



Getting away with murder III

**Intimate Partner Violence Deaths
1999-2000**

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

Getting Away with Murder

Volume III

Intimate Partner Violence Deaths 1999–2000

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

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The New Mexico Intimate Partner Violence Death Review Team was established in 1997 to review female homicide deaths resulting from violence against women. The findings of the first report, *Getting Away with Murder*, were published in 1998, and covered deaths occurring from 1993 to 1996. The findings of the second report, *Getting Away with Murder II*, were published in 1999 and included female intimate partner violence and sexual assault homicide deaths from 1997 through 1998. This latest report, *Getting Away with Murder III*, summarizes the team's findings from the male and female intimate partner homicides from 1999 and 2000.

The New Mexico Intimate Partner Violence Death Review Team is modeled on Child Fatality review teams, which use a multi-agency approach to examine potentially preventable deaths. We used this model to investigate homicide deaths where the perpetrator was a former or current intimate partner. The goals of the team included identifying factors that were associated with increased risk of lethality, finding failures in the systems that are designed to protect victims, and developing strategies and recommendations to prevent future injury and death. We expanded our definition of intimate partner violence to include same-sex partnerships and male victims.

We use the term “intimate partner violence” (IPV) rather than “domestic violence” (DV) because it more accurately defines the nature of the relationship between the victim and the perpetrator. Intimate partners include individuals who are or were dating, married, or formerly married, and include same-sex and opposite sex partnerships. The term IPV excludes violence between non-intimate family members such as parents, siblings and grandparents. The purpose of our study is to expose the severity, the risk of lethality, and the pervasiveness of intimate partner violence.

For 1999–2000, the team identified 111 homicide deaths listed as “possible or probable domestic violence cases” using New Mexico Office of the Medical Investigator autopsy records and determined that 35 (32%) involved an intimate partner. Two of the 35 cases are still pending criminal justice outcome and have not been included in this report.

The team reviewed a total of 33 cases: 45% of the victims were Hispanic, 42% were Anglo, 6% were African American, and 3% were American Indian. The average age of the victim was 38 years and the average age of the perpetrator was 40 years. In 25% of the cases, the perpetrator was more than ten years older than the victim. The majority of victims died in their homes (76%), and over half the murders were committed with a firearm (64%). Excessive force was used by over half of the perpetrators as evidenced by the multiplicity of injuries to the victim. In one-third of the cases, the perpetrators committed suicide after killing their intimate partners. Of the cases that were closed with a judgment and sentence, only one of the perpetrators received life imprisonment. Of the remaining cases, the average sentence was 13.5 years.

The purpose of the project was not only to assess the prevalence of lethal intimate partner violence, but also to identify areas for community intervention. For example, by improving the systems that assist victims, perpetrators, children, and targeting behaviors that put victims at risk, we may reduce injury and death related to intimate partner violence. The cases reviewed are the most extreme examples of the effects of intimate partner violence—those that end in death.

The team reviewed each case in detail to evaluate the efficiency and effectiveness of each system. We identified system failures in the areas of law enforcement; prosecution and judicial systems; physical and mental health care services; legislature; advocacy services; and public awareness and prevention programs.

In this document, we provide recommendations for improvement in each area. Each section includes

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anonymous vignettes that specifically illustrate how systems have failed to meet victims' needs. For example, our police services lack a centralized data system with which to identify previous offenses and prior intimate partner violence calls. In some areas, police lack the training to respond effectively.

We did not want to focus solely upon system failures. Therefore, we have taken the opportunity to illustrate successful strategies that have been used in various communities in New Mexico to combat intimate partner violence. Physical and mental health care providers with proper training have the unique opportunity for early intervention with both victims and perpetrators. Laws passed by our legislature can hold perpetrators accountable for their violence. Specialized law enforcement units responding to intimate partner violence exist in some counties. Lastly, communities continue to educate themselves on the dynamics of intimate partner violence and how to foster improved public awareness and prevention strategies.

The team identified several recurring characteristics that were associated with lethal violence. Team members often noted that there were warning signs to alert victims, friends, family, the community, and service personnel of the severity of the situation.

Intimate partner violence is a major public health, social, and criminal justice problem in New Mexico. Every year in our state, an average of 16 people—over 1 person a month—are killed by an intimate partner. Our review identifies some of the obstacles victims may have encountered and highlights possible solutions to improve services and to prevent future violence and death. The issue of intimate partner violence deserves our serious attention. The entire community must be involved.

Key Recommendations

- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person alleged to have perpetrated domestic violence.
- Pass legislation to permit law enforcement agencies to seize firearms at intimate partner violence (IPV) crime scenes for safekeeping.
- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates.
- Increase the frequency with which victim advocates respond to IPV crime scenes.
- Teach IPV warning signs, resources and opportunity for intervention to all health care providers and mental health practitioners through initial schooling and continuing education.
- Establish statutory authority and funding by the NM Legislature for the IPV homicide review team.
- Encourage the media to report on the availability of assistance for IPV victims at the time they report on such crimes so that potential victims, family members and others have the information necessary to obtain needed services.
- Enhance community education to link IPV and other major public health concerns to increase public awareness and community support.
- Develop relationships between the IPV Death Review Team and tribal agencies to gain a better understanding of IPV on tribal lands.
- Encourage a statewide review of sentencing patterns for all IPV related crimes.

This report is the product of the combined expertise of the New Mexico Intimate Partner Violence Death Review Team participants. The team members brought their interest, years of experience, expertise, case information, and commitment to the monthly meetings. The following is a list of the individuals and agencies that compose the team. Additionally, this report would not be possible without the cooperation of local law enforcement, district attorneys, victim advocates, and intimate partner violence service personnel who provided vital information and their unique perspectives.

Team Members:

(In alphabetical order) Trish Ahrensfield, Albuquerque Police Department; Sheila Allen, NM Crime Victims Reparation Commission; Jolene Altwies, Office of the Attorney General; Deputy District Attorney (DDA) Julie Altwies, Second Judicial District; Carlos Argueta, Albuquerque Police Department (APD); Laurie Austin, Albuquerque Public Schools; Mary Baca, Second Judicial District; Oliviana Baier, Morning Star House, Inc.; Grace Barreras, APD; Rowena Becenti; Tia Bland, Tia Bland Consulting/Media; Robert Bolin, Bernalillo County Sheriff's Office; Jack Burkhead, Office of the District Attorney; Gabriel Campos, NM Legal Aid; Lt. Michelle Campbell, APD; Dr. Betty Caponera, NM Interpersonal Violence Data Central Repository; Sandra Cashman, Injury Prevention and EMS Bureau, NM Department of Health; Kathryn Chaney, Women's Community Association (WCA); Rosalie Chavez, Indian Pueblo Legal Services, Inc.; Christine Chester, APD Sex Crimes Unit; Dr. Don Clark, Albuquerque Indian Health Services; Sandra Dietz, Victim Assistance Unit, Second Judicial District Attorney's Office; Shannon Enright-Smith, Resources, Inc.; Carolyn Ford, Albuquerque Rape Crisis Center; Latisha K. Frederick, Attorney; Rosemarie Fritz, Albuquerque Women's Resource Center; Sandra Gardner, Attorney; Sheila Gaylor, Morning Star House, Inc.; Elena Giacci, Bernalillo County Prevention of Violence Against Women Coordinator; Richard Gomez, APD Violent Crimes Unit; Margaret Gonzales, WCA; Pam Gonzales, Victim Assistance Unit, Second Judicial District Attorney's Office; Claire Harwell, Office of the Attorney General; Carol Horowitz, Peace Keepers; Gloria Blea Johnson, Resources, Inc.; Anne Keener, Attorney; Dr. Victor LaCerva, NM Department of Health; Jim Long, NM Department of Public Safety; Susan Loubet, New Mexico Women's Agenda; ADA Antonio Maestas, Second Judicial District; Agnes Maldonado, NM Coalition Against Domestic Violence; Sgt. Greg Marcantel, Bernalillo County Sheriff's Department; Kathy Martinez, WCA; Dr. Jerri McLemore, Office of the Medical Investigator; Cpt. Quintin McShan, NM State Police; Connie Monahan, Albuquerque SANE Collaborative; Hon. Nan Nash, Second Judicial District Court; Gwen Packard, Morning Star House, Inc.; Michelle Ritt, DV Legal Resources; Marie Saenz, APD Criminal Investigations; Sharon Sanchez, WCA; Brenda Sandberg, Children, Youth & Families Department (CYFD); Ann Segura, Resources, Inc.; Laura Wilkerson, WCA; Beverly Wilkins, Peaceful Nations; Anne Worthington, NM Department of Health, Child Fatality Review.

We would also like to acknowledge the following for their generous assistance and willingness to share information:

Sheriff Juan Hernandez, Doña Ana Sheriff's Department; Sgt. Tim Black, San Juan County Sheriff's Department; Robin Yoder, CYFD; Georgetta Corbett, Bernadette Reynolds, Dawn Van Arnam, and ADA Michael Kwasniewski, Twelfth Judicial District; ADA Daniel Viramonte, Sixth Judicial District; Commander Larry Montano, Roswell Police Department; District Attorney Scott Key, Twelfth Judicial District; DDA June Stein, Eleventh Judicial District; ADA David Cervantes, Fourth Judicial District; DDA Alan Griffin, Fifth

Acknowledgments

Judicial District; District Attorney Susanna Martinez, Third Judicial District; ADA Cannon Stevens, Twelfth Judicial District; Omega Lawrence; Dave Plotner, Otero County Police Department; Mary Helen Baber, DDA, Fourth Judicial District; Det. Doug Babcock, Ruidoso Police Department; Sgt. John Sides, NM State Police; Det. Ronnie Watkins, APD; Det. Sharon Cathey, Deming Police Department; Sgt. Purdy, Valencia County Sheriff's Department; Det. Gregory Garcia, Las Cruces Police Department; Linda Hertz, The Healing House; District Attorney Henry Valdez, First Judicial District; Officer Armando Carrillo, Luna County Sheriff's Department; and the staff at CIPRE: Dr. David Sklar, Dr. Cameron Crandall, Dr. Laura Banks, Dr. Lynne Fullerton-Gleason, Jonathon LaValley, Beth Janello, Michael Bauer, Norma Faries, Roseann Jaramillo, and Kimberly Morgan.

We wish to extend special thanks to Walt Mestas at the Office of the Medical Investigator.

Please accept our apologies for all those who participated or gave us essential information and were left out inadvertently.

We would like to say to the families and friends of the victims that the team respectfully acknowledges their loss and in submitting this report we hope to raise awareness about the plight of all victims of intimate partner violence.

This project was funded by a (2001-WF-BX-0029) S*T*O*P Violence Against Women Act subgrant award, administered by the New Mexico Crime Victims Reparation Commission.

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Findings

An understanding of the ages, ethnicity, and living arrangements associated with intimate partner violence (IPV) crimes can be helpful in identifying groups at high risk and tailoring education. As noted below (Table 1) there is a range of demographic characteristics of the victims and perpetrators.

The average age of victims was 38 years and the majority were female (94%). The youngest victim who died was 18 years of age; the eldest was 89 years of age. The average age of the perpetrators was 40 years of age. Most (67%) of the perpetrators were older than their victim. In 21% of the cases, the perpetrator was more than ten years older than the victim. The greatest age difference between a victim and perpetrator was 24 years.

Most of the victims were Hispanic (45%) or Anglo (42%), with the remainder being African American (6%), American Indian (3%), or race unknown (3%). Thirty-one of the cases involved heterosexual relationships and the two remaining cases involved same-sex relationships.

Table 1. Victims and perpetrator characteristics.

	Victim		Perpetrator	
	N=33		N=33	
Average Age	38.2		40.1	
Gender	94% female		94% male	
Race				
Hispanic	15	45%	11	33%
Anglo	14	42%	17	52%
African American	2	6%	2	6%
American Indian*	1	3%	1	3%
Unknown	1	3%	2	6%

*Not all American Indian deaths are reported to the State Office of the Medical Investigator (see text).

Table 2. Living arrangement, relationship type and involved children.

With whom the victim lived		
Spouse or intimate partner	19	58%
Parents or other family members	7	21%
Alone	5	15%
Roommate	1	3%
Unknown	1	3%
Relationship of the perpetrator to victim		
Spouse	17	52%
Intimate partner	11	33%
Ex-intimate partner	5	15%
Presence of minor children		
Children present at time of homicide	7	21%
Children witnessed the homicide	4	12%

It is important to note that the Office of the Medical Investigator (OMI) reviews deaths of Native American intimate partner homicide that occurred outside tribal land, as these deaths are investigated by State authorities and are routinely autopsied. Deaths on tribal lands can be investigated by several agencies and the actual number of IPV homicides is unknown. The FBI investigates some of the homicides that occur on tribal land and typically contracts with the OMI for autopsy consultations, but these records are not public record. A review of a subset of these cases showed that between 2000–2002 there were 90 FBI investigated deaths and at least 12 of those suggested intimate partner homicide.

The death review team project staff is planning to contact tribal representatives to determine if tribes would find it beneficial to have the OMI information released and reviewed, and if so, to obtain guidance on the way the review should be conducted in the most meaningful manner.

Most of the perpetrators were Anglo (52%) or Hispanic (33%), with the remaining being African American (6%) or unknown (6%).

Most (58%) of the victims who died were living with the person who killed them (Table 2). The majority (85%) of the victims were in a current relationship with their perpetrator.

Fifteen percent of the victims were killed by either an ex-spouse or ex-intimate partner. In two assault homicide cases, the victim knew the perpetrator only for a brief time.

Children were present at the time of the homicide in 21% of the cases; in four cases, children witnessed the victim being killed. In one case, the perpetrator shot his wife, and then sexually assaulted his 16 year old daughter prior to shooting himself.

IPV homicides frequently share similar characteristics. These commonalities include the weapons used, the number of injuries, location of the homicide, and person who discovered the body. Data collected by the review team included the weapons the perpetrator used, the principal injury that led to the victim's death, and the average number of injuries in cases of gunshot and stabbing deaths (Table 3). The majority of victims died as a result of firearm injuries (64%). When a firearm injury occurred, a handgun (81%) was the weapon most often used. Stabbing or cutting injuries (12%), and strangulation or asphyxiation (3%) were the cause of most of the non-firearm deaths.

More than half of the victims were killed in their homes (52%). An additional 21% were killed at their intimate partner's home. Eighteen percent occurred just outside their home, in a park or motel. An additional 9% were killed on a street, highway or a parking lot, often at a location very close to their homes. None of the victims were killed at their place of employment (Table 4).

In more than one-third (36%) of the deaths, a family member reported the death to authorities. In approximately one-third (30%) of the cases, the perpetrator reported the incident to authorities. In fifteen percent of the cases, a landlord, bystander, or friend reported to authorities, and in two of the cases, the police were notified of a disturbance and later reported the homicide.

In eleven cases (33%) the perpetrator committed suicide. With the exception of two cases, all of the perpetrators used handguns for the suicide. In the other two cases, the perpetrators hanged themselves in prison. In nine of these murder-suicide cases (82%), the victim and perpetrator were married. In four of these cases, minor children were present at the time of the murder-suicide, and in one case, a child was also murdered. Two of the murder-suicide cases involved sexual assault as a key component of the homicide death.

Table 3. Weapons used, injuries suffered, and multiplicity of injuries.

Weapons used		
Firearms	21	64%
<i>Handgun</i>	17	81%
<i>Rifle</i>	4	19%
Blunt object, feet, hands	7	9%
Knife	4	9%
Vehicle	1	9%
Injuries suffered		
Firearm injuries	21	64%
Blunt injuries	7	21%
Stab or cutting injuries	4	12%
Strangulation or asphyxiation	1	3%
Multiple injuries		Range
Gunshot wounds	Average 3.0	1–10
Stab/cutting wounds	Average 5.0	1–10

Table 4. Incident location and reporting.

Location		
Victim's apartment or house	17	52%
Intimate partner's home	7	21%
Other (outside, park, motel)	6	18%
Parking lot, highway, or street	3	9%
Who reported the incident to authorities		
Family member	12	36%
Perpetrator	10	30%
Landlord, bystander, friend	5	15%
Unknown	4	12%
Police	2	6%

Findings

Knowing that there was prior “system” utilization by victims and perpetrators suggests that there were opportunities for intervention. By no means are all IPV related homicides preventable, but one of the challenges of homicide review is to determine if there were missed opportunities or clues that escaped investigators, clinicians, or advocates. We identified that five of 33 victims had filed, or had attempted to file, an order of protection (“court restraining order” or “temporary restraining order”) against the perpetrator. Four of the 33 (12%) victims used shelter services prior to their deaths (Table 5).

Table 5. Prior system involvement.

Orders of protection	5	15%
Shelter use	4	12%
Prior police record		
Victim		
<i>No police record</i>	23	70%
<i>Police record</i>	10	30%
Perpetrator		
<i>No police record</i>	17	52%
<i>Police record</i>	16	48%
Police Charges		
Victim - 14 total charges		
<i>Victimless crimes</i>	7	50%
<i>Crimes against persons</i>	7	50%
Perpetrator - 23 total charges		
<i>Victimless crimes</i>	4	17%
<i>Crimes against persons</i>	19	83%

We were able to obtain police records for nearly all of the victims and their perpetrators. Of the perpetrators, 16 (48%) had a prior police record. The majority of these crimes (83%) were crimes against persons such as assault, child neglect, and kidnapping. Nearly half of the perpetrators had prior charges specific to domestic violence. Of the prior crimes, 17% were ‘victimless’ (the offense did not directly injure a person) and included: petty larceny, theft, speeding, and alcohol or drug-related offenses.

Of the victims, ten (30%) had a prior police record. Half of these crimes were ‘victimless.’ The other half of these crimes included crimes against persons.

A summary of the initial charges submitted by the prosecution, the result of the plea agreements, sentencing, and additional details relevant to the case can be found in Table 6. The eleven cases of perpetrator suicide are not included.

Among the 18 suspected perpetrators, 100% of the perpetrators were charged with murder. Of the perpetrators charged with murder, 89% plead guilty,

either to the initial charge or to a lesser count. In one case, the perpetrator was determined to be incompetent to stand trial and in another, the case was dismissed. Of the eight cases in which the initial charge was 1st degree murder, half were plead down to 2nd degree murder or voluntary manslaughter.

The penalty for 1st degree murder in New Mexico is life imprisonment (30 years), whereas the penalty for 2nd degree murder ranges from 0 to 15 years with years added for various enhancements such as the firearm enhancement. Prior to July 1999, those convicted of 2nd degree murder were eligible for release or parole after serving 50% of their sentence. The law currently states that 85% of their sentence must be served before they are eligible for parole or release resulting in longer time served for those convicted in these cases. Only one perpetrator (6%) was sentenced to life in prison.

Table 6. Perpetrator charges and sentencing.

Initial Charge(s)	Plea or Conviction	Sentence	Time Given	Comments
<ul style="list-style-type: none"> • 2nd degree murder • Leaving the scene of an accident • Aggravated DWI (bodily injury) 	<i>Plead</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2}}$ $\xrightarrow{\text{count 3}}$	<ul style="list-style-type: none"> • Homicide by vehicle • Leaving the scene of an accident • Aggravated DWI (bodily injury) 	7½ years; 4 years suspended	Actual term of 3 years 4 years supervised probation
<ul style="list-style-type: none"> • 1st degree murder 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	6 years; 5 years suspended	Actual term of 1 year with no good time; 5 yrs. supervised probation
<ul style="list-style-type: none"> • 1st degree murder 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 2nd degree murder 	24 years; plus 1 year FAE	Actual term of 25 years
<ul style="list-style-type: none"> • Murder-open charge • Kidnapping with intent GBH/Death • Assault against household member • Tampering with evidence 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Murder-open charge 	Life plus 9 years	Actual term of life plus 9 years
<ul style="list-style-type: none"> • Voluntary manslaughter • 2 counts of tampering with evidence 	<i>Plead</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2/3}}$	<ul style="list-style-type: none"> • Voluntary manslaughter • Tampering with evidence 	13 years; 4 years suspended	Actual term of 9 years; 4 years supervised probation
<ul style="list-style-type: none"> • 1st degree murder 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 1st degree murder 	16 years; 8 years suspended	Actual term of 9 years; 5 years supervised probation
<ul style="list-style-type: none"> • 2nd degree murder 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 2nd degree murder 	16½ years	Actual term 16½ years
<ul style="list-style-type: none"> • 1st degree murder 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	6 years;	5 years supervised probation
<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence 	<i>Plead</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2}}$	<ul style="list-style-type: none"> • 1st degree murder • Tampering with evidence 	7½ years, plus 1 year FAE	Actual term of 8½ years; 2 years supervised probation
<ul style="list-style-type: none"> • 1st degree murder 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 2nd degree murder 	15 years, plus 1 year FAE, 6 years suspended	Actual term of 10 years; 2 years supervised probation
<ul style="list-style-type: none"> • Murder (open charge) 	<i>Plead</i> $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 2nd degree murder 	15 years, 5 yrs. suspended	Actual term of 10 years
<ul style="list-style-type: none"> • Murder-open charge • 2 counts tampering w/ evidence 	<i>Plead</i> $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{counts 2/3}}$	<ul style="list-style-type: none"> • Murder-open charge • Tampering w/ evidence 	24 years	Actual term of 24 years

Findings

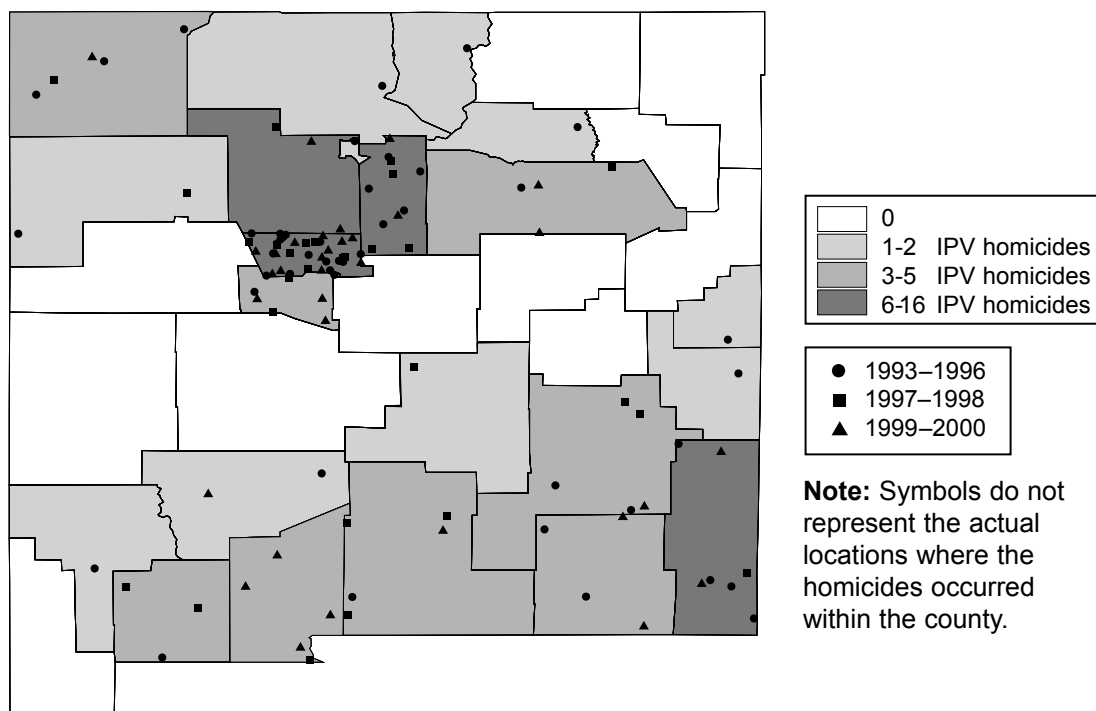
Table 6. Perpetrator charges and sentencing (continued).

Initial Charge(s)	Plea or Conviction	Sentence	Time Given	Comments
<ul style="list-style-type: none"> • 1st degree murder • 2 counts aggravated battery 	Plead $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{counts 2/3}}$	<ul style="list-style-type: none"> • 1st degree murder • Aggravated battery 	9 years	2 years supervised probation
<ul style="list-style-type: none"> • 2nd degree murder 	Plead $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • 2nd degree murder 	24 years	Actual term 24 years
<ul style="list-style-type: none"> • Murder-open charge • Tampering with evidence 	Plead $\xrightarrow{\text{count 1}}$ $\xrightarrow{\text{count 2}}$	<ul style="list-style-type: none"> • 2nd degree murder • Tampering with evidence 	12 years	2 years supervised probation
<ul style="list-style-type: none"> • 2nd degree murder 	Plead $\xrightarrow{\text{count 1}}$	<ul style="list-style-type: none"> • Voluntary manslaughter 	7 years	2 years supervised probation
<ul style="list-style-type: none"> • 1st degree murder 	not competent to stand trial			Remanded to State custody
<ul style="list-style-type: none"> • Murder-open charge 	case dismissed			Lack of evidence

* yrs.= years; FAE= Firearm Enhancement; DWI= Driving while under the influence of alcohol; GBH= Great Bodily Harm

The map in Figure 1 shows the statewide distribution of IPV homicides between 1993 and 2000. Although the majority of the cases occurred in the central, most populated portion of the state, the problem exists statewide.

Figure 1. Geographic locations of IPV homicides (1993–2000).



IPV homicide followed by suicide is a special subset of the cases in this report. While these cases are less common, some characteristics and subtypes have been identified. The majority of the homicide/suicides occurred between married partners who previously experienced IPV, but there is a small subset of homicide/suicide occurring in elderly couples where previous IPV was not reported. A summary of selected demographics and firearm involvement in cases of intimate partner homicide followed by suicide, compared to the cases of intimate partner homicide only, that occurred in New Mexico from 1997–2000 can be found in Table 7.

In total, 62 cases of intimate partner homicide occurred between 1997 and 2000. The victims included 56 females and six males. Cases included 59 heterosexual relationships, two same-sex female relationships, and one same-sex male relationship. Of the 62 cases, 21 were homicide/suicides (33.3%). The assailants in the 21 homicide/suicides were all male.

Intimate partner homicide/suicide was most often perpetrated by middle-aged married men, using a firearm. It is possible that up to one-third of the perpetrators of intimate partner homicide during this period may not have responded to intervention or prevention efforts based on fear of punishment or reprisal because they intended to commit suicide after the homicide. Interventions aimed at suicide prevention, including treatment for depression and chemical dependence, as well as targeted removal of firearms, should be considered an important part of the prevention of IPV death.

Table 7. Selected demographics in homicide/suicide cases versus homicides only.

Characteristic	All cases (n=62)	Homicide only (n=41)	Homicide/Suicide (n=21)
Age of victim	Avg. 37.5 years Range 18–89 years	Avg. 34.5 years ^a	Avg. 43.3 years
Age of assailant	Avg. 40.6 years Range 17–90 years	Avg. 36.7 years ^b	Avg. 47.0 years
Spousal relationship	52%	42%	71%
Use of firearm	60%	46%	86%

^aFour ages unknown ^bTwo relationships unknown

James and Rachel had a tumultuous marriage punctuated by substance abuse, unemployment, and domestic violence. Rachel was an occasional topless dancer with a felony narcotics conviction and James was a member of a local gang. Four days before Rachel was found asphyxiated, officers were dispatched to Rachel's home by the landlord who responded to Rachel's plea to "call the cops, my husband is hurting me." Rachel reported to the officers that she woke up in the middle of the night because James was choking her and shouting "die, die." The choking caused her to lose consciousness. No one was arrested.

Rachel's family was aware of the abuse, as was James' mother, who reported that James had a prior history of domestic violence and was incarcerated previously for domestic violence.

1. Websdale, N. *Domestic Violence Fatality Reviews: Implications for Law Enforcement*. The Police Chief: 2001.
2. Caponera B. *Incidence and Nature of Domestic Violence in New Mexico IV: An Analysis of 2002 Data from The New Mexico Interpersonal Violence Data Central Repository*. State of New Mexico Injury Prevention and EMS Bureau, Department of Health. Santa Fe (NM). 2003.

"Greater awareness of the events in relationships and communities that precede domestic homicides can improve policies, inform police intervention, and lessen the likelihood of officer injury and death."

- Neil Websdale¹

Law enforcement officers and other first responders to intimate partner violence scenes frequently experience a complex, volatile and confusing environment. The magnitude of IPV-related events for law enforcement in New Mexico is large. In 2002, New Mexico's Department of Health reported that there were 17,397 victims of IPV statewide.² This number likely under-represents the problem, since only 93 of 130 law enforcement agencies contributed to the statistics for 2002. But, working from these numbers, it is estimated that there are approximately 50 victims of IPV seen by law enforcement everyday in New Mexico. The problem presents enormous and unique challenges for law enforcement officers, ranging from officer fatigue and "burn out" resulting from problems associated with the frequency of IPV calls to issues surrounding reporting, accountability, and officer training.

The New Mexico Intimate Partner Violence Death Review Team has identified several law enforcement system weaknesses related to domestic violence. Improving law enforcement response to intimate partner violence is the ultimate goal of any system review, and requires not only political will from leadership within law enforcement agencies, but also a multidisciplinary approach involving representatives from the advocacy, judiciary, prosecution, legislative, and medical communities.

System Weaknesses

- Many jurisdictions are not entering all emergency orders of protection into the National Crime Information Center's Domestic Violence Database (NCIC).
- The level of dangerousness is frequently minimized for misdemeanor level IPV cases.
- There is a lack of accountability for officers to properly implement IPV-related procedures, sometimes resulting in insufficient prioritization
- There are administrative barriers to conducting more thorough investigations of murder/suicides.
- Delays are encountered in reporting to district attorney's office, resulting in dropped cases.

System Strengths

Since the passage of the Violence Against Women Act in 1994 and the Family Violence Protection Act, there has been a marked improvement in law enforcement policies to strengthen law enforcement response to intimate partner violence.

- Many departments have implemented standardized protocols for IPV response, including checks for prior histories of IPV, a greater attention to risk assessment, and the development of specialized law enforcement units.
- All counties require sworn officers to distribute informational packets to victims at the IPV scene with data on how to obtain orders of protection and specific details on victim's rights.
- Several law enforcement agencies in New Mexico have access to victim assistance programs and their personnel for field work.
- IPV-specific training is available to a large number of officers.


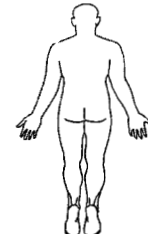
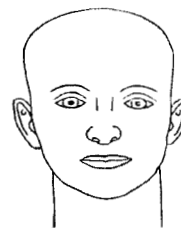
Recent law enforcement developments in response to IPV in New Mexico

- The New Mexico Coalition of Sexual Assault Programs is currently engaged in comprehensive training and technical assistance to rural, state and tribal law enforcement agencies throughout New Mexico on responding to and investigating adult IPV, sexual assault and stalking.
- The Taos Police Department has established a specialized DV investigative unit that is coordinating with the 8th Judicial District Attorney's Office to significantly reduce the time it takes for evidence in domestic violence and stalking cases to be gathered and presented to the District Attorney's Office.
- The Otero County Sheriff's Office has a specially trained Deputy that is not only responding to and assisting with the prosecution of domestic violence, sexual assault and stalking cases but is overseeing all IPV arrest reports to ensure compliance with policies and protocols. In addition, the IPV Deputy is providing ongoing training to officers and is collaborating with the county's violence against women community council.
- Bernalillo County Sheriff's Dept. has established a specialized Intimate Partner Violence coordination team. This team is responsible for providing IPV awareness and case development training for all sworn members of the BCSD. The team also contracts with Resources, Inc. for a bilingual advocate who can respond with deputies to IPV cases.

Domestic Violence / Risk Assessment	
<input type="checkbox"/> 1. GUN PRESENT IN THE HOME OR ACCESSIBLE TO SUSPECT.	<input type="checkbox"/> 14. SUSPECT VIOLENT TOWARDS CHILDREN.
<input type="checkbox"/> 2. SUSPECT HAS USED OR THREATENED TO USE WEAPONS.	<input type="checkbox"/> 15. SUSPECT HAS INJURED OR KILLED PETS.
<input type="checkbox"/> 3. PARTIES HAD RECENT SEPARATION OR THREATENED SEPARATION.	<input type="checkbox"/> 16. SUSPECT HAS FORCED VICTIM TO HAVE SEX.
<input type="checkbox"/> 4. SUSPECT ABUSES ALCOHOL.	<input type="checkbox"/> 17. VICTIM IS CURRENTLY PREGNANT.
<input type="checkbox"/> 5. SUSPECT USES ILLEGAL DRUGS OR ABUSES LEGAL DRUGS.	<input type="checkbox"/> 18. VICTIM CONTEMPLATED, THREATENED/ATT'D SUICIDE.
<input type="checkbox"/> 6. INCREASE IN FREQUENCY OR SEVERITY OF VIOLENCE.	<input type="checkbox"/> 19. STRANGULATION / CHOKING.
<input type="checkbox"/> 7. SUSPECT IS VIOLENT OUTSIDE THE RELATIONSHIP.	<input type="checkbox"/> 20. RETURNS AFTER NO CONTACT ORDER.
<input type="checkbox"/> 8. SUSPECT HAS DESTROYED CHERISHED PERSONAL ITEMS.	<input type="checkbox"/> 21. VICTIM SERIOUSLY INJURED.
<input type="checkbox"/> 9. SUSPECT IS JEALOUS OR ATTEMPTS TO CONTROL PARTNER'S DAILY ACTIVITIES.	<input type="checkbox"/> 22. CHILD INVOLVED IN ALTERCATION.
<input type="checkbox"/> 10. SUSPECT HAS ACCUSED THE VICTIM OF CHEATING.	<input type="checkbox"/> 23. CHILD INJURED.
<input type="checkbox"/> 11. SUSPECT HAS SAID: "IF I CAN'T HAVE YOU, NO ONE WILL." (or Similar Statement)	<input type="checkbox"/> 24. CHILD WITNESSED.
<input type="checkbox"/> 12. SUSPECT THREATENS TO KILL	<input type="checkbox"/> 25. SUSPECT HAS MENTAL HEALTH HISTORY.
<input type="checkbox"/> 13. SUSPECT CONTEMPLATED, THREATENED, OR ATTEMPTED SUICIDE.	<input type="checkbox"/> 26. OTHER

How Does Victim Rate level of pain from Assault?

(Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

Please draw on Diagram the location of any injuries

CCP- 9F95 (10/01)

Sample IPV Risk Assessment form used by some law enforcement agencies

Recommendations

- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person alleged to have perpetrated domestic violence.
- Increase the number of IPV-specific investigative units in the state to help distribute the magnitude of the burden placed on law enforcement.
- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Improve the evaluation of IPV reporting practices among law enforcement agencies statewide consistent with the standards of the New Mexico Interpersonal Violence Data Central Repository.
- Create a benchmark for correct and effective response and risk assessment in IPV cases and hold officers accountable to meet the standard.

Examples of recent efforts to improve law enforcement response to Intimate Partner Violence

Doña Ana County Sheriff's Department,* Victim Assistance Program

Albuquerque Police Department, Victim Assistance Program

Las Cruces Police Department, Victim Assistance Program

The Doña Ana County Sheriff's Department, Albuquerque Police Department, and Las Cruces Police Department Victim Assistance Units provides advocacy services to victims of domestic violence at the scene of the crime. Advocates are trained in crisis intervention and are well versed in the workings of the criminal justice system. They are able to refer victims to community resources and provide child advocacy at the scene. Advocates provide victims with the appropriate forms and assistance for filing an order of protection. In addition to helping victims develop safety plans, they provide transportation to a safe environment.

Follow-up services include helping victims file orders of protection, accompanying victims to court proceedings, assisting with relocation, and providing long-term services to women and children.

Bernalillo County Sheriff's Department (BCSD)

The BCSD standard operating procedure now mandates that 100% of first responding deputies utilize belt recorders to document their response and initial investigation of reported IPV incidents. The department also posts active IPV fugitives, as well as orders of protection on their website, encouraging greater community access and awareness. Lastly, reported incidents of IPV are tracked for proactive coordinated community response to those homes or victims displaying a higher number of requests for assistance.

***Doña Ana County Sheriff's Department Victim Assistance Program provides services to victims of all crimes.**

Intimate partner violence cases are among the most frequent in the legal system and New Mexico has one of the highest national rates of domestic violence filings per capita. Furthermore, intimate partner violence cases present complicated and confusing scenarios for victims unfamiliar with criminal justice procedures. While the legal system has made significant progress in recent years in areas of judicial education, advocacy, sentencing, and court interventions, there are still problems that need to be addressed. The New Mexico Intimate Partner Death Review Team has identified several system weaknesses and provided recommendations to strengthen legal system responses to IPV.

System Weaknesses

- Specialized probation programs and ongoing risk management for arrested perpetrators are largely unavailable.
- There is a lack of close supervision of probation and parole outcomes through periodic court reviews.
- Access to civil legal assistance for victims in divorce and custody cases are underfunded.
- Evidence-based prosecution or prosecution without the victim present is not frequently utilized and judges often dismiss such cases.
- Training for administrators, clerks, and other court staff about issues unique to intimate partner violence is largely unavailable.

System Strengths

- Specialized intimate partner violence prosecution units in some district attorney offices and tribal jurisdictions are operating.
- Many rural regions have increased prosecution of misdemeanor and felony IPV cases.
- Law enforcement-based victim advocate programs are available in several New Mexico counties.

Victor, age 46, had a nineteen-year relationship with 43 year old Sophia. They had a turbulent life together, marked by a divorce (later reunified but not remarried), financial difficulties, battery, and alcoholism. On the evening of Sophia's murder by Victor, there were a series of arguments that escalated into physical violence. Sophia eventually died during the night from injuries sustained from blunt head trauma. Victor later confessed to kicking Sofia in the head several times. Victor and Sophia were under the influence of alcohol when their arguments started.

Sophia's teenage daughter attempted to intervene in the verbal arguments that occurred in the evening, but was unable to calm her parents. She did not witness the fatal blows that resulted in her mother's death, but she was present in the home during her mother's murder. Victor plead guilty to one count of voluntary manslaughter and is currently serving a one year sentence.

Ramon and Alicia, a married couple in their early thirties, owned a business together that was burdened by financial problems. On the evening of Alicia's murder, Ramon came home and initiated an argument that led to Alicia calling the police. When officers arrived, no assault or battery had occurred but Alicia was advised of her options, including instructions on how to properly file for a restraining order. During her conversation with an officer, she expressed wanting a divorce and that she had left Ramon on previous occasions. According to neighbors, Ramon and Alicia argued frequently during the six months preceding the murder-suicide. Alicia's mother supported these statements in describing a decade long history of domestic violence. After the police left, Ramon left and went to a girlfriend's house and made statements about wanting to kill his wife. He left his girlfriend's place in the early morning and returned home to shoot his sleeping wife and kill himself. The information supplied to Alicia on how to file for a restraining order was laying in close proximity to Ramon's corpse.

Recommendations

- Expedite the statewide implementation of electronic entry of protective order information into the FBI National Crime Information Center (NCIC) Domestic Violence Database. While the infrastructure and software specific to New Mexico has been developed for electronic data transmission into NCIC, there are institutional barriers and inadequate funding that prevent implementation.
- Increase the number of well-trained members of the court to prevent cases from falling through the cracks and to ensure legal consistency. Furthermore, improved staffing helps expedite the adjudication of criminal cases and can lessen the impact on victims.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates. Closer supervision might involve graduated sanctions for perpetrators who are not compliant with court-ordered interventions.
- Support and encourage the application of enhanced penalties on sentences, such as firearm and child abuse enhancements.
- Support early intervention programs for offenders.
- Encourage statewide adoption of dedicated intimate partner violence courts similar to the drug court model.
- IPV legal issues should be incorporated throughout the law school curriculum. Alerting lawyers to the ways in which IPV issues crop up in seemingly unrelated fields of law can be achieved through alterations in the core legal curriculum. Lawyers who practice any kind of family, criminal, tort, financial or poverty law are likely to have cases complicated by domestic violence. Understanding the risks associated with and the prevalence of IPV will assist lawyers to represent clients properly.
- Encourage a statewide review of sentencing patterns for all IPV related crimes.

Judicial Education Highlights The New Mexico Judicial Education Center (JEC)

<http://jec.unm.edu/topics/dv.htm>

Benchbook on Domestic Violence

The Domestic Violence Benchbook provides all levels of the state judiciary with a comprehensive resource guide to domestic violence civil and criminal proceedings. The benchbook incorporates existing legal requirements of state and federal laws and court cases. It provides information on the dynamics of domestic violence, explains the process governing orders of protection, describes how domestic violence can affect a variety of civil and criminal cases, and addresses pretrial, trial and sentencing issues.

Online Training, Handling Domestic Violence Cases

This interactive, internet-based course is designed to teach about domestic violence and encourage adoption of appropriate domestic violence-related programs and practices in courts throughout the state. This course is designed for judges, court staff, attorneys, social workers, law enforcement, and other professionals working in New Mexico courts on domestic violence cases. It applies to both general and limited jurisdiction courts. The general principles and approaches discussed in the course should be useful to any court that hears domestic violence cases.

Domestic Violence Commissioners Seminar

Each year the JEC offers a mandatory training for domestic violence commissioners and domestic relations hearing officers. The seminar addresses developments in the law and procedure for domestic violence cases, examines the dynamics of domestic violence, and offers suggestions for approaches that can prevent recurrence of violent behavior. Problems in ethics and evidence are also addressed.

Magistrate Court Judges Training

The JEC will implement regional seminars for Magistrate Court Judges that will sensitize participants in the domestic violence judicial process to the challenges faced by victims that often cause them to be less cooperative. In addition, magistrate judges will become acquainted with the alternatives to victim testimony that are available under the Rules of Evidence. The Chief Justice of the Supreme Court will require judges to attend the seminar when it is presented in their respective region of the state.

Who Needs Protection?

Children are harmed by witnessing violence between their parents. In 2001, 3,716 New Mexico children saw violence between their parents in cases reported to law enforcement. Nearly 75% of those children were under the age of 12. According to advocacy program data, there were child witnesses in nearly 50% of all the cases.

Harms to Child Witnesses

- Attachment disorders
- Violence in their relationships later in life
- Substance abuse
- Delinquency

The most promising programs for interventions are partnerships with police and child mental health providers who provide immediate intervention to the child.

Other Silent Victims: Animal Abuse and the Family Pet

- A national study found that 84% of women in DV shelters reported abuse of the family pet.
- Abuse of animals destroys children's sense of empathy for others.
- Abuse of animals erodes children's beliefs that adults will protect them.

A road map of the legal system and access to resources for victims of intimate partner violence are essential components to advocacy services. Advocates do much more, however, than offer guidance through a complicated legal system. They assist victims in a multi-dimensional capacity by providing emotional support and options that can be life saving. The advocacy community also plays a significant role in evaluating continuity of service and is invested in improving the overall quality of services. Advocacy organizations are in a unique position to work with all the system components available for victims of intimate partner violence, ranging from community coalitions to networking with shelters, crisis centers, law enforcement, health care, and the courts. Their expertise and systems familiarity are critically important to victims seeking assistance.

System Weaknesses

- A systematic approach to service delivery once the woman has entered the system has not been developed.
- Shelters and support of their operations are underfunded, especially in rural areas.
- Specialized programs for advocates to travel with first responders to IPV crime scenes are few.
- Resources are lacking for underserved populations, including American Indians, victims with disabilities, and battered immigrant victims and their children.
- Special programs to enhance civil legal assistance for victims of IPV are unavailable to the majority of victims.

System Strengths

- A multidisciplinary team approach has been developed for first responders in several New Mexico counties.
- Specialized child advocacy addressing family violence in the home is increasing. This includes safety planning with children.
- IPV education availability has increased for non-offending caregivers.
- In 2003, NM held its first annual Governor's conference on the link between animal cruelty and human violence.

System Strengths (continued)

- The NM Coalition of Sexual Assault has been training victim advocates on working with people with disabilities, and has been training disability advocates on working with victims of domestic and sexual violence.
- In 2003, the Coalition to Stop Violence Against Native Women provided two law enforcement training conferences on responding to and investigating domestic violence in Native America.

Recommendations

- Increase the frequency with which victim advocates respond to IPV crime scenes in all New Mexico judicial districts.
- Enhance counseling opportunities for victims of IPV.
- Improve communication along the continuum of care for victims of IPV. Principal players in mental health, substance abuse treatment, transitional housing, advocacy services, and career services need increased opportunities for interdisciplinary professional development.
- Increase the number of special programs to enhance civil legal assistance for victims of IPV.

A SAFE HAVEN FOR ANIMALS

Some abused partners are reluctant to leave a violent situation, fearing for the safety of the animals left behind. Animals at risk rarely have access to a temporary, safe place while their guardians seek help because pets are generally not permitted in domestic violence shelters. A program in New Mexico, called Emergency Protective Care for Family Pets of Domestic Violence Victims, has been established to provide funds to domestic violence advocacy organizations to pay for off-site sheltering of pets. The program is coordinated by Animal Protection of New Mexico, Inc. and All Faiths Receiving Home. With the help of this program, abuse victims no longer need to fear leaving behind the ones they love in order to escape their violent homes.

*An online directory of shelters and providers is available at <http://www.nmcadv.org/shelters.htm> or call the National Domestic Violence Hotline at 1-800-799-SAFE (7233).

Advocacy Services not only directly assist victims of intimate partner violence, but also play a significant role in developing educational and training materials for law enforcement, the judiciary, and the general public.

Responding to Sexual and Domestic Violence: A Guide for Law Enforcement in New Mexico

Including:

- Protocol for investigating sexual and domestic violence: interviewing, assessing primary aggressor, strangulation, evidence collection, search warrants, etc.
- Protocol and federal statutes on Full Faith and Credit and firearms offenses
- New Mexico and federal statutes on sexual and domestic violence
- Resource listing

New Mexico Coalition of Sexual Assault Programs, Inc.

3909 Juan Tabo, NE #6
Albuquerque, NM 87111
505-883-8020

Costs of Intimate Partner Violence Against Women in New Mexico

According to a New Mexico Department of Health report entitled "Incidence and Nature of Domestic Violence in New Mexico," the estimated minimum cost of intimate partner violence in 2002 was \$19.3 million in medical care, mental health care, and lost wages. The hidden costs of ineffective health care, relapses, and the harm generated by failures to intervene with victims are not included in this cost estimate.

Intimate partner violence brings millions of American women to the health care system each year. If the abuse is not recognized and the underlying cause of their health problem is not addressed, it can lead to death. It is important for clinicians to be alert to symptoms or signs that could be associated with IPV, such as headaches, depression, insomnia, anxiety, vague abdominal or pelvic pain, and unexplained bruises. Mental health is impacted by IPV, leading to depression, anxiety, suicidality, post-traumatic stress disorder, mood and eating disorders, and substance dependence.¹ Knowledge of abuse may influence assessment and treatment of the patient's health problems. Failing to detect IPV may result in unnecessary medical testing, inconsistent treatment, and will delay referral to proper services.

A recent study in an emergency department suggests analysis of clinical and demographic risk factors revealed no sensitive or reliable predictors of IPV.² They concluded, therefore, that all women should be screened. Another study looked at women who survived an attempted murder by their intimate partner. It showed that half the women did not realize their lives were in danger prior to the attempt.³ There was a wide variation in the intensity of violence the women had experienced previously, and many women lacked known risk

factors for lethality. Clinicians, therefore, should not be falsely reassured by a woman's sense of safety and the lack of severe or escalating violence. Offering referral services to only those women who are seeking help will miss potential victims.

Intimate partner violence deeply affects the whole family, and screening should therefore include investigation of children's safety. Children of battered women are estimated to be six to fifteen times more likely to be victims of abuse.⁴ Furthermore, research has demonstrated that children who witness violence at home are at risk for the same long-term emotional, developmental, social, and cognitive effects as children who are victims of abuse. When a case of IPV is identified, it demands prompt referral of children to Child Protective Services, medical treatment, and counseling.

The psychological impact of IPV is severe and continues after the abuse is over. Psychiatric therapy and counseling are often prescribed for victims, children, and perpetrators, but has not had as much proven success as social or legal intervention in preventing escalation of violence.⁵ Successful IPV intervention involves the steps of identification, documentation, referral, assurance of safety, and therapy.

System Weaknesses

- Existing research on social, legal, and behavioral treatments for IPV lacks consistent methodology and analysis.
- IPV often goes unnoticed as a cause of physical and psychological injury in all health care settings.
- Comprehensive intimate partner violence counseling and education programs for offenders, beyond anger management, are rarely available.

*see page 38 for bibliography

System Weaknesses (continued)

- IPV health care education is not always a part of ongoing training for mental and physical health care professionals.

System Strengths

- There is increased screening for IPV among health care first responders.
- There is improved cooperation between care providers, physicians and victim assistance.
- A specialized program in IPV and sexual assault has been developed at the University of New Mexico Hospital for Emergency Medicine residents.
- IPV training has increased in some rural health clinics.
- There is improved EMS response to IPV incidents that includes strategies for keeping personnel safe while providing medical care, discussing injuries and medical complaints common to victims of IPV, and providing assessment cues to use on *every* call with *every* patient.

Recommendations

- Teach IPV warning signs, resources and opportunity for intervention to all health care providers and mental health practitioners through initial schooling and continuing education.
- Develop a series of IPV monitoring initiatives at hospitals and other health care sites statewide to get a more accurate picture of the magnitude, cost, and prevalence of the problem.
- Increase research on treatment and counseling for violence to give people support and options for alternative behaviors.
- Develop improved methods to determine the range of health care utilization by victims of domestic violence.
- Alert physicians and other health care professionals to risk factors associated with homicide-suicide in elderly populations. Such factors include relationships where an older male is caring for a female who is ill, the marriage is long-standing, the health care needs of one or both have changed, and the female is in, or about to be admitted, to an institution.
- Encourage the development of specialized medical and forensic units based on the Sexual Assault Nurse Examiner (SANE) model.

Alcohol issues of power and control can combine to create an escalating domestic conflict where injury and unintentional death are the unfortunate results. Shawna, 38, and Charlie, 61 had only been married for one year, but argued frequently and periodically beat each other up. Charlie had been arrested once for being physically abusive with Shawna. One evening, while drinking at Charlie's daughter's house, the arguing began again. Charlie accused Shawna of not being a good wife and attempted to throw her out a sliding glass door in their bedroom. She ran to the bed, where he pushed her down and began strangling her. She struggled in self-defense and hit him on the side of the head with her fists. Charlie's daughter called the police and they arrested him. While he was in custody, he complained of chest pain and was transported to the hospital where he died shortly afterwards of a subdural hematoma. Medical investigators ruled the death to be a homicide, but the district attorney involved in the case ruled that Shawna had acted in self-defense when she struck Charlie. During police interviews with Shawna she stated "you know we came down here because we were going to start all over new and we were going to go to counseling. We were looking into counseling."

Violence Against Women Legislative News (2003)

- \$1 million was appropriated from the general fund to the Children, Youth and Families Department (CYFD) for expenditure in fiscal years 2003 and 2004 to contract with domestic violence shelters and programs statewide to provide services to children of victims of domestic violence.
- A domestic violence offender treatment fund has been created. Any person convicted of a penalty assessment misdemeanor, traffic violation, petty misdemeanor, misdemeanor or felony offense must pay a fee of \$15 that goes into a fund to defray the cost of providing treatment to IPV offenders.
- Unemployment benefits have been extended and increased, ensuring benefits to victims of DV who leave their job voluntarily due to intimate partner violence.
- \$1.16 million was appropriated to the NM Department of Health to fund new rape crisis centers and Sexual Assault Nurse Examiner (SANE) services in rural NM, child sexual abuse prevention projects throughout the state, and the enhancement of existing SANE and rape crisis programs.

Intimate partner violence legislation can be problematic. New laws, which are intended to hold the perpetrator accountable for the harm done to victims, children, and society, may serve to adversely affect victims. For example, when legislation was created to mandate that law enforcement make an arrest at the scene of an intimate partner violence call, abuse victims were sometimes wrongfully arrested.

Assistance from legal experts and other significant system components (health care professionals, judges, advocates) is essential to avoid the introduction of legislation that may have unintended adverse effects upon victims or systems that handle intimate partner violence related problems.

There are several coalitions and agencies working towards legislative change. In 2003, the New Mexico Coalition Against Domestic Violence (NMCADV) assembled a multidisciplinary legislative committee that crafted several significant pieces of legislation. This group harnessed decades of professional experience related to intimate partner violence and achieved a consensus on legislative goals. Its membership includes seasoned representatives from all the major systems that intersect with victims of IPV. As a whole, the NMCADV legislative committee supports a coordinated local, regional, and statewide response to domestic violence.

In 2002, a statewide community advocacy group called the NETWORK was formed by experts in the fields of domestic and sexual violence. The NETWORK is an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations dedicated to strengthening policies, protocols and services to reduce the incidence of sexual assault and domestic violence in state and tribal communities. This will be accomplished through information and resource sharing; cross training; identifying gaps, critical needs and/or duplications of service; fostering new partnerships; and collaborating on and supporting legislative efforts.

In 2003, the NETWORK developed a cross training curriculum for IPV and sexual assault (SA) providers that was implemented in Las Cruces and Santa Fe. This initiative helped providers identify commonalities and differences between the SA/IPV communities, and provided new information to enhance service delivery.

System Weaknesses

- Programs that serve victims of intimate partner violence through advocacy, prosecution, and court services are underfunded.
- Penalties for IPV are often not appropriate to the severity of the crime.

System Strengths

- Passage of recent legislation (see previous page).

Recommendations

- Pass legislation to permit law enforcement agencies to seize firearms at IPV crimes scenes for safe-keeping.
- Increase penalties for intimate partner violence to allow the court jurisdiction over perpetrators for a longer period of time.
- Increase penalties when there is a child witness to IPV.
- Establish statutory authority and funding by the NM Legislature for the IPV homicide review team.
- Establish a standing subcommittee or cabinet level officer on IPV related issues.

First Lady Barbara Richardson's Task Force on Domestic Violence

Governor Richardson, in response to the needs of our state, the concern of its people, and the commitment of the First Lady, created the Domestic Violence Advisory Board by Executive Order No. 2003-039. The Board is comprised of 12 experts in the field, representing a wide spectrum of interests including those of the Judiciary, Law Enforcement, Family Law, Children, Statistics, Shelters, Immigrants, Business, Native Americans, Medical, and Victims. First Lady Barbara Richardson is the Chair.

The Board has been meeting at regular intervals since October 2003, with a mandate to examine the status of domestic violence related issues in New Mexico and to gather the input for creating positive change. Each member has provided the Board with insight from his or her own area of expertise, and the group will soon be hearing from a variety of additional statewide experts, as well as others from across the country. Already, certain common themes have emerged: the need for education leading to a higher level of awareness of domestic violence matters, both professionally and community-wide has become clear.

Public Awareness and Prevention

Violence against women occurs within the context of our social and private lives. In addition to the law enforcement, physical and mental health care, legislative, and legal components involved in responding to intimate partner violence, members of the review team recognized that social and cultural issues needed to be addressed. Neighbors and family members aware of abuse, yet reluctant to intervene, was a frequent observation in numerous cases. For any system change to be enacted and enforced, the public must be aware of the problem, be willing to act, and support prevention strategies. The following recommendations are designed to increase the public's awareness through education and training projects, to encourage thoughtful and accurate media coverage, and to help develop strategies which will prevent further injuries and/or deaths associated with IPV.

Recommendations

- Encourage the media to report on the availability of assistance for IPV victims at the time they report on such crimes so that potential victims, family members and others have the information necessary to obtain needed services.
- Develop and implement institutionally specific curricula to identify intimate partner violence, risk factors for violence, children who witness domestic violence and how to access available intervention, prevention and service. Day care centers, schools, college campuses, employers, and faith-based communities are just a few of the targeted communities.
- Conduct public awareness campaigns highlighting intimate partner violence for the general public, with specific attention to what neighbors and family members can do if they hear or suspect that someone they know is experiencing intimate partner violence. Include bilingual and closed caption programming.
- Enhance community education to link IPV and other major public health concerns to increase public awareness and community support.
- Raise awareness among employers about the importance of safety plans in the work environment and provide training to institute work-based, anti-violence policies.
- Conduct public awareness campaigns to raise awareness of the presence of firearms in the home as a risk factor for intimate partner violence death.
- Increase awareness regarding the link between animal abuse and perpetration of violence.
- Provide training for school personnel regarding recognition of risk factors and problems that may indicate family violence; support counseling programs in the schools.

The Relationship Factor A curriculum guide and video for teachers

The goal of this curriculum is to provide information to help teens establish criteria to determine what a healthy relationship is and to motivate teens to seek relationships based on mutual respect. The guide strives to equip teens with the skills and knowledge necessary to form and maintain healthy relationships as well as evaluate their current relationships.

- Approximately one in five female high school students report being physically and/or sexually abused by a dating partner.
- 40% of girls age 14–17 report knowing someone their age who has been hit or beaten by a boyfriend.

By *Darla J. Morton, MS*
http://www.christopherproductions.org/see_mommy_cry.html

While it may not be possible to predict which abusive relationships will result in homicide, there are good reasons to assess risk. The following instrument was developed by researchers to facilitate victims' understanding of dangers they may be facing. While it is a tool to improve clinical assessment it is also a mechanism for victims as they begin to reflect upon their futures.

DANGER ASSESSMENT¹

Jacquelyn C. Campbell, Ph.D., R.N.

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?
 2. Has he ever used a weapon against you or threatened you with a weapon?
 3. Does he ever try to choke you?
 4. Does he own a gun?
 5. Has he ever forced you to have sex when you did not wish to do so?
 6. Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
 7. Does he threaten to kill you and/or do you believe he is capable of killing you?
 8. Is he drunk every day or almost every day? (In terms of quantity of alcohol.)
 9. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here:)
 10. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here:)
 11. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
 12. Have you ever threatened or tried to commit suicide?
 13. Has he ever threatened or tried to commit suicide?
 14. Does he threaten to harm your children?
 15. Do you have a child that is not his?
 16. Is he unemployed?
 17. Have you left him during the past year? (If have never lived with him, check here)
 18. Do you currently have another (different) intimate partner?
 19. Does he follow or spy on you, leave threatening notes, destroy your property, or call you when you don't want him to?
- Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

1. J. C. Campbell, P Sharps, and N. Glass. *Risk Assessment for Intimate Partner Homicide*. In: *Clinical Assessment of Dangerousness: Empirical Contributions*, edited by G. F. Pinard and L. Pagani, New York:Cambridge University Press, 2000.

Key Recommendations

Key Recommendations

- Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person alleged to have perpetrated domestic violence.
- Pass legislation to permit law enforcement agencies to seize firearms at intimate partner violence (IPV) crime scenes for safekeeping.
- Emphasize law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide.
- Establish statewide, court-based, offender monitoring programs that will supervise offender compliance with court mandates.
- Increase the frequency with which victim advocates respond to IPV crime scenes.
- Teach IPV warning signs, resources and opportunity for intervention to all health care providers and mental health practitioners through initial schooling and continuing education.
- Establish statutory authority and funding by the NM Legislature for the IPV homicide review team.
- Encourage the media to report on the availability of assistance for IPV victims at the time they report on such crimes so that potential victims, family members and others have the information necessary to obtain needed services.
- Enhance community education to link IPV and other major public health concerns to increase public awareness and community support.
- Develop relationships between the IPV Death Review Team and tribal agencies to gain a better understanding of IPV on tribal lands.
- Encourage a statewide review of sentencing patterns for all IPV related crimes.

Conclusion and Forward to Case Synopses

Intimate partner violence is a major public health, social, and criminal justice problem in New Mexico. Every year in our state, an average of 16 people—over 1 person a month—are killed by an intimate partner. Our review identifies some of the obstacles victims may have encountered and highlights possible solutions to improve services and to prevent future violence and death. The issue of intimate partner violence deserves our serious attention.

Our ongoing analysis of these cases often raises more questions than provides answers. If we are to prevent future IPV related injuries and deaths, what kinds of civil and individual commitments need to be strengthened? What kind of support does our society give to families and couples when they begin to experience forces that can tear them apart? Are there fundamental disconnections between social policies and the risk factors associated with IPV homicide?

This report presents an opportunity to probe the nature of intimate partner violence in our society. It can be used as an instrument for reflection as well as a statement of the problem and a source of recommendations. We hope that readers will dig deeper into the root causes of IPV, rather than take a hardened or passive view of the fatal outcomes contained in this report.

Forward to Case Synopses

We have included individual case synopses in the following pages that provide a picture of lives that have been lived and lost. Although the names are fictional, they present actual events and make the nature of IPV real. We present them here to illustrate the complexity and variability of this particular problem. Each case is devastating. Each story, however, can lead us forward in the areas of prevention and in the formulation of new social policies. Some of these cases present clues that went undetected. We need to be alert to the destructive forces at work in the world around us. Over the last 50 years, IPV has moved largely from the shadows and into public view. The degrees of future success in eliminating IPV are contingent on the manner in which we take action.

Case Synopses

Magdalena, age 43, and Ethan, age 34, lived together for eight years and had one child. After a weekend of arguments, Ethan killed Magdalena in her sleep by using both sides of an axe. Afterwards, Ethan attempted suicide by taking a cocktail of pills with alcohol. Officers found him unconscious at the crime scene. Three days later, after Ethan confessed to the murder, he successfully hung himself with a towel in a detention center cell despite the fact he was on a suicide watch. Magdalena and Ethan had a history of alcohol abuse and argued often. One month before the murder, a TRO was filed against Magdalena. Witness interviews revealed that Ethan was sometimes the recipient of abuse from Magdalena, but they had both been physically and verbally abusive towards each other in the past. Before the murder, Ethan and Magdalena had separately confided in friends and family that they were contemplating ending the relationship. Their child happened to be staying with a family member during the murder and did not witness the murder.

Maria Elena, age 44, and Jeremy, age 38, were a married couple living together for an unknown duration. Police were dispatched to their home after Jeremy reported the suspicious death of his wife. His initial reports to the police were fabricated and he later confessed to the murder. Maria Elena died of blunt forced injuries to the head caused by her husband slamming her head against their vehicle after arguing about another woman. They both had histories of being in abusive relationships and had varying degrees of alcohol dependence. Jeremy was charged with voluntary manslaughter and tampering with evidence. He was sentenced to 13 years, with an actual term of 9 years.

Teenage intimate partner violence seems to occur as frequently as adult IPV. Susan, age 19, dated 17 year old Roberto for approximately one year before he shot her in the head after a series of arguments. Roberto and Susan frequently argued, at least once a week. They had recently broken up, but got back together three days before the shooting. On the night of the murder, Susan was hanging out with a girlfriend for a “girls night out,” when they dropped by Roberto’s for a brief visit. No sooner than they arrived, an argument started. Susan yelled from her car window while Roberto stood next to her car in the driveway. Roberto vented his frustration by grabbing the steering wheel of her car. Susan responded by putting the vehicle in reverse. Roberto wrestled with the steering wheel and managed to seize the car keys from the ignition. Susan exited her car towards the house, pursued by Roberto with a .25 caliber pistol in his hand.

“He didn’t mean to hurt me you know. He really didn’t”-victim

Police were dispatched to Roberto’s family home after his mother called stating that her son had shot his girlfriend. Roberto’s previous criminal record included damaging property, vandalism, narcotics possession, criminal trespass, and a gang affiliation. He consumed an unknown amount of alcohol during the evening of the shooting. Susan was a teenage mother whose criminal history included battery of her mother and selling narcotics.

Furthermore, as a child, Susan’s mother was charged with neglect after leaving her infant daughter unattended in her car while she went shopping. Susan’s ten month old son was not present at the crime scene; he was dropped off at his grandmother’s the evening of her death. Roberto was sentenced to an actual term of 9 years on prison.

James, age 43, dated 51 year old Amanda for an unknown duration. After their relationship ended, James, who had a history of mental illness and substance abuse, began to engage in stalking behavior. Amanda, concerned for her safety, obtained a restraining order against him. After the TRO was issued, James continued his stalking behavior. The same day she reported a violation of the TRO, James arrived at her residence late at night. Armed with a knife, he cut her phone line and broke into her home through a window. He was shot four times by Amanda with a .38 caliber handgun. He died at the scene. His blood alcohol level was determined post-mortem to be .310 mg/dl and an empty bottle of vodka was in the victim’s possession when the police arrived at the crime scene. The shooting was ruled self-defense.

Alcohol abuse is frequently associated with domestic violence. Victor, age 46, had a 19 year relationship with 43 year old Sophia. They had a turbulent life together, marked by a divorce (later reunified but not remarried), financial difficulties, battery, and alcoholism. On the evening of Sophia’s murder by Victor, there were a series of arguments that escalated into physical violence. Sophia eventually died during the night from injuries sustained from blunt head trauma. Victor later confessed to kicking Sofia in the head several times. Victor and Sophia were under the influence of alcohol when their arguments started. Sophia’s teenage daughter attempted to intervene in the verbal arguments that occurred in the evening, but was unable to calm her parents. She did not witness the fatal blows that resulted in her mother’s death, but she was present in the home during her mother’s murder. Victor plead guilty to one count of voluntary manslaughter and is currently serving a one year sentence.

There has been an increase in the phenomena of murder/suicides dubbed “mercy killings” amongst the elderly population in the United States. This is often attributed to an overall growth in the number of citizens over the age of 65 years and recent advances in medical technology that can enhance life expectancy. The veracity of the term “mercy” in these cases is the subject of debate, since most of these cases involve exclusively male perpetrators. The question is raised whether the women killed expressed a desire to die. The victim’s wishes in the following case remain undetermined, but the motive for the murder/suicide centered on the fear of being a care burden. Steve and Ellen were in their late sixties and had been married for over 20 years. After Ellen survived multiple strokes, she started showing acute symptoms of dementia. Steve, not wanting his children to have to bear the burden of caring for their mother, shot his wife in the back of the head and then committed suicide. In Steve’s written confession left for the police, he stated “My dear sweet wife has lost her mind. She will never get better, I did not want my boys to have to bear her burden.”

*“I just shot my wife”
-911 recording*

Ramon and Alicia, a married couple in their early thirties, owned a business together that was experiencing financial problems. On the evening of Alicia’s murder, Ramon came home and initiated an argument that led to Alicia calling the police. When officers arrived, no assault or battery had occurred; but Alicia was advised of her options, including instructions on how to properly file for a restraining order. During her conversation with an officer, she expressed wanting a divorce and that she had left on previous occasions. According to neighbors, Ramon and Alicia argued frequently during the six months preceding the murder/suicide. Alicia’s mother corroborated these statements in describing a decade long history of domestic violence. After the police left, Ramon went to a girlfriend’s house and made statements about wanting to kill his wife. He left his girlfriend’s place in the early morning and returned home to shoot his sleeping wife and kill himself. The information supplied to Alicia on how to file for a TRO was laying in close proximity to Ramon’s corpse. Two sons were present in the home at the time of the shooting, but did not witness the crime. After the first shot was fired, Alicia’s mother, who lived at the residence, gathered her two grandchildren and fled to a neighbor’s house, where she reported the shooting to 911.

Separating from a known abuser, especially in the context of a psychiatric and substance abuse history, can lead to a series of dangerous escalations resulting in intimate partner violence and sometimes homicide. Maria decided to kick her boyfriend Antonio out of her apartment after he started trafficking in narcotics. When confronted with having to

leave, Antonio produced a handgun and held Maria at gunpoint for several hours until she agreed to let him stay. At this time, he also complained of suicidal thoughts and feeling depressed.

Maria enlisted her mother in helping to confront Antonio and getting him to move out. Consequently, Antonio left for a few days, but returned one morning and crawled into bed next to her while she was sleeping. Fearful of Antonio’s unpredictable behavior, Maria asked her mother to look after her children and invited a few friends to stay with her for a couple of nights. On one of those nights, Antonio showed up to talk to Maria and ended up yelling at her through the door, but was persuaded to leave by the presence of other people. Two days later, on Mother’s Day, Antonio showed up again, armed with a handgun. Maria was alone in the kitchen when she was shot in the head and neck. Antonio plead guilty and received a 25 year prison sentence. Witness interviews described Antonio as jealous and very possessive. Several days before Maria’s death, she terminated a pregnancy and described to friends not wanting to feel trapped in another abusive relationship. Before Maria met Antonio, she experienced a tumultuous marriage that was marked by repeated abuse. Her two children were not present at the time of the murder.

Andrea and Mary were intimate partners who got into an argument one night after drinking at a local bar. When Andrea started walking away from the argument, Mary got into her car and ran Andrea over. Mary fled the scene of the crime and initially reported that Andrea jumped in front of her car. Mary later changed her story and confessed to running Andrea over. She plead guilty to homicide by vehicle, leaving the scene of an accident, and aggravated DWI (bodily injury). She received a 7.5 year prison sentence, 4 years of which were suspended.

Mike and Estella had been married for more than 50 years. Their daughter was visiting them for a week and reported that they both seemed happy, in good spirits, and nothing unusual seemed at hand about their daily routine. One early morning, she heard two loud claps coming from her parent’s bedroom. She assumed that something had fallen or broken and decided not to wake them up. A few hours later, she decided to enter her parent’s bedroom when they didn’t come downstairs for breakfast. She found her mother on the bed shot once in the head, and her father lying dead on the bathroom floor. He had shot her mother and then committed suicide, leaving a note explaining that he had planned to end their lives when they reached old age. There was no documentation that Estella had agreed to end her life.

Vincent and Renee had recently broken up and Renee had moved in with her mother. A few weeks later, Vincent called Renee and asked her to come over to talk things over. Renee told her mother that she was going to talk to Vincent for a few minutes but that she would be right back. Early the next morning, Renee's mother went to Vincent's house looking for her daughter. She knocked on the door but there was no answer. She could see both of them lying down and assumed they were asleep. Early that afternoon, Renee's mother decided to go to Vincent's house again. She looked in the window and saw that their bodies hadn't moved. She broke the window in the living room and discovered that her daughter had been murdered and her daughter's ex-boyfriend had taken his own life. Vincent left a suicide note stating he didn't want to suffer anymore.

“ Honestly, I didn't understand his attitude. He'd have a really bad attitude for nothing. He would say vulgar things, bad things.” -victim

Domingo and Joanne had been married for a few years and the police had responded to their home on numerous calls of domestic violence. Domingo had a long history of committing domestic violence. A former girlfriend filed charges against him in 1995 and in 1999 he plead guilty to attempted aggravated battery against his wife and was sentenced to 2.5 years in prison with one year parole. Joanne had left him in recent weeks and told her friends that he was stalking her and she was afraid he was going to kill her. Joanne left work early on a Friday afternoon and was not seen all weekend. Her roommate called police and told them of her absence. Later that week, investigators discovered her beaten and stabbed body under a rug in Domingo's residence. Domingo was seen driving around in her car, and admitted to friends that he was probably “in trouble.”

Jeannette and Mike had a stormy long-term relationship with several episodes of domestic violence. Jeannette was seen at the hospital on at least four separate occasions for various injuries caused by Mike. In addition, Mike had at least six domestic violence charges against him from previous relationships. Mike and Jeannette began their relationship while Mike was married, and many of their violent episodes revolved around the issue of him not divorcing his wife. One night, Jeannette and Mike were staying at a hotel out of town, they went to a local bar and began drinking, and then began arguing. Mike stated that

Jeannette was angry with him because he hadn't obtained his divorce, so she started drinking heavily and began dancing with other men in the bar. When the bar closed, Jeannette ran out of the bar and refused to speak with Mike.

As she walked along the highway shoulder, Mike drove after her in his truck. A few angry words were exchanged, and Mike suddenly felt a thump under his tire. Jeannette had attempted to jump into the back of his pickup truck but fell and was struck by one of his back tires. This case was ruled an

accident by police and Mike was never charged.

Amy was 18 years old when she decided to leave her 21 year old boyfriend, Peter. He had a drinking problem and frequently became angry when she approached the subject with him. One night, after Peter came home late from a night out drinking, Amy informed Peter that she no longer wanted to be in a relationship with him and tried to leave. Peter argued with her and asked her to stay and work out their problems. When she refused and started collecting her belongings, Peter retrieved a rifle and shot Amy in the head. Afterwards, Peter got into his car and was involved in two hit and run accidents before he was apprehended by the police. He confessed to shooting Amy and stated that he couldn't live with the idea of losing her. He also expressed feeling suicidal. He plead guilty to second degree murder and tampering with evidence. He was sentenced to twelve years in prison.

The 45 year marriage between Randy and Donna abruptly ended by murder-suicide in a parking lot outside of a municipal court building. Donna, at the age of 66, decided to separate from her husband after years of experiencing physical and verbal abuse. She moved in with her son shortly after her husband was arrested for battery. A month later, she arrived for a court hearing concerning the charges against Randy, who was waiting for her in the parking lot. As Donna approached the courthouse with her son, Randy closed in on them, pulled out a handgun, shot Donna, threatened her son, and then took his own life. According to witness interviews, Donna recently filed for divorce, and two days before her murder she received threatening phone calls from Randy.

Alcohol issues of power and control can combine to create an escalating domestic conflict where injury and unintentional death are the unfortunate results. Shawna, 38, and Charlie, 61, had only been married for one year, but argued frequently and periodically beat each other up. Charlie had been arrested once for being physically abusive with Shawna. One evening, while drinking at Charlie's daughter's house, the arguing began again. Charlie accused Shawna of not being a good wife and attempted to throw her out a sliding glass door in their bedroom. She ran to the bed, where he pushed her down and began strangling her. She struggled in self-defense and hit him on the side of the head with her fists. Charlie's daughter called the police and they arrested him. While he was in custody, he complained of chest pain and was transported to the hospital where he died shortly afterwards of a subdural hematoma. Medical investigators ruled the death to be a homicide, but the district attorney involved in the case ruled that Shawna had acted in self-defense when she struck Charlie. During police interviews with Shawna she stated "you know we came down here because we were going to start all over new and we were going to go to counseling. We were looking into counseling."

Cases of same-sex intimate partner violence may not always be captured as such due to a reluctance to report the true relationship between the victim and perpetrator. In this case, two same sex partners, Jerry and Thomas were drinking alcohol and watching television when Thomas shot Jerry in the chest with a .22 caliber rifle. At the time of the murder, investigators focused on the role of alcohol and cocaine combined with a financial dispute as the principal motive for the crime. Their relationship lasted over 15 years during which they exchanged matching rings to symbolize their partnership. Witness interviews suggested a pattern of jealousy between the victim and the assailant. At the time of Jerry's murder, he was HIV positive and partially blind. Thomas was charged with first degree murder to which he plead down to a lesser charge of second degree murder. He received a 16 year sentence that included a firearm enhancement. His actual term is 10 years after suspension.

Chronic alcohol abuse, a history of domestic violence, and recent separation are three prevailing risk factors associated with intimate partner homicide. Isabel and Pedro lived together for eight years and had two

daughters. Their relationship was punctuated by multiple episodes of domestic violence where law enforcement intervened. One event included threatening Isabel with a knife. Over the years, Pedro became increasingly more violent and continued to exhibit an inability to manage his drinking. A few weeks before Isabel was stabbed to death in a public park by Pedro, she broke up with him and moved in with a friend. At the time of the murder, Pedro was intoxicated and enraged over the presence of Isabel's new boyfriend. One of Isabel's daughters witnessed the multiple stabbings. Ramon was charged with an open count of murder and plead to second degree murder. He received an actual term of ten years after a five year suspended sentence.

"...my thing was that I just wanted to get away from him, from my past. I thought I was over my past, I was over the abuse, but..."-victim

A disturbing subset of murder-suicide cases involve the homicide of immediate family members, sometimes including children. Victoria and Sam were a married couple in their mid-thirties with an eleven year old son. Sam murdered his wife and son with a .45 caliber hand gun before killing himself in their family home. Sam had a history of severe depression and was unemployed and in significant debt prior to the murder-suicide. Furthermore, Sam had a history of physically abusing Victoria and was characterized in witness interviews as having a violent temper. Furthermore, Sam had access to a firearm and had made previous threats to kill Victoria should she ever leave him. In Sam's family, there was a history of suicide and major depression.

After two years of marriage, Kristen separated from her husband Nicholas and moved into her mother's apartment with her five year old son. One week into their separation, Nicholas became increasingly depressed and attempted suicide by overdose, but he did not obtain medical/psychiatric treatment. He began to harass Kristen, which resulted in the filing of a restraining order against him. The morning that the TRO was served, Nicholas was fired from his job at a furniture store. He procured a handgun from a local pawn shop and made numerous phone calls to his sister in California, describing the turmoil in his life as unbearable and described wanting to kill Kristen. Two weeks after Kristin separated from Nicholas, he let himself into Kristen's home and proceeded to shoot the father of Kristen's son, who happened to be visiting, Kristen, and himself. Her five year old son witnessed the murder-suicide.

While the majority of intimate partner homicide is male on female, some cases involve female perpetrators. Often times, these women are responding with violence to years of abuse, and sometimes they are acting out of self-defense. In this case, the motive is not clear. Jana was married to Joe for several years when she shot him in the head while he was asleep. After she shot him, she went to work and phoned the police asking for a welfare visit for her husband who stated he was suicidal earlier in the day after she told him that she wanted a divorce. When the police arrived at her home, the murder weapon was missing from the crime scene. Jana later confessed to hiding the weapon in a nearby lot of an abandoned trailer home and confessed to the murder. She plead guilty to second degree murder and received a 25 year prison sentence. Jana reported to the police that she killed her husband because he was psychologically abusive towards her daughter. Witness interviews revealed that Jana was having an extra-marital affair with a narcotics trafficker, whose identity Joe was aware of and threatened to reveal to authorities.

Steve and Yolanda had been married less than one year and had been living in a hotel because they had been evicted from their rental apartment due to excessive domestic disturbances. According to Steve, Yolanda was extremely abusive and often hit him with her fists or other household objects. He stated that she would become extremely agitated and aggressive for no apparent reason. One night at their hotel after a long day of drinking, they began arguing and fighting. Yolanda pulled Steve's hair, and hit and kicked him. She walked outside to get a baseball bat from the trunk of her car, and when she returned, Steve shot her with a .357 handgun. He shot her once in the chest, and as she ran to leave the room, he followed and shot her three times in the back. He stated that he just couldn't take the abuse any more. Steve immediately called 911 and stated, "I just shot my wife."

Jennifer, age 18, and William, age 32, met each other at the hospital where William worked as a nurse. Jennifer had been admitted for depression and an eating disorder. They became friendly and after Jennifer was released, they maintained contact through e-mail. One evening, the couple drank a few beers at William's apartment, undressed, and started to become intimate in the master bedroom. William stated that Jennifer asked him "if he would do anything for her, including killing her" to which he replied, "No!" Shortly thereafter, Jennifer received a single gunshot wound to the forehead; and William told police she had grabbed a gun he had hidden in a holster and committed suicide. Police questioned William and found discrepancies in his testimony; evidence was submitted to a blood spatter expert who determined that Jennifer could not have fired the weapon. A district court jury found William guilty of second degree murder and tampering with evidence.

Jose had been living with his girlfriend Sandra for about 2 months; meanwhile, he was still dating his former girlfriend Rachel without Sandra's knowledge. On one afternoon, he met Rachel and her mother at a local bar and spent the afternoon drinking and playing pool. After several hours they all left together and drove to Sandra's house. Jose wanted Rachel and her mother to spend the night because they had been drinking and were having car problems. When they arrived at Sandra's house, she was babysitting 6 minor children and was extremely upset that Jose had been drinking and gone from the house all day. A violent argument ensued, where Jose punched and kicked Sandra, and she pulled a steak knife from the kitchen counter. As Jose turned to go outside, Sandra followed and while yelling obscenities she stabbed him 5 times in front of Rachel and her mother. The children were onlookers from their bedroom window. She plead guilty to voluntary manslaughter and received a six year sentence.

Major mental illness can be a contributing factor in intimate partner violence, especially when it goes untreated or when patients refuse or forget to take their medication. Eunice had been prescribed medication to help "calm her nerves" but hadn't been taking it. She had attempted suicide on two separate occasions and had attacked her husband with a rolling pin. One early Saturday morning, Eunice walked into the local police department and informed the officers that her husband appeared quite ill and was in need of immediate medical attention. Police officers drove to her home and found her husband, Wilfred, lying on the ground, not breathing, without a pulse. Upon questioning, Eunice did not seem to understand what was happening around her; she was very agitated, disoriented and insisted upon going inside the house. Upon further questioning, she produced a knife from her purse and told the officers that it was the knife she had used to kill her husband. She was found incompetent to stand trial.

Jolene and Eddie had been living together for a short time; they were friends, lovers, and drinking/drug partners. Neither of them maintained jobs and they fought frequently about not having any money. The fights would usually turn physical with both of them hitting each other. One afternoon, they consumed more than a case of beer at a family barbecue and began arguing. Eddie told Jolene to get her stuff and move out of his house. She threatened to kill him. She consumed a few more beers, then obtained a rifle she had stolen from a neighbor. She walked to Eddie's home and waited for him to return from the barbecue. As he walked up the driveway towards the house, she fired from inside the kitchen hitting him on his right shoulder, as he turned away, she shot him four more times in the back. When the police arrived, she was cradling him and crying. Jolene told the police that he got what he deserved. She was sentenced to 7 years in prison.

Often, domestic violence involves not only the victim and perpetrator, but is witnessed by their minor children. The police received most of their information about the brutal homicide of Becky from her 8 year old son who was peeking around the hallway corner. This was Becky's third marriage, and she and Mick had only been married for four days when he put the gun to her forehead and fired. Her body displayed bruises, scratches, and bite marks. Mick called 911 and reported that his wife had killed herself. Both had been drinking heavily, arguing, and physically fighting and punching each other. Mick had a long history of escalating domestic violence in his previous relationships and had threatened to kill his ex-wife if she ever left him. Mick plead guilty to first degree murder and received a six year sentence.

Ted and Suzanne had been married for approximately 15 years with no prior police reports of domestic violence. Their daughter reported occasional arguments about Ted's drinking and use of marijuana, but no violence. A recent argument by the couple had involved Ted "showing off" his guns. He put them away when Suzanne scolded him. Ted had recently been diagnosed with Alzheimer's disease and was taking medication for depression and anxiety. Late one evening, Ted called 911 to report that he had shot his wife, he was heard over the open line saying "breathe, breathe!" The dispatcher then heard a gunshot. Ted was found with a Beretta 380 near his right hand, having killed his wife and then turning the gun on himself. Post-mortem blood toxicity tests showed that Ted had a blood alcohol count of .205 mg/dl plus anti-depressants, opiates, and Valium in his system.

James and Anne had been married for more than 30 years and had four grown children. Anne had a history of mental illness, nervous breakdowns, and had been hospitalized for psychiatric episodes. Her children reported that she was under medical care but had not been taking her diabetes medication. She suffered from severe paranoia and insisted that people were out to get her. One afternoon, Anne shot her husband multiple times in their bathroom and refused to let the police inside her home, insisting that they were there to kill her. She was disoriented, unable to give names of her family, and repeated several times that she needed some candy and fainted. During her trial, she entered a plea of guilty but mentally ill, for the murder of her husband, and is serving her sentence in the State Hospital.

Samantha, a 16 year old girl, was raped and assaulted by her stepfather Scott after he assaulted, shot, and killed her mother, Judy. Her mother and stepfather had been married less than a year after having an affair that ended Judy's marriage with Samantha's father. Judy and Scott were arguing one night about Judy's infidelity, and the argument escalated, with Scott sexually assaulting Judy and then shooting her twice in the head. While she lay dying, Samantha came out of her bedroom because she heard gunshots. Scott yelled at Samantha to go back into her room, he then shot her in the hand, grabbed her by her hair, forced her into the bedroom and raped her. Scott then turned his handgun on himself and shot himself in the chest, dying a few minutes later. Samantha called 911 and frantically cried that her mother had been shot.

Annotated Bibliography

MEDICAL

1. Campbell JC, Webster D, Koizol-McLain J, *et al.* Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health* 2003;7:1089–1097.

The authors conducted an 11 city case control study seeking to identify risk factors for female homicide in abusive relationships. Several risk factors were identified over and above previous intimate partner violence. They include an abuser's lack of employment, access to a firearm, separation after cohabitation (higher risk with excessively controlling abusers), having a child living in the home who was not the abusive partner's biological child, and abusers' previous threats with a weapon and threats to kill.

2. Zachary MJ, Mulvilhill MN, Burton WB, *et al.* Domestic abuse in the emergency department: Can a risk profile be defined? *Academic Emergency Medicine* 2001;8:796–803.

The authors conducted a study of women presenting to the emergency department for IPV. Their analysis of clinical and demographic risk factors revealed no sensitive or reliable predictors of IPV. They concluded, therefore, that all women should be screened for IPV.

3. Wathen NC, MacMillan HL, Nadine MA. Interventions for violence against women, scientific review. *JAMA* 2003; 289:589–600.

The authors reviewed IPV related health care literature concerning interventions that seek to prevent the abuse of women. Twenty-two articles were identified for review and rated good, fair, or poor. Most of the reviewed studies received a rating of poor due to methodologic flaws. The authors concluded that "information about evidence-based approaches in the primary care setting for preventing IPV is seriously lacking." Therefore, the evaluation of interventions to improve the outcome of female IPV victims "remains a key research priority."

4. Nicolaidis C, Curry MA, Ulrich Y. Could we have known? A qualitative analysis of data from women who survived an attempted homicide by an intimate partner. *Journal of General Internal Medicine* 2003; 18:788–794.

The authors conducted a qualitative study of women from six different cities who were almost killed by an intimate partner. The study did not seek to validate risk factors for female homicide. Rather, they examined perceptions of risk, and the context surrounding the attempted homicide. Results of the study indicated that nearly half of the victims did not suspect that their lives were in danger. 93% of the women in this study had previously experienced violence by their partner who almost killed them. Clinicians should not be falsely reassured by a woman's sense of safety, by the lack of a history of severe violence, or by the presence of few classic risk factors for homicide.

5. Gundersen L. Intimate partner violence: the need for primary prevention in the community. *Annals of Internal Medicine* 2002; 136(8):637–640.

The author argues that for historical reasons tertiary prevention of IPV has received the majority of attention and resources in a clinical setting. Only recently has primary prevention such as routine screening for IPV been expanded for women and to a lesser extent screening for men to see if they are at risk for committing violence. The author highlights specific programs to prevent IPV and provides a useful glossary of terms. Zero tolerance and public education are identified as effective prevention strategies that should take place at the community level to influence cultural change.

6. Zink T, Elder N, Jacobson J. How children affect the mother/victim's process in intimate partner violence. *Archives of Pediatrics & Adolescent Medicine* 2003; 157(6):587–592.

Researchers from the University of Cincinnati interviewed 32 mothers living in an IPV shelter about their abuse histories, perceptions about the effects of abuse on their children, and the manner in which they would like to be treated in a health care environment. They concluded that for over half of the subjects, something the child did or said catalyzed their seeking help. The children's attachment to the abuser was sometimes identified as a reason to delay getting help. Lastly, mothers looked towards their children's physicians for IPV resources and non-blaming education on how IPV affected their children.

COST & PREVENTION

7. National Center for Injury Prevention and Control. *Cost of intimate partner violence against women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention; 2003.
Available at http://www.cdc.gov/ncipc/pub-res/ipv_cost/

The authors, researchers at the Centers for Disease Control, estimate the cost of Intimate Partner Violence against women in the United States based on the incidence of IPV in a given year (1995). Intimate partner rape, physical assault, and stalking exceed \$5.8 billion each year; nearly \$4.1 billion of which is for direct medical and mental health care services. The total costs of IPV also include nearly \$0.9 billion in lost productivity for victims of nonfatal IPV and \$0.9 billion in lifetime earnings lost by victims of IPV homicide. The hidden costs of ineffective health care, relapses, and the harm generated by failure to intervene with clients are not included in this report.

8. Rosewater A. *Promoting prevention, targeting teens: an emerging agenda to reduce domestic violence*. San Francisco (CA): Family Violence Protection Fund; 2003.
Available at <http://endabuse.org/field/PromotingPrevention1003.pdf>

The author, a researcher for the Family Violence Protection Fund, summarizes much of the findings available on youth that are at risk of violence and suggests steps for building a new domestic violence prevention agenda centered on promoting healthy relationships among teens and young adults. One of the key findings of the study is that prevention has largely been absent from public policy and programs, which focus primarily on adult victims, crisis response and criminalizing domestic violence.

Annotated Bibliography

PUBLIC POLICY

9. United States Department of Justice. Intimate partner homicide. Washington (DC): *National Institute of Justice Journal*, 2003;250. Available at <http://www.ncjrs.org/pdffiles1/jr000250.pdf>.

This issue of the NIJ Journal focuses on homicides committed by the victim's spouse or other intimate partner. There are several review articles that synthesize some of the recent literature on IPV, ranging from aspects the problem (such as risk factors and the effect of alcohol abuse) to possible steps toward reducing the number of incidents (such as the effectiveness of domestic violence services and the use of death review teams). The articles shed new light on IPV crime that continues to have serious social consequences and to present challenges to law enforcement agencies and health care providers.

10. Websdale N, Moss H, Johnson B. Domestic violence fatality reviews, implications for law enforcement *The Police Chief* July 2001; 65–74.

The authors central arguments concern the utility of IPV death review teams for law enforcement. When conducted appropriately, recommendations developed from IPV death review teams have been shown to improve law enforcement agencies response to IPV, assist in future officer training, and enhance the coordination of policing activities with other agencies involved in dealing with family violence. Some of the goals of IPV death review team include preventing future IPV related death or injury and influencing the improvement of services for female victims and their children.

NEW MEXICO

11. Caponera B. *Incidence and nature of domestic violence in New Mexico IV: an analysis of 2002 data from the New Mexico interpersonal violence data central repository*. State of New Mexico Injury Prevention and EMS Bureau, Department of Health. Santa Fe (NM):2003.

The author presents data on the prevalence of IPV in New Mexico based on reporting from law enforcement agencies, district and magistrate courts, and IPV service providers. Victim and perpetrator demographics, types of injury, weapons used, data on children victim-witnesses, mental and physical health care costs, and convictions are provided. This report contains the most concise and current data available on IPV related crimes in New Mexico and has been acknowledged by the CDC and Department of Justice as a good model for other states to emulate.

References for page 22:

1. Wathen C, MacMillan HL, Nadine MA. Interventions for violence against women: scientific review. *JAMA*. 289(5):589–600, February 5, 2003.
2. Zachary MJ, Mulvilhill MN, Burton WB, *et al*. Domestic abuse in the emergency department: Can a risk profile be defined? *Academic Emergency Medicine* 2001;8:796–803.
3. Nicolaidis C, Curry MA, Ulrich Y, *et al*. Could we have known? A qualitative analysis of data from women who survived an attempted homicide by an intimate partner. *Journal of General Internal Medicine*. 18(10):788–794, October 2003.
4. Wright RJ, Wright RO, Issac NE. Response to battered mothers in the pediatric emergency department: a call for an interdisciplinary approach to family violence. *Pediatrics* 1997;99:186–92.
5. Knapp JF, Dowd MD. Family violence: Implications for the pediatrician. *Pediatric Review* 1998;19:316–21.

Facts Uncovered by the New Mexico Intimate Partner Violence Death Review Team

Domestic violence has *CONSEQUENCES*...

To women

- Women are being murdered in NM at an alarming rate
- Over one woman a month (16 a year) is killed by her intimate partner

To loved ones

- Children are victims too
- Nearly half of the cases had minor children
- Of these, 45% were present and one-third witnessed the homicide

To the offender

- 33% of offenders commit suicide
- Of the remaining, they received an average sentence of 15 years
- These offenders will likely serve only 10–11 years in prison

Domestic violence is *PREVALENT*...

Nearly half of all female homicides are committed by an intimate partner

Domestic violence homicide is committed by

- Current spouses (52%) or intimate partner (33%)
- Former spouse or former intimate partner (15%)

Domestic violence touches everyone

- Victims come from all ages; however, the average victim age is 38 years
- Domestic violence crosses ethnic barriers—47% of the victims are Hispanic; 44% are Anglo
- Domestic violence occurs in all communities, rural and urban
- Victims come from all walks of life and are mothers, daughters, sisters, workers, and students
- Domestic violence touches every part of society—it affects families, employers, schools, churches, communities and more

Domestic violence is often hidden and under-reported

- Many times, incidents of domestic violence are not reported due to the victim being embarrassed, afraid, or unaware
- Neighbors often didn't call police, even when they heard threats and violence
- Domestic violence is not always physical—it often involves sexual, psychological and economic control

Domestic violence occurs at home

- 62% of the incidents occur at the victim's home

Firearms

- In 60% of the cases, a firearm was used to kill the victim
- When a firearm was used, it was most commonly a handgun (75%)

Fact Sheet (continued)

Be aware of the *RED FLAGS* for domestic violence

These factors increase the risk of domestic violence in the home

- Controlling, jealous, or isolating behavior
- History of domestic violence
- Verbal and physical threats to victim or children
- History of alcohol or drug abuse
- Financial problems or other stressors in relationship
- Lack of community or family support
- Stalking behavior

We must seize all *OPPORTUNITIES* to *PREVENT* domestic violence

You can do something

- Educate yourself, your family and your community about domestic violence
- Call 911 (or 242-COPS) when you know an incident of domestic violence is occurring
- Call 1-800-799-SAFE (7233) if you want to explore options for assistance
- Obtain (or help others obtain) a restraining order

Firearms

- Remove firearms from homes where domestic violence occurs
- Encourage enforcement of federal firearms legislation (*e.g.*, Brady Bill)

Safety of victim

- Family, neighbors and employers must be willing to report violence to police
- Families, community members and service agencies must be aware of victims needing intervention
- Centralized data systems are needed to track orders of protection and domestic violence incidents

Violence is not just a family matter

- Violence adversely impacts each and every member of the community

Domestic violence is a health care issue

- Healthcare providers need to screen clients for domestic violence issues
- Providers have an excellent opportunity to counsel and refer clients and family

Call to action

- Since anyone is at risk, every member of society must be willing to address this problem
- Become involved in the issue

For Additional Copies Contact:

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