




NEW MEXICO STATE REPORT

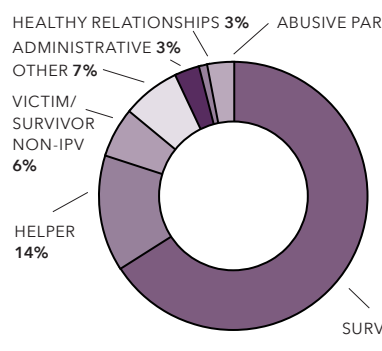
Based on The National Domestic Violence Hotline's contacts documented January–December 2019

In 2019, the National Domestic Violence Hotline documented **1,262** contacts from New Mexico. The state ranks 32nd in terms of contact volume to The Hotline. The Hotline provides crisis intervention, safety planning, referrals and domestic violence (DV) and intimate partner violence (IPV) education for these contacts.

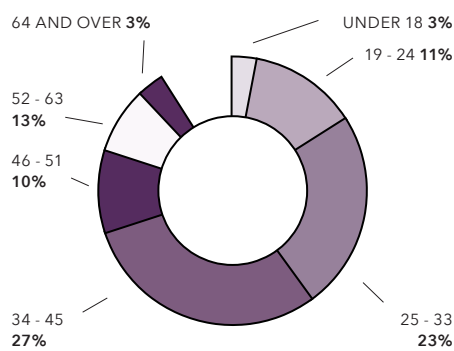
	Phone	984
	Chat	278
	TTY	0
	Total	1,262

WHO IS CONTACTING THE HOTLINE?

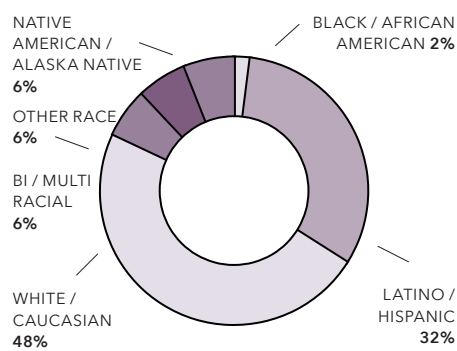
Due to rounding of our data calculations, these numbers may not equal 100%



CONTACT TYPE
1,262 DISCLOSED TYPE



VICTIM/SURVIVOR AGE
1,040 DISCLOSED AGE



CONTACT ETHNICITY
1,110 DISCLOSED ETHNICITY

CONTACT TYPE DEFINITIONS:

Victim/Survivor Intimate Partner Violence (IPV): A contact who has experienced abuse by an intimate partner and is looking for information, resources, emotional or other support regarding the abusive relationship.

Victim/Survivor Non-IPV: A contact who has experienced abuse from anyone other than an intimate partner (i.e. parent, sibling, caretaker), and is looking for information, resources, or support regarding the abuse.

Healthy Relationship Inquiry: A contact discussing intimate partner relationships who is not experiencing a pattern of abusive behaviors.

Abusive Partner: A contact who engages in a pattern of behavior to establish power and control over an intimate partner.

Other: A contact who is not currently experiencing violence and has needs outside the scope of healthy relationships or intimate partner violence services.

NOTE: This contact type excludes wrong numbers. Contacts may report one or more types of abuse.

TOP 10 CITIES BY CONTACT VOLUME

City	%
Albuquerque	45%
Santa Fe	10%
Las Cruces	6%
Rio Rancho	4%
Farmington	3%
Taos	3%
Roswell	2%
Gallup	2%
Jal	2%
Alamogordo	2%

WHAT VICTIMS ARE EXPERIENCING

97%

EMOTIONAL / VERBAL ABUSE

Behavior that isn't physical, which may include verbal aggression, intimidation, manipulation, and humiliation, which most often unfolds as a pattern of behavior over time.

66%

PHYSICAL ABUSE

Non-accidental use of force that results in bodily injury, pain, or impairment. This may include being slapped, burned, cut, bruised, or improperly physically restrained.

28%

ECONOMIC/FINANCIAL ABUSE

When one intimate partner has control over the other partner's access to economic resources, which diminishes the victim's capacity to support themselves.

20%

DIGITAL ABUSE

The use of technologies such as texting and social networking to bully, harass, stalk, or intimidate a partner.

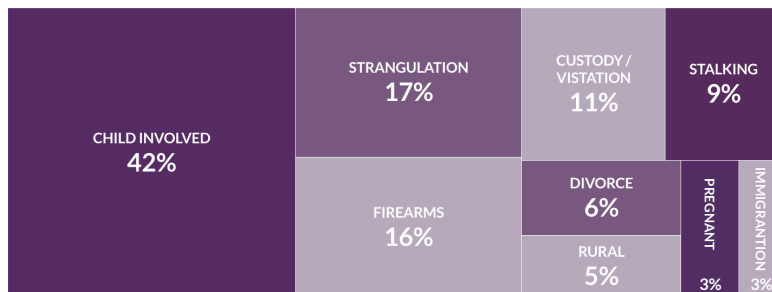
12%

SEXUAL ABUSE

Non-consensual sexual interaction through coercion, guilt, or force. This may include pressure to engage in sexual activity, refusal to use contraception, or demanding of sexual images or video.

995 DISCLOSED EXPERIENCES

MOST COMMONLY DISCLOSED FACTORS BY VICTIM/SURVIVORS



VICTIM/SURVIVOR NEEDS COMMONLY REQUESTED SERVICES:

DV SHELTER	196	20%
LEGAL ADVOCACY	293	29%
INDIVIDUAL PROFESSIONAL COUNSELING	213	21%
SUPPORT GROUPS	120	12%
LEGAL REPRESENTATION	64	6%
PROTECTIVE/RESTRAINING ORDER	94	9%

REFERRALS TO LOCAL SERVICE PROVIDERS

795

OFFERS TO DIRECT CONNECT

362

OFFERS ACCEPTED

147

REFERRALS TO OTHER RESOURCES

630

Best practice is to refer each contact to 3 resources.

MOST-REFERRED RESOURCES

- 1 WOMENSLAW.ORG
- 2 211 - UNITED WAY
- 3 AUNT BERTHA
- 4 GOODTHERAPY.ORG
- 5 CHILDHELP NATIONAL CHILD ABUSE HOTLINE

Providers are direct providers of domestic violence services, offered in their local community free of charge to victims/survivors.

Resources are social service agencies or informative programs. They are not domestic violence specific, and they can be either statewide or nationwide.



This publication was made possible by Grant Number 90EV0426 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.