

CHAPTER V. BEHAVIORAL HEALTH AND INJURIES 2

ALCOHOL ABUSE.....	2
SMOKING.....	4
DRUGS.....	6
MENTAL HEALTH.....	7
<i>Adults</i>	7
<i>Perinatal depression</i>	8
<i>Children</i>	9
<i>Suicides</i>	10
INJURIES/VIOLENCE.....	10
<i>Unintentional Injury</i>	11
<i>Domestic Violence</i>	15
<i>Sexual Assault</i>	17

Figures

FIGURE V - 1 ALCOHOL-RELATED DEATHS.....	3
FIGURE V - 2 ALCOHOL-RELATED INJURY DEATH RATES.....	4
FIGURE V - 3 SMOKING-RELATED DEATHS.....	5
FIGURE V - 4 NM YOUTH PAST 30 DAY SMOKING.....	6
FIGURE V - 5 NON-FATAL VIOLENT VICTIMIZATION RATE [D].....	11
FIGURE V - 7 ALCOHOL INVOLVED CRASHES.....	13
FIGURE V - 8 POISONING DEATH RATES.....	13
FIGURE V - 9 CAUSES OF DEATH IN 65+.....	14
FIGURE V - 10 HOMICIDES OF INMATES BY GENDER.....	16
FIGURE V - 11 TYPE OF SEX CRIME REPORTED TO LAW.....	17

Tables

TABLE V - 1 NEW MEXICO MOTHERS REPORTING SYMPTOMS OF DEPRESSION.....	9
TABLE V - 2 SUICIDE RATES.....	10
TABLE V - 3 NON-FATAL INJURY HOSPITALIZATIONS.....	11
TABLE V - 4 MOTOR VEHICLE TRAFFIC FATALITIES 100,000 POPULATION.....	12
TABLE V - 5 MOTOR VEHICLE TRAFFIC FATALITIES 10,000 POPULATION.....	12
TABLE V - 6 SANDOVAL COUNTY INJURY DEATHS BY MECHANISM.....	15

Figure V - 1 Alcohol-Related Deaths.....	3
Figure V - 2 Alcohol-Related Injury Death Rates.....	4
Figure V - 3 Smoking-Related Deaths.....	5
Figure V - 4 NM Youth Past 30 Day Smoking.....	6
Figure V - 5 Non-fatal violent victimization rate [D].....	11
Figure V - 7 Alcohol involved Crashes.....	13
Figure V - 8 Poisoning Death Rates.....	13
Figure V - 9 Causes of Death in 65+.....	14
Figure V - 10 Homicides of inmates by gender.....	16
Figure V - 11 Type of Sex Crime Reported to Law.....	17

Chapter V. Behavioral Health and Injuries

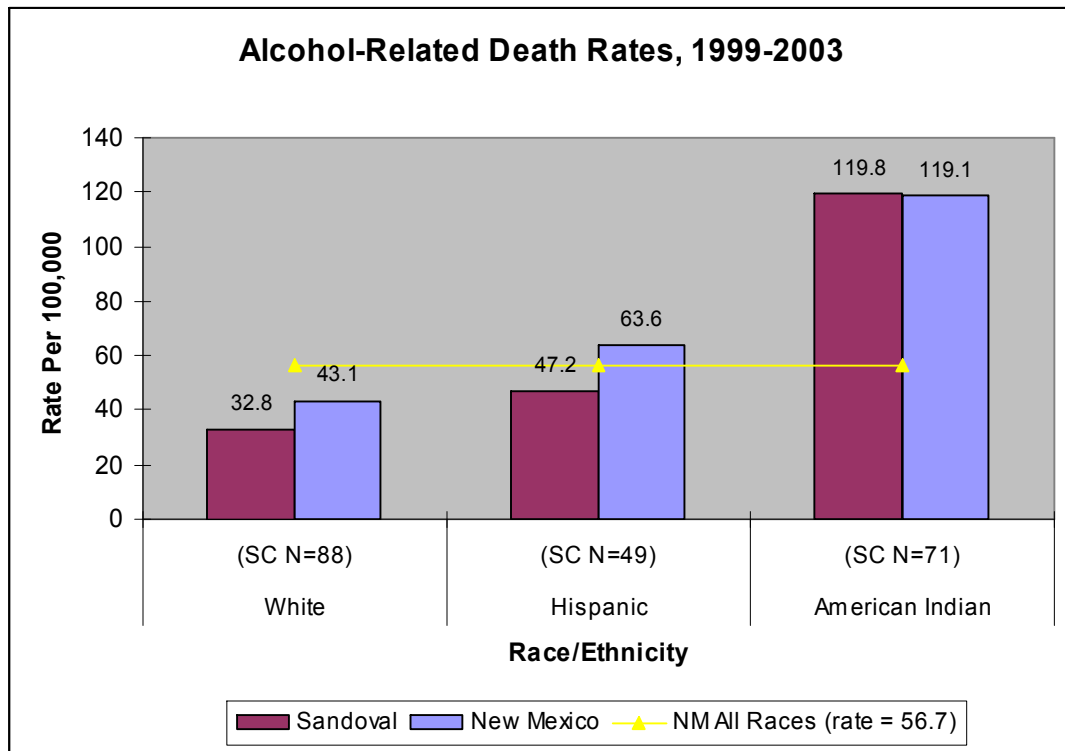
There are two important surveys that are conducted on a regular basis in New Mexico that address behavioral health issues and related injuries. Results of these surveys are posted on the NM DOH web site. Currently available data for Sandoval County for 2003 is included below. As other data becomes available for the County it will be posted on the Alliance web site.

- The New Mexico Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide surveillance system that collects data on the prevalence of health conditions in the population and behaviors that affect risk for disease. Behavioral health topics in the 2004 NM BRFSS included,
 - Tobacco Use
 - Alcohol consumption, and
 - Family Planning

- The New Mexico Youth Risk and Resiliency Survey (NM YRRS) is a survey of risk behaviors and protective factors among New Mexico public high school students (grades 9 – 12). The survey is conducted in the fall semester of odd numbered years, the list year data is available is for 2005. Topics covered are:
 - Risk behaviors (behaviors contributing to unintentional injury, suicidal ideation, tobacco use, alcohol and drug use, sexual activity, nutrition, physical activity, body weight control, and
 - Protective factors (relationships with family, school, adults in the community, peers, involvement in the community, constructive use of time, and life skills.
 - Alcohol Abuse

The abuse of alcohol and other drugs is one of New Mexico's most serious problems; the impacts of alcohol and illicit drugs lead to premature death, illness, crime, domestic violence, motor vehicle crashes, and the incarceration of large numbers of New Mexicans. Nationally, in any one year nearly 4.5% of the population could be given a diagnosis of alcoholism, and 1.8% is dependent on drugs. New Mexico has the second highest death rate in the nation from alcohol-related causes. Alcohol-related deaths include chronic diseases, particularly chronic liver diseases (CLD) and injury deaths. Injury deaths include motor vehicle crashes, suicide, accidental falls, homicide, and alcohol poisoning.

Figure V - 1 Alcohol-Related Deaths



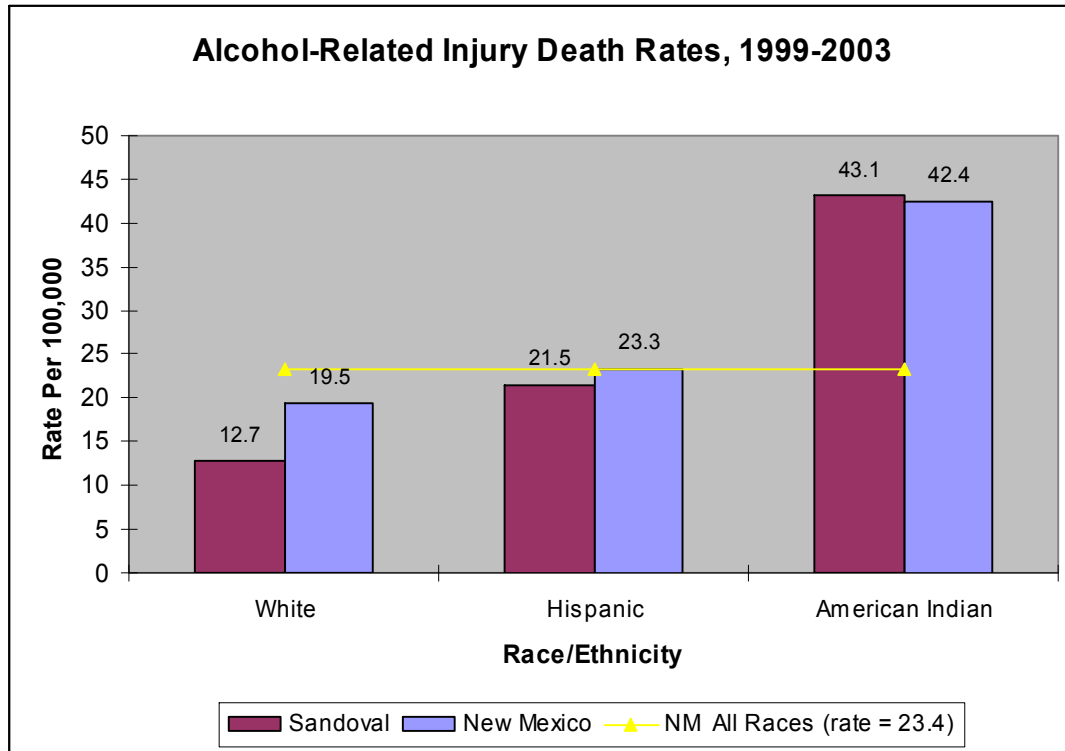
Note: Includes chronic diseases, particularly chronic liver diseases and injury deaths.

Source: NM State Epidemiology Profile, Substance Abuse Epidemiology Department, NMDOB, Spring, 2005.

Sandoval County’s alcohol-related (A-R) death rates for Whites and Hispanics are below the state average for all races, and below the state average for Whites and Hispanics (Figure V-1). The rates for American Indians are substantially higher than the state rates for all races and match the rates for American Indians in New Mexico.

The rate of deaths from A-R chronic diseases for American Indians is more than twice the state rate for all races. The rate for Hispanic males is 1.3 times the state rate for males of all races. The rate for Sandoval County Hispanics is below the state rate for all races. Acute alcohol abuse is defined as consuming more than 5 drinks over a period of several hours. The outcomes from this “binge drinking” in New Mexico are among the worst in the nation, more than 1.5 times the national rate. Binge drinking can affect long-term health, but it is most closely associated with injury deaths.

Figure V - 2 Alcohol-Related Injury Death Rates



Source: NM State Epidemiology Profile, Substance Abuse Epidemiology Department, NMDOB, Spring, 2005.

The leading cause of injury deaths is motor vehicle crashes. On a statewide basis, motor vehicle crash death rates are elevated among both male and female American Indians, particularly males between the ages of 15 and 44 years. These rates are also elevated for Hispanic and white males between the ages of 15 and 24 years. Other major causes of injury death include suicide, homicide, falls, and poisoning, all of which are more likely to occur when an individual is under the influence of alcohol or drugs (Figure V-2).

Given New Mexico's high rates of A-R deaths, it is surprising that according to the NMDOH Behavior Risk Factor Surveillance System Report, binge drinking in New Mexico was less commonly reported than in the rest of the nation. In New Mexico, 14.4% of adults reported binge drinking in the past 30 days; the national percentage was 15.6%. Among New Mexico respondents, 18.3% of Hispanics, 11.9% of Whites, and 9.2% of American Indian respondents reported such behavior. Given the injury outcomes for the state, these reports are puzzling.

SMOKING

The leading causes of smoking related deaths include chronic airway obstruction, lung cancer, heart disease, bronchitis, and emphysema. The New Mexico smoking death rate is lower than the nation's, and Sandoval County's rates for Hispanic and American Indians are lower than the state's rate. The rate for Sandoval County Whites and New Mexico Blacks is elevated.

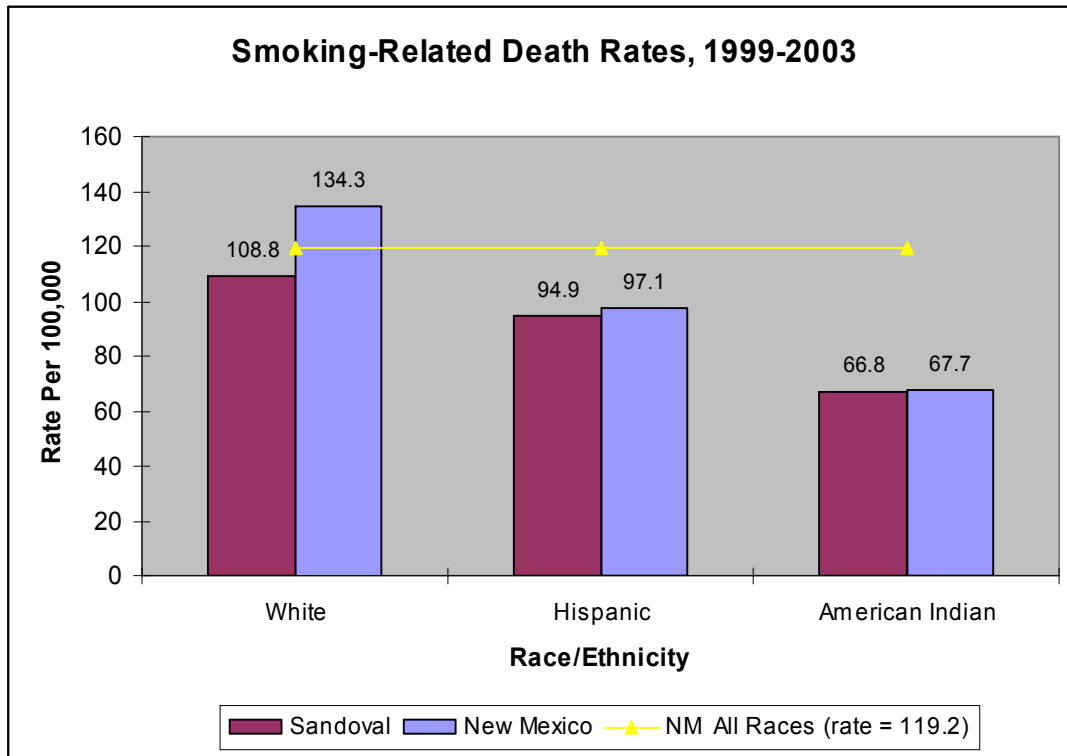


Figure V - 3 Smoking-Related Deaths

Smoking rates are defined as having smoked more than 100 cigarettes in a lifetime, and currently smoking. According to the NM BRFSS Report, 20.7% of Whites, 21.7% of Hispanics, and 19.4% of Native Americans reported smoking in the past month. In Sandoval County, 20.8% of Whites, 17.4% of Hispanics, and 36.1% of American Indians reported smoking. The high percentage of American Indians reporting smoking does not correspond with the relatively low death rates from smoking among American Indians. Reported smoking among youth continues to be high in New Mexico, particularly among American Indians and Blacks (Figure V-4).

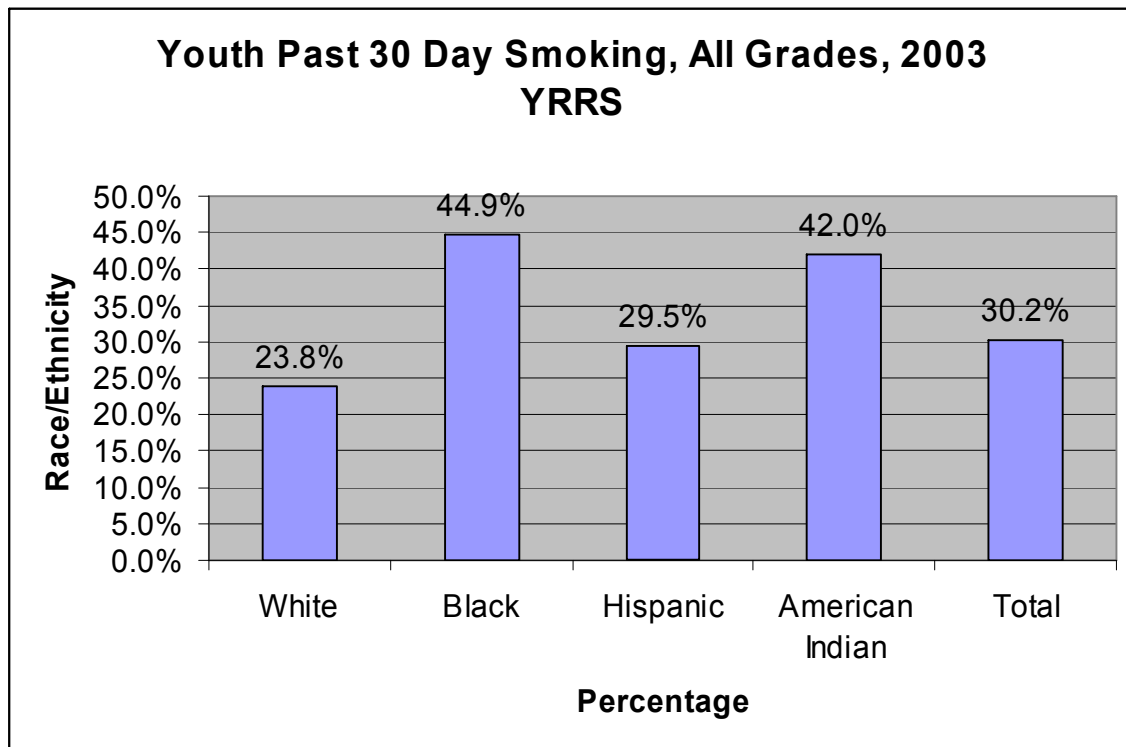


Figure V - 4 NM Youth Past 30 Day Smoking

DRUGS

New Mexico has had the highest drug-related deaths in the nation, mostly drug overdose. 65% of overdose deaths involved illicit drugs; 35% involved prescription drugs. 16% of drug-related deaths are suicides. The state rate of drug related deaths is 16.2 per 100,000. The Sandoval rate is 8.9. However, the rate for Hispanics is 15. Although below the state rate, this is a matter of concern.

Reported past 30 day drug use by high school students is more prevalent in New Mexico (29%) than in the U.S. (22.4%). Sandoval County's rates are slightly higher than the state rate, at 30.5%. The past 30 day cocaine use in New Mexico is more than two times in national rate. The past 30 day use of coke, methamphetamine, or inhalants for the state is 13.9%. In Sandoval County, 11.6% of youth reported using these drugs. Statewide, the rates are: Blacks (19.6%), American Indians (16.6%), Hispanic (14.2%), and Whites (9.4%).

Substance Abuse During Pregnancy

“Prenatal exposure to alcohol is among the most commonly identifiable causes of mental retardation and neurodevelopmental disorders. There is no known safe level of prenatal alcohol consumption or safe time during pregnancy to drink. For 2000, over 46% of mothers drank alcohol during the three months before pregnancy and only 18% of mothers had confirmed their pregnancy by the third week of pregnancy. Even among mothers who intended their pregnancy, over 40% drank alcohol in the three months before pregnancy and 20% of pregnant women admitted current drinking. The percent of mothers who drank alcohol three months prior to pregnancy has increased since 1997. In 2000, the prevalence of fetal alcohol syndrome (FAS) in New Mexico was similar to the national rate of 1.0 per 1,000 births. Each year in New Mexico about 36 children are born with FAS and another 72 are born with an Alcohol- Related Birth Defect (ARBD). FAS and ARBD are 100% preventable.”¹

MENTAL HEALTH

Mental health is fundamental to overall health; the qualities of positive mental health are essential to leading a healthy life. Many people suffer from stress, depression and other mental/emotional problems, some chronically and some on a periodic basis. Others suffer from Serious Mental Illness (SMI): schizophrenia, manic-depressive disorder, major depression, panic disorder, or obsessive-compulsive disorders. People with SMI usually often have difficulty in functioning in day-to-day-life.

In March, 2007, Value Options was asked to provide summaries of services reimbursed in Sandoval County by community, age, total amount reimbursed, number of unduplicated individuals served, amount reimbursed to each agency, and funding source. In April, Value Options responded that they were in the process of negotiating their contract with the State and therefore the data could not be released. When the data becomes available it will be posted on the Health Alliance web site.

Adults

In the 2003 New Mexico BRFSS, 9.3% of men and 12.7% of women reported that their mental health was not good in the past 30 days.² It is estimated that 3% Americans have some form of SMI.³ One of the most commonly experienced health-related limitations on work among adult welfare recipients is mental illness. Most studies estimate that between 10% and 20% of the welfare population has a substance abuse problem. Some of the hard-to-serve welfare recipients are affected by co-occurring disorders,” such as a mental health problem coupled with a substance abuse problem.⁴

An estimated 16% of incarcerated people have SMI. In many of these cases, mental health treatment or confinement in a mental hospital would be more effective.⁵ The National Alliance for the Mentally Ill (NAMI) reports a recent settlement regarding “inhumane treatment” of mentally ill inmates at the Santa Fe County jail. Part of the settlement was implementation of better pre-admission screening and improved staffing⁶.

In 2007, the New Mexico legislature allocated funds to Sandoval County to establish a Mental Health Court. The purpose of this program will be to divert more cases from the criminal justice system by increasing recognition of SMI. One problem in implementing this program is the lack of mental health treatment facilities in Sandoval County.⁷

NAMI recently prepared assessments of each state's mental health service⁸ system for 2006. New Mexico ranked 51st in per capita mental health spending, and 47th in total spending for mental health services. New Mexico's suicide rate was the 5th highest in the nation. NAMI noted that New Mexico is trying several innovative strategies, including the development of the Behavioral Health Purchasing Collaborative (BHPC). BHPC combines resources from 18 state agencies into a single system. A private company, Value Options, manages the system by implementing evidence based practices. The state was also the first to give medication-prescribing privileges to psychologists in response to a severe shortage of psychiatrists. Both the BHPC and the medication-prescribing privileges are untested innovations that require careful monitoring.⁹

Perinatal depression

Maternal depression negatively impacts infant's physical, social and emotional development, the family's ability to function, and too often goes undetected or unacknowledged. Beginning in 2004, the NM PRAMS survey began to include questions about maternal depression. The results are presented in Table V-1. The Sandoval County Family Support Program will be instituting depression screenings for WIC mothers by fall 2007. As results of these screenings become available they will be posted on the Health Alliance web site.

Table V - 1 New Mexico mothers reporting symptoms of depression: 2 and 6 months after birth of baby

AGE	
15-19 year old mothers	16.2%
25-34 year old mothers	13.9%
RACE/ETHNICITY	
Native American women	15.7%
Hispanic white women	14.9%
Non-Hispanic White women	10.1%
EDUCATIONAL LEVEL	
Educated beyond high school	8.9%
With a high school education	15.4%
Did not complete high school	16.6%
MARITAL STATUS	
Mothers who were not married	16.5%
Married mothers	10.1%
INSURANCE STATUS	
Mothers with private insurance	7.4%
Mothers with Medicaid	15.8%
Mothers no insurance or payer of prenatal care	17.3%

NM PRAMS, year 2004. "Lower" and "Upper" refer to the error margin of the 95% confidence interval;

a strikethrough indicates a large margin and the need to use the data with caution. Number of respondents=1420, population=26702.

Children

Population studies show that at any one time between 10 and 15 percent of the child and adolescent population have some symptoms of depression. Based on these percentages, and on the 2000 population census, between 2600 and 3800 Sandoval County children had some symptom of depression in 1999. The prevalence of full-fledged diagnosis of major depression among children ages 9 to 17 has been estimated at 5%¹⁰. One study reported that 7% of adolescents diagnosed with major depression committed suicide sometime later – a rate five times as high as a control group without depression¹¹. Nationally, the suicide rate for persons aged 15-24 has tripled since 1950.

In 1999, 1165 Sandoval County children were diagnosed with emotional/behavioral conditions at clinics¹². These children represent 30-45% of the estimated children that had some symptoms of depression. In New Mexico, as of 1997, suicide is the 2nd leading cause of death for adolescents and young adults of all races ages 15-24 and 3rd cause of death for 5-14 year olds. From 1996-2000 an average of three Sandoval County youth committed suicide each year¹³.

Suicides

New Mexico's suicide rate was 18.7 per hundred thousand in 2005, compared to the U.S. rate of 10.9 per hundred thousand. There were 347 suicide deaths in 2005; 34 of them were children. In Sandoval County, there were 13 suicide deaths in 2005, 13 in 2004, 7 in 2003, 15 in 2002, and 14 in 2001.¹⁴ According to the Office of the Medical Investigator (OMI), the suicide rate for Sandoval County was 15.0 between 1999 and 2003¹⁵ (Table V-2). The Office of Injury Prevention reported a crude rate of 11.8 per 100,000 and an age adjusted rate of 11.9 for 2002-2004¹⁶. It is possible that this suggests a downward trend in suicides; however, tests of statistical significance have not been performed. There are noteworthy differences in suicide incidence by race; Whites are more likely to commit suicide than all other races, followed by American Indians.

Table V - 2 Suicide Rates

SUICIDE RATES						
Per 100,000 Residents, Sandoval County and New Mexico						
	White	Black	Hispanic	American Indian	Other	All Races
Sandoval County	15.3	-	11.2	14.5	-	15.0
New Mexico	21.4	13.9	13.9	18.1	11.0	18.7

Source: New Mexico State Epidemiology Profile, Substance Abuse Epidemiology Department, New Mexico Department of Health, Spring, 2005.

In New Mexico, suicide and homicide combined account for one out of three injury deaths. Alcohol was found in 47% of suicides¹⁷, 60% of suicides caused by guns in 2002. Other mechanisms of suicide included hangings (18%), poisoning (17%) and other means (5%). Other mechanisms of homicide included stabbings (20%), beatings (19%), strangling (5%) and other (8%).

INJURIES/VIOLENCE

New Mexico consistently has been one of the worst states for injury death. In 2004, the latest year for which data is available, the State led the nation in injury deaths. Injury is the leading cause of death for children and young adults, and the suffering caused by long-term disabilities due to injury is enormous. Motor vehicle crashes, suicide, and homicide are the leading causes of injury death. There are approximately 40,000 motor vehicle deaths, 30,000 suicides, and 18,000 homicides annually in the United States.¹⁹ Other major causes of injuries are falls, poisoning, drowning, and fires.

Each year, an estimated one in four New Mexico residents requires medical attention due to injury, and the total cost of injury in this state is estimated to be \$1.6 billion. The

non-fatal injury hospitalization rate in Sandoval County is slightly below the state average.

Table V - 3 Non-Fatal Injury Hospitalizations

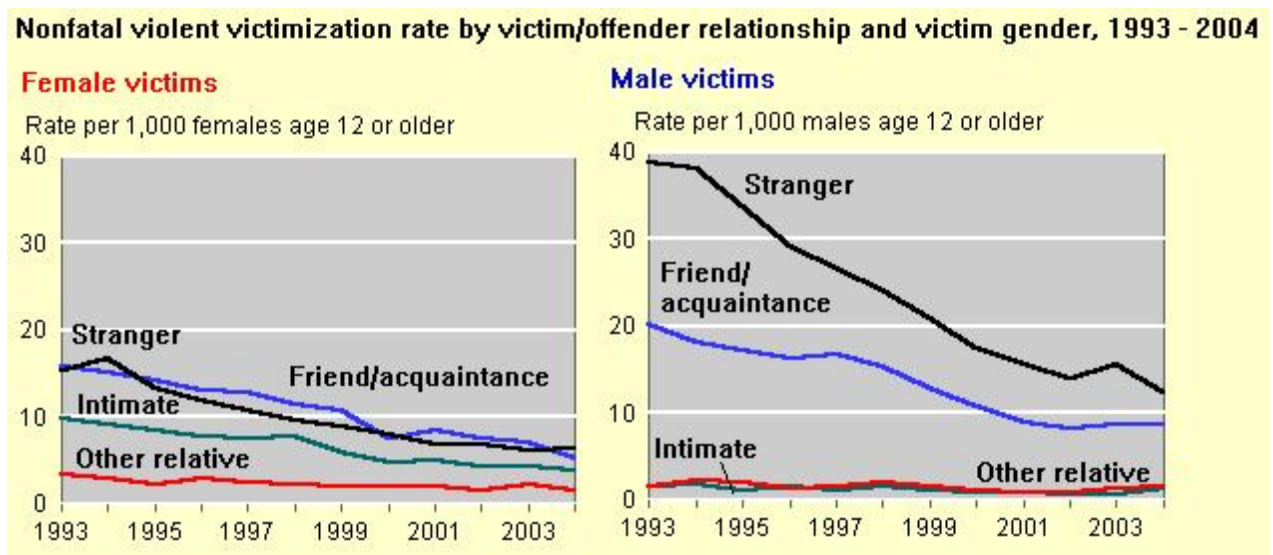
Non-Fatal Injury Hospitalizations Average Annual Number and Rate per 10,000 population, 2001-03				
	Average Number		Age-Adjusted Rate	
	1998-2000	2001-2003	1998-2000	2001-2003
New Mexico	30596	27,737	58.5	50.9
Sandoval County	1432	1308	56.9	47.5

Sources: 1) 1998-2000, Sandoval County Profile, 2003, NM Department of Health. 2) 2001-3: Office of Injury Prevention, New Mexico Department of Health, April 19, 2007. (Data source for all years is New Mexico Health Policy Commission.) Note: hospitalization numbers may be underrepresented due to missing data for about 25% of the “cause of injury” field in the data files.

Injury is generally grouped into two major categories: unintentional and intentional. Unintentional injuries include motor vehicle crashes, most falls, poisoning, drowning, and fires. Intentional injures are homicides and suicides. Whether intentional or unintentional, most injuries are preventable.

Collecting data about homicides and suicides is relatively straightforward. Data regarding nonfatal violence is harder to obtain. Nonfatal violence can have long-term physical and emotional effects. The extent of nonfatal violence is difficult to measure, as many cases go unreported. However, among reported cases, there has been a decline since 1993 regardless of the relationship between the victim and the offender.

Figure V - 5 Non-fatal violent victimization rate [\[D\]](#)



Source: U.S. Department of Justice, Bureau of Justice Statistics.

Unintentional Injury

New Mexico’s unintentional injury death rate was 61 per hundred thousand in 2002, the highest in the nation.²⁰ Although injury deaths are the leading cause of death for younger

people, injury deaths increase with age, and persons 65 and older have the highest unintentional injury death rates, 123 per hundred thousand.

Motor vehicle crashes account for the majority of unintentional injury deaths. New Mexico, like the rest of the nation, has experienced noteworthy decreases in motor vehicle deaths; the death rate has dropped 29% since 1981. This is generally attributed to increased seat belt and child safety seat use, as well as improved emergency response and medical care. Nonetheless, motor vehicle crashes continues to be a major issue in the state and in the nation. In Sandoval County between 2002 and 2004, on average, twenty people died per year in motor vehicle crashes. Many who are involved in traffic crashes are injured seriously enough to require hospitalization (Table V – 4). The Sandoval county rate of vehicle traffic fatalities is 13% higher than the State rate. Alcohol is involved in about 10% of all motor vehicle crashes in New Mexico. It is involved in nearly 50% of fatal crashes (Figure V – 7).

Table V - 4 Motor Vehicle Traffic Fatalities 100,000 population

Motor Vehicle Traffic Fatalities Average Annual Number and Rate per 100,000 population, 2002-04			
	Average Number	Crude Rate	Age-Adjusted Rate
New Mexico	405.3	21.3	21.3
Sandoval County	19.7	19.9	20.1

Source: Office of Injury Prevention, New Mexico Department of Health, April 19, 2007. Data source is New Mexico Bureau of Vital Records and Health Statistics.

Table V - 5 Motor Vehicle Traffic Fatalities 10,000 population

Motor Vehicle Traffic Injury Fatalities Average Annual Number and Rate per 10,000 population, 2001-03			
	Average Number	Crude Rate	Age-Adjusted Rate
New Mexico	1039	5.5	5.5
Sandoval County	59.7	6.2	6.2

Sources: 1) 1998-2000, Sandoval County Profile, 2003, NM Department of Health. 2) 2001-3: Office of Injury Prevention, New Mexico Department of Health, April 19, 2007. (Data source for all years is New Mexico Health Policy Commission.) Note: hospitalization numbers may be underrepresented due to missing data for about 25% of the “cause of injury” field in the data files.

Figure V - 6 Alcohol involved Crashes

Source: Injury Hurts New Mexico, New Mexico Department of Health, February, 2005.

Between 1987 and 2002, the poisoning death rate has increased 171% in New Mexico and 70% for the United States, primarily due to drug overdoses. The Office of the Medical Investigator reports 13 drug-caused deaths in Sandoval County. (Note: Drug caused deaths include both unintentional and intentional deaths). 21 Poisonings are now the second leading cause of death in New Mexico. It is the number one cause of injury death for people between the ages of 25 and 64 years and a leading cause for all ages except the 5-9 age group.

Figure V - 7 Poisoning Death Rates

Source: Injury Hurts New Mexico, New Mexico Department of Health, February, 2005

Fall death rates have increased 144% in New Mexico and 31% in the United States. This may be due to the increase in the number of elder persons. Falls are the leading cause of injury death for people over the age of 65.

Figure V - 8 Causes of Death in 65+

Source: Injury Hurts New Mexico, New Mexico Department of Health, February, 2005.
Intentional Injury: Homicide, Suicide, and Firearms

In 2002, New Mexico, Nevada, and Alaska lead the nation in violence-related deaths. Each of these states had a violence related death rate of 28 per hundred thousand. The U.S. rate was 17 per hundred thousand.²² New Mexico's homicide rate was 8.4 per hundred thousand in 2005, compared to the national rate of 6.1 per hundred thousand. In 2005, there were 179 homicides; 30 were children. Although the overall homicide rate decreased between 2004 and 2005, the number of homicides among children increased by 7.1%. 33% of homicide victims were under the age of 5. In Sandoval County, there were 4 homicides in 2005, 8 in 2004, 5 in 2003, 6 in 2002, and 3 in 2001.²³ The Office of Injury Prevention has calculated a crude rate of 7.0 per 100,000 for 2000-2002, compared to the state rate of 8.5 per 100,000 population.²⁴

In New Mexico, suicide and homicide combined account for one out of three injury deaths. Incidents of violence often involve people who have been drinking or using drugs; in New Mexico in 1998, alcohol was found in 47% of suicides and 55% of homicide victims²⁵. 60% of suicides and 48% of homicides were caused by guns in 2002.

Table V - 6 Sandoval County Injury Deaths by Mechanism

SANDOVAL COUNTY INJURY DEATHS BY MECHANISM 1999-2001			
Mechanism of Injury	Number of Deaths in 3 Years	Age Adjusted Rate/100,000* Per Year	New Mexico Age Adjusted Rate/100,000* Per Year
Cut/pierce	1	0.4	1.8
Drowning	2	0.8	1.4
Fall	23	10.4	10.2
Fire/burn	0	0.0	1.0
Firearm	39	15.2	15.7
Motor Vehicle Traffic	50	19.7	22.1
Poisoning	23	8.6	17.0
Other**	33	12.8	14.0
All Injury	171	67.9	83.2

NON-FATAL INJURY HOSPITALIZATIONS 1998-2000		
Number/Rate	Sandoval County	New Mexico
Total Number of Hospital Discharges in 3 Years	1,432	30,596
Age Adjusted Rate per 100,000* Population per Year	568.7	585.2

NOTE: Injury as the principal diagnosis of discharge.
* Rates are adjusted to the 2000 U. S. Standard Population.

SOURCE: NM Health Policy Commission

Domestic Violence

Intimate Partner Violence

Domestic violence is violence that occurs between anyone living in the same house, but the most common victims are women and children. Intimate partner violence is defined as violence between current or former spouses, boyfriends or girlfriends, including those in same-sex relationships. The U.S. Department of Justice, Bureau of Justice Statistics, reports a steady decline in intimate partner violence in the United States. In 1993, the rate was 5.8 per hundred thousand; in 2004, it was 2.6 per hundred thousand.²⁶

In 2005, police responded to 28,256 incidents of domestic violence in New Mexico, a rate of 26 per 1000 persons. This represented a 4.8% increase over 2004. However, the number of adult and children receiving services declined in the same period. 73.5% of victims were women. Injuries were reported in 28% of the police reports that documented injury status. Of 5,686 service provider reports, 1,926 (34%) adult victims reported being physically injured from the domestic assaults. Of those seeking services, 51% claimed that they had reported their domestic violence incident to police.²⁷ A weapon was used in 38% of incidents reported to police. Drug or alcohol use was documented in 21% of incidents.²⁸

In Rio Rancho, the Department of Public Safety responded to 1421 reports of domestic violence in 2006, compared to 1467 during the calendar year 2000²⁹. Given the populations growth in Rio Rancho, this represents a noteworthy decline in the rate of police-involved responses to domestic violence. The domestic violence rate for Sandoval County was estimated to fall in the range of 5 to 9.9, one of the lower rates for the State.³⁰ Sandoval County's domestic violence victims are served by Haven House. In 2005, Haven House served 757 adult victims and 173 child witnesses.

According to the New Mexico Attorney General's 1996 Task Force Report on Violence against Women, 46% of all female homicides in New Mexico were the result of domestic violence. Nationally, that figure is 33%. The New Mexico Coalition Against Domestic Violence estimates that there were 29 deaths due to domestic violence in 2005. This

estimate is based on reviews of newspapers throughout the state. Nationally, there has been a decline in the number of homicides of intimates, particularly males.

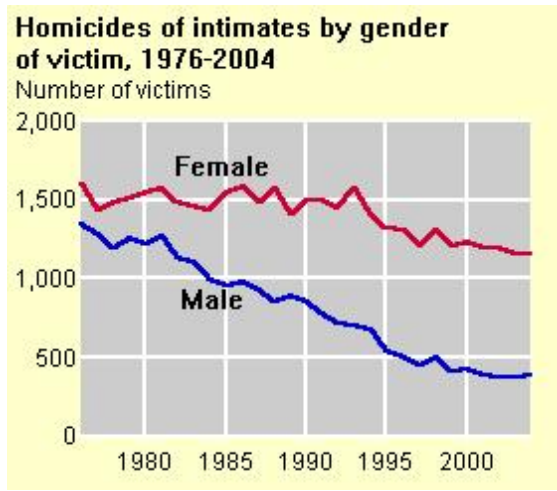


Figure V - 9 Homicides of inmates by gender
Source: U.S. Department of Justice, Bureau of Justice Statistics

Children

Domestic violence affects children who grow up in violent homes. Children who witness abuse are 1500% more likely to be abused or neglected.³¹ The number of children who witness abuse is not known, but if they are present in a household in which abuse is occurring, it is likely that they have witnessed some abuse. Approximately 40% of households with intimate partner violence victims have children under the age of 12.

The New Mexico Coalition Against Domestic Violence estimates that there were 4,600 children present at the scene of domestic violence in this state in 2005. Service providers reported that 55% of children who witnessed domestic violence were under the age of 12. 26% of these children experienced physical abuse and 5% experienced sexual abuse.³²

In 2004, New Mexico Children, Youth and Family Department, Child Protective Services Division investigated 556 cases of potential child abuse. 138 of these cases were substantiated.³³ The Rio Rancho Police Department responded to 148 reports of child abuse in 2006. Forty six incidents of potential child abuse or neglect were initiated by police in Rio Rancho in the same year due to conditions found while investigating other incidents. (RRPD, February 9, 2007). It is important to note that an investigation is one in which the investigator was unable to determine that the allegations were true, but it does not prove that the allegations were false.

In their annual report of July 1, 2001 through June 30, 2002³⁴, the New Mexico Child Abuse and Neglect Citizens Review Board (CRB) indicated 844 cases of child abuse/neglect in Sandoval County. These numbers are undoubtedly much higher as many cases go unreported.

This document also states that in Sandoval County:

- 41% of the abused and neglected children in this county have parents with substance abuse problems.
- 56% of the abused and neglected children in this county were born drug and/or alcohol affected.
- 22% of the abused and neglected children in this country have been affected by domestic violence.
- 89% of the abused and neglected children in this county have been diagnosed with behavioral and/or emotional problems."

Sexual Assault

In 2002, there were 2,815 sex crimes reported in New Mexico. Nearly half of these crimes were criminal sexual penetration. 28% involved criminal sexual contact with a minor.³⁵ Many sex crimes go unreported, so this is an under representation of the true magnitude of the problem. Sources estimate that one in five women in New Mexico will be sexually assaulted in their lifetime, compared to one in seven nationally.

Figure V - 10 Type of Sex Crime Reported to Law

Source: Injury Hurts New Mexico, New Mexico Department of Health, February, 2005.

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- ¹ The Burden of Substance Abuse in New Mexico, 2004, New Mexico DOH, Substance Abuse Epidemiology Unit, Office of Epidemiology, Public Health Division, New Mexico Department of Health.
- ² Health Behaviors and Conditions, 2003, New Mexico Department of Health, http://www.health.state.nm.us/pdf/HealthBehaviors-and-Conditions_2003.pdf
- ³ Interview with John Snowden, Advocate for the Seriously Mentally Ill, 994-0423, April, 2007.
- ⁴ Understanding Health-Status Barriers that Hinder the Transition from Welfare to Work, by Sarah R. Callahan, for the National Governors' Association
- ⁵ Interview with John Snowdon, Advocate for the Seriously Mentally Ill, April, 2007.
- ⁶ Grading the States, 2006, National Alliance for the Mentally Ill, <http://www.nami.org>.
- ⁷ Op cit.
- ⁸
- ⁹ Op cit
- ¹⁰ U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General, 1999, on line at www.surgeongeneral.gov/library/mentalhealth/
- ¹¹ U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General, 1999, on line at www.surgeongeneral.gov/library/mentalhealth/
- ¹² NM 1999 Children's Chronic Condition registry
- ¹³ NM Department of Health, Office of NM Vital Records and Health Statistics
- ¹⁴ Op cit.
- ¹⁵ Source: New Mexico State Epidemiology Profile, Substance Abuse Epidemiology Department, New Mexico Department of Health, Spring, 2005.
- ¹⁶ Sandoval County Injury Deaths and Hospitalizations, report prepared by the Office of Injury Prevention, New Mexico Department of Health, April 19, 2007.
- ¹⁷ Office of the Medical Investigator, Annual Report 1998, page 42
- ¹⁸ Injury Hurts New Mexico, New Mexico Department of Health, February, 2005
- ¹⁹ (National Violent Injury Statistics System, <http://www.hsph.harvard.edu/hicrc/nviss/>).
- ²⁰ Op. Cit.
- ²¹ Annual Report, 2005, Office of the Medical Investigator, <http://omi.unm.edu>.
- ²² Injury Hurts New Mexico, New Mexico Department of Health, February, 2005.
- ²³ Annual Report, 2005, Office of the Medical Investigator, <http://omi.unm.edu>.
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- ²⁹ Rio Rancho Department of Public Safety, February 16, 2001 and February 9, 2007.
- ³⁰ Op. cit.

³¹ New Mexico Coalition Against Domestic Violence Fact Sheet, 2000.

³² (NMCADV)

³³ New Mexico Children, Youth and Families County Reports, <http://www.cyfd.org>

³⁴ New Mexico Citizen's Review Board Annual Report, 2003,
<http://www.uky.edu/SocialWork/crp/states/nm/NM2003annualreporta.pdf>

³⁵ Source: Injury Hurts New Mexico, New Mexico Department of Health, February, 2005.