence court model, such as those used in Florida and New York. These courts use a "One Judge, One Family" model. In this system, one judge is assigned to all matters that affect one family, such as dissolution of marriage, custody, domestic violence, and juvenile delinquency proceeding, as well as other matters.

**Expand training for court personnel for courts with jurisdiction over criminal charges, domestic matters, and domestic violence orders of protection to improve and maintain judicial officers' capacity to engage with victims, children present in the household, and perpetrators of domestic violence in a trauma-informed and culturally sensitive manner pre- and post-conviction.** *The Team observed that in one case, a judge previously denied two different DVOPs when there appeared to be evidence of IPV.* The Team suggests that judges engage in training to improve engagement with victims, perpetrators, and children throughout their involvement with the court. This training should provide information on safe and appropriate responses to incidents of physical abuse; help judges and hearing officers to identify controlling behaviors, stalking, and other forms of abuse and to identify lethality

risk. Training should also include providing safe and appropriate responses to assist children who are exposed to violence. Training may also assist courts in developing policies and procedures to effectively prevent or address conflicting orders and consolidate services. Educational content should be produced in collaboration with professionals who work in domestic and sexual violence advocacy and service provision and be developmentally, culturally, and linguistically appropriate for the intended audience.

### Prosecution

**Encourage evidence-based prosecution for all 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 but should be prepared to proceed without victim participation.** *During FY2025, the Team observed that prosecutors dismissed prior domestic violence cases or charges in 39% of cases, sometimes because the victim failed to participate.* The Team recommends that prosecutors: a) *Proceed with victimless prosecution when necessary.* Prosecutors should be trained and prepared to pursue cases using evidence-based strategies, even without victim participation, while making reasonable efforts to involve victims. They should collaborate with law enforcement and advocates to help contact missing or uncooperative victims and address procedural challenges. b) *Employ appropriate charging and plea strategies.* Charges should reflect the nature of the offense, informed by thorough investigations and the offender's history including prior law enforcement contacts, substance use issues, and patterns of abuse or intimidation. Offenses committed against household members should be charged such, and those charges should not be dismissed in plea agreements. Plea agreements should include meaningful consequences, and judges should be informed of any lethality risks. c) *Connect victims to needed services.* Prosecutors should collaborate with victim advocates to provide follow-up services and risk assessments, help connect survivors to protective orders, healthcare, therapy, and safety planning.

**Enhance prosecutor training, data tracking, and participation in multidisciplinary or coordinated community response efforts related to intimate partner violence and sexual assault.** *Prosecutors dismissed prior domestic violence cases, sometimes because the victim failed to participate, and/or dismissed domestic violence charges in at least 39% of cases reviewed.* All prosecutors and relevant staff should receive ongoing, annual training on the dynamics of intimate partner violence (IPV) and sexual assault, including indicators of escalating violence, lethality risk factors, trauma-informed practices, victim engagement strategies, and available community-based victim services. Training should also address the importance of avoiding charge dismissals during plea negotiations and pursuing evidence-based prosecution even in the absence of victim cooperation. Prosecutors should support the development of data systems that monitor repeat IPV offenders, DVOP compliance, and prosecution outcomes in IPV-related cases. Active participation in multidisciplinary teams and coordinated community response efforts is essential to promote consistent, informed, and survivor-centered prosecution practices across jurisdictions, while ensuring offender accountability and survivor safety.

### Probation & Parole

**Improve post-conviction professionals' ability to assess risk factors for intimate partner violence victimization and offending, including knowledge of lethality indicators, and ensure agency personnel have current knowledge of**

**the availability of appropriate victim services and offender intervention resources.** *In several cases, one or more parties involved in the incident were on or had been on probation and had unaddressed/inadequately addressed mental health or substance use needs.* Post-conviction contacts represent opportunities for both prevention and intervention efforts for persons at risk for intimate partner violence. The Department of Corrections should ensure agency personnel have current knowledge of the availability of appropriate victim services and offender intervention resources in their respective jurisdictions.

**Monitor offenders for compliance with court-ordered domestic violence, substance use, and/or mental health treatment; promptly report violations to the court; request and attend compliance hearings; and suggest appropriate sanctions and/or interventions.** *In a few cases, one or more parties involved in the incident were on probation while in possession of a firearm.* The Team recommends that probation officers monitor and enforce court-ordered treatment and provide navigation, support, and hold offenders who are not following the treatment protocols accountable. Probation/parole supervisors should ensure that officers are providing notice of non-compliance in a timely and consistent manner to the courts. The Native American Committee also recommends cross-system collaboration between state probation and parole offices and tribal governments to address the needs of tribal members under state supervision.

### Victim Services

**Develop standardized, trauma-informed protocols that promote collaboration between non-governmental victim service providers to ensure timely referrals and comprehensive follow-up support for victims of intimate partner violence and sexual assault.** *At least half of the cases reviewed involved prior IPV incidents, including some with children present in the household, and showed no indication of victim advocate involvement.* Victim advocates trained in domestic violence should collaborate and coordinate with law enforcement to develop trauma-informed best practice protocols that include the documentation of DV incidents and resulting injuries. Advocates trained in domestic violence dynamics should assist survivors and child witnesses at the scene, ensuring they receive appropriate services. If an advocate cannot be present, law enforcement should contact them to provide telephonic support. Advocates may assist victims with filing protection orders, safety planning, accessing safe shelter options, referrals to counseling, medical services, and aftercare. The Team encourages the use of community response or multidisciplinary teams for IPV or sexual assault, when feasible. These teams include representatives from a range of agencies-not just those directly focused on IPV-to improve communication, referrals, and response to IPV. The Native American Committee (NAC) highlights the importance of the role advocates serve, improving victim access and use of culturally appropriate services, including peace-making services, especially if they are organized in an ongoing case management structure.

**Identify gaps and evaluate the use of existing resources to improve the distribution of and access to culturally appropriate domestic violence services, especially in rural areas, and increase funding where needed.** *The Team reviewed multiple cases involving individuals who had previous system interactions (e.g., courts, law enforcement, medical) but did not receive needed services because those services were insufficient or unavailable.* The Team recognizes that additional resources are needed to address intimate partner violence, and that those needs and gaps vary by community. The Team suggests collecting data to determine

where services are needed most. This research would illustrate community needs related to funding, infrastructure, and housing assistance. The Team also recommends that agencies look for ways to maximize existing resources to improve access to services whenever possible, such as by creating or expanding domestic violence and sexual assault volunteer training programs. The Team also suggests increasing remote service delivery such as telemedicine. The Native American Committee recognizes that telemedicine may not be accessible in some rural and tribal lands. They recommend providing broadband services when appropriate, as well as increasing resources to address IPV. This includes, but is not limited to, increasing the availability of domestic violence shelters that provide wraparound services, promoting the use of the 988 Suicide and Crisis Lifeline to get help, the use of peer support specialists when applicable, and seek increased funding for these efforts.

### Children, Youth, and Families Department (CYFD)

**Initiate and facilitate collaboration with local community stakeholders to provide pathways to CYFD prevention services.** *At least 39% of victims, perpetrators or both had a history of child abuse, or children were present during prior IPV incidents, but children did not receive adequate services.* The Team recommends that CYFD collaborate with local schools, law enforcement agencies, victim service providers and others who have contact with children to strengthen referrals, empowering these groups to report when a child has been exposed to violence. CYFD agents should follow up with a victim and child-centered approach that provides families with autonomy. CYFD should increase the appropriate Child Advocacy Center involvement to enhance their capacity to conduct interviews. The Team also recommends that CYFD offer counseling and intervention services to children present in the household. Services should be trauma informed and developmentally, culturally, and linguistically appropriate. Services should also address Adverse Childhood Experiences by offsetting them with services that highlight family strengths, such as Benevolent Childhood Experiences, which can be used to help the healing process.

**Improve professional expertise and capacity to advocate for and intervene with families in which children are present in homes experiencing domestic violence.** *At least 39% of victims, perpetrators or both had a history of child abuse, and children were present in 30% of the incidents. Services for addressing the abuse were found to be lacking in some of these cases.* CYFD should increase trauma-informed training for all staff on intimate partner violence as well as the effects of domestic and sexual violence on children. Prevention from CYFD can be improved by monitoring practices, reporting follow-ups and check-ups as appropriate.

### Medical, Mental, and Behavioral Health Care Services

**Encourage medical providers to follow best practices for identifying and addressing IPV-related risk in adult patients throughout the course of patient care including intake, intervention, and discharge.** *The Team reviewed cases where medical professionals missed signs of lethality risk or failed to follow through when victims were seen.* The Team recommends that medical providers evaluate their responses to patient safety risks and ensure adherence to evidence-based practices. These practices should be data-driven, trauma-informed, and culturally appropriate. While medical providers currently screen for intimate partner violence, the Team suggests adding screenings for firearms in the home, substance

use, traumatic brain injury, and strangulation assessments in addition to lethality assessments, especially for patients with chronic illnesses or pain. The Team further recommends adopting a strategic and rapid crisis response model when IPV risk is indicated. Medical practitioners should receive updated information and recurring training on these models. A dedicated domestic violence employee or team should manage these efforts, including evaluation of medical practices, assessing screening tools and training efforts. Additionally, the Team recommends utilizing the Domestic Violence Employee or Team and the Sexual Assault Nurse Examiner (SANE) when available to support patients experiencing IPV.

**Identify, inventory, and evaluate the use of existing resources to eliminate barriers to mental health and substance use services in the state, especially in rural communities.** *During the FY2025 review, the Team observed that in at least 39% of cases, one or both primary parties had mental health needs that were unaddressed or inadequately addressed.* The Team recognizes the need for more trauma-informed, long term, and holistic services in urban, tribal, and rural areas. The Team recommends that providers assess their current treatment practices and adopt evidence-based, developmentally, culturally, and linguistically appropriate holistic treatment for all those who need it, including teens, veterans, law enforcement, Native Americans, people with competency challenges, and those with serious mental illness. Providers should also work to make services more visible and accessible, including psychological first-aid intervention for both victims and perpetrators as a prevention tool. State agencies should allocate funds for these services.

The Native American Committee (NAC) advocates for establishing and maintaining partnerships between tribal governments and service providers to enhance access to mental health and substance use services tailored to tribal communities. They support increased promotion and use of the 988 Suicide and Crisis Lifeline, as well as using peer support specialists when applicable. The NAC encourages service providers to engage in outreach and education aimed at community members for preventing IPV and increasing access to culturally grounded mental health services. They also recommend that providers seek Medicaid reimbursement when using traditional healing practices with individuals involved in IPV to address behavioral or substance abuse services as allowed by New Mexico's 1115 Waiver. This would help increase the accessibility of these services.

**Improve and coordinate follow-up and case management with children who witnessed domestic violence to ensure children receive intervention services such as medical, mental, or behavioral health treatment and forensic interviews immediately after a crime, particularly in rural areas.** *In the FY2025 review, the Team observed multiple cases where mental health services were available to children but were not accessed.* CVRC should ensure all service providers know that children who witness domestic violence are eligible for victim compensation, including postvention services like family or individual counseling. CYFD should increase education for all 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 and coordinate follow-up and case management with individuals who seek medical, mental, or behavioral health treatment, particularly in rural areas.** *In at least 39% of cases reviewed in FY2025, one or*

*more individuals involved needed mental or behavioral health services but did not receive them.* The Team recognizes that there is a shortage of services in all these areas throughout the state and that when these services exist, coordination may be 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, lethality risk, and identify other needs, such as family counseling, trauma treatment, grief services, substance use treatment and primary prevention. Coordinated services will function more effectively if adequately funded. Funds from existing services may need to be reallocated to do so.

The Team recommends training for service providers in each of these areas, emphasizing the need to follow up with individuals after initial screenings. Service providers should consider the developmental level, mental health status, and competency of patients when making referrals. The Native American Committee (NAC) recommends referrals be made by Native American providers where possible along with partnerships between tribal governments and service providers. Further, the NAC recommends services be trauma informed and developmentally, culturally, and linguistically appropriate. They also recommend that providers seek Medicaid reimbursement when using traditional healing practices as allowed by New Mexico's 1115 Waiver. This would help increase the accessibility of these services.

**Community**

**Improve universal awareness and recognition of IPV through education and prevention efforts beginning early and extending across the lifespan to improve healthy relationships and change the climate of IPV tolerance.** *Of the cases reviewed in FY2025, at least 50% (n=13) involved friends, family, or community members who did not recognize the IPV actions or were aware of prior abuse and did not intervene or report it.* The Team recommends expanding public education to increase awareness, improve recognition, and strengthen the prevention of Intimate Partner Violence (IPV). Efforts should be universal, emphasize healthy relationships, and highlight the role of bystanders- individuals who observe or learn about the abuse occurring in homes without being directly involved. Education should cover warning signs, recognizing lethality risk factors, safety planning, safe and effective bystander intervention, and guidance on how to discuss violent relationships.

Outreach should be developmentally, culturally, and linguistically appropriate, and tailored to the needs of local communities. It should engage a broad audience—including children, youth, adults, parents, and organizations—and incorporate inclusive messaging that acknowledges male victimization and promotes engaging men as allies.

Recommended strategies include school-based education, community workshops, workplace training, public service announcements, social media campaigns, and peer-to-peer advocacy efforts in niche community groups. The Team also suggests mass marketing campaigns to display IPV information in high-traffic areas such as public restrooms and break rooms.

Trusted community members, including relatives and traditional healers, should be involved as advocates and help raise awareness of services and resources in their communities.

**Improve and increase education and prevention efforts addressing topics such as ACEs, violence prevention, mental health, bullying, boundary setting, and help-seeking.**

**These efforts should be culturally appropriate and accessible in multiple languages.** *The Team observed several cases involving individuals who had experienced Adverse Childhood Experiences (ACES) that were not addressed or were inadequately addressed leading to unhealthy behaviors.* The Native American Committee (NAC) recommends statewide training on Adverse Childhood experiences (ACEs) for both professionals and the broader community. This would strengthen the knowledge, skills, and abilities of caregivers, friends, family, and professionals in supporting early intervention efforts. Educational content should be developed by domestic and sexual violence experts and tailored to local communities, ensuring it is developmentally, culturally, and linguistically appropriate. Holistic, community-specific programs should be widely shared.

Schools should also adopt IPV prevention curricula developed by domestic and sexual violence experts. These programs should address healthy relationship dynamics (romantic, platonic, and familial), dating violence, enthusiastic consent and sexual assault, male victimization, bullying, mental health, boundary setting, and help-seeking behaviors. This should be introduced early on through required school curricula including a sex education course and should include referral pathways and resources for help.

### Cross-agency recommendations

**Improve access to postvention, grief, and support services for children, their caretakers and other adults who have either witnessed or experienced interpersonal violence.** *In 29% of the cases, children were present at the time of the incident; 35% of couples had shared children.* Agencies across all systems that encounter children who witness both fatal and non-fatal violence should ensure proper and timely referrals to developmentally appropriate counseling and intervention services to reduce the risk of further trauma or victimization. Appropriate follow-up should be conducted to ensure services are accessed and effective. The Team recommends emphasizing the importance of mental health services, postvention activities, and healing services for both children and adults affected by violence. This includes adults who witness or experience violence or serve as caregivers to surviving children and elders.

**Increase and improve the visibility of intimate partner violence, sexual assault, and trauma-informed grief services among all local stakeholder agencies and the community by engaging in multi-agency collaboration.** *The Team noted that in 50% of the cases, there were prior IPV incidents with no indication of service referrals.* The Team encourages victim service agencies to work closely with local law enforcement, the courts, and other stakeholders to increase awareness of available community resources to better support victims. The Team also urges agencies to engage in community outreach through K-12 presentations, workshops at community events, and IPV education in higher education with an emphasis on early intervention programs. Outreach should be led by domestic violence service providers, who should offer confidential, nonjudgmental information about local services and eligibility requirements. Outreach efforts should be focused on building trust in a manner that encourages services to be sought out and completed in a culturally competent way.

### Military

**Identify, inventory, and leverage existing resources to eliminate barriers to mental health services around the state for active-duty military members and veterans.** *In FY2025, the Team reviewed several cases*

*involving military veterans who had unmet mental health needs.* The Team recognizes the need for more long-term, trauma-informed mental health resources, particularly for individuals experiencing PTSD. The Team recommends that the Department of Veteran Affairs (VA) collaborate with other agencies to enhance community outreach and improve both visibility and accessibility of existing services to veterans and active military. The VA should continue working with local service providers, such as medical providers and housing agencies, to support veterans and active military before and after discharge. Special attention should be given to veterans and active military members who threaten suicide or homicide, including promoting the use of gun safety locks. The VA should collaborate with law enforcement to address warning signs for violence, safe firearm storage, and crisis response, and engage with other criminal justice agencies who have contact with veterans.

**For more information or for additional copies, please contact:**

**Intimate Partner Violence Death Review Team**

**New Mexico Statistical Analysis Center**
**Institute for Social Research**
**University of New Mexico**
**Building 085**
**400 Cornell NE**
**Albuquerque, New Mexico 87106**
**nmsac@unm.edu**
**505-277-0829**

**https://isr.unm.edu/centers/new-mexico-statistical-analysis-center/ipvdrt/index.html**

INSTITUTE FOR SOCIAL RESEARCH

New Mexico Statistical Analysis Center