

New Mexico Violent Death Reporting System



Surveillance Report
2007 Violent Deaths



State of New Mexico
Susana Martinez, Governor

New Mexico Department of Health
Catherine D. Torres, MD, Secretary

Epidemiology and Response Division
C. Mack Sewell, DrPH, MS, Director, State Epidemiologist
Michael G. Landen, MD, MPH, Deputy State Epidemiologist
Toby Rosenblatt, MPA, Chief, Injury and
Behavioral Epidemiology

New Mexico Violent Death Reporting System Team

The New Mexico Violent Death Reporting System (NM-VDRS) is a joint project of the New Mexico Department of Health (NMDOH) Office of Injury Prevention and Bureau of Vital Records and Health Statistics, and the New Mexico Office of the Medical Investigator in cooperative agreement with the Centers for Disease Control and Prevention (CDC).

The 2007 NM-VDRS was funded through CDC Grant #U17/CCU624126.

For more information on the NM-VDRS, please visit the NMDOH health data page at <http://nmhealth.org/ERD/healthdata/hdata.shtml> and go to the Data Menu on the right to select Injury Health Data.

Table of Contents

Executive Summary 4

Overview of NVDRS 5

Methodology 6

Section I: Violent Death Overall 9

Section II: Suicide 19

Section III: Homicide 32

Section IV: Undetermined Intent Death 43

Section V: Firearm-Related Death 54

Glossary 64

Acknowledgments 68

Executive Summary

The New Mexico Violent Death Reporting System (NM-VDRS) is an incident- and population-based surveillance system designed to collect accurate, in-depth, and timely information about every violent death that occurs in New Mexico. The primary purpose of this surveillance system is to increase the understanding of circumstances that contribute to violent deaths in order to encourage development and implementation of more effective evidence-based violence prevention strategies. Violent deaths include suicides, homicides, legal intervention deaths (excluding judicial executions), deaths due to undetermined intent, unintentional deaths due to firearms, and terrorism-related deaths. The NM-VDRS combines data from numerous sources and for each violent death incident, information is abstracted on all victims, suspects, circumstances, relationships, and weapons. Collecting information from numerous sources allows for more certainty in the identification of deaths due to violence, as well as more reliability and completeness in the information collected.

Summary of Findings

In 2007, 679 violent deaths occurred in New Mexico: 60.9% were suicides, 25.5% were homicides, 12.1% were deaths of undetermined intent and less than 1% of deaths were classified as unintentional firearm deaths. Eight incidents involved multiple victims, either as multiple victim homicides or a homicide followed by a suicide. New Mexico residents accounted for 95.0% of the violent deaths that occurred in 2007 (crude rate 31.4/100,000 population).

Taking all types of violent death into account, the highest percentage of decedents was found for Whites (46.5%), followed by Hispanics (34.6%) and American Indians (11.8%). Overall, the most commonly used weapon/mechanism of violent death was a firearm, which accounted for more than 42% of violent deaths. Asphyxia (18.0%) and poisoning (16.6%) were the second and third most commonly used weapons/mechanisms.

The male suicide rate (31.8 per 100,000) was more than four times higher than the female rate (7.2 per 100,000). Suicide deaths were highest among Whites (24.1 per 100,000) followed by American Indians (19.4 per 100,000) and Hispanics (14.2 per 100,000). Suicide deaths increased by age group to a rate of 27.7 per 100,000 among adults 45-54 years; rates rose again among adults 75 years and older. Intimate partner problems were the most common reported circumstances among decedents 20-44 years compared to mental health issues for youth 10-19 and adults 45-64 and physical health problems for persons 65 years and older.

Homicide rates also differed by sex, race, and age group. The male homicide rate (12.3 per 100,000) was 3.3 times higher than the female rate (3.7 per 100,000). Homicide rates were highest among Blacks (12.8 per 100,000) and American Indians (10.1 per 100,000) and among persons 20-24 years. Intimate partner violence was the most common reported circumstance for females (35.9%) compared to interpersonal conflict for males (41.1%).

Deaths of undetermined intent were most commonly due to poisoning. Alcohol and opiates were the most common substances detected among decedents in all age groups from 15 to 44 years; antidepressants were the most common substances detected among adults 45-54 years.

Overview of NVDRS

Violence claimed more than 53,000 lives in the United States in 2007[†], yet this preventable public health problem is commonly overlooked. Beginning in 2002, CDC began funding state health departments to collect information on all violent deaths. NVDRS funded six states in 2002 with seven states added in 2003, four more states, including New Mexico, funded in 2004, and an additional two states funded in 2009. Prior to the establishment of the National Violent Death Reporting System (NVDRS) by the Centers for Disease Control and Prevention (CDC) through Congressional appropriations in 2001, the information available on these deaths lacked details relating to the characteristics and circumstances of such incidents. As a result, programs for violence control, injury prevention and policy development were considerably hindered. For the purposes of this report, violent deaths include suicides, homicides, legal intervention deaths (excluding executions), unintentional deaths due to firearms, deaths due to undetermined intent, and terrorism-related deaths. Deaths with assigned manner of undetermined intent within certain cause classifications are included because some have documented circumstances indicative of suicide or homicide but have insufficient evidence to rule the intent (accident, intentionally self-inflicted, or assault).

New Mexico began data collection on January 1, 2005. Reports using 2005 and 2006 data are available online at: http://nmhealth.org/Injury/injury_reports.shtml. This report focuses on the third year of data collection, 2007. More than 87% of the violent deaths that occurred in New Mexico were suicides and homicides, which were also the second and third leading types of death, respectively, for New Mexicans aged 10-34 years¹. The NVDRS is an incident- and population-based surveillance system that collects and links data from numerous sources including coroner or medical examiner records for forensic, pathology, and toxicology information, law enforcement reports, death certificates, state crime laboratories, child death review records, and others into a single record, or incident. For each violent death incident, information is collected on all victims, suspects, circumstances, relationships, and weapons. Combining information from numerous sources allows for a more complete understanding of circumstances surrounding violent death and a better understanding of those most at risk in order to better focus violence prevention efforts and resources.

Although New Mexico is the fifth largest state by land area, with 121,355 square miles, it is the fifteenth smallest state by population (2007 BBER population estimate: 2,053,923). The population is divided nearly evenly between males (49%) and females (51%). Additionally, no single racial/ethnic majority exists: 43% White, 41% Hispanic, 11% American Indian or Alaska Native (AN), 3% Black or African American (AA), and 2% Asian or Pacific Islander (PI). Most (65%) of New Mexicans live in urban areas with the five most populous cities being: Albuquerque, Las Cruces, Santa Fe, Rio Rancho, and Roswell.

[†]Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2007) [cited 2010 August 19]. Available from URL: <http://www.cdc.gov/injury/wisqars/index.html>.

Methodology

The NVDRS is an incident- and population-based surveillance system that collects and links data from numerous sources to form a single record, or incident, which is the unit of surveillance. This violent death surveillance system utilizes a specific software, updated annually, and in addition to the hundreds of variables collected for each incident in all participating states, allows states to add and collect variables of interest to that state. Uniform definitions, coding rules and variable names, and inclusion/exclusion criteria used in the CDC software assures consistency between state data collection systems within the NVDRS. For each violent death incident, information is collected on all victims, suspects, circumstances, relationships, and weapons.

For an incident to meet inclusion criteria for NVDRS, the underlying cause of death must be one of the external causes of death codes listed in Table 1. The textual cause of death assigned by the coroner or medical examiner is translated into an alphanumeric code using the International Classification of Diseases, Tenth Revision (ICD-10) by the agency that issues the death certificate. In New Mexico, this is the Bureau of Vital Records and Health Statistics (BVRHS). By using ICD-10 codes, the data can be compared among states and across countries. For this report, the manner of death is based on abstractor-assigned values (called “death type”), which take into account evidence from all available sources and circumstances. The abstractor must designate a manner consistent with at least one of the source documents. For example, if the medical examiner report ruled the manner of death undetermined intent, but police and field investigator reports suspected suicide, the abstractor would weigh all of the evidence and assign this death as either undetermined intent or suicide. Differences in assigning manner are rare, only occurring in at most a few cases per year (see Glossary, page 64, for manner definitions).

New Mexico has a centralized Office of the Medical Investigator (OMI) that is responsible for investigating every reportable death (violent, unexpected, untimely, or unattended by a physician) occurring in the state with the exception of those occurring on military bases, federal and tribal lands. OMI pathologists assign each death one of five manners: natural, accident, suicide, homicide, or undetermined intent. The cause of death is the weapon/mechanism (e.g. gunshot wound, hanging, etc.). Therefore, identification of violent deaths for inclusion in the New Mexico implementation of the NVDRS program (NM-VDRS) begins at the OMI. Following initial case identification at the OMI, the BVRHS also runs a query for the data year based on ICD-10 codes of NVDRS interest. Based on the results of this query, cases already identified through the OMI are compared with the death certificates fitting NM-VDRS inclusion criteria in order to capture any additional cases/incidents, such as incidents occurring on tribal lands where OMI does not have jurisdiction. Even without an OMI investigation, death certificates are issued for almost every person and are captured by the BVRHS query. The NM-VDRS only includes violent deaths occurring in NM. New Mexico residents who die out-of-state are not issued a NM death certificate and are not included in the case definition. Law enforcement reports are requested from the appropriate jurisdiction to complete the file. A complete list of NM-VDRS partners can be found in Acknowledgments.

Information included in this report of 2007 data is presented using three types of statistics: counts, percentages, and rates. Rates, presented per 100,000 population, were calculated using New Mexico population data from the University of New Mexico Bureau of Business and Economic Research (BBER). Beginning in 2007, BBER implemented a change in its process for

estimating NM population denominators. These changes will affect calculated rates for 2007 and subsequent years. For further information, please refer to the following: <http://ibis.health.state.nm.us/docs/Query/Pop/2007PopDataTechnicalNote.doc>. Although rates calculated based on fewer than 20 cases in the numerator are statistically unstable, they are presented in this report, but should be interpreted carefully. Unless otherwise noted, all rates presented are crude rates, which is a limitation of this report. Crude rates do not take into account variations in the age structure of different population subgroups, which may affect rate calculations. Following similar reasoning, percents based on cell sizes of five or fewer observations should also be interpreted with caution. Rates were calculated by limiting the numerator to only those decedents who were New Mexico residents, although some counts and percentages use both residents and non-residents. Presenting all decedents regardless of residency in certain categories demonstrates the overall burden of risk in New Mexico since 5% of violent death decedents in New Mexico were not New Mexico residents. Categories of age groups presented are those most commonly used in injury and mortality analyses. Race and ethnicity categories were determined by the race/ethnicity listed on the death certificate and are reported according to NMDOH guidelines available at http://ibis.health.state.nm.us/docs/Standards/Race_Guidelines.pdf. Although the population of New Mexico consists primarily of a tri-ethnic distribution (White, Hispanic, and American Indian or Alaska Native), the numbers and rates for Black or African American and Asian or Pacific Islander are also presented.

For each type of violent death incident, certain circumstances or risk factors relating to the event are collected. A circumstance is only marked as true if specifically indicated in the medical examiner field report or law enforcement report; otherwise the circumstance is grouped as no/unknown/missing. The set of circumstances collected for both suicides and undetermined intent deaths is different from the set of circumstances collected for homicide and legal intervention incidents. The set of circumstances collected for unintentional firearm deaths is unique from the circumstances collected for the other types of violent death. The circumstances collected were based on recall of the persons interviewed at the scene and are subjective since answers may differ based on the person providing information to the law enforcement officer or field investigator and the type of violent death that occurred. For example, the reported circumstances surrounding the event may be different depending on whether a family member, friend, neighbor, or coworker was interviewed. In addition, for suicides generally more information is known and more people at the scene are interviewed, whereas for homicides the perpetrator has often fled the scene and there may not be witnesses to provide information about the fatal event. This was especially seen for decedents who were not residents of New Mexico, but died here. Although all answers and interviews were compiled to give the most complete information possible concerning an incident, it is still possible that certain information is missing. For homicides, the total numbers of reported circumstances may not necessarily match numbers in the total in which circumstances were known because some homicide circumstances are text answers, whereas the ones listed are yes/no responses. Therefore, in the circumstance tables, the information presented is likely underreported to some extent. Additionally, reported circumstances were not limited to a single category; multiple circumstances may have been reported for each decedent.

This report provides descriptive information based on the data collected from NM-VDRS for 2007 only. No specific hypotheses were tested.

Table 1. ICD-10 codes used to determine eligibility for NVDRS cases

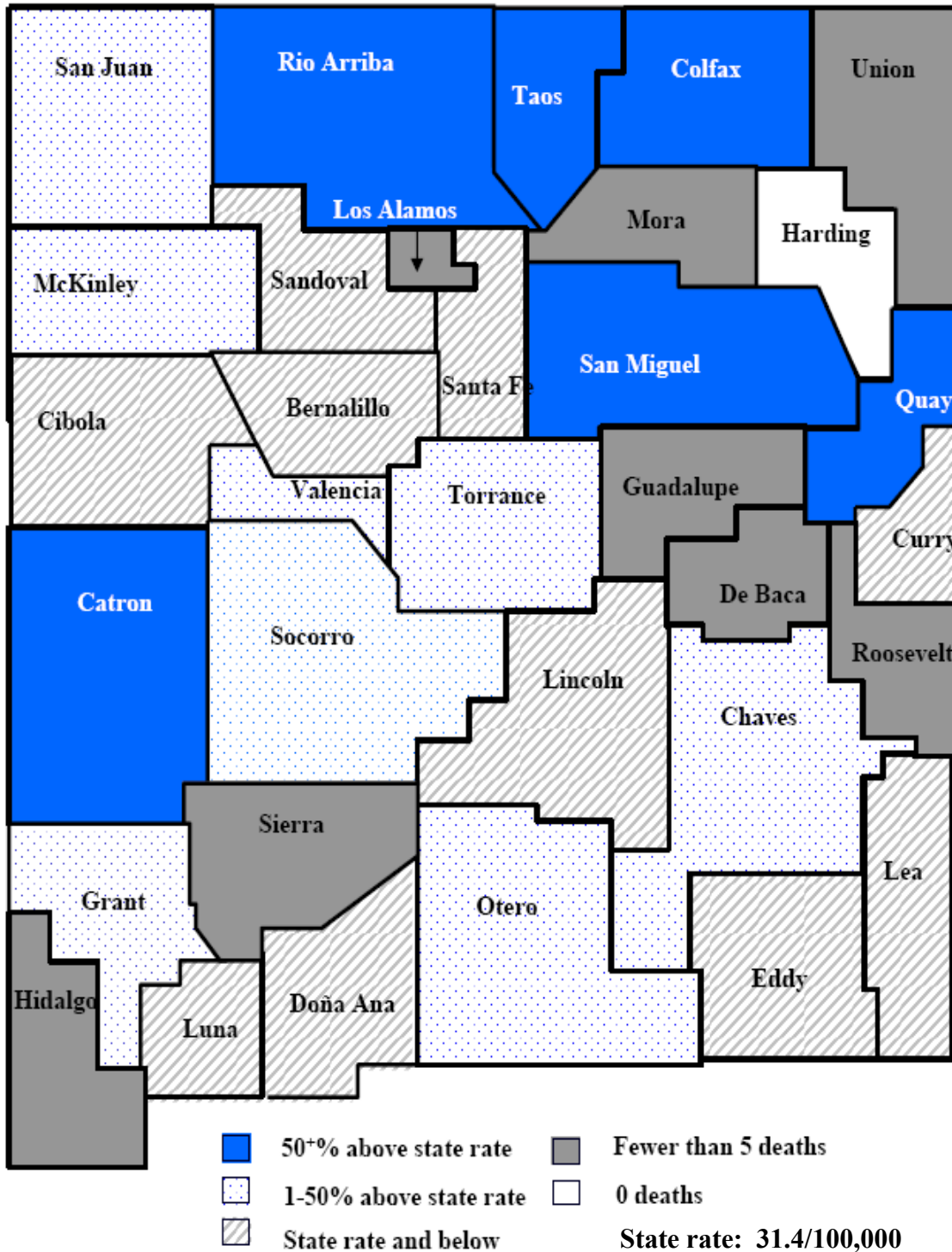
Manner of Death	Death < 1 year after injury	Death >1 year after injury
Intentional self-harm (suicide)	X60- X84	Y87.0
Assault (homicide)	X85- X99, Y00-Y09	Y87.1
Event of undetermined intent	Y10- Y34	Y87.2, Y89.9
Unintentional exposure to mechanical forces (firearms)	W32- W34	Y86 determined to be attributable to firearms
Legal intervention, excluding executions	Y35.0- Y35.4, Y35.6- Y35.7	Y89.0
Terrorism	U01, U03	U02

Note: A definition of ICD-10 can be found in the glossary on page 65.

Section I: Violent Death Overall

The NVDRS defines violent death as a death that results from the intentional use of force or power against oneself, another person, group or community regardless of whether the person(s) using the force intended to kill another person or themselves.

Violent Death Rates by County Compared to State Rate New Mexico, 2007



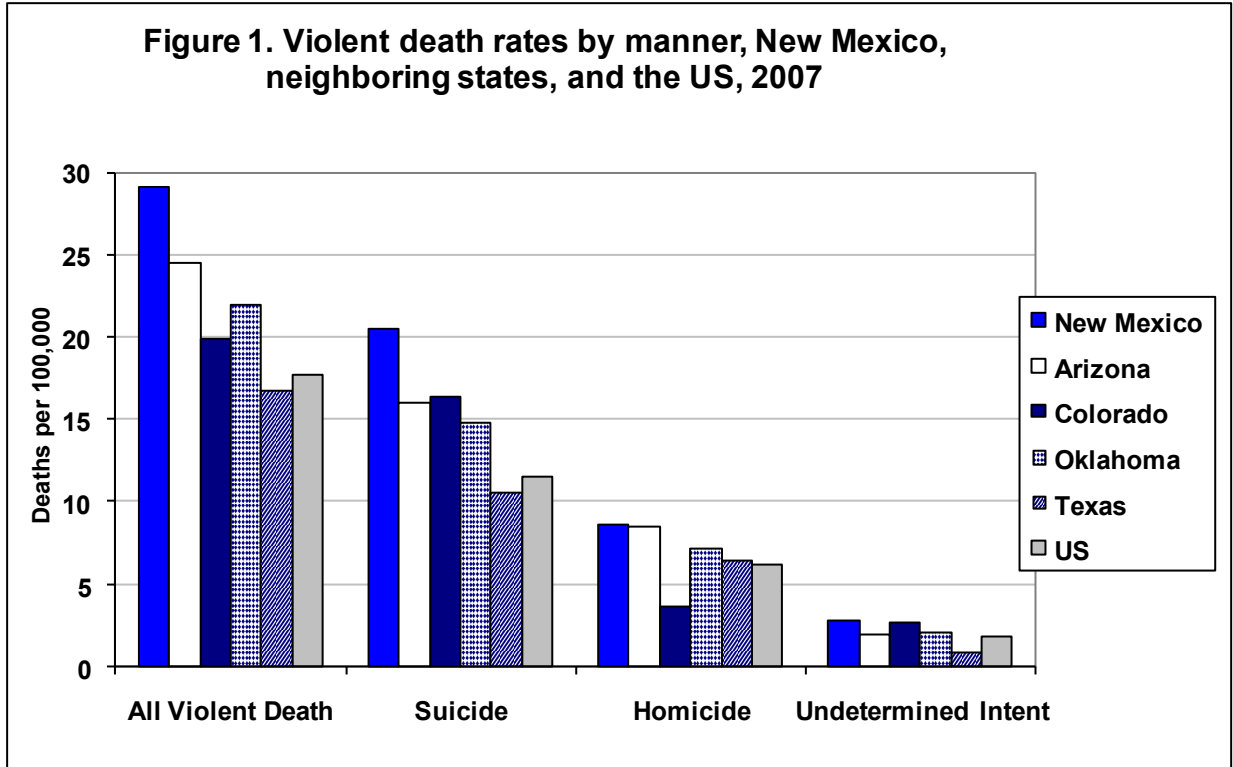
Summary of Violent Deaths

In 2007 New Mexico had the third highest rate of violent death in the U.S.[†] The NM-VDRS captured a total of 679 violent deaths; 645 (95.0%) of these were New Mexico residents (crude rate 31.4 violent deaths per 100,000 population). Cases in which a person was injured in New Mexico, but died in a different state, such as Texas, were not included. Only those violent deaths where the death certificate was issued in New Mexico are included in the system.

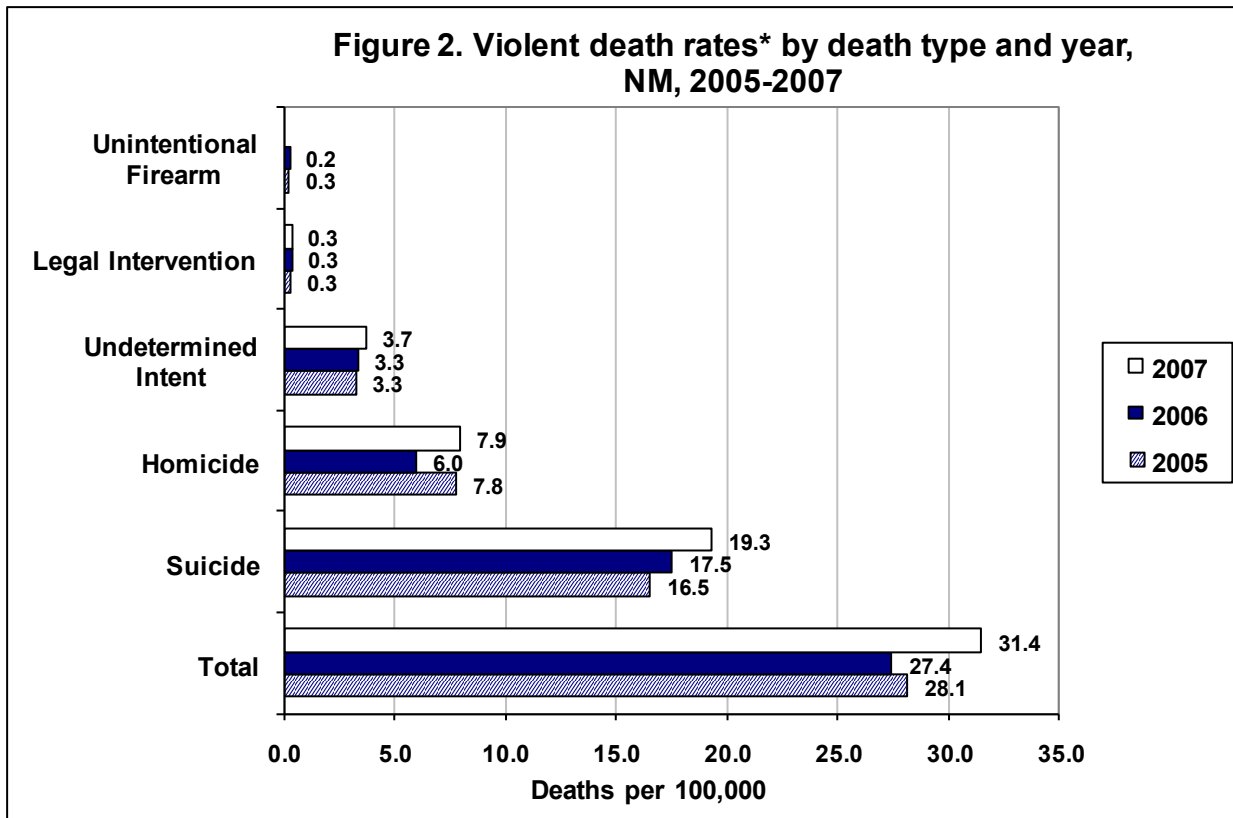
- In 2007, a total of 679 NVDRS-defined violent deaths were captured. Of these, 645 were New Mexico residents.
- There were 30 violent deaths among NM residents that occurred out-of-state and were not included in NM-VDRS.*
- The crude rates for overall violent death, suicide, homicide, and undetermined intent deaths were highest in 2007 compared to previous years of NVDRS data.
- The rates of legal intervention deaths have not changed in New Mexico since 2005, and the number of unintentional firearm deaths was the lowest since the NM-VDRS began.
- Among all violent deaths in New Mexico, the ratio of male to female decedents was 3.4:1.
- Males (49.4), American Indians (34.0), and persons aged 85 years and older (57.3) had the highest rates of violent death per 100,000 New Mexico population.
- Suicide contributed to the majority of violent deaths for residents and non-residents (60.9%).
- The rate of suicide was approximately 2.4 times the rate of homicide in New Mexico.
- The central region, which contains Albuquerque, the largest metropolitan area in New Mexico, had the highest proportion of violent deaths (31.3%), but the northeast region of the state had the highest rate (35.6/100,000) of violent death of all five regions. The lowest proportion (10.5%) and rate (26.7/100,000) of violent death was in the southeast region of the state.
- The most commonly used weapon in these deaths was a firearm (42.6% of all deaths) followed by asphyxia (18.0%) and poisoning (16.6%).
- Violent deaths occurred most often on Mondays (15.6%) and, when time was known, between 6:01PM and 12:01AM (22.1%).
- The location where the fatal injury occurred most often was a house, apartment or on the property of a residence (67.7%) including a driveway, porch, yard, etc. followed by a street or highway (8.2%).

[†] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. [cited 2008 July 28]. Available from URL: <http://www.cdc.gov/injury/wisqars/index.html>.

*New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health. Retrieved on December 7, 2010 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.



Source: CDC WISQARS, 2007; rates were age-adjusted to the 2000 U.S. standard population



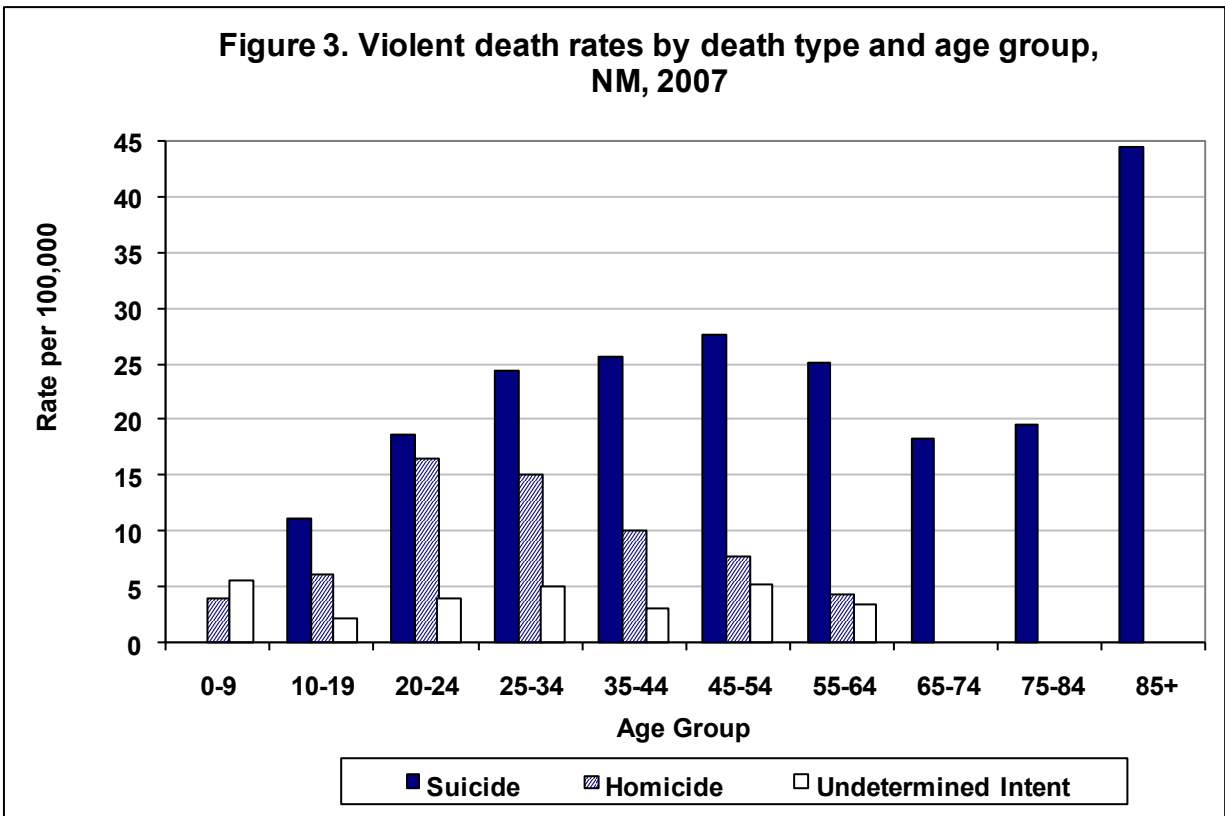
* Rates excluded for <5 deaths

Table 2. Violent deaths* by selected characteristics, NM, 2007		
	Number	Percent
Sex		
Male	525	77.4
Female	153	22.6
Violent Death Type		
Suicide	414	60.9
Homicide	173	25.5
Unintentional Firearm	3	0.4
Legal Intervention	7	1.0
Undetermined Intent	82	12.1
Weapon/Mechanism		
Firearm	289	42.6
Asphyxia	122	18.0
Poisoning	113	16.6
Sharp Instrument	38	5.6
Personal Weapons	29	4.3
Motor or Transport Vehicle	19	2.8
Blunt Instrument	9	1.3
Other [†]	14	2.1
Location Type of Fatal Injury		
Residence	472	67.7
Street/Highway	56	8.2
Natural or public use area	49	7.2
Jail or other supervised institution	21	3.1
Parking Lot / Parking Garage	18	2.6
Hotel or Motel	16	2.3
Motor Vehicle	12	1.7
Public transportation, station, or service station	6	0.8
Other [#]	33	4.9
<p>*Includes NM resident and non-resident deaths that occurred in-state [†] Other weapon/mechanism includes falls, drowning, fire or burns, shaking, and intentional neglect [#] Other location includes commercial establishments, bars/nightclubs, abandoned buildings, farms, and railroad tracks</p>		

Table 3. NM resident violent deaths/rates by socio-demographic characteristics, NM, 2007			
	Number	Percent	Rate per 100,000
Sex			
Male	499	77.4	49.4
Female	146	22.6	14.0
Race/Ethnicity			
American Indian or Alaska Native	77	11.9	34.0
Asian or Pacific Islander	4	0.6	11.5*
Black or African American	10	1.6	18.3*
Hispanic	229	35.5	27.0
White	301	46.7	33.8
Age Group			
0-9	24	3.7	9.7
10-14	11	1.7	6.9*
15-19	54	8.4	32.3
20-24	61	9.5	40.4
25-34	111	17.3	46.7
35-44	117	18.2	38.9
45-54	127	19.8	40.4
55-64	69	10.8	32.7
65-74	32	5.0	21.6
75-84	26	4.1	25.5
85+	9	1.4	57.3*
Education Level			
8 th grade or less	73	11.5	---
9 th to 12 th grade; no diploma	154	24.2	---
High school degree or GED completed	194	30.5	---
Some college credit; no degree	118	18.5	---
Associates or Bachelors degree	69	10.8	---
Masters, Doctorate or professional degree	29	4.6	---
Marital Status			
Married	171	26.6	---
Never Married	294	45.7	---
Widowed	34	5.3	---
Divorced	143	22.2	---
*Rates based on <20 deaths are statistically unstable.			

Table 4. NM resident violent deaths/rates by region and violent death type, NM, 2007			
	Number	Percent	Rate per 100,000
New Mexico Health Region			
Northwest	149	23.1	34.1
Northeast	108	16.7	35.6
Central (Bernalillo County)	202	31.3	31.4
Southeast	68	10.5	26.7
Southwest	118	18.3	28.4
Violent Death Type			
Suicide	396	61.4	19.3
Homicide	163	25.3	7.9
Unintentional Firearm	3	0.5	0.1*
Legal Intervention	7	1.1	0.3*
Undetermined Intent	76	11.8	3.7

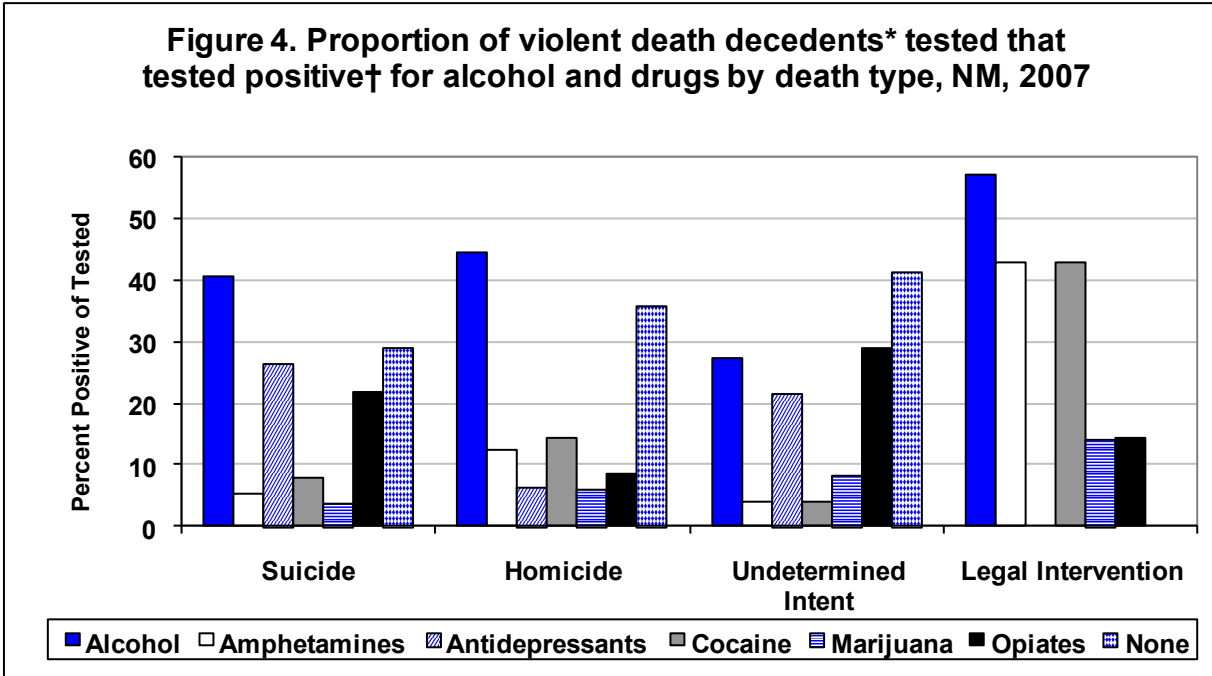
*Rates based on <20 deaths are statistically unstable.



- After age 9 years, suicide was the leading manner of violent death in all age groups, with the highest rate for persons 85 and older and the lowest rate for 10-19 year olds.
- Rate of homicide peaked between the ages of 20-24 years.
- Undetermined intent death rates were highest for decedents under 10 years of age.

New Mexico Violent Death Reporting System: 2007 Violent Deaths

Table 5. NM resident violent deaths/rates by race/ethnicity, age group, and sex, NM, 2007				
	Males N=499		Females N=146	
	Number	Rate per 100,000	Number	Rate per 100,000
Race/Ethnicity				
American Indian or AN	66	60.6	11	9.3*
Asian or PI	2	12.2*	2	10.9*
Black or AA	9	32.0*	1	3.8*
Hispanic	188	44.7	41	9.6
White	213	48.8	88	19.4
Age Group				
0-9	13	10.4*	11	9.0*
10-14	9	11.1*	2	2.6*
15-19	43	50.3	11	13.4*
20-24	52	67.9	9	12.1*
25-34	84	70.2	27	22.8
35-44	94	63.0	23	15.2
45-54	88	57.6	39	24.2
55-64	53	52.1	16	14.6*
65-74	28	40.8	4	5.0*
75-84	23	53.3	3	5.1*
85+	8	122.6*	1	10.9*
*Rates based on <20 deaths are statistically unstable.				

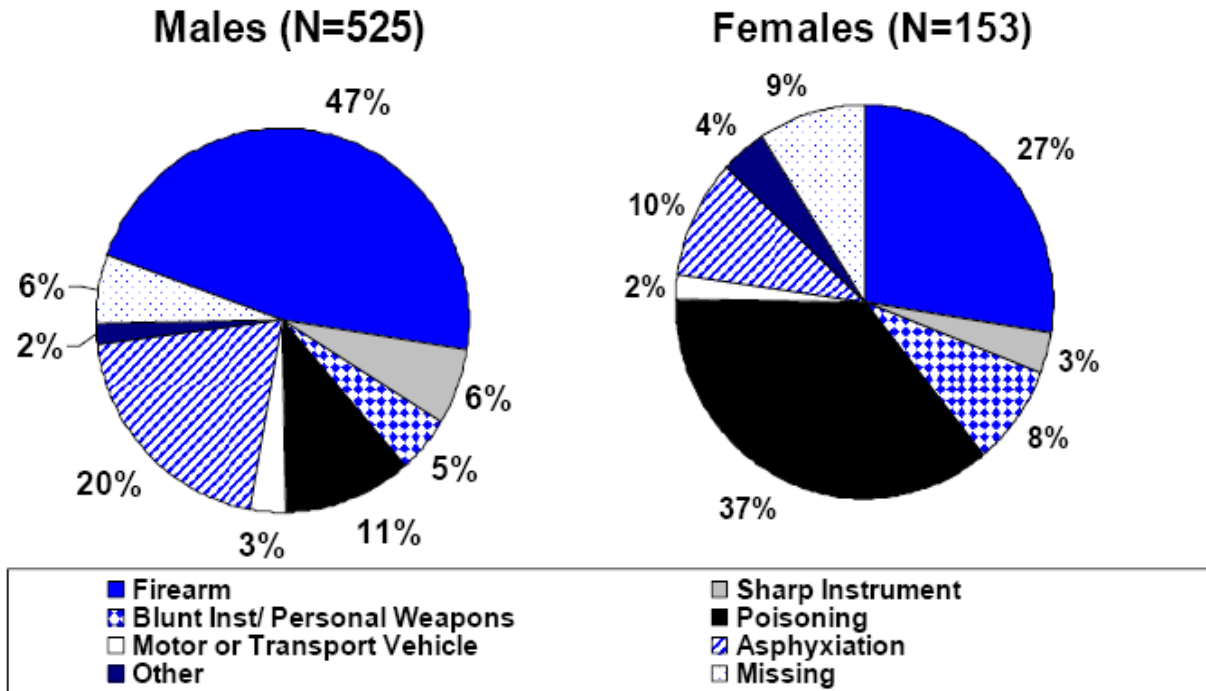


*Includes NM resident and non-resident deaths that occurred in-state.

†Percents were calculated based on the number of decedents tested for each substance, and of those tested, the number that had a positive test result. Decedents not tested or where toxicology information was missing for a substance were not included. A positive result for alcohol was a blood alcohol concentration greater than 0.01 g/dL. Any detectable amount of a drug or its metabolite was considered a positive result.

- Categories of drugs and alcohol were not mutually exclusive; a decedent who tested positive for more than one substance was counted in both categories.
- Alcohol was the most common intoxicant detected across all types of death.
- The second most common intoxicant differed for each manner of death.
- Deaths of undetermined intent had the highest proportion of decedents who tested negative for all intoxicants (41.5%).
- The percent of decedents who were tested and tested negative for alcohol and all drug categories were represented under “None.”
- Unintentional firearm deaths were not displayed since no substances were detected.

Figure 5. Weapon/mechanism of violent death* by sex, NM, 2007



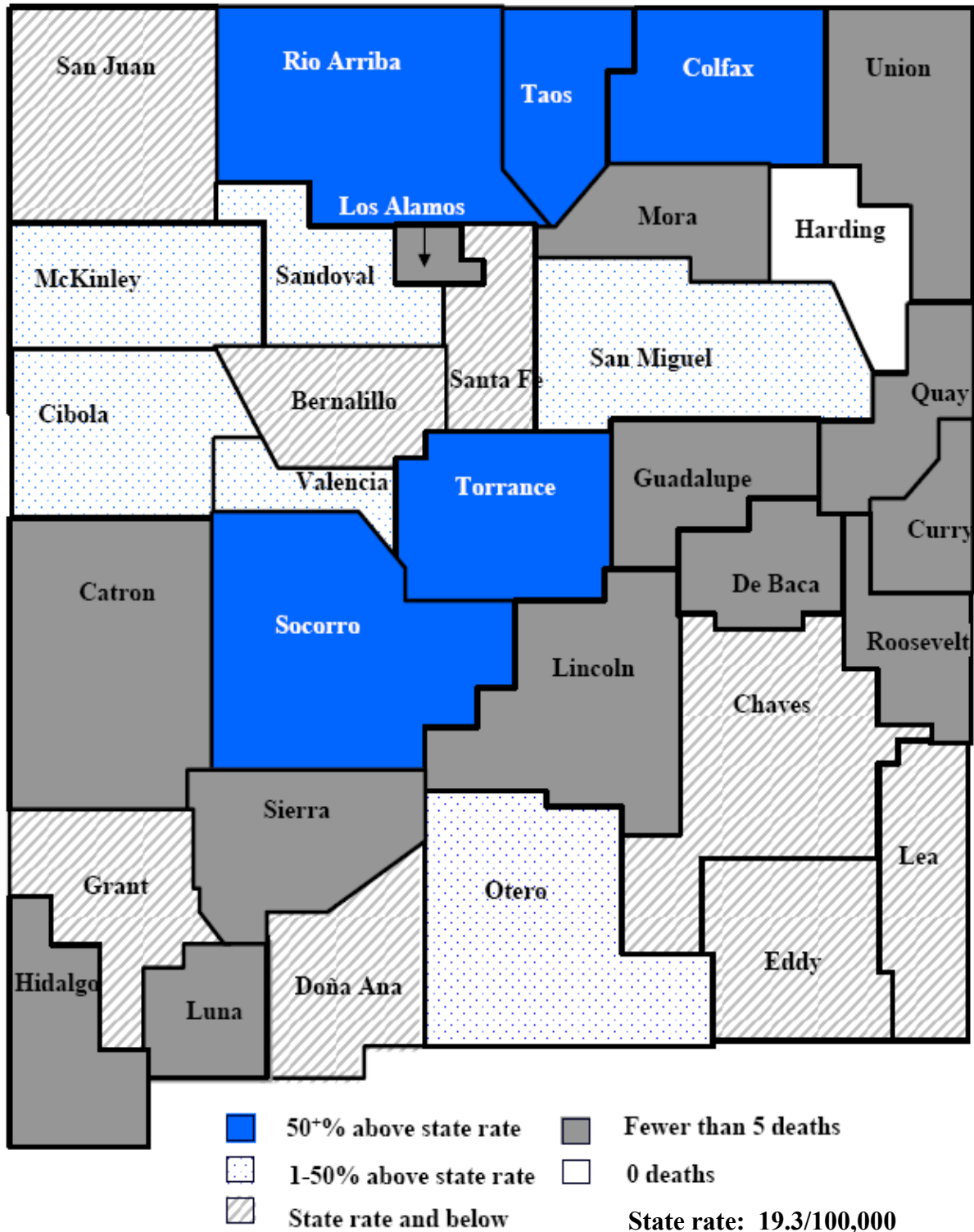
*Includes NM resident and non-resident deaths that occurred in-state.

Nearly 700 weapons were used on the 679 violent death decedents in New Mexico in 2007. For 16 decedents the mechanism of death could not be identified (e.g. skeletal or mummified remains). Multiple weapons included drug overdoses with more than one substance present and implicated in the death. Multiple weapons were also seen more often in homicide incidents when more than one firearm was used or more than one mechanism employed (e.g. beaten then stabbed). The weapons/mechanisms used to complete violent deaths varied greatly between male and female decedents. The highest proportion of deaths among males was by firearms (47%) whereas the highest proportion among females was by poisoning (37%).

Section II: Suicide

According to the NVDRS, a suicide is defined as a death resulting from the intentional use of force against oneself. A preponderance of evidence should indicate that the use of force was intentional.

Suicide Rates by County Compared to State Rate New Mexico, 2007



Summary of Suicides

- In 2007, 396 (95.7%) of the 414 suicides that occurred in New Mexico were residents.
- The ratio of male to female suicide decedents was 4.2:1.
- The highest rates of suicide occurred in males, Whites, and persons 85 years and older.
- The central region (Bernalillo County) had the highest proportion of resident suicides (30.6%), whereas the northeast region had the highest rate (24.1 per 100,000 population).
- The majority of suicides (72.6%) occurred in or around a residence, or on the property of a residence, including a driveway, porch, yard, etc.
- A total of 97 suicide decedents (23.4%) were listed as veterans. The suicide rate among New Mexico resident veterans (52.1 per 100,000) was more than twice the rate for non-veterans (23.2 per 100,000).
- Age-specific suicide rates differed by sex. The highest rate of suicide among males was in the 85 years and older age group compared to females in the 45-54 years age group.
- For all resident and non-resident suicides, the mechanism used most was a firearm (46.0%) followed by asphyxia (27.6%) and poisoning (22.0%). The mechanism of death for the majority of males (51%) was firearms, followed by asphyxia (30%) and poisoning (13%), whereas the most common mechanism of death for females was poisoning (58%) followed by firearms (25%) and asphyxia (16%).
- In all age groups, more than 25% of suicide decedents tested, tested positive for alcohol. The patterns of intoxicants detected (following alcohol) differed by age group.
- The most common circumstance identified for males and females of all race/ethnicity groups was a current depressed mood (39.9%). The three most reported circumstances for males were a current depressed mood (40.2%), intimate partner problems (31.8%), and physical health problems (30.5%). Females were reported to have a current mental health problem (50.7%), disclosed intent to commit suicide (46.7%), and had ever been treated for a mental health problem (42.7%).
- A current depressed mood was the most reported circumstance for both Whites (40.9%) and Hispanics (45.0%), whereas an alcohol problem was the most reported circumstance for American Indians (34.1%).
- In the youngest age group, 10-19 years, the most common circumstance reported was a current depressed mood, whereas for decedents aged 20–44 years, an intimate partner problem was most often cited. For decedents ages 45-64 years, current depressed mood or a mental illness was the most common reported circumstance, and for decedents 65+ years of age physical health problems were the most commonly identified suicide circumstance.
- The proportion of male suicide decedents who disclosed to another person an intent to commit suicide (27.7%) was lower than female decedents (46.7%).
- More than 40% of adults 65 years and older disclosed a suicide intent, whereas young adults 20-24 years (17.9%) were less likely to disclose suicidal thoughts or plans affording an opportunity for intervention.
- Native Americans (22.7%) had the lowest prevalence of a reported disclosure of suicide intent compared to Whites (35.4%) and Hispanics (28.3%); differences in the proportion of deaths investigated by the medical examiner, law enforcement reporting, and/or cultural factors may contribute to these findings.
- Suicides occurred most often on Mondays (16.7%) and Saturdays (16.4%), in the fall (26.1%), and between 6:01 AM and 12:00 PM (27.3%).

Of the 679 deaths captured by NM-VDRS in 2007, 414 were suicides, and of these, 396 (95.7%) suicide decedents were New Mexico residents. Suicide is rarely ruled as the manner of death in persons under 10 years. The NM crude suicide rate was 19.3 per 100,000 population.

Table 6. Suicide deaths* by selected characteristics, NM, 2007		
	Number	Percent
Sex		
Male	335	80.9
Female	79	19.1
Race/Ethnicity		
American Indian or Alaska Native	44	10.6
Asian or Pacific Islander	2	0.5
Black or African American	3	0.7
Hispanic	121	29.2
White	227	54.8
Weapon/Mechanism		
Firearm	188	46.0
Asphyxia	113	27.6
Poisoning	90	22.0
Motor or Transport Vehicle	10	2.4
Sharp Instrument	4	1.0
Other [#]	4	1.0
Location Type of Fatal Injury		
Residence	300	72.6
Natural or public use area	29	7.0
Street/Highway	18	4.3
Jail or other supervised institution	15	3.6
Hotel or Motel	11	2.7
Motor Vehicle	11	2.7
Parking Lot / Parking Garage	6	1.5
Other [†]	23	5.6
*Includes NM resident and non-resident deaths that occurred in-state		
[#] Other includes falls and fires or burns		
[†] Other includes abandoned buildings, sports arenas, farms, public transport and stations		

Table 7. NM resident suicide deaths/rates by socio-demographic characteristics, NM, 2007			
	Number	Percent	Rate per 100,000
Sex			
Male	321	81.1	31.8
Female	75	18.9	7.2
Race/Ethnicity			
American Indian or Alaska Native	44	11.1	19.4
Asian or Pacific Islander	2	0.5	5.8*
Black or African American	2	0.5	3.7*
Hispanic	120	30.3	14.2
White	215	54.3	24.1
Age Group			
10-14	6	1.5	3.8*
15-19	30	7.6	17.9
20-24	28	7.1	18.6
25-34	58	14.8	24.4
35-44	77	19.6	25.6
45-54	87	22.1	27.7
55-64	53	13.5	25.1
65-74	27	6.9	18.2
75-84	20	5.1	19.6
85+	7	1.8	44.5*
Education Level			
8 th grade or less	27	6.9	---
9 th to 12 th grade; no diploma	90	22.8	---
High school degree or GED completed	118	30.0	---
Some college credit; no degree	75	19.0	---
Associates or Bachelors degree	57	14.4	---
Masters, Doctorate or professional degree	27	6.8	---
Marital Status			
Married	115	29.1	---
Never Married	149	37.7	---
Widowed	26	6.6	---
Divorced	105	26.6	---
*Rates based on <20 deaths are statistically unstable.			

Suicides Among Veterans

Veteran status in New Mexico is determined from the death certificate. The question reads “Was decedent ever in US armed forces?” and is followed by “yes” and “no” check boxes. This does not indicate that the person actually served in combat.

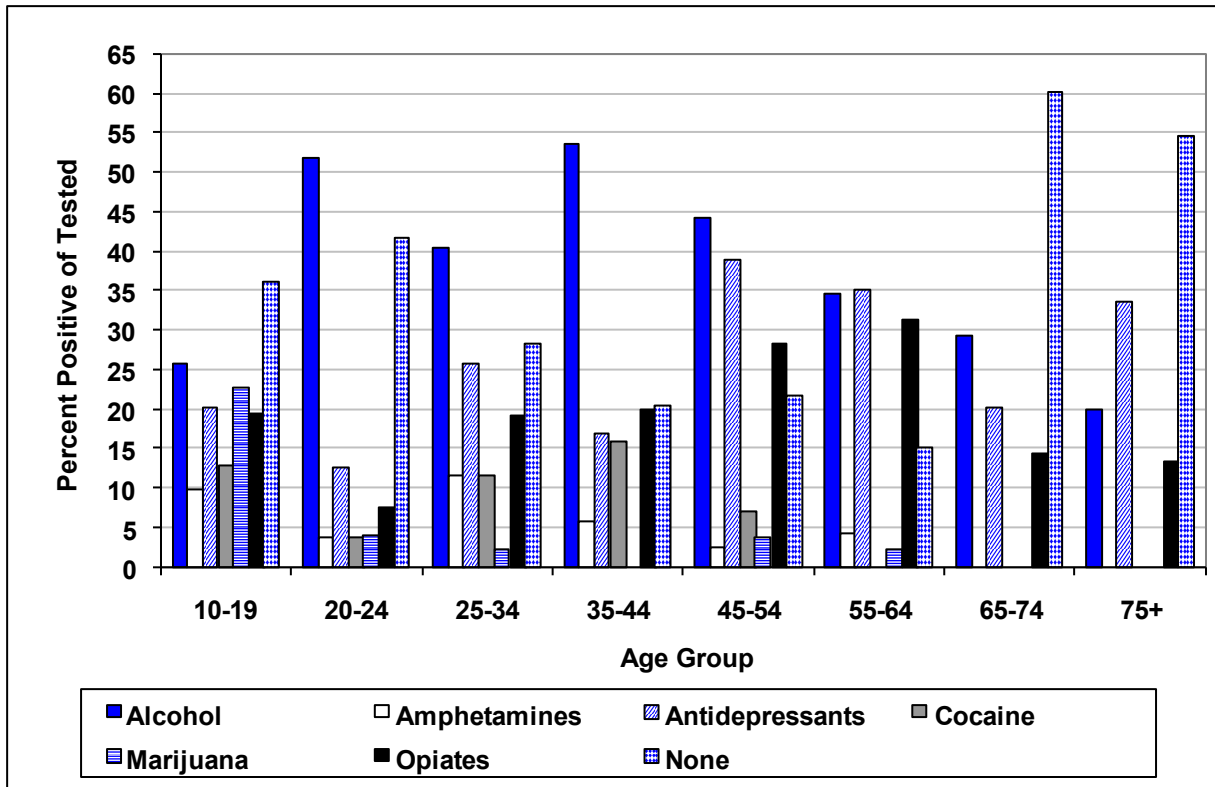
- 97 (23.4%) of the 414 suicide decedents in 2007 were classified as veterans.
- 93 of the 97 veterans were New Mexico residents.
- The suicide rate among NM resident veterans (52.1 per 100,000) was 2.2 times higher than the NM resident non-veteran rate (23.3 per 100,000).

	Number	Percent	Rate per 100,000
New Mexico Health Region			
Northwest	90	22.7	20.6
Northeast	73	18.4	24.1
Central (Bernalillo County)	121	30.6	18.8
Southeast	36	9.1	14.2
Southwest	76	19.2	18.3
US Armed Forces Veteran Status†			
Yes	93	23.7	52.1
No	300	76.3	23.3

†Veteran and non-veteran rates were calculated using estimates of the NM civilian population 18 years and older from the American Community Survey (ACS), 2007 1-year ACS Estimates, Veteran Status, Table S2101.

Table 9. NM resident suicide deaths/rates by race/ethnicity, age group, and sex, NM, 2007				
	Male (N=321)		Female (N=75)	
	Number	Rate per 100,000	Number	Rate per 100,000
Race/Ethnicity				
American Indian or AN	39	35.8	5	4.2*
Asian or PI	1	6.1*	1	5.5*
Black or AA	2	7.1*	0	- - -
Hispanic	103	24.5	17	4.0*
White	163	37.4	52	11.4
Age Group				
10-14	6	7.4*	0	- - -
15-19	24	28.1	6	7.3*
20-24	24	31.3	4	5.4*
25-34	46	38.4	12	10.1*
35-44	62	41.5	15	9.9*
45-54	64	41.9	23	14.2
55-64	43	42.3	10	9.2*
65-74	24	34.9	3	3.8*
75-84	19	44.1*	1	1.7*
85+	6	91.9*	1	10.9*
*Rates based on <20 deaths are statistically unstable.				

Figure 6. Proportion of suicide decedents* tested that tested positive† for alcohol and drugs by age group, NM, 2007



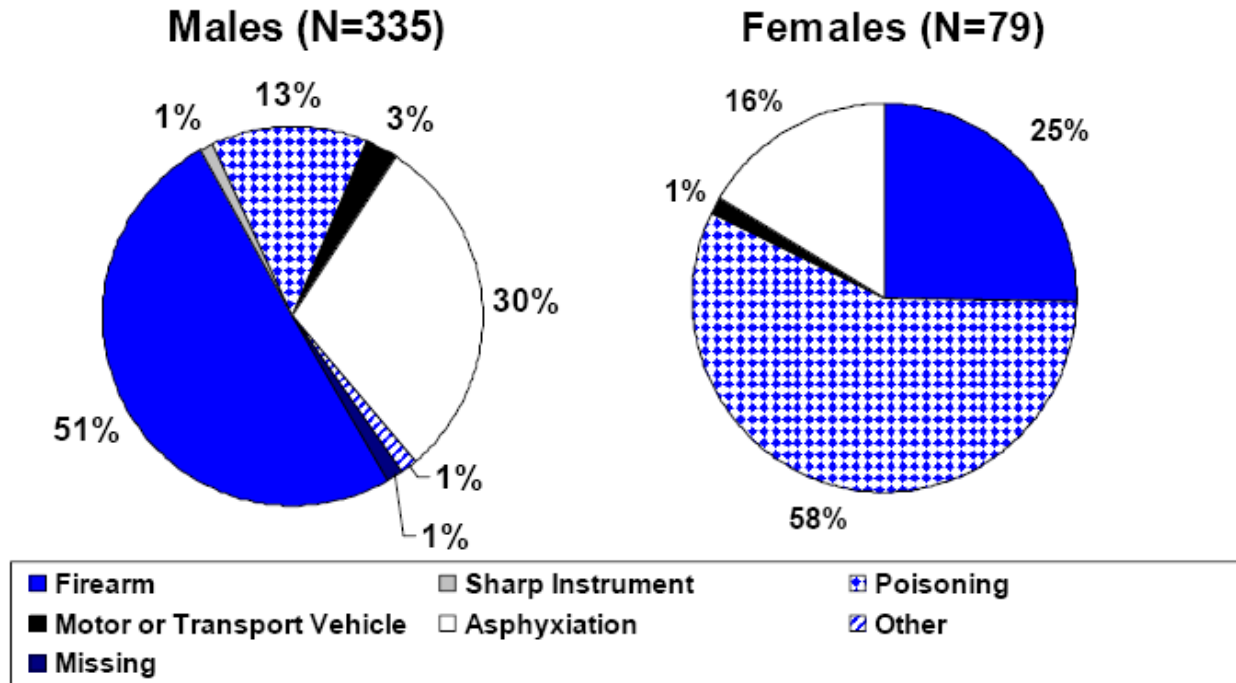
*Includes NM resident and non-resident deaths that occurred in-state.

†Categories were not mutually exclusive; a decedent may have tested positive for more than one substance.

Percents were calculated based on the number of decedents tested for each substance, and of those tested, the number that had a positive test result. Decedents not tested or where toxicology information was missing for a substance were not included. A positive result for alcohol was a blood alcohol concentration greater than 0.01 g/dL. Any detectable amount of a drug or its metabolite was considered a positive result.

- Of the 31 suicide decedents aged 20-24 years, 27 were tested for the presence of alcohol, and of those 27, 14 (51.9%) had positive test results.
- The “None” category was calculated from all decedents tested for all substances who had negative results for every substance.
- Twenty-four decedents aged 20-24 years were tested for all six categories of intoxicants, and 10 (41.7%) were negative for all substances.

Figure 7. Suicide deaths* by weapon/mechanism and sex, NM, 2007



*Includes NM resident and non-resident deaths that occurred in-state.

For all but two suicide incidents, only a single weapon was used. For five male decedents, the mechanism of death could not be identified. The weapons/mechanisms used to complete suicide varied greatly between male and female decedents. Whereas in the majority of males (51%) a firearm was used, the majority of female suicide decedents died by poisoning (58%). The types of weapons used to commit suicide by males were more varied than those used by females.

At least one circumstance was known for 362 of the 396 resident suicide decedents (91.4%). An average of three circumstances was recorded for each decedent, with zero being the minimum and 12 the maximum number reported. Almost 71% of decedents were reported to have between two and six circumstances. Males were less likely than females to have circumstances reported (no circumstances reported for 9.6% versus 4.0%, respectively).

Rank	Males (N=321)	Females (N=75)	All Decedents (N=396)
1	Current Depressed Mood (40.2%)	Current Mental Health Problem (50.7%)	Current Depressed Mood (39.9%)
2	Intimate Partner Problem (31.8%)	Disclosed Intent* (46.7%)	Current Mental Health Problem (33.6%)
3	Physical Health Problem (30.5%)	Ever Treated for a Mental Illness (42.7%)	Disclosed Intent* (31.3%)
4	Current Mental Health Problem (29.6%)	Current Depressed Mood (38.7%)	Intimate Partner Problem (30.6%)
5	Disclosed Intent* (27.7%)	History of Suicide Attempts (30.7%)	Physical Health Problem (30.1%)
6	Crisis in the Past 2 Weeks (22.1%)	Left a Suicide Note (30.7%)	Ever Treated for a Mental Illness (25.5%)
7	Left a Suicide Note (22.1%)	Physical Health Problem (28.0%)	Left a Suicide Note (23.7%)
8	Ever Treated for Mental Illness (21.5%)	Intimate Partner Problem (25.3%)	Crisis in the Past 2 Weeks (20.0%)
9	Alcohol Problem (19.0%)	Alcohol Problem (21.3%)	Alcohol Problem (19.4%)
10	History of Suicide Attempts (14.6%)	Death of Family or Friend (14.7%)	History of Suicide Attempts (17.7%)
11	Other Substance Problem (11.8%)	Crisis in the Past 2 Weeks (10.7%)	Other Substance Problem (11.4%)
12	Job Problem (11.8%)	Other Substance Problem (9.3%)	Job Problem (10.6%)

*Disclosed intent was defined as the victim disclosed to another person a current intent to commit suicide, including both suicidal thoughts and plans, prior to the moment of the suicide.

Type and number of circumstances reported differed by race/ethnicity. Whereas for 95.8% of Whites and 94.2% of Hispanics at least one circumstance was reported, circumstances were only reported for 75.0% of American Indian decedents.

Rank	White (N=215)	Hispanic (N=120)	American Indian (N=44)
1	Current Depressed Mood (40.9%)	Current Depressed Mood (45.0%)	Alcohol Problem (34.1%)
2	Physical Health Problem (40.5%)	Intimate Partner Problem (36.7%)	Intimate Partner Problem (27.3%)
3	Current Mental Health Problem (38.6%)	Current Mental Health Problem (31.7%)	Current Depressed Mood (25.0%)
4	Disclosed Intent* (35.4%)	Disclosed Intent* (28.3%)	Disclosed Intent* (22.7%)
5	Left a Suicide Note (32.6%)	Alcohol Problem (26.7%)	Current Mental Health Problem (18.2%)
6	Ever Treated for a Mental Illness (29.3%)	Ever Treated for a Mental Illness (23.3%)	Crisis in the Past 2 Weeks (18.2%)
7	Intimate Partner Problem (29.3%)	Physical Health Problem (22.5%)	Ever Treated for a Mental Illness (15.9%)
8	Ever Treated for Mental Illness (21.5%)	Crisis In the Past 2 Weeks (21.7%)	History of Suicide Attempts (13.6%)
9	Crisis in the Past 2 Weeks (20.0%)	History of Suicide Attempts (19.2%)	Recent Criminal Legal Problem (13.6%)
10	History of Suicide Attempts (18.1%)	Left a Suicide Note (16.7%)	Other Relationship Problem (11.4%)
11	Alcohol Problem (13.5%)	Other Substance Problem (14.2%)	Other Substance Problem Physical Health Problem Death of Friend or Family (9.1%)
12	Job Problem (13.0%)	Death of Friend or Family (13.3%)	

*Disclosed intent was defined as the victim disclosed to another person a current intent to commit suicide, including both suicidal thoughts and plans, prior to the moment of the suicide.

Rank	10-19 (N=36)	20-24 (N=28)	25-34 (N=58)	35-44 (N=77)
1	Current Depressed Mood (38.9%)	Intimate Partner Problem (42.9%)	Intimate Partner Problem (46.6%)	Intimate Partner Problem (44.2%)
2	Disclosed Intent* (38.9%)	Current Mental Health Problem (32.1%)	Current Depressed Mood (41.4%)	Current Depressed Mood (39.0%)
3	Crisis in the Past 2 Weeks (38.6%)	Current Depressed Mood (21.4%)	Current Mental Health Problem (25.9%)	Current Mental Health Problem (33.8%)
4	Intimate Partner Problem (33.3%)	Left a Suicide Note (21.4%)	Disclosed Intent* (24.1%)	Disclosed Intent* (27.3%)
5	Ever Treated for a Mental Illness (33.3%)	Ever Treated for a Mental Illness (17.9%)	Alcohol Problem (22.4%)	Alcohol Problem (22.1%)
6	Current Mental Health Problem (27.8%)	Disclosed Intent* (17.9%)	Ever Treated for a Mental Illness (20.7%)	Ever Treated for a Mental Illness (22.1%)
7	Left a Suicide Note (25.0%)	History of Suicide Attempts (17.9%)	History of Suicide Attempts (20.7%)	History of Suicide Attempts (22.1%)
8	School Problem (25.0%)	Death of Friend or Family (17.9%)	Other Substance Problem (20.7%)	Left a Suicide Note (22.1%)
9	Other Substance Problem (19.4%)	Other Relationship Problem (14.3%)	Crisis in the Past 2 Weeks (17.2%)	Crisis in the Past 2 Weeks (22.1%)
10	Other Relationship Problem (19.4%)	Alcohol Problem (10.7%)	Recent Criminal Legal Problem (13.8%)	Job Problem (15.6%)
11	Recent Suicide of Friend or Family (16.7%)	Job Problem (10.7%)	Left a Suicide Note (12.1%)	Recent Criminal Legal Problem (14.3%)
12	Physical Health Problem (13.9%)	Other Substance Problem/ Crisis in the Past 2 Weeks/ Recent Criminal Legal Problem (7.1%)	Other Relationship Problem/ Death of Friend or Family (10.3%)	Physical Health Problem (13.0%)

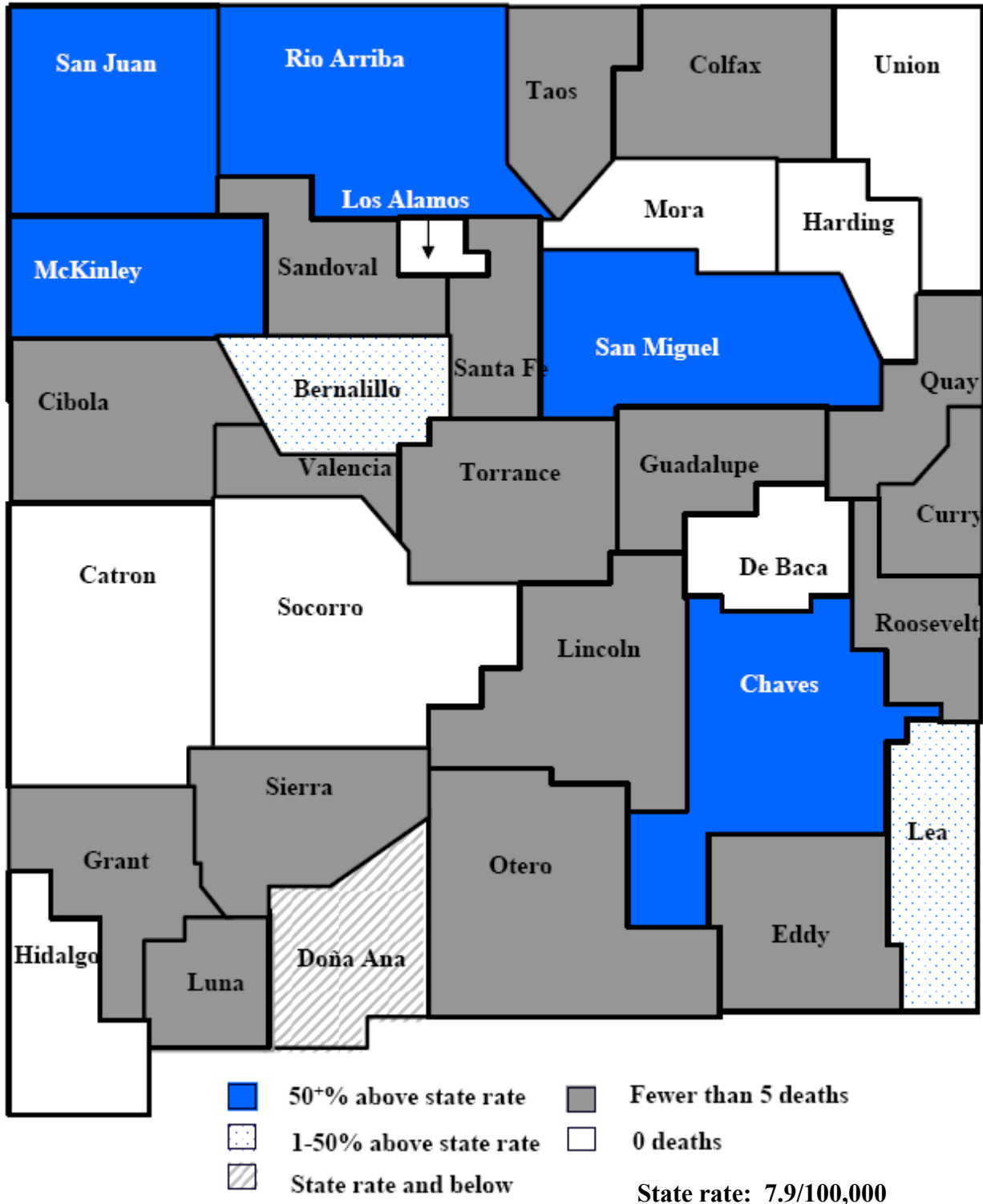
Rank	45-54 (N=87)	55-64 (N=53)	65-74 (N=27)	75+ (N=27)
1	Current Mental Health Problem (46.0%)	Current Depressed Mood (50.9%)	Physical Health Problem (63.0%)	Physical Health Problem (85.2%)
2	Physical Health Problem (39.1%)	Physical Health Problem (43.4%)	Disclosed Intent* (44.4%)	Current Depressed Mood (48.2%)
3	Current Depressed Mood (36.8%)	Current Mental Health Problem (41.5%)	Current Depressed Mood (37.0%)	Disclosed Intent* (40.7%)
4	Disclosed Intent* (36.8%)	Ever Treated for a Mental Illness (34.0%)	Current Mental Health Problem (22.2%)	Left a Suicide Note (29.6%)
5	Ever Treated for a Mental Illness (32.2%)	Left a Suicide Note (28.3%)	Left a Suicide Note (22.2%)	Crisis in the Past 2 Weeks (22.2%)
6	Alcohol Problem (31.0%)	Disclosed Intent* (28.3%)	Crisis in the Past 2 Weeks (22.2%)	Current Mental Health Problem (18.5%)
7	Left a Suicide Note (29.9%)	Alcohol Problem (17.0%)	Ever Treated for a Mental Illness (18.5%)	Ever Treated for a Mental Illness (14.8%)
8	History of Suicide Attempts (26.4%)	Intimate Partner Problem (17.0%)	Intimate Partner Problem (14.8%)	Death of Friend or Family (11.1%)
9	Intimate Partner Problem (25.3%)	Death of Friend or Family (17.0%)	Death of Friend or Family (11.1%)	Alcohol Problem (7.4%)
10	Crisis in the Past 2 Weeks (19.5%)	Crisis in the Past 2 Weeks (15.1%)	Other Relationship Problem (11.1%)	Suicide of Friend or Family (7.4%)
11	Job Problem (14.9%)	Financial Problem (13.2%)	Alcohol Problem (11.1%)	Job Problem (7.4%)
12	Other Substance Problem (11.5%)	History of Suicide Attempts (11.3%)	History of Suicide Attempts (11.1%)	History of Suicide Attempts/Intimate Partner Problem/Other Relationship Problem/Financial Problem (3.7%)

*Disclosed intent was defined as the victim disclosed to another person a current intent to commit suicide, including both suicidal thoughts and plans, prior to the moment of the suicide.

Section III: Homicide

According to the NVDRS, a homicide is defined as a death resulting from the intentional use of force or power, threatened or actual, against another person or a group or community. A preponderance of evidence is required. Two other situations are also classified as a homicide: (1) arson with no intent against a person and (2) stabbing with intent unspecified.

Homicide Rates by County Compared to State Rate New Mexico, 2007



Summary of Homicides

- A total of 173 homicides, not including legal intervention deaths, occurred in New Mexico in 2007; of these, 163 (94.2%) decedents were New Mexico residents.
- The ratio of male to female homicide decedents was 3.1:1.
- Males, Blacks, and persons ages 20-24 years had the highest rates of homicide in New Mexico.
- The central region (Bernalillo County) had the highest proportion (35.6%) of homicides, whereas the southeast Region had the highest rate of homicide (10.2 per 100,000). The southwest region had the lowest proportion (11.7%) and rate of homicide (4.6 per 100,000).
- The majority of homicides (56.1%) occurred in or around a residence or on the property of a residence, including a driveway, porch, yard, etc; a street, highway or roadway was the next most common location of homicide (18.5%).
- Male homicide rates were higher than female homicide rates for every race/ethnic group.
- The rate of homicide differed greatly among the four racial/ethnic groups. Black males had the highest rates, followed by American Indian males and Hispanic males. American Indian females had the lowest rate.
- Firearms were used almost equally on male and female decedents (47% and 46%). Sharp instruments (21%) were the second most commonly used weapon in male homicides compared to use of a person's body part (28%) in female homicides.
- The most common intoxicant present for all decedent age groups was alcohol, with more than 50% of 15-34 year olds tested testing positive for alcohol. For all age groups, at least 20% of those decedents tested were negative for every substance.
- At least one circumstance was reported for 120 (73.6%) decedents.
- The most common circumstance identified for males was an argument or conflict about something other than money or property, such as an argument over a parking spot that escalated (41.1%). In addition to arguments, male homicides were frequently reported to have been precipitated by another crime (15.3%) and to be gang related (7.3%).
- The most common circumstance of female homicides was intimate partner violence (35.9%).
- For all racial/ethnic groups, an argument that was not about money or property was reported most often. For Whites and American Indians, intimate partner violence was the second most commonly reported circumstance of homicide. The second most reported circumstance for Hispanics and Blacks was precipitated by another crime and drug involvement, respectively.
- Arguments in general, whether about money, property or anything else, were by far the most commonly reported circumstance reported for homicides. The next most commonly reported circumstance differed by age group.
- Homicides occurred most often on Mondays (16.8%) and Thursdays (16.2%), in the spring (28.3%), and between 6:01PM and 12:00AM (31.2%).

Of the 679 deaths captured by NM-VDRS in 2007, 173 were homicides, and of these, 163 (94.2%) homicide victims were New Mexico residents. The state rate of homicide was 7.9 per 100,000 population.

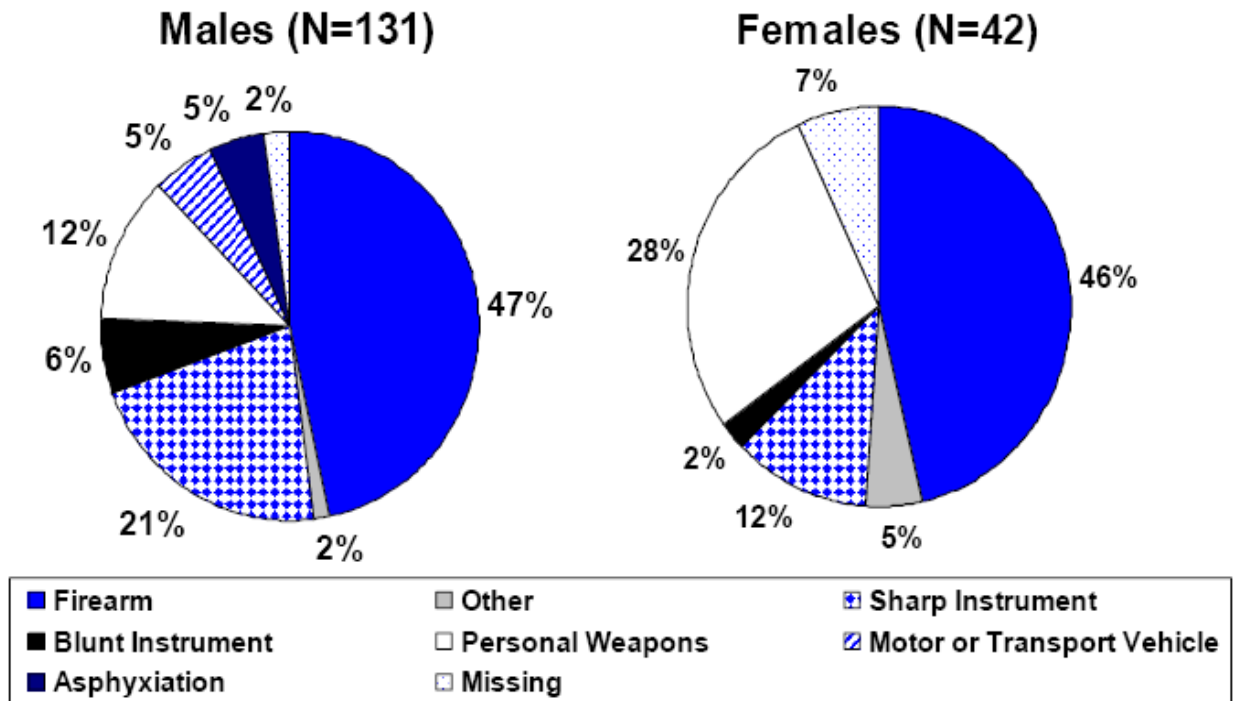
Table 13. Homicide deaths* by selected characteristics, NM, 2007		
	Number	Percent
Sex		
Male	131	75.7
Female	42	24.3
Race/Ethnicity		
American Indian or Alaska Native	25	14.5
Asian or Pacific Islander	2	1.2
Black or African American	9	5.2
Hispanic	81	46.8
White	51	29.5
Weapon/Mechanism		
Firearm	81	48.2
Sharp Instrument	33	19.6
Personal Weapons	28	16.7
Blunt Instrument	9	5.4
Motor Vehicle	7	4.2
Asphyxia	6	3.6
Other [†]	4	2.5
Location Type of Fatal Injury		
Residence	97	56.1
Street/Highway	32	18.5
Natural or public use area	12	6.9
Parking Lot / Parking Garage	11	6.4
Hotel or Motel	4	2.3
Other [#]	13	7.5
*Includes NM resident and non-resident deaths that occurred in-state		
[†] Other includes falls, shaking, and intentional neglect		
[#] Other includes abandoned buildings, jail or prison, farms, public transport and stations, bar or nightclub and office buildings		

Table 14. NM resident homicide deaths/rates by socio-demographic characteristics and region, NM, 2007			
	Number	Percent	Rate per 100,000
Sex			
Male	124	76.1	12.3
Female	39	23.9	3.7
Race/Ethnicity			
American Indian or Alaska Native	23	14.1	10.1
Asian or Pacific Islander	2	1.2	5.8*
Black or African American	7	4.3	12.8*
Hispanic	77	47.2	9.1
White	49	30.1	5.5
Age Group			
0-14	13	8.0	3.2*
15-19	17	10.4	10.2*
20-24	25	15.3	16.6
25-34	36	22.1	15.1
35-44	30	18.4	10.0
45-54	24	14.7	7.6
55-64	9	5.5	4.3*
65 ⁺	9	5.5	3.4*
Education Level			
8 th grade or less	26	16.4	---
9 th to 12 th grade; no diploma	42	26.4	---
High school degree or GED completed	53	33.3	---
Some college credit; no degree	27	17.0	---
College or professional degree	11	6.7	---
Marital Status			
Never Married	97	59.5	---
Married	35	21.5	---
Divorced	25	15.3	---
Widowed	4	2.5	---
New Mexico Health Region			
Northwest	40	24.5	9.2
Northeast	20	12.3	6.6
Central (Bernalillo County)	58	35.6	9.0
Southeast	26	16.0	10.2
Southwest	19	11.7	4.6*
*Rates based on <20 deaths are statistically unstable.			

	Male (N=124)		Female (N=39)	
	Number	Rate per 100,000	Number	Rate per 100,000
Race/Ethnicity				
American Indian or AN	20	18.4	3	2.5*
Asian or PI	1	6.1*	1	5.5*
Black or AA	6	21.3*	1	3.8*
Hispanic	62	14.7	15	3.5*
White	31	7.1	18	4.0*
Age Group				
0-14	7	3.4*	6	3.0*
15-19	14	16.4*	3	3.7*
20-24	21	27.4	4	5.4*
25-34	29	24.2	7	5.9*
35-44	24	16.1	6	4.0*
45-54	16	10.5*	8	5.0*
55-64	5	4.9*	4	3.7*
65+	8	6.8*	1	0.7*

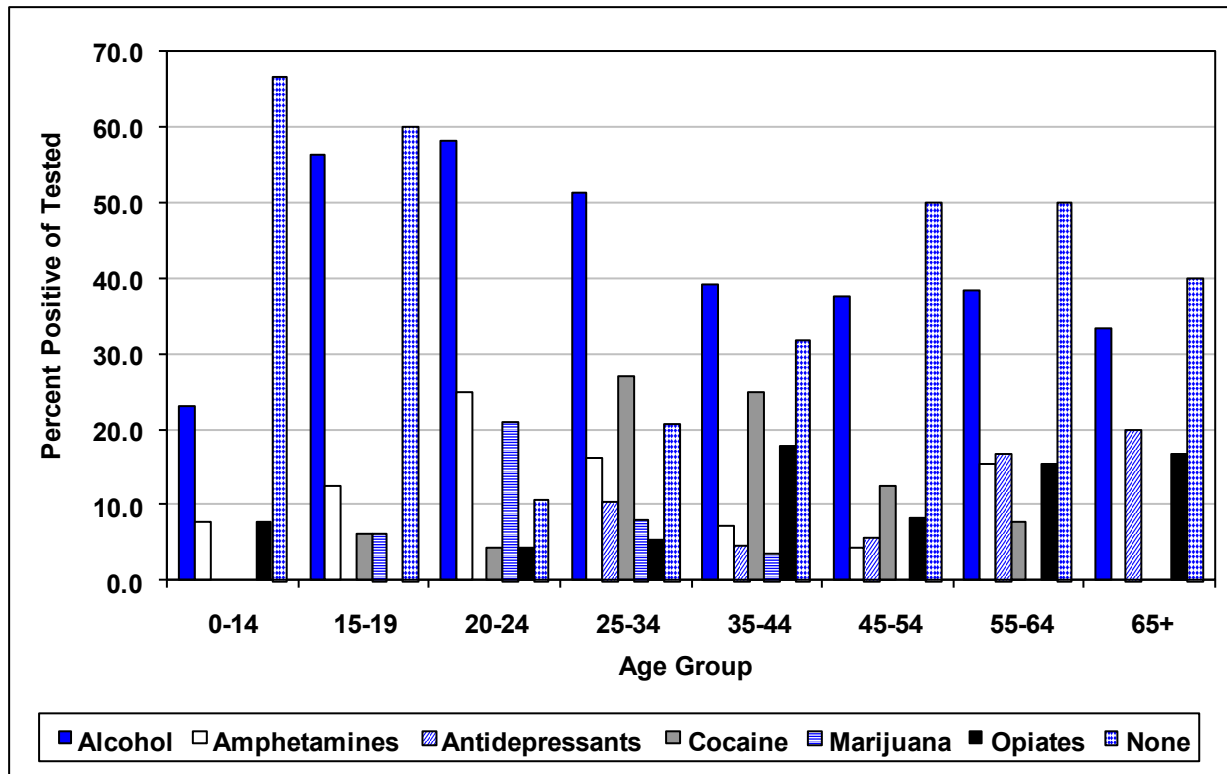
*Rates based on <20 deaths are statistically unstable.

Figure 8. Homicide deaths* by weapon/mechanism and sex, NM, 2007



*Includes NM resident and non-resident deaths that occurred in-state.

Figure 9. Proportion of homicide decedents* tested that tested positive† for alcohol and drugs by age group, NM, 2007



*Includes NM resident and non-resident deaths that occurred in-state.

†Categories are not mutually exclusive; a decedent may have tested positive for more than one substance.

Percents were calculated based on the number of decedents tested for each substance, and of those tested, the number that had a positive test result. A positive result for alcohol was a blood alcohol concentration greater than 0.01 g/dL. Any detectable amount of a drug or its metabolite was considered a positive result.

- Of the 25 homicide decedents aged 20-24 years, 24 were tested for the presence of alcohol, and of those 24, 14 (58.3%) had positive test results.
- The “None” category was calculated from all decedents tested for all substances with negative results for every substance.

For 120 (73.6%) of the 163 total resident homicide decedents, at least one circumstance was known. For nearly one quarter of homicides, no circumstance or risk factor information was known. The average number of circumstances recorded for each decedent was one, with zero being the minimum and six the maximum number reported. Nearly 19% of decedents were reported to have two to four circumstances. Although a greater percentage of circumstances were reported for females, fewer categories of circumstances (10) were cited for contributing to female homicides versus the number and type of circumstances (13) listed as contributory to male homicides.

Rank	Males (N=124)	Females (N=39)	All Decedents (N=163)
1	Other argument, conflict* (41.1%)	Intimate Partner Violence-Related (35.9%)	Other argument, conflict* (37.4%)
2	Precipitated by Another Crime (15.3%)	Other argument, conflict* (25.6%)	Intimate Partner Violence-Related (12.9%)
3	Argument Over Money or Property (8.9%)	Mentally Ill Suspect (7.7%)	Precipitated by Another Crime (12.9%)
4	Gang Related (7.3%)	Precipitated by Another Crime (5.1%)	Argument Over Money or Property (7.4%)
5	Intimate Partner Violence-Related (5.7%)	Jealousy (Lovers' Triangle) (5.1%)	Gang Related (5.5%)
6	Drug Involvement (5.7%)	Bystander (5.1%)	Drug Involvement (4.9%)
7	Jealousy (Lovers' Triangle) (4.0%)	Argument Over Money or Property (2.6%)	Jealousy (Lovers' Triangle) (4.3%)
8	Brawl (Mutual Physical Fight) (4.0%)	Brawl (Mutual Physical Fight) (2.6%)	Brawl (Mutual Physical Fight) (3.7%)
9	Drive-By Shooting (2.4%)	Drive-By Shooting (2.6%)	Bystander (2.5%)
10	Bystander (1.6%)	Drug Involvement (2.6%)	Drive-By Shooting (2.5%)
11	Random Violence (1.6%)		Mentally Ill Suspect (1.8%)
12	Justifiable Self Defense (1.6%)		Justifiable Self Defense Random Violence (1.2%)

*Other argument or conflict refers to an interpersonal conflict, such as an insult, grudge, or personal revenge, not including conflicts over money or property, intimate partner violence, or jealousy.

When examining homicide circumstances by race/ethnicity, the number for which at least one circumstance was known differed. Although at least one circumstance was known for 85% of Black decedents, there were only 7 individuals in this group. Hispanics had the largest number of decedents, but circumstances were identified for only 70% of individuals. For both American Indians and Blacks the types of reported circumstances were quite limited compared to Hispanics and Whites.

Rank	White (N=49)	Hispanic (N=77)	American Indian (N=23)	Black (N=7)
1	Other argument or conflict* (34.7%)	Other argument or conflict* (31.2%)	Other argument or conflict* (52.2%)	Other argument or conflict* (85.7%)
2	Intimate Partner Violence-Related (20.4%)	Precipitated by Another Crime (16.9%)	Intimate Partner Violence-Related (17.4%)	Drug Involvement (28.6%)
3	Precipitated by Another Crime (10.2%)	Gang Related (9.1%)	Argument Over Money or Property (13.0%)	Argument Over Money or Property (14.3%)
4	Bystander (8.2%)	Argument Over Money or Property (7.8%)	Jealousy (Lovers' Triangle) (13.0%)	Precipitated by Another Crime (14.3%)
5	Jealousy (Lovers' Triangle) (6.1%)	Intimate Partner Violence-Related (6.5%)	Precipitated by Another Crime (4.4%)	Gang Related (14.3%)
6	Argument Over Money or Property (4.1%)	Drug Involvement (3.9%)	Drug Involvement (4.4%)	Brawl (Mutual Physical Fight) (14.3%)
7	Brawl (Mutual Physical Fight) (4.1%)	Brawl (Mutual Physical Fight) (3.9%)	Random Violence (4.4%)	
8	Drug Involvement (4.1%)	Drive-By Shooting (3.9%)		
9	Mentally Ill Suspect (4.1%)	Justifiable Self Defense (2.6%)		
10	Gang Related (2.0%)	Jealousy (Lovers' Triangle) (1.3%)		
11	Drive-By Shooting (2.0%)	Mentally Ill Suspect (1.3%)		
12	Random Violence (2.0%)	Victim Used Weapon (1.3%)		

*Other argument or conflict refers to an interpersonal conflict, such as an insult, grudge, or personal revenge, not including conflicts over money or property, intimate partner violence, or jealousy.

Rank	0-19 (N=30)	20-24 (N=25)	25-34 (N=36)
1	Other argument, conflict* (23.3%)	Other argument, conflict* (52.0%)	Other argument, conflict* (38.9%)
2	Gang Related (10.0%)	Precipitated by Another Crime (20.0%)	Intimate Partner Violence- Related (19.4%)
3	Brawl (Mutual Physical Fight) (6.7%)	Argument Over Money or Property (16.0%)	Jealousy (Lovers' Triangle) (11.1%)
4	Drive-By Shooting (6.7%)	Drug Involvement (12.0%)	Precipitated by Another Crime (11.1%)
5	Precipitated by Another Crime (3.3%)	Intimate Partner Violence- Related (8.0%)	Gang Related (11.1%)
6	Drug Involvement (3.3%)	Jealousy (Lovers' Triangle) (8.0%)	Drug Involvement (2.8%)
7	Jealousy (Lovers' Triangle) (3.3%)	Brawl (Mutual Physical Fight) (8.0%)	Argument Over Money or Property (2.8%)
8	Intimate Partner Violence- Related (3.3%)	Gang Related (4.0%)	Drive-By Shooting (2.8%)
9	Bystander (3.3%)	Drive-By Shooting (4.0%)	
10	Justifiable Self Defense (3.3%)	Bystander (4.0%)	
11	Victim Used Weapon (3.3%)	Justifiable Self Defense (4.0%)	

*Other argument or conflict refers to an interpersonal conflict, such as an insult, grudge, or personal revenge, not including conflicts over money or property, intimate partner violence, or jealousy.

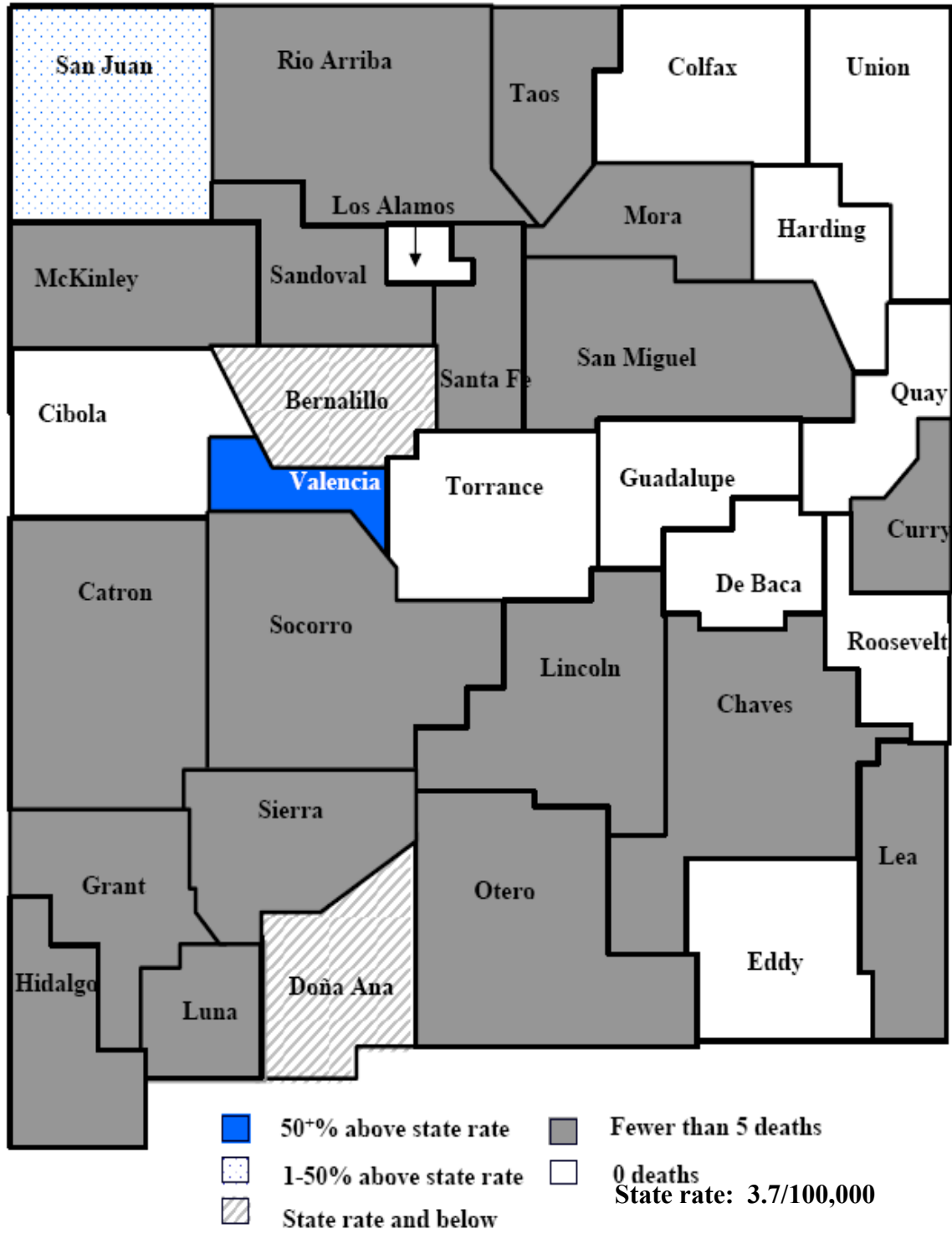
Table 19. (cont) NM resident homicide circumstances by rank and age group, NM, 2007			
Rank	35-44 (N=30)	45-54 (N=24)	55+ (N=18)
1	Other argument, conflict* (40.0%)	Other argument, conflict* (41.7%)	Other argument, conflict* (27.8%)
2	Argument Over Money or Property (13.3%)	Intimate Partner Violence- Related (25.0%)	Precipitated by Another Crime (22.2%)
3	Precipitated by Another Crime (10.0%)	Precipitated by Another Crime (16.7%)	Argument Over Money or Property (11.1%)
4	Intimate Partner Violence- Related (10.0%)	Drug Involvement (8.3%)	Intimate Partner Violence- Related (11.1%)
5	Bystander (6.7%)	Argument Over Money or Property (4.2%)	Brawl (Mutual Physical Fight) (5.6%)
6	Drug Involvement (3.3%)	Gang Related (4.2%)	Mentally Ill Suspect (5.6%)
7	Mentally Ill Suspect (3.3%)	Brawl (Mutual Physical Fight) (4.2%)	Random Violence (5.6%)
8		Mentally Ill Suspect (4.2%)	
9		Random Violence (4.2%)	

*Other argument or conflict refers to an interpersonal conflict, such as an insult, grudge, or personal revenge, not including conflicts over money or property, intimate partner violence, or jealousy.

Section IV: Undetermined Intent Death

According to the NVDRS, a death of undetermined intent is defined as a death resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death.

Undetermined Intent Death Rates by County Compared to State Rate New Mexico, 2007



Summary of Undetermined Intent Deaths

- Eighty-two deaths of undetermined intent occurred in New Mexico in 2007, and of these, 76 (92.7%) were New Mexico residents.
- The ratio of male to female decedents of undetermined intent was 1.5:1.
- The highest rates of undetermined intent occurred in males, Native Americans, and persons ages 45-54 years.
- Both the central and southwest regions had the highest proportions of deaths of undetermined intent (26.3% each), but the highest rate was in the southwest region (4.8 per 100,000 population). The lowest proportion (7.9%) and rate (2.4 per 100,000) of undetermined intent deaths were in the southeast region of the state.
- The most common location of undetermined intent deaths was in or around a residence, or on the property of a residence, including a driveway, porch, yard (69.5%), followed by natural or public use areas and streets/highways (7.3% each).
- A total of nine resident decedents of undetermined intent (12.0%) were listed as veterans.
- The rate for White females was slightly higher than the rate for males of this same group. American Indian male rates were the highest of all racial groups and double the rate of White males.
- The mechanism used most in deaths of undetermined intent, where the mechanism was known, was poisoning (27% of males and 31% of females).
- About 85% of decedents in the 0-14 year age group had negative toxicology results, whereas for all other age group categories, alcohol and opiates were the most common substances detected. In the 45-54 year age group, the most common intoxicant detected was antidepressants (47.1%).
- At least one circumstance was reported for 45 (59.2%) resident decedents; 61.4% of males versus 56.3% of females.
- Males were most likely to have a reported physical health problem (20.5%) followed by an intimate partner problem (18.2%). The most commonly reported circumstance for females was a current mental health problem (31.3%) followed by ever had been treated for a mental illness (28.1%).
- A current mental health problem was the most commonly reported circumstance for Whites and American Indians (34.4% and 20.0%, respectively). The most commonly reported circumstance for Hispanics was a current depressed mood (18.5%).
- For the 0-24 year age group, no single circumstance was reported more often than another. All mental health problem circumstances ranked in the top five. Intimate partner problems (33.3%) and a substance problem, other than alcohol (28.6%) were reported most for decedents ages 25-44 years.
- For the oldest age group, 45⁺ years, current mental health problems and physical health problems were the most reported circumstances (40.7% each).
- Deaths of undetermined intent occurred most often, when information was known, on Thursdays (18.3%), in the spring (23.2%), and between 12:01PM and 6:00PM (17.1%).

Of the 679 deaths captured by NM-VDRS in 2007, 82 were deaths of undetermined intent, and of these, 76 (92.7%) decedents were New Mexico residents. Of the 76 New Mexico resident deaths of undetermined intent, nearly 60% occurred among males. The state rate for undetermined intent deaths was 3.7 per 100,000 population.

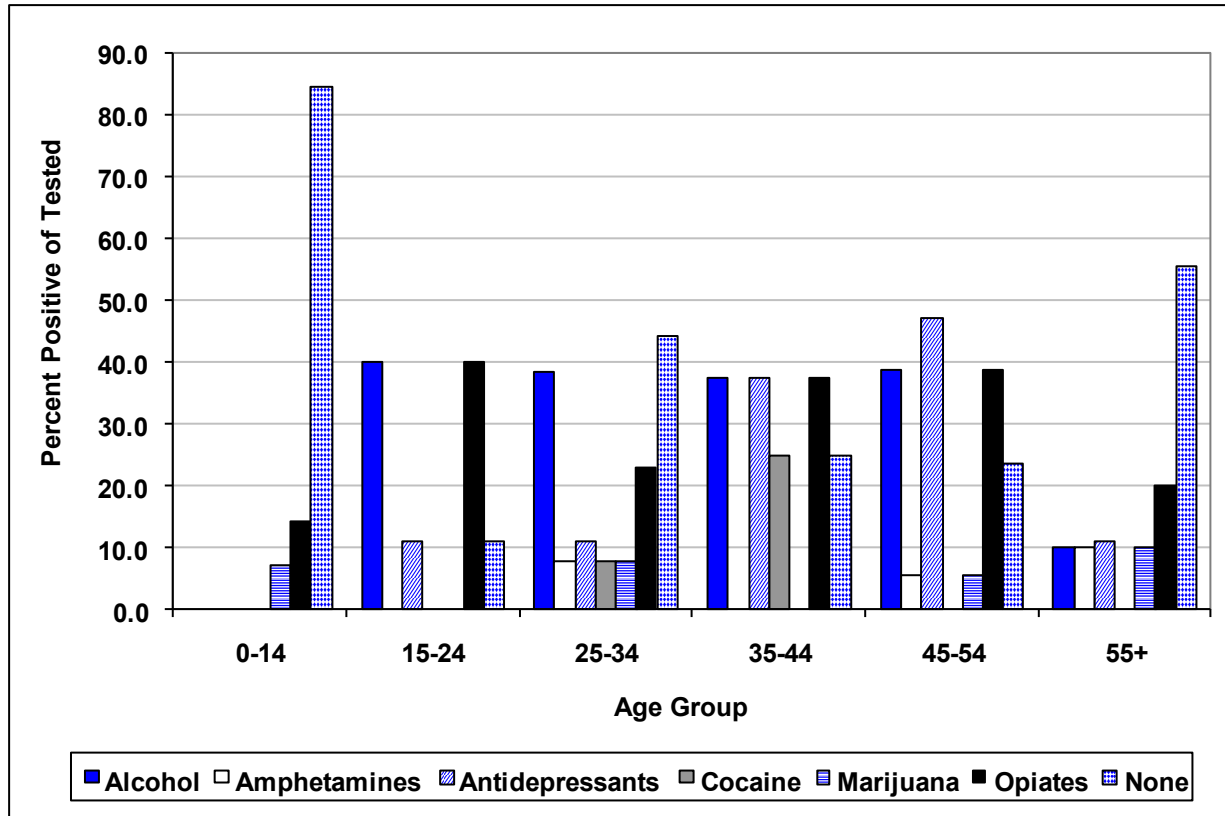
Table 20. Undetermined intent deaths* by selected characteristics, NM, 2007		
	Number	Percent
Sex		
Male	49	59.8
Female	32	39.0
Race/Ethnicity		
American Indian or Alaska Native	11	13.4
Asian or Pacific Islander	0	0.0
Black or African American	1	1.2
Hispanic	28	34.2
White	33	40.2
Weapon/Mechanism		
Poisoning	23	28.1
Firearm	10	12.2
Drowning	5	6.1
Asphyxia	3	3.7
Other†	5	6.1
Location Type of Fatal Injury		
Residence	57	69.5
Natural or public use area	6	7.3
Street/Highway	6	7.3
Other#	4	4.9
*Includes NM resident and non-resident deaths that occurred in-state		
† Other includes sharp instruments, personal weapons, falls, and motor vehicles		
# Other includes industrial areas, sports arenas, hospitals		

Table 21. NM resident undetermined intent deaths/rates by socio-demographic characteristics and region, NM, 2007			
	Number	Percent	Rate per 100,000
Sex			
Male	44	57.9	4.4
Female	32	42.1	3.1
Race/Ethnicity			
American Indian or Alaska Native	10	13.2	4.4*
Asian or Pacific Islander	0	0.0	---
Black or African American	1	1.3	1.8*
Hispanic	27	35.5	3.2
White	32	42.1	3.6
Age Group			
0-14	15	20.0	3.7*
15-24	12	16.0	3.8*
25-34	12	16.0	5.0*
35-44	9	12.0	3.8*
45-54	16	21.3	5.3*
55+	11	14.7	3.5*
Education Level			
8 th grade or less	19	25.7	---
9 th to 12 th grade; no diploma	18	24.3	---
High school degree or GED completed	21	28.4	---
Some college credit; no degree	13	17.6	---
Associates or Bachelors degree	3	3.9	---
Marital Status			
Married	20	26.3	---
Never Married	39	51.3	---
Widowed	4	5.3	---
Divorced	13	17.1	---
US Armed Forces Veteran Status†			
Yes	9	12.0	5.0
No	66	88.0	5.1
*Rates based on <20 deaths are statistically unstable. † Veteran and non-veteran rates were calculated using estimates of the NM civilian population 18 years and older from the American Community Survey (ACS), 2007 1-year ACS Estimates, Veteran Status, Table S2101.			

Table 21. (cont) NM resident undetermined intent deaths/rates			
	Number	Percent	Rate per 100,000
New Mexico Health Region			
Northwest	17	22.4	3.9*
Northeast	13	17.1	4.3*
Central (Bernalillo County)	20	26.3	3.1
Southeast	6	7.9	2.4*
Southwest	20	26.3	4.8
*Rates based on <20 deaths are statistically unstable.			

Table 22. NM resident undetermined intent deaths/rates by race/ethnicity, age group, and sex, NM, 2007				
	Males N=44		Females N=32	
	Number	Rate per 100,000	Number	Rate per 100,000
Race/Ethnicity				
American Indian or AN	7	6.4*	3	2.5*
Asian or PI	0	---	0	---
Black or AA	1	3.6*	0	---
Hispanic	18	4.3*	9	2.1*
White	14	3.2*	18	4.0*
Age Group				
0-14	8	3.9*	7	3.5*
15-24	9	5.5*	3	1.9*
25-34	4	3.3*	8	6.8*
35-44	7	5.9*	2	1.3*
45-54	8	5.4*	8	5.3*
55+	7	4.6*	4	1.6*
*Rates based on <20 deaths are statistically unstable.				

Figure 10. Proportion of undetermined intent decedents* tested that tested positive† for alcohol and drugs by age group, NM, 2007

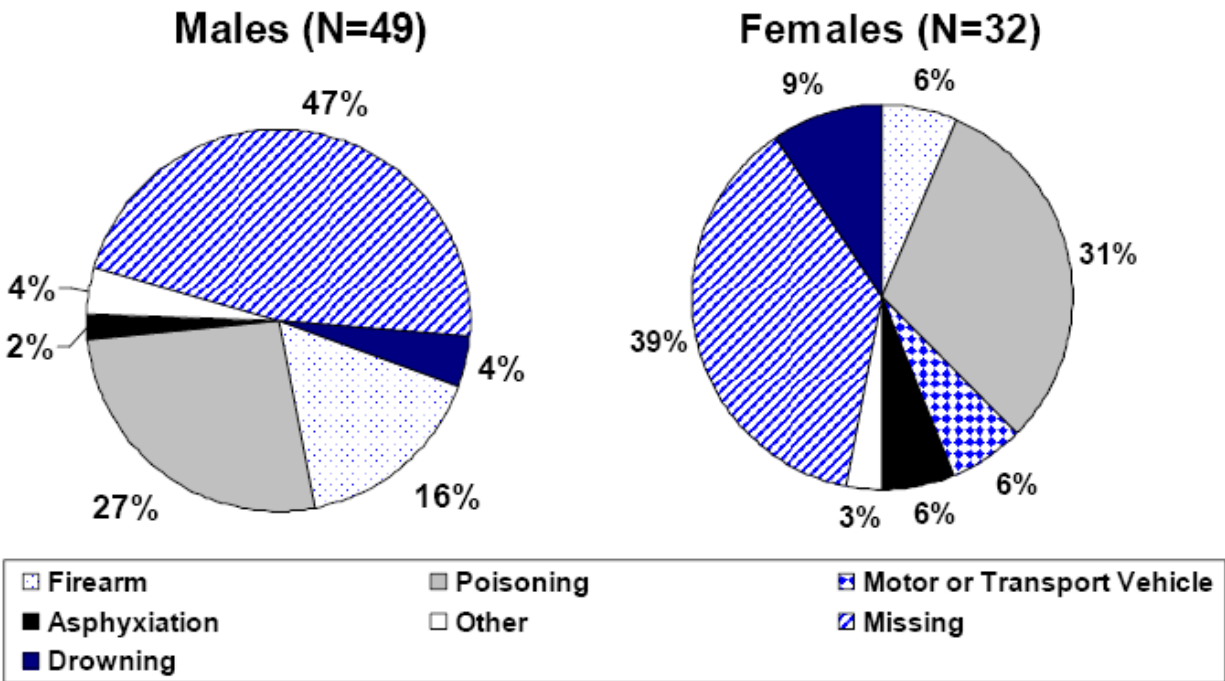


*Includes NM resident and non-resident deaths that occurred in-state.

†Categories are not mutually exclusive; a decedent may have tested positive for more than one substance. Percents were calculated based on the number of decedents tested for each substance, and of those tested, the number that had a positive test result. A positive result for alcohol was a blood alcohol concentration greater than 0.01 g/ dL. Any detectable amount of a drug or its metabolite was considered a positive result.

Due to few counts of decedents, some of the age groups were combined. The “None” category was calculated from all decedents tested for all substances with negative results for every substance. Nearly all undetermined intent decedents were tested for all categories of substances.

Figure 11. Undetermined intent deaths* by weapon/mechanism and sex, NM, 2007



*Includes NM resident and non-resident deaths that occurred in-state.

Much of the weapon information was missing (47% for males and 39% for females). Because this category includes skeletal and mummified remains, partial and decomposed remains and sudden undetermined infant deaths, many times weapon information was not known. When weapon/mechanism was known, it was most often a drug overdose (poisoning) for both males and females (27% and 31%, respectively).

For 45 (59.2%) of the 76 resident undetermined intent decedents, at least one circumstance was known. An average of 1.7 circumstances was recorded for each decedent, with zero being the minimum and 10 the maximum number reported. Just over one-quarter of decedents (27.6%) had two to four circumstances reported. The types of circumstances collected for undetermined intent deaths were the same as those collected for suicide deaths in the NM-VDRS. Males were more likely than females to have circumstances reported (61.4% versus 56.3%, respectively).

Rank	Males (N=44)	Females (N=32)	All Decedents (N=76)
1	Physical Health Problem (20.5%)	Current Mental Health Problem (31.3%)	Current Mental Health Problem (22.4%)
2	Intimate Partner Problem (18.2%)	Ever Treated for a Mental Illness (28.1%)	Physical Health Problem (19.7%)
3	Current Mental Health Problem (15.9%)	Physical Health Problem (18.8%)	Ever Treated for a Mental Illness (18.4%)
4	Other Substance Problem (15.9%)	Other Substance Problem (18.8%)	Intimate Partner Problem (17.1%)
5	Alcohol Problem (13.6%)	Alcohol Problem (15.6%)	Other Substance Problem (17.1%)
6	Current Depressed Mood (13.6%)	Intimate Partner Problem (15.6%)	Alcohol Problem (14.5%)
7	Ever Treated for a Mental Illness (11.4%)	Current Depressed Mood (12.5%)	Current Depressed Mood (13.2%)
8	Crisis in the Past 2 Weeks (11.4%)	History of Suicide Attempts (9.4%)	Crisis in the Past 2 Weeks (9.2%)
9	Death of Family or Friend (9.1%)	Left a Suicide Note (9.4%)	Death of Family or Friend (7.9%)
10	Disclosed Intent to Commit Suicide (9.1%)	Disclosed Intent to Commit Suicide (6.3%)	History of Suicide Attempts (7.9%)
11	History of Suicide Attempts (6.8%)	Crisis in the Past 2 Weeks (6.3%)	Disclosed Intent to Commit Suicide (7.9%)
12	Financial Problem Perpetrator of Interpersonal Violence (4.6%)	Other Relationship Problem Death of Family or Friend (6.3%)	Other Relationship Problem Left a Suicide Note (4.0%)

Type and number of circumstances reported differed by race/ethnicity. Circumstance reporting ranged from 75.0% of Whites, 51.9% of Hispanics, and only 40.0% of American Indian decedents. Likewise, the distribution of circumstances reported varied by race/ethnicity group.

Rank	White (N=32)	Hispanic (N=27)	American Indian (N=10)
1	Current Mental Health Problem (34.4%)	Current Depressed Mood (18.5%)	Current Mental Health Problem (20.0%)
2	Ever Treated for a Mental Illness (31.3%)	Intimate Partner Problem (18.5%)	Ever Treated for a Mental Illness (20.0%)
3	Physical Health Problem (25.0%)	Physical Health Problem (18.5%)	Disclosed Intent to Commit Suicide (20.0%)
4	Other Substance Problem (25.0%)	Other Substance Problem (14.8%)	Current Depressed Mood (10.0%)
5	Intimate Partner Problem (21.9%)	Current Mental Health Problem (14.8%)	Alcohol Problem (10.0%)
6	Alcohol Problem (18.8%)	Crisis In the Past 2 Weeks (14.8%)	Other Substance Problem (10.0%)
7	Current Depressed Mood (12.5%)	Alcohol Problem (11.1%)	Crisis in the Past 2 Weeks (10.0%)
8	Death of Friend or Family (12.5%)	Disclosed Intent to Commit Suicide (11.1%)	History of Suicide Attempts (10.0%)
9	Crisis in the Past 2 Weeks (20.0%)	History of Suicide Attempts (7.4%)	Intimate Partner Problem (10.0%)
10	History of Suicide Attempts (9.4%)	Ever Treated for a Mental Illness (7.4%)	Physical Health Problem (10.0%)
11	Crisis In the Past 2 Weeks (6.3%)	Financial Problem (7.4%)	Other Relationship Problem (10.0%)
12	Disclosed Intent Left a Suicide Note Job Problem/Other Relationship Problem/ Perpetrator of Interpersonal Violence Past Month (3.1%)	Death of Friend or Family (7.4%)	Left a Suicide Note (10.0%)

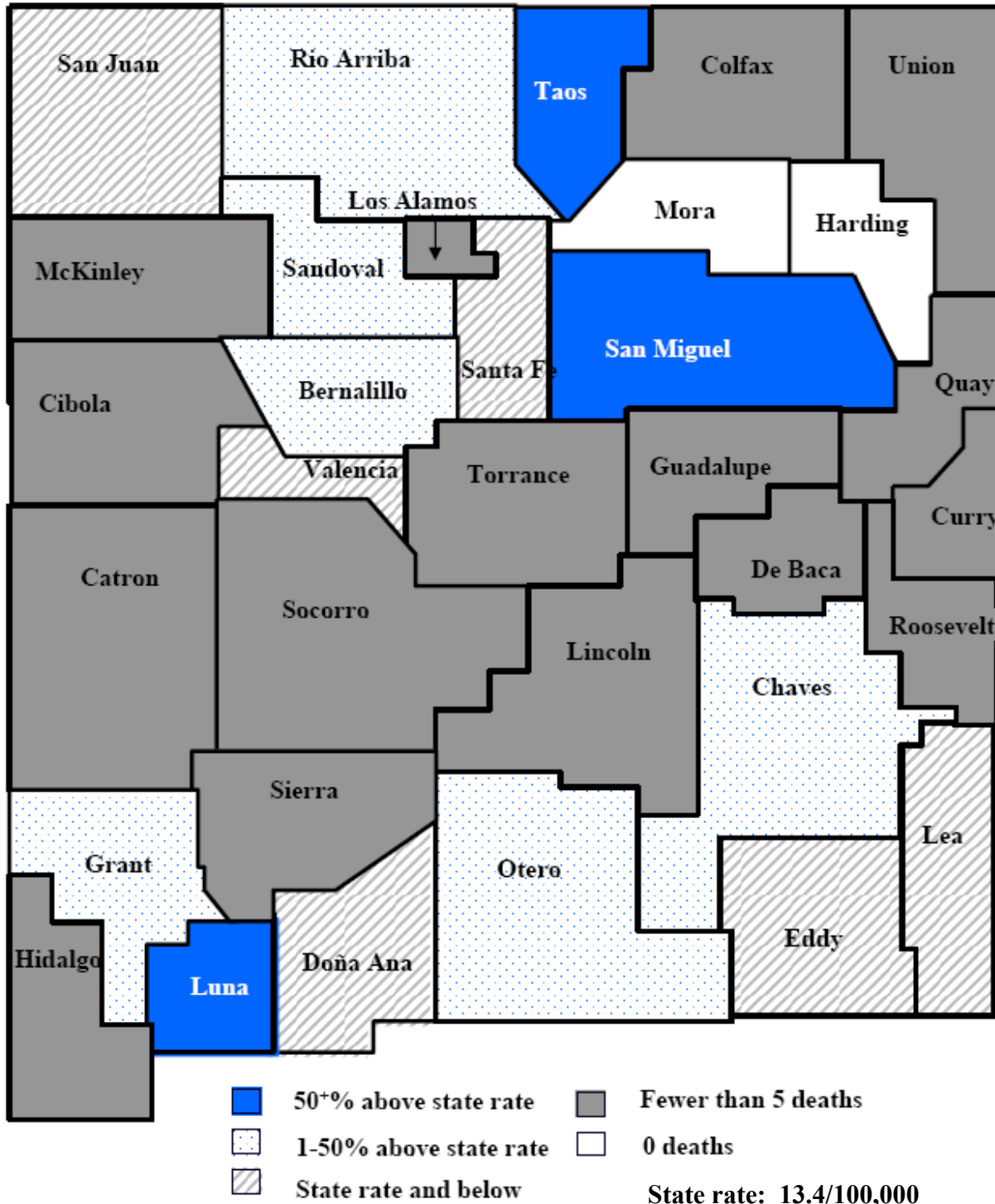
Since the number of circumstances reported for undetermined intent were much fewer than for other violent death types, many of the age groups were combined. Thus young, middle and elder age groups are shown below with the corresponding rank order of reported circumstances. Circumstance reporting ranged from 26% for 0-24 years to 89% for the oldest category.

Rank	0-24 (N=27)	25-44 (N=21)	45+ (N=27)
1	Current Depressed Mood (7.4%)	Intimate Partner Problem (33.3%)	Current Mental Health Problem (40.7%)
2	Current Mental Health Problem (7.4%)	Other Substance Problem (28.6%)	Physical Health Problem (40.7%)
3	Ever Treated for a Mental Illness (7.4%)	Current Depressed Mood (23.8%)	Alcohol Problem (33.3%)
4	Disclosed Intent to Commit Suicide (7.4%)	Current Mental Health Problem (19.1%)	Ever Treated for a Mental Illness (29.6%)
5	Other Relationship Problem (7.4%)	Ever Treated for a Mental Illness (19.1%)	Other Substance Problem (22.2%)
6	Intimate Partner Problem (3.7%)	Physical Health Problem (19.1%)	Intimate Partner Problem (18.5%)
7	Other Substance Problem (3.7%)	Death of Friend or Family (19.1%)	Current Depressed Mood (11.1%)
8	Crisis in the Past 2 Weeks (3.7%)	Disclosed Intent to Commit Suicide (19.1%)	Crisis in the Past 2 Weeks (11.1%)
9	History of Suicide Attempts (3.7%)	Crisis in the Past 2 Weeks (14.3%)	History of Suicide Attempts (11.1%)
10	Left a Suicide Note (3.7%)	Alcohol Problem (9.5%)	Death of Friend or Family (7.4%)
11	Financial Problem (3.7%)	History of Suicide Attempts (9.5%)	Perpetrator of Interpersonal Violence (7.4%)
12		Left a Suicide Note Job Problem Other Legal Problems Suicide of Friend or Family (4.8%)	Financial Problem Left a Suicide Note Other Relationship Problem (3.7%)

Section V: Firearm-Related Death

A firearm-related death is a death resulting from a fatal injury caused by discharging a firearm against oneself or another person.

Firearm-Related Death Rates by County Compared to State Rate New Mexico, 2007



Summary of Firearm-Related Deaths

- A total of 289 deaths involving a firearm occurred in New Mexico in 2007, and of these, 276 (95.5%) were New Mexico residents.
- The ratio of male to female firearm-related decedents (all decedents) was 5.9:1.
- Suicides accounted for the majority of all firearm deaths (65.1%), followed by homicides (28.0%).
- Most deaths due to firearms (67.1%) occurred in or around a residence, such as a house, apartment or on the property of a residence etc. The second most common place of occurrence for firearm-related deaths was on a street or highway (12.2%).
- The highest rates of firearm-related deaths occurred in males (26.0 per 100,000), Whites (17.1 per 100,000), and persons aged 85 years and older (38.2 per 100,000).
- The central region (Bernalillo County) had the highest proportion (34.8%) and rate (14.9 per 100,000) of firearm-related deaths. The lowest proportion of firearm-related deaths was in the southeast region of the state (11.6%), while the lowest rate (11.0 per 100,000 population) was found in the northwest region of the state.
- Firearm death rates were highest among Whites for both males (28.4 per 100,000) and females (6.2 per 100,000) compared to other racial/ethnic groups. No American Indian females or Asian or Pacific Islanders of either sex were killed by firearms in 2007.
- The most common intoxicant found for decedents of all age groups was alcohol. The second most common intoxicant detected in those decedents tested by age group, with age groups less than 45 years testing positive for cocaine and amphetamines and those older than 45 years testing positive for antidepressants.
- Of the 188 resident suicide and undetermined intent decedents that used a firearm, the most common circumstance identified was a current depressed mood (38.3%) followed by intimate partner problems (35.6%) and physical health problems (34.6%).
- For the 85 resident firearm-related homicide and legal intervention deaths, an argument pertaining to something other than money, property or intimate partner violence was the most commonly reported circumstance (30.6%). The homicide was precipitated by another serious crime (felony) in 16.5% of these deaths and the homicide was gang related in 9.4% of firearm-related deaths.
- Unintentional firearm deaths were far less common than suicides and homicides. For the three that occurred in New Mexico in 2007, the most common circumstance surrounding these incidents was playing or “fooling around” with the firearm when it discharged (two out of three). Other circumstances reported included loading or unloading the firearm, showing the firearm to another person, and thinking the firearm was unloaded.
- Firearm-related deaths of all types occurred most often on Mondays (18.3%), in the summer (26.6%), and between 6:01PM and 12:00AM (25.6%).

Of the 679 deaths captured by NM-VDRS in 2007, 289 (42.6%) involved a firearm, and of these, 276 (95.5%) decedents were New Mexico residents. The state rate of firearm-related death was 13.4 firearm deaths (all types) per 100,000 population.

Table 26. Firearm-related deaths* by selected characteristics, NM, 2007		
	Number	Percent
Sex		
Male	247	85.5
Female	42	14.5
Race/Ethnicity		
American Indian or Alaska Native	10	3.5
Asian or Pacific Islander	0	0.0
Black or African American	6	2.1
Hispanic	108	37.4
White	158	54.7
Violent Death Type		
Suicide	188	65.1
Homicide	81	28.0
Unintentional Firearm	3	1.0
Legal Intervention	7	2.4
Undetermined Intent	10	3.5
Location Type of Fatal Injury		
Residence	192	67.1
Street/Highway	35	12.2
Natural or public use area	26	9.1
Motor Vehicle, Parking Lot/Parking Garage	17	5.9
Hotel or Motel	3	1.0
Other [#]	13	4.5
*Includes NM resident and non-resident deaths that occurred in-state		
[#] Other includes service stations, construction areas, abandoned buildings, farms, and athletic areas		

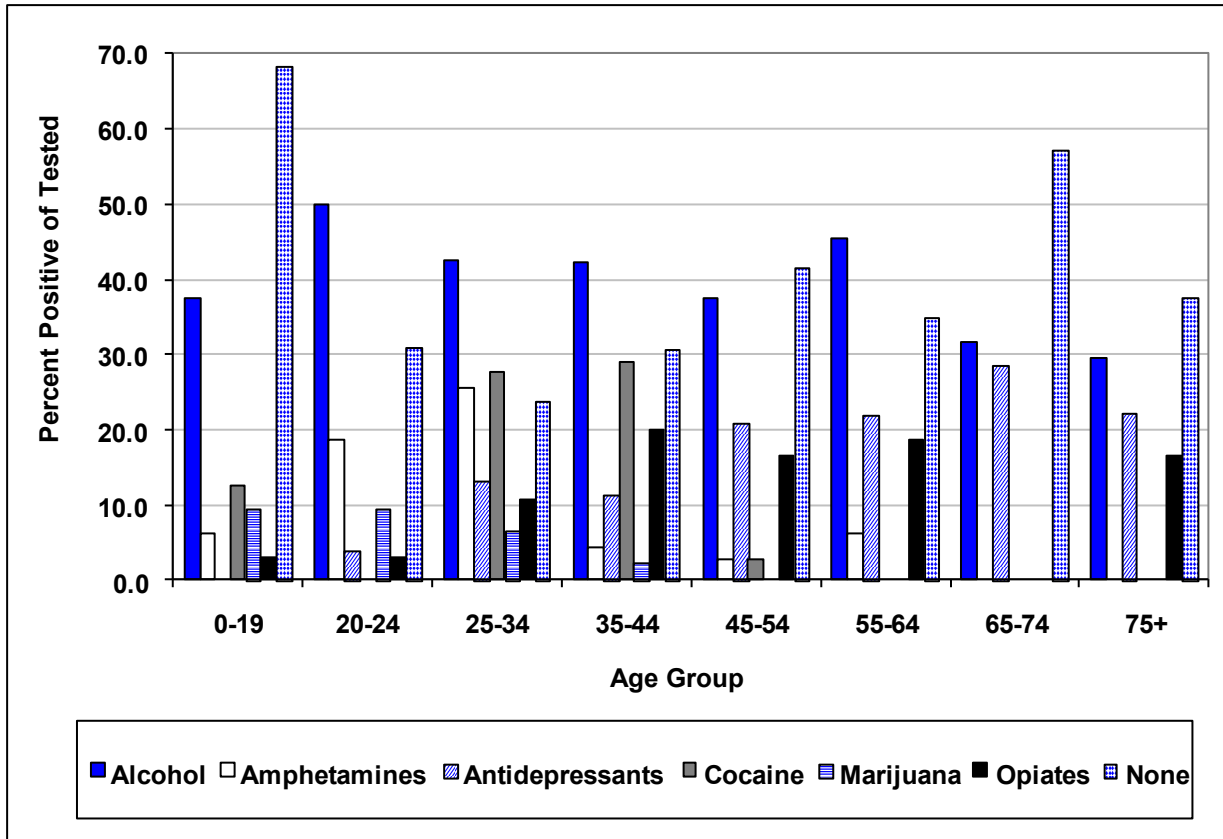
Table 27. NM resident firearm-related deaths/rates by socio-demographic characteristics, NM, 2007			
	Number	Percent	Rate per 100,000
Sex			
Male	236	85.5	26.0
Female	40	14.5	3.8
Race/Ethnicity			
American Indian or Alaska Native	10	3.6	4.4*
Asian or Pacific Islander	0	0.0	---
Black or African American	5	1.8	9.2*
Hispanic	105	38.0	12.4
White	152	55.1	17.1
Age Group			
0-14	5	1.8	1.2*
15-19	28	10.1	16.7
20-24	33	12.0	21.9
25-34	46	16.7	19.3
35-44	46	16.7	15.3
45-54	39	14.1	12.4
55-64	33	12.0	15.6
65-74	22	8.0	14.9
75-84	16	5.8	15.7*
85+	6	2.2	38.2*
Education Level			
8 th grade or less	24	8.7	---
9 th to 12 th grade; no diploma	60	21.7	---
High school degree or GED completed	84	30.4	---
Some college credit; no degree	57	20.7	---
Associates or Bachelors degree	33	12.0	---
Masters, Doctorate or professional degree	13	4.7	---
Marital Status			
Married	76	7.5	---
Never Married	123	44.6	---
Widowed	17	6.2	---
Divorced	59	21.4	---
*Rates based on <20 deaths are statistically unstable.			

Table 28. NM resident firearm-related deaths/rates by region, violent death type, and veteran status, NM, 2007			
	Number	Percent	Rate per 100,000
New Mexico Health Region			
Northwest	48	17.4	11.0
Northeast	44	15.9	14.5
Central (Bernalillo County)	96	34.8	14.9
Southeast	32	11.6	12.6
Southwest	56	20.3	13.5
Violent Death Type			
Suicide	179	64.9	8.7
Homicide	78	28.3	3.8
Unintentional Firearm	3	1.1	0.1*
Legal Intervention	7	2.5	0.3*
Undetermined Intent	9	3.3	0.4*
US Armed Forces Veteran Status†			
Yes	74	26.8	41.5
No	199	72.1	15.5
*Rates based on <20 deaths are statistically unstable.			
†Veteran and non-veteran rates were calculated using estimates of the NM civilian population 18 years and older from the American Community Survey (ACS), 2007 1-year ACS Estimates, Veteran Status, Table S2101.			

New Mexico Violent Death Reporting System: 2007 Violent Deaths

Table 29. NM resident firearm-related deaths/rates by race/ethnicity, age group, and sex, NM, 2007				
	Males N=236		Females N=40	
	Number	Rate per 100,000	Number	Rate per 100,000
Race/Ethnicity				
American Indian or AN	10	9.2*	0	---
Asian or PI	0	---	0	---
Black or AA	4	14.2*	1*	3.8
Hispanic	94	22.4	11*	2.6
White	124	28.4	28	6.2
Age Group				
0-19	30	10.3	3	1.1*
20-24	30	39.2	3	4.0*
25-34	39	32.6	7	5.9*
35-44	36	24.1	10	6.6*
45-54	30	19.6	9	5.6*
55-64	28	27.5	5	4.6*
65-74	20	29.1	2	2.5*
75+	21	42.3	1	1.5*
*Rates based on <20 deaths are statistically unstable.				

Figure 12. Proportion of firearm-related death decedents* tested that tested positive† for alcohol and drugs by age group, NM, 2007



*Includes NM resident and non-resident deaths that occurred in-state.

†Categories are not mutually exclusive; a decedent may have tested positive for more than one substance.

Percents were calculated based on the number of decedents tested for each substance, and of those tested, the number that had a positive test result. A positive result for alcohol was a blood alcohol concentration greater than 0.01 g/ dL. Any detectable amount of a drug or its metabolite was considered a positive result.

- Of the 34 decedents aged 20-24 years, 32 were tested for the presence of alcohol and of those 32, 16 (50.0%) had positive test results.
- The “None” category is calculated from all decedents in each age group tested for all six categories of intoxicants and had negative results for every substance.
- Twenty-six decedents aged 20-24 years were tested for all six categories of intoxicants, and 8 (30.8%) were negative for all substances.

Table 30. NM resident firearm-related suicide and undetermined intent death* circumstances by rank, NM, 2007	
Rank	Circumstance (Percent)
1	Current Depressed Mood (38.3%)
2	Intimate Partner Problem (35.6%)
3	Physical Health Problem (34.6%)
4	Disclosed Intent to Commit Suicide (27.1%)
5	Current Mental Health Problem (23.4%)
6	Crisis in the Past Two Weeks (21.3%)
7	Left a Suicide Note (21.3%)
8	Ever Treated for a Mental Illness (16.5%)
9	Alcohol Problem (13.3%)
10	History of Suicide Attempts (10.6%)
11	Job Problem (10.6%)
12	Other Relationship Problem (9.6%)
*188 resident deaths: 179 suicides and 9 undetermined intent deaths	
Table 31. NM resident firearm-related homicide and legal intervention death* circumstances by rank, NM, 2007	
Rank	Circumstance (Percent)
1	Other Argument, Abuse, Conflict (30.6%)
2	Precipitated by Another Crime (16.5%)
3	Gang Related (9.4%)
4	Intimate Partner Violence Related (8.2%)
5	Justifiable Self Defense/ Law Enforcement (8.2%)
6	Argument Over Money/Property (7.1%)
7	Drug Involvement (7.1%)
8	Drive-by Shooting (4.7%)
9	Jealousy (Lovers' Triangle) (3.5%)
10	Bystander (3.5%)
11	Victim Used Weapon (3.5%)
12	Brawl (Mutual Physical Fight) (2.4%)
*85 resident deaths: 78 homicides and 7 legal intervention deaths	

For all three unintentional firearms deaths, circumstances are known. More than one circumstance may be reported for individuals and categories are not mutually exclusive. Only those circumstances reported are listed. The number of circumstances that can be reported is not limited and categories are not mutually exclusive. The full list of the 20 circumstances collected for unintentional firearm deaths is available online at: http://www.cdc.gov/violenceprevention/pdf/NVDRS_Coding_Manual_Version_3-a.pdf.

Table 32. NM resident unintentional firearm death circumstances, NM, 2007
Playing with Gun
Loading or Unloading Gun
Showing Gun to Others
Thought Safety was Engaged
Thought Unloaded: Magazine Disengaged
Unintentionally Pulled Trigger
Gun Defect or Malfunction
Other Mechanism of Injury

Glossary

The following definitions refer to terms identified in this report and are adapted from the NVDRS coding manual. The complete NVDRS coding manual is accessible on line at <http://www.cdc.gov/ViolencePrevention/NVDRS/publications.html>.

Acquaintance: Someone with or about whom the victim had prior interaction or knowledge.

Alcohol problem: A suicide circumstance in which the victim is perceived by self or others as having a problem with or being addicted to alcohol. A victim who is participating in an alcohol rehabilitation program or treatment, including self-help groups and 12-step programs, and has been clean and sober for less than five years is also considered as having this circumstance.

Argument/Abuse: An interpersonal conflict, such as an insult, grudge, or personal revenge, including conflicts over money or property, child abuse, elder abuse or abuse by a caretaker. This homicide circumstance does not include intimate partner violence or jealousy.

Asphyxia: A lack of oxygen or excess of carbon dioxide in the body that results in unconsciousness or death, usually caused by interruption of breathing or inadequate oxygen supply such as seen in hanging, strangulation, and suffocation.

Blunt instrument: Clubs, bats, boards, or other objects that can be used to inflict an injury.

Brawl: A homicide circumstance in which 3 or more persons were involved in a mutual physical fight, which may or may not escalate to involve the use of weapons.

Circumstances known: Indicates that information about the events or predisposing factors associated with the incident was available from either medical examiner records or law enforcement reports.

Crime: A homicide circumstance in which the incident occurred as the result of another serious offense such as drug trafficking, robbery, burglary, motor vehicle theft, arson, and witness intimidation/elimination. A serious offense is one that carries a sentence of one or more years in prison.

Criminal legal problem: A suicide circumstance in which the victim was facing a recent or impending arrest, police pursuit, or an impending criminal court date, and the consequence was relevant to the suicide event.

Crisis: A suicide circumstance in which an acute precipitating event appears to have contributed to the suicide (e.g., the victim was just arrested; divorce papers were served that day; the victim was about to be laid off; the person had a major argument with a spouse the night before).

Depressed mood: A suicide circumstance in which the person was noted by others to be sad, despondent, down, blue, unhappy, etc. This circumstance can apply whether or not the person has a diagnosed mental health problem.

Drug involvement: A homicide circumstance in which drug dealing, illegally trafficking a controlled substance, or illegal drug use is suspected to have played a role.

Drug problem: A suicide circumstance in which the victim is perceived by self or others as having a problem with or being addicted to medications or other drugs, whether prescribed or illegally obtained. See Substance Abuse.

Financial problem: A suicide circumstance in which the victim was experiencing monetary issues such as bankruptcy, overwhelming debts, a gambling problem, or foreclosure of a home or business.

Firearm: Any weapon (including a starter gun) which is designed to or may readily be converted to expel a projectile by the action of an explosive (e.g., gun powder).

Gang-related: A homicide circumstance in which the victim or suspect is a member of an association or organization that has the commission of crime as one of its reasons for existence, and the homicide resulted from gang rivalry or gang activity.

Gun: A broader category than firearms, that includes any weapon that shoots something under pressure (not necessarily via an explosive as used in a firearm). Includes firearms, BB guns, air guns, etc.

Homicide: A death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community. A preponderance of evidence must indicate that the use of force was intentional.

ICD-10: The International Classification of Diseases- 10th revision is maintained by the World Health Organization and the U.S. National Center for Health Statistics. It is used to classify the external cause of death on death certificates.

Incident: All victims and suspects associated with a given incident are in one record. A violent death incident can be made up of any of the following: a) One isolated violent death; b) Two or more homicides, including legal interventions, when the deaths involve at least one person who is a suspect or victim in the first death and a suspect or victim in the second death; c) Two or more suicides or undetermined manner deaths, when there is some evidence that the second or subsequent death was planned to coincide with or follow the preceding death; d) One or more homicides or unintentional firearm deaths combined with one or more suicides, when the suspect in the first death is the person who commits suicide; and e) Two or more unintentional firearm deaths when the same firearm inflicts two or more fatal injuries and the fatal injuries are inflicted by one shot or burst of shots. For categories (b), (c) and (d), the fatal injuries must occur within 24 hours of each other.

Intent to commit suicide: The victim had previously expressed suicidal feelings to another person, whether explicitly (e.g., "I'm considering killing myself") or indirectly (e.g., "I know how to put a permanent end to this pain").

Intimate partner: A current or former girlfriend, boyfriend, date or spouse. The definition of

intimate partner includes first dates.

Intimate partner problem/violence: A suicide or homicide circumstance in which the victim was experiencing problems with a current or former intimate partner, such as a divorce, break-up, argument, jealousy, conflict, or discord.

Jealousy: A homicide circumstance in which the incident involved sexual rivals.

Job problem: A suicide circumstance in which the victim was either experiencing a problem at work (such as tension with a co-worker, poor performance reviews, increased pressure, feared layoff) or was having a problem with joblessness (e.g., recently laid off, having difficulty finding a job).

Justifiable self-defense: A homicide circumstance in which a civilian (someone who is not a law enforcement officer) acts to protect him/herself by killing another who by violence or surprise is attempting to commit a forcible felony. Essential elements are the civilian does not provoke difficulty and there must be impending peril without a convenient or reasonable mode of escape.

Legal intervention death: A death in which the decedent was killed by a police officer or other peace officer (persons with specified legal authority to use deadly force), including military police, acting in the line of duty.

Mental health problem: A suicide circumstance in which the victim was identified as having a mental health illness, such as depression, schizophrenia, obsessive-compulsive disorder, etc. The mental health problem must have been diagnosed by someone who is professionally trained.

Mental health treatment: A suicide circumstance in which the victim had a current prescription for a psychiatric medication or saw a mental health professional within the two months prior to death. Treatment includes seeing a psychiatrist, psychologist, medical doctor, therapist or other counselor for a mental health or substance abuse problem; receiving a prescription for an antidepressant or other psychiatric medication; or residing in an inpatient or halfway house facility for mental health problems.

Occurrent death: Those deaths in which the decedent was injured in the reporting state, whether or not the decedent was a resident of the reporting state.

Other relationship problem: A suicide circumstance in which the person was experiencing problems or conflict with a family member, friend or associate (other than an intimate partner) that appeared to have contributed to the suicide.

Personal weapon: Injury inflicted on another person using fists, feet, hands, or other body parts.

Physical health problem: A suicide circumstance in which the victim was experiencing terminal disease, debilitating condition, or chronic pain, that was relevant to the suicide event.

Poisoning: A state of illness caused by the presence of any harmful or toxic substance that has been ingested, inhaled, applied to the skin or resulted from any other form of contact; includes drug overdoses.

Resident: The decedent was an official inhabitant of the state (or territory) including those portions of a Native American reservation within the state at the time of injury, according to the death certificate.

Sharp instruments: Objects that can be used to inflict a penetrating injury, such as knives, razors, machetes or pointed instruments such as a chisel or broken glass.

Stranger: Someone with whom the victim has had no prior interaction before the event that culminated in the violent injury.

Substance abuse: A suicide circumstance in which the victim was noted as using illegal drugs (such as heroin or cocaine), abusing prescription medications (such as pain relievers or Valium), or regularly using inhalants (e.g., sniffing gas) even if the addiction or abuse is not specifically mentioned. The exception to this is marijuana use. For marijuana, the use must be noted as chronic, abusive, or problematic (e.g., “victim smoked marijuana regularly,” “victim’s family indicated he had been stoned much of the past months”).

Suicide: A death resulting from the intentional use of force against oneself. A preponderance of evidence should indicate that the use of force was intentional.

Suicide attempt history: A suicide circumstance in which the victim was known to have previously tried to end his/her own life, regardless of the severity of the injury inflicted.

Suicide note: A suicide circumstance in which the victim left a message, e-mail, video, or other communication that he or she intended to end his/her own life. A will or folder of financial papers near the victim does not constitute a suicide note.

Suspect: Person or persons suspected of having killed another person in an incident, whether intentionally (any method/weapon) or unintentionally (firearm only) or assisted in the homicide.

Undetermined death: A death resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death.

Unintentional firearm death: A death resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile when there was a preponderance of evidence that the shooting was not intentionally directed at the victim.

Victim: Person or persons who died in a suicide, violence-related homicide, legal intervention, as the result of a firearm injury, or from an undetermined manner.

Weapon/Method/Mechanism: The primary instrument used by a victim or suspect that contributed to someone’s death.

Acknowledgments

We would like to thank the following people and agencies for their support and participation in the NM-VDRS project:

Deputy Medical Investigators:

T.J. Alden	Sharon Gerena	Marisela Ogas
Bobbi Arredondo	Ray E. Goetz	Ashley Oviedo
Melissa Arzaga	Carlos Gonzales	John Palmerin
Donielle Augustson	Elizabeth Gonzales	Delbert Rector
Lynn Barbour	Tanya Goret	Annette Sandlin
Michael Barragree	Wayne Granger	Kathy Sando
Lisa Benavidez	J. Michell Gray	Michelle Schnekenberg
Lany Berger	Chris Griego	Don Scott
Sharon Berry	Edalia Gutierrez	Staci Seales
Janice Blevins	George Hanna	Billy Selders
Roxanne Bowman	Tricia Hart	Ty Sharpe
Tony Boyd	Michael D. Hass	Carole Shirreffs
Jason Braziel	Robert Hays	Cris Silva
Lynsy Brown	Barry Hazen	Joaguin G. Silva
Sandy Brown	Maria Hernandez	Danny Sisson
Jess Carey	Hans Heynekamp	Amanda Slaugh
David Carter	Kathryn Howard	Brian Smith
Eva Casados	Phillip Jackson	Pam Smith
John Catlett	Candis Jaramillo	Amy Smythe
Susan Catlett	Harold Larkins	Joleene Starr
Juan Chavez	Jack Lasher	Tanya Steele
Mary Lou Chernik	Susan Laskowski	Tamara Stephenson
Terry Coker	Geraldine Lawson	Candis Stoddard
Thomas Conklin	Tori Lente	Paul G. Stone
Howard Cothorn	Kerin Lewis	Sandra Swartz
Denise Davis	Brenda Leyba	Rebekah Tafoya
Jesse Davis	Patricia Lopez	Michelle Taylor
Phil Dees	Jessica Machuca	Darwin Vandenberg
Eliud De Leon	Terry Mackewich	Denise Verdugo
Daniel Delgado	Sena Malett	David A. Vermilion
Roger Dial	Richard Malone	Gloria Vigil
Theresa Diaz	Christopher Martinez	Elizabeth Villalovos
Kim DiLeo	April Karen McClellan	John Villalovos
David Dryden	Jim McCollum	Pat Walter
Lloyd Ellis	Carrie Mercure	Dan Wasko
Billy Emanuel	Joyce Meserve	Rick Wiedenmann
Ian Fletcher	Alfredo Montoya	Heather Williams
Melanie Fordham	Elisha Montoya	Laura Mae Williams
Lauren Fried	Glena Moore	Amy Woods
Judy Gallegos	David Mottle	Amy Wyman
Robert Gallegos	Rhonda Moya	Deborah Zuniga
Patricia Gartner	Brad Nance	68

Law Enforcement Agencies:

Acoma Pueblo Police Department
Alamogordo Department of Public Safety
Albuquerque Police Department
Angel Fire Police Department
Artesia Department of Public Safety
Aztec Police Department
Bayard Police Department
Belen Police Department
Bernalillo County Sheriff's Office
Bernalillo Police Department
Bloomfield Police Department
Bosque Farms Police Department
Bureau of Alcohol, Tobacco, and Firearms
Bureau of Indian Affairs
Cannon Air Force Base – Office of Special Investigations
Capitan Police Department
Carlsbad Police Department
Carrizozo Police Department
Catron County Sheriff's Office
Chama Police Department
Chaves County Sheriff's Office
Cibola County Sheriff's Office
Cimarron Police Department
Clayton Police Department
Cloudcroft Police Department
Clovis Police Department
Cochiti Pueblo Police Department
Colfax County Sheriff's Office
Columbus Police Department
Corrales Police Department
Cuba Police Department
Curry County Sheriff's Office
De Baca County Sheriff's Office
Deming Police Department
Dexter Police Department
Doña Ana County Sheriff's Office
Eddy County Sheriff's Office
Española Police Department
Estancia Police Department
Eunice Police Department
Farmington Police Department
Federal Bureau of Investigation
Fort Sumner Police Department
Gallup Police Department
Grant County Sheriff's Office
Grants Police Department
Guadalupe County Sheriff's Office
Hagerman Police Department
Hatch Police Department
Hidalgo County Sheriff's Office
Hobbs Police Department
Holloman Air Force Base – Office of Special Investigations
Hurley Police Department
Isleta Pueblo Police Department
Jal Police Department
Jemez Pueblo Police Department
Jemez Springs Police Department
Jicarilla Apache Police Department
Laguna Pueblo Police Department
Lake Arthur Police Department
Las Cruces Police Department
Las Vegas City Police
Lea County Sheriff's Office
Lincoln County Sheriff's Office
Logan Police Department
Lordsburg Police Department
Los Alamos County Sheriff's Office
Los Alamos Police Department
Los Lunas Police Department
Loving Village Police Department
Lovington Police Department
Luna County Sheriff's Office
Magdalena Marshal's Office
Magdalena Police Department
McKinley County Sheriff's Office
Melrose Police Department
Mescalero Municipal Police Department
Mesilla Marshals Department
Milan Police Department
Mora County Sheriff's Office
Moriarty Police Department
Mosquero Municipal Police Department
Mountainair Police Department
Nambe Pueblo Police Department
Navajo Nation Department of Law Enforcement

New Mexico Violent Death Reporting System: 2007 Violent Deaths

New Mexico State Police

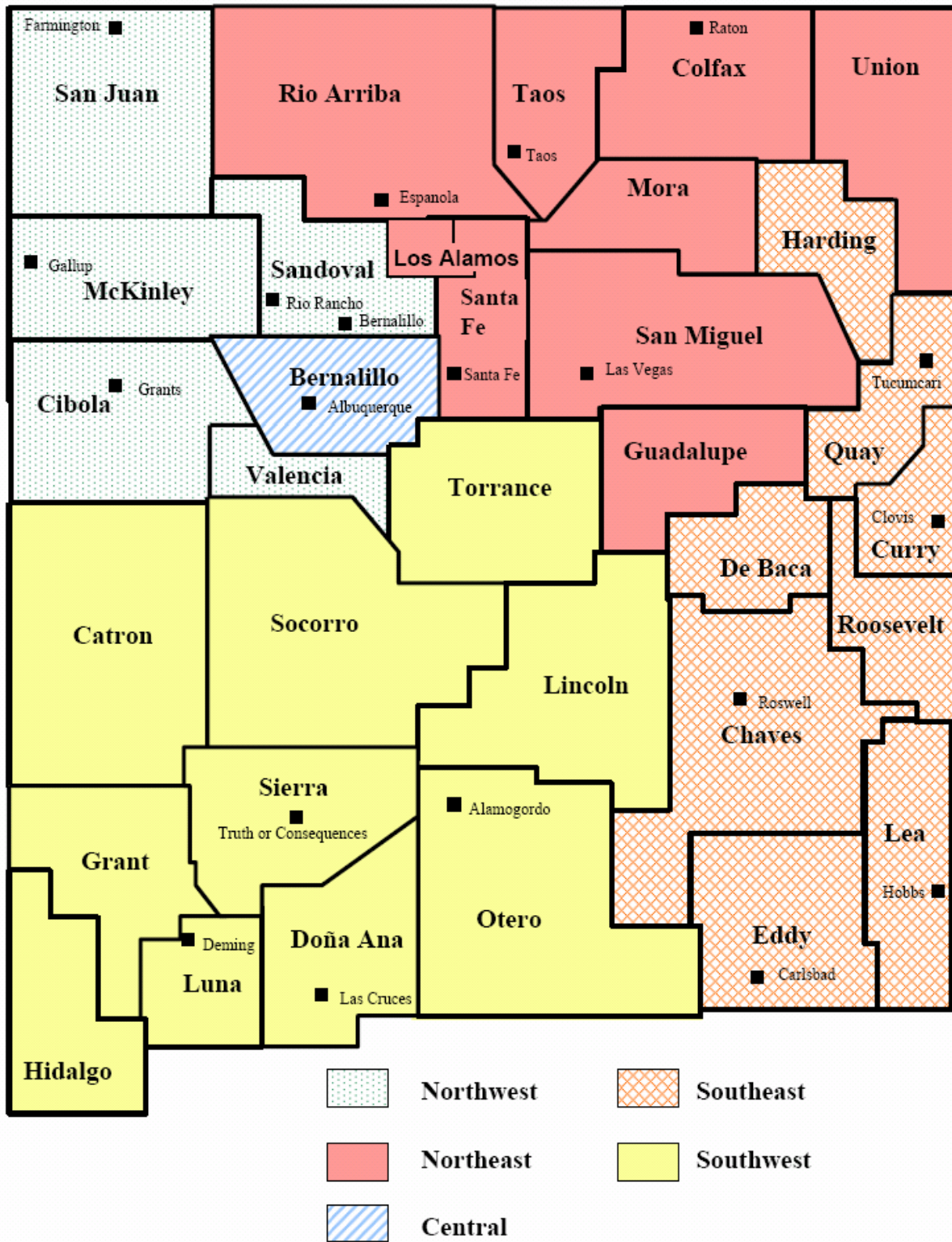
Alamogordo
 Albuquerque
 Artesia
 Belen
 Carlsbad
 Chama
 Clovis
 Cuba
 Deming
 Edgewood
 Española
 Farmington
 Gallup
 Grants
 Hobbs
 Las Cruces
 Las Vegas
 Lordsburg
 Los Lunas
 Moriarty
 Quemado
 Raton
 Rio Arriba
 Roswell
 Ruidoso
 Santa Fe - Law Enforcement Records
 Bureau
 Santa Rosa
 Silver City
 Socorro
 Truth or Consequences
 Taos
 Tucumcari
 Otero County Sheriff's Office
 Peralta Police Department
 Picuris Pueblo Police Department
 Pojoaque Pueblo Police Department
 Portales Police Department
 Quay County Sheriff's Office
 Questa Police Department
 Ramah Navajo Chapter Police Department
 Raton Police Department
 Red River Marshal's Office
 Rio Arriba County Sheriff's Office
 Rio Rancho Department of Public Safety

Roosevelt County Sheriff's Office
 Roswell Police Department
 Roy Municipal Police Department
 Ruidoso Downs Police Department
 Ruidoso Police Department
 San Felipe Pueblo Police Department
 San Ildefonso Pueblo Police Department
 San Juan County Sheriff's Office
 San Juan Pueblo Police Department
 San Miguel County Sheriff's Office
 San Ysidro Marshal Department
 Sandia Pueblo Police Department
 Sandoval County Sheriff's Office
 Santa Ana Pueblo Police Department
 Santa Clara Police Department
 Santa Clara Pueblo Police Department
 Santa Fe City Police
 Santa Fe County Sheriff's Office
 Santa Rosa Police Department
 Santo Domingo Pueblo Police Department
 Sierra County Sheriff's Office
 Silver City Police Department
 Socorro County Sheriff's Office
 Socorro Police Department
 Springer Police Department
 Sunland Park Police Department
 Taos County Sheriff's Office
 Taos Police Department
 Taos Pueblo Police Department
 Tatum Police Department
 Tesuque Pueblo Police Department
 Texico Police Department
 Torrance County Sheriff's Office
 Truth or Consequences Police Department
 Tucumcari Police Department
 Tularosa Police Department
 Union County Sheriff's Office
 U.S. Marshal's Office - Albuquerque
 University of New Mexico Police
 Department
 Valencia County Sheriff's Office
 Vaughn Police Department
 Wagon Mound Marshalls Office
 Zia Pueblo Police Department
 Zuni Pueblo Police Department

New Mexico Violent Death Reporting System Advisory Board:

Danielle Albright, New Mexico Intimate Partner Violence Death Review Team
Michelle Aurelius, Office of the Medical Investigator
Laura Banks, University of New Mexico Department of Emergency Medicine
Pam Brown, New Mexico Corrections Department
Susan Casias, New Mexico Suicide Prevention Coalition
Theresa Cruz, University of New Mexico Prevention Research Center
Susan DeFrancesco, University of New Mexico Prevention Research Center
Karl Doering, Rio Rancho Police Department
Judy Espinoza, Albuquerque Area Southwest Tribal Epidemiology Center
David Foley, Navajo Epidemiology Center
Elena Giacci, Wiya Luta
Marti Madrid, New Mexico Department of Health, Division of Health Improvement
David C. Martinez, New Mexico State Police
Stephanie Moraga-McHaley, New Mexico Department of Health Occupational Health
Surveillance Program
Vicki Nakagawa, New Mexico Department of Health, Office of Injury Prevention
Kurt Nolte, Office of the Medical Investigator
Mary Overpeck, National Center for Child Death Review
J. Grace Park, University of New Mexico Department of Emergency Medicine
Ross Reichard, Office of the Medical Investigator
Robert Shilling, New Mexico State Police
David White, University of New Mexico
Coleen Widell, Help End Abuse for Life
Leona Woelk, University of New Mexico Prevention Research Center

NEW MEXICO HEALTH REGIONS





2011