Violence in Bernalillo County, New Mexico

A Description of the Burden and an Investigation into Best Practices and Current Efforts for Prevention of Child Maltreatment, Homicide, Bullying, Sexual Violence, Intimate Partner Violence, Suicide, and Elder Abuse
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Executive Summary

The high rate of violence in New Mexico is an urgent public health issue. New Mexico sees higher rates of homicide, suicide, sexual violence, and child maltreatment, than the United States as a whole. For members of marginalized communities, the rate of violence victimization is higher. Bernalillo County has the highest population density of any county in New Mexico, and its residents experience similarly high rates of violence as the state overall. The burden of violence is not shared equally among neighborhoods in Bernalillo County; census tracts with high rates of poverty experience very high rates of violence, including homicide and child abuse and neglect.

The impact of violence is far-reaching and multigenerational. Violence victimization has been linked to anxiety, depression, post-traumatic stress disorder, substance use, and chronic disease (Wilkins et al., 2014). In its most extreme form, violence results in death and permanent disability. In a landmark study by Kaiser Permanente measuring the impact of Adverse Childhood Experiences (ACEs), it was found that children who experience violence or witness violence in their homes or neighborhoods suffer from long-term negative behavioral and physical health outcomes including, but not limited to, depression, smoking and other substance abuse, poor academic achievement and work performance, sexual and intimate partner violence, chronic obstructive pulmonary disease, liver disease, sexually transmitted diseases, and suicide attempts (Felitti et al., 1998). Furthermore, the study found that the more adverse childhood experience exposures, the higher the intensity of the negative health impact. Experiencing ACEs as a child is also linked to future violence victimization as well as perpetration, setting up a cycle of violence that becomes very difficult for families to interrupt. Four of the eight ACEs identified by Kaiser Permanente are experiences of violence inflicted on the children themselves or family member (Felitti et al., 1998).

The evidence base for violence prevention is growing. Efforts to prevent violence center around the prevention of perpetration, or preventing people from inflicting violence on others. The most current evidence indicates that various forms of violence share common risk and protective factors. By focusing on reducing common risk factors and increasing common protective factors, communities may be able to reduce the rate of multiple forms of violence simultaneously. Efforts to reduce child maltreatment
may hold the most promise for reducing violence across the lifespan. Many organizations in Bernalillo County are working to reduce violence by addressing shared risk and protective factors.

**Child Maltreatment**

**Prevalence of Child Maltreatment in New Mexico**

Child abuse includes physical, sexual, or emotional abuse of a person under 18 years of age by an adult in a caretaking or custodial role of the child. Neglect refers to the withholding of basic physical and emotional necessities that a child needs to thrive, including food, housing, clothing, education, and health care. Child abuse and neglect together are referred to as child maltreatment. Approximately 1 in 7 children in the United States have experienced child maltreatment (Fotson et al., 2016). Child maltreatment occurs in all communities in the United States, but children living in poverty are at exceptionally high risk (Sedlak et al., 2010).

Child maltreatment is associated with numerous short-term and long-term negative health impacts, including broken bones, traumatic brain injury, cognitive delay, post-traumatic stress disorder, anxiety, sexually transmitted infections, and future perpetration of violence. Young children are at highest risk for abuse and neglect. In Federal Fiscal Year (FFY) 2015, 52 states reported that more than one-quarter (27.7%) of victims were younger than 3 years. The victimization rate was highest for children younger than 1 year (24.2 per 1,000 children in the population of the same age) (Fotson et al., 2016).

Child maltreatment frequently goes unreported. Data around child maltreatment in New Mexico comes from two sources – retrospective data from the Behavioral Risk Factor Surveillance Survey (BRFSS), in which adults report adverse childhood experiences (ACEs), and substantiated allegations of child abuse and neglect from the Children, Youth, and Families Department (CYFD). ACEs data have not been collected in New Mexico since 2009. CYFD provides annual reports of substantiated allegations of child abuse. Substantiated allegations are those in which harm has been done to a child, an adult has been identified as the perpetrator, and a child welfare investigator has determined that credible evidence exists to support the conclusion that the child has been abused and/or neglected as defined by the New Mexico Children's Code (http://www.nmcpr.state.nm.us/nmac/_title08/T08C026.htm) (Child Abuse and Neglect, 2017).
In the US during federal fiscal year (FFY) 2015, the rate of substantiated child abuse and neglect was 9.2 per 1,000 children. (U.S. Department of Health & Human Services, 2017). In New Mexico in 2015, the rate of substantiated allegations of child abuse was 21.3 per 1,000 children, more than double the US rate. The rate of child abuse in New Mexico has been increasing since 2004. (NMDOH IBIS, 2017)

Figure 1. Rate of Substantiated Allegations of Child Abuse per 1,000 Children in New Mexico by year, 2005-2016.

Prevalence of Child Maltreatment in Bernalillo County

There were 3,482 substantiated allegations of child abuse in Bernalillo County during state fiscal years 2014-2016. The rate of substantiated cases or allegations of child abuse during that period was 22.6 per 1,000 children. This rate is higher than the state average of 19.1 per 1,000 children for the same period. (NMDOH IBIS, 2017)

Figure 2. Rate of Substantiated Allegations of Child Abuse per 1,000 Children in New Mexico by County, 2014-2016.

There were 20 deaths related to child maltreatment in Bernalillo County between the years 2009-2015. In 2015, there were four deaths in Bernalillo County related to child abuse and neglect. (New Mexico
Prevalence of Child Maltreatment by Small Area in Bernalillo County

The census tract with the highest rate of child maltreatment in Bernalillo County during fiscal years 2007-2011 was the tract bound by Lomas, Zuni, Pennsylvania, and Wyoming Boulevards, with a rate of 26.67 per 1,000 children. The census tract with the second-highest rate of child maltreatment was the census tract bound by Lomas Blvd., Coal Blvd., 8th street, and Broadway Blvd. with a rate of 21.32 per 1,000 children. (New Mexico Children, Youth, and Families Department, 2012). In the map below, census tracts that are darker in color had more substantiated cases of child maltreatment during fiscal years 2007-2011.

Figure 3. Rate of Substantiated Cases of Child Abuse or Neglect in Bernalillo County by Census Tract, State Fiscal Years 2007-2011.
Prevention of Child Maltreatment

The following information is a summary of the document “Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities,” released by the Centers for Disease Control and Prevention in 2016. The technical package represents the most current, best available knowledge of the most promising strategies to reduce child maltreatment. Strategies included in the technical package are evidence-based or, in the absence of rigorous evaluation, have shown the most promise in reducing child maltreatment. The full document can be accessed here https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf and the full citation is as follows:

The prevention of child maltreatment is a public health priority, due in part to its impact on a broad array of health outcomes. Research consistently demonstrates links between child maltreatment and injury, HIV and other sexually transmitted infections, anxiety and depression, delayed cognitive development, involvement in sex trafficking, and future violence perpetration and victimization.

Risk factors for the perpetration of child maltreatment exist at all levels of the social ecology. Risk factors work in conjunction with one another to increase the likelihood that someone will inflict violence on another person; however, the existence of one or more risk factors does not necessarily result in perpetration of violence.

Risk factors for perpetration of Child Maltreatment

- Young parental age
- Single parenthood
- Large number of dependent children
- Low parental income
- Parental substance abuse
- Parental mental health issues
- Parental history of abuse or neglect
- Social isolation
- Family disorganization
- Parenting stress
- Intimate partner violence against a parent
- Poor parent-child relationships
- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates)

Protective Factors against Perpetration and Victimization of Child Maltreatment

- Supportive family environments
- Supportive social networks
- Parental employment
- Adequate housing
- Access to health care and social services

Strategies for Prevention of Child Maltreatment

The evidence base for effective prevention of child abuse and neglect is stronger than the evidence base for prevention of other forms of violence. Much research has been done in this area because of the drastic impact that child abuse and neglect has on a multitude of health outcomes. One of these
outcomes is future violence perpetration as well as victimization. Thus, prevention of child maltreatment can be viewed as primary prevention of the other forms of violence detailed in this report. Recommended strategies for prevention of child maltreatment include strengthening economic supports for families, changing social norms to support parents and positive parenting, providing quality care and education early in life.

**Strengthen Economic Supports for Families**

Empirical evidence consistently links low household income to children’s development, academic achievement, and health, and poverty is associated with a higher risk of experiencing child abuse and neglect. Approaches to prevent child maltreatment that center around strengthening economic support for families include strengthening household financial security and creating family-friendly work policies.

**Strengthening household financial security** Programs that ensure families’ ability to meet children’s basic needs has positive benefits for families, including the potential to reduce risk of child maltreatment.

- **Child support payments** Allowing child support payments to be passed on to the custodial parent in part or in full without reducing Temporary Assistance for Needy Families (TANF) benefits increases household income. While household income for low income families increases modestly when child support is passed on to families, this policy also increases the likelihood that non-custodial parents who contribute child support do so in greater amounts.

- **Tax credits for families with children** Approximately half of the states in the U.S. have Earned Income Tax Credits in place. These tax credits can help to offset the costs of child rearing for low-income families. Child tax credits can lift children out of poverty, as well as decreasing maternal stress and depression, which are both risk factors for child abuse and neglect.

- **State options for managing federal nutrition assistance programs**, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. States can enact policies that facilitate access to SNAP and other programs that reduce the impact of child poverty, a risk factor for child maltreatment. Analysis has shown that families receiving nutrition benefits have fewer reports of abuse and neglect than families not receiving food assistance through SNAP or WIC.

- **Assisted housing mobility** Assisting families in their efforts to move out of high-poverty neighborhoods has potential to decrease child maltreatment. This can be achieved at the state level through policies that allow Community Development Block Grant (CDBG) funds and Section 8 Housing Choice Voucher funds to be used in low-poverty neighborhoods. One example of this strategy’s effectiveness is the Moving to Opportunity (MTO) experiment conducted in four large U.S. cities. Evaluation showed that after receiving vouchers to move to low-poverty neighborhoods as well as housing mobility counseling, participants were more likely to attend college and live in low-poverty neighborhoods, and some families had gotten out of poverty in two generations.

- **Subsidized child care** Child care subsidies allow families to choose better quality child care that provides safe, stable, nurturing environments with lower risk of maltreatment-related fatalities.
At the state level, evidence shows that states who can meet the need for child care assistance saw decreased rates of child abuse and neglect. Access to affordable child care is associated with lower rates of maternal depression and parental stress, which are risk factors for child maltreatment. Furthermore, children in licensed child care facilities are much less likely to suffer maltreatment or neglect by unrelated adults living in the child’s home, who may be tasked with child care responsibilities.

**Family-friendly work policies** allow parents to balance meeting the needs of their children with maintaining economic stability.

- **Livable wages** are associated with higher levels of education and lower mental health problems for parents, and higher rates of academic achievement, lower rates of hospitalization, and higher rates of health care access for children.

- **Paid leave** Paid sick and vacation leave, as well as paid maternity leave, are associated with lower rates of parental depression, a risk factor for child maltreatment. Additionally, paid maternity leave is associated with an increase in breastfeeding, which appears to be a protective factor against child abuse and neglect.

- **Flexible and consistent schedules** allow parents to arrange for high-quality childcare. Parents who work irregular schedules experience higher levels of stress and depression, and experience more work-family conflict, than parents who work consistent schedules.

**Change Social Norms to Support Parents and Positive Parenting**

Social norms related to child maltreatment include attitudes toward the acceptability of violence, attitudes about how parents should discipline their children, and attitudes towards appropriateness of adults to seek help with parenting. Approaches to changing social norms to support parents include public engagement and education campaigns and legislative approaches to reduce corporal punishment.

- **Public engagement and education campaigns** reframe the ways in which people talk about child maltreatment. Participation in social marketing campaigns such as the *Breaking the Cycle* was associated with changing parents’ beliefs and intentions about yelling, swearing, or putting down their children, and increased their likelihood to seek help with parenting.

- **Legislative approaches to reduce corporal punishment** refers to laws and regulations around using harsh physical punishment to discipline children. In the U.S., these bans mainly apply to the use of discipline in childcare settings. Worldwide, countries with bans on corporal punishment see lower rates of corporal punishment than countries without such bans.

**Provide Quality Care and Education Early in Life**

Access to quality childcare and early childhood education can increase children’s exposure to safe, stable, nurturing relationships and environments, which may improve children’s cognitive and socioemotional development. Access to affordable childcare is associated with reduced parental stress and maternal depression, both risk factors for child abuse and neglect. Approaches to increasing quality
childcare and education include providing preschool enrichment with family engagement and improving quality of childcare through licensing and accreditation.

Preschool enrichment with family engagement This approach provides high-quality education to economically disadvantaged infants, toddlers, and children as well as education and support for parents. Rigorous evaluation has shown that programs such as Child Parent Centers (CPC) and Early Head Start (EHS) have a positive impact on children’s cognitive and social skills, and participation in both was associated with reduced rates of child abuse. Moreover, longitudinal evaluation of CPC showed higher rates of college attendance, health insurance coverage, and employment, and lower rates of convictions for violent offenses.

Improving quality of childcare through licensing and accreditation Accreditation ensures that licensed childcare facilities offer safe, high-quality services. Quality care is associated with positive outcomes for children, including fewer behavior problems, and can counteract some of the negative effects of a difficult home environment.

Enhance Parenting Skills to Promote Healthy Child Development

This strategy recognizes that interactions with parents play a key part in a child’s cognitive and socioemotional development, and that lack of parenting skills, economic hardship, and/or health problems may impact parents’ ability to provide safe, stable, nurturing environments critical to child well-being. Approaches include early childhood home visitation programs and parenting skill and family relationship approaches.

Early childhood home visitation programs Home visiting programs can be highly structured or flexible, and are delivered by nurses, professionals, or paraprofessionals who provide support, education, and training to parents or caregivers of newborns and infants in their own homes. Some begin during pregnancy, while others begin after birth. Effectiveness on child well-being varies by model. The Nurse Family Partnership (NFP), a highly structured program, is associated with a significant reduction in child maltreatment, as well as reductions in maternal substance use and child behavioral problems. Effectiveness of home visiting programs may vary widely by community; the Home Visiting Evidence of Effectiveness Review provides information about a wide variety of home visiting models.

Parenting skill and family relationship approaches provide parents with information about the causes and consequences of violence, as well as information about general child development and discipline techniques not involving physical punishment. Parents may also learn anger management skills and problem-solving skills. Strong research evidence exists that indicates that these programs reduce child maltreatment. Examples of successful programs include Adults and Children Together Against Violence: Parents Raising Safe Kids (ACT), The Incredible Years, and SafeCare.

Intervene to Lessen Harms and Prevent Future Risk

Experiencing or witnessing violence as a child is associated with numerous poor behavioral and physical health outcomes, including future violence victimization as well as perpetration. Thus, providing treatment to victims of child maltreatment can be seen as primary as well as secondary and tertiary prevention. Approaches that aim to lessen harms and prevent future risk include enhanced primary
care, behavioral parent training programs, treatment for children and families to lessen the harms of abuse and neglect exposure, and treatment for children and families to prevent problem behavior and later involvement in violence.

**Enhanced Primary Care** – this approach trains primary care providers to identify child maltreatment, and provide referrals to social workers for follow-up care. One example of a model shown to be effective in reducing child abuse and neglect is the *Safe Environment for Every Kid (SEEK)* model.

**Behavioral parent training programs** are 12-16 week programs that work to reduce the recurrence of child abuse and neglect. These programs focus on child behavior management as well as positive parent-child relationship skills. Examples include *Parent-Child Interaction Therapy (PCIT), The Incredible Years,* and *SafeCare*.

Treatment for children and families to lessen the harms of abuse and neglect exposure is delivered to child victims by trained therapists in group settings or through 1-on-1 therapy. *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)* is one example of a therapeutic intervention with demonstrated effectiveness in reducing post-traumatic stress disorder and depression among children who have experienced abuse and neglect.

Treatment for children and families to prevent problem behavior and later involvement in violence focuses on mitigating the impact of child maltreatment, including problematic sexual behavior. This strategy works to engage a child’s social network to provide support and skill building around avoiding future violence perpetration. Examples of effective programs include *Children with Problematic Sexual Behavior Cognitive-Behavioral Treatment Program: School-age Program* and *Multisystemic Therapy (MST)*.

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**Homicide**

**Prevalence of Homicide in New Mexico**

Homicide is the third leading cause of death among persons aged 10 to 24 years in the United States. In 2014, 86% of youth homicide victims were killed with a firearm (David-Ferdon, 2016).

In New Mexico in 2015, homicide was the third leading cause of death among adolescents and young adults 15-29 years (NMDOH IBIS, 2016). The rate of homicide in New Mexico in 2015 was 7.9 per 100,000 people, higher than in 2014, when the rate was 7.1 per 100,000 people. This was significantly higher than the rate of homicide in the United States in 2014, which was 5.1 per 100,000 people. The
rate of homicide in New Mexico has been higher than the US rate each year since 1999, with the exception of 2001 (NMDOH IBIS, 2016).

Figure 4. Rate of Homicide per 100,000 People in New Mexico and United States by year, 1996-2015.

Prevalence of Homicide in Bernalillo County

In Bernalillo County in 2015, 58 people died by homicide. The rate of homicide in Bernalillo County in 2015 was 8.4 homicides per 100,000 residents, similar to the state average of 7.9 per 100,000. The rate for males (14.9) was significantly higher than the rate for females (2.2). (NMDOH IBIS, 2016) In 2014, 66.7% of homicides were by firearm. In 2015, 59.3% of homicides were by firearm. (NM-VDRS, 2009-2015, as of 5/1/2017. Note: 2015 data are preliminary)

During the period 2011-2015, Black/African American residents of Bernalillo County had the highest rate of death by homicide of all racial and ethnic groups (23.3 per 100,000). This rate is nearly six times the rate of death by homicide for White residents (3.8 per 100,000). (NMDOH IBIS, 2016)

Figure 5. Rate of Homicide per 100,000 People by Race/Ethnicity, Bernalillo County, NM, 2011-2015
The number of homicides in Bernalillo County varied by location, with some parts of the County seeing more homicides than others. The most recent data available for homicide by small area is from 2013. Numbers of death by homicide are reported here rather than rates, because due to small sample size, the rates of homicide by small area are unstable or very unstable. The small area with the highest number of homicides during 2009-2013 was Central Tabo (22), followed by Lomas Broadway (20). Kirtland Air Force Base and Lomas Girard had no deaths by homicide during 2009-2013.

Figure 6. Number of Homicides in Bernalillo County by Census Tract, State Fiscal Years 2009-2013.
Prevention of Homicide

The most promising strategies for prevention of homicide center around preventing youth violence. A description of these strategies can be found in the section “Preventing Youth Violence (Homicide, Bullying, and Assault).”

Bullying and Physical Fighting among Youth

Prevalence of Bullying and Physical Fighting among Youth in New Mexico

Bullying can take place in-person or electronically, in groups or one-on-one, and is highly prevalent among young people in the United States. Females and sexual minority youth are more likely to experience bullying than their male and/or heterosexual peers. Boys and young people who are
members of racial or ethnic minority groups are more likely to experience physical fighting than girls or White youth (David-Ferdon, 2016).

The percentage of students who reported being in a physical fight in the past 12 months was higher in New Mexico than in the United States in 2015 (NM YRRS, 2015). More male students (31.1%) than female students (20.5%) in New Mexico reported being in a physical fight during the 12 months preceding the survey; 5.8% of female students and 11.1% of male students reported being in a physical fight on school property.

Differences in physical fighting were seen by race/ethnicity and sexual orientation. Black students were more likely to have gotten into a physical fight than American Indian/Alaska Native, Hispanic, or White students (12.9%, 9.1%, 9.1%, and 6.2%, respectively). Students who were unsure of their sexual identity, bisexual students, and gay and lesbian students were more likely to have gotten into a physical fight than straight students (15%, 14%, 12.6%, 9%, 7.4%, respectively). (CDC YRBS, 2015)

Overall, a lower percentage of students in New Mexico reported being bullied on school property or electronically bullied than students in the United States overall. A higher percentage of female students in New Mexico reported being bullied at school (20.5%) than male students (16.3%). Female students (17.4%) were also more likely than male students (9.9%) to have been electronically bullied (CDC YRBS, 2015).

Prevalence of Bullying and Physical Fighting in Bernalillo County

The percentage of students in Bernalillo County who reported being in a physical fight in the past 12 months in 2015 was similar to the percentage of students in New Mexico as a whole.

Figure 7. % of Students in a Physical Fight in the Past 12 Months, Grades 9-12, Bernalillo County, New Mexico, and United States, 2015.
The percentage of students who were bullied on school property in Bernalillo County and in New Mexico was lower than the percentage of students in the United States overall. The percentage of students who were electronically bullied was also lower in Bernalillo County and in New Mexico than in the US.

Figure 8. % of Students Bullied in the Past 12 Months, Grades 9-12, Bernalillo County, New Mexico, and United States, 2015.
In Bernalillo County, 4.6% of students carried a weapon on school property, and 5.7% skipped school because of safety concerns. The percentage of students who skipped school due to safety concerns is higher in New Mexico than in the United States overall; however, the percentage of students in Bernalillo County is lower than in New Mexico.

Source: New Mexico Youth Risk and Resiliency Survey (NM YRRS), New Mexico Departments of Health and Public Education and U.S. Centers for Disease Control and Prevention (CDC)
Figure 9. % of Students who Carried Weapons or Experienced Safety Concerns in the Past 12 Months, Grades 9-12, Bernalillo County, New Mexico, and United States, 2015.

Source: New Mexico Youth Risk and Resiliency Survey (NM YRRS), New Mexico Departments of Health and Public Education and U.S. Centers for Disease Control and Prevention (CDC)

Preventing Youth Violence (Homicide, Bullying, and Assault)

The following information is a summary of the document “A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors,” released by the Centers for Disease Control and Prevention in 2016. The technical package represents the most current, best available knowledge of the most promising strategies to reduce youth violence. The definition of “youth” in this context refers to people between the ages of 10 and 24. “Youth violence” refers to a young person intentionally harming others through fights, bullying, threats with weapons, gang-related violence, and in the most extreme form, homicide. Strategies that target youth hold the most promise for reducing homicide and assault at the population level, as many of the risk factors for these forms of violence affect potential perpetrators when they are children and young adults.

Strategies included in the technical package are evidence-based or, in the absence of rigorous evaluation, have shown the most promise in reducing youth violence perpetration and victimization. The
Primary prevention of bullying, assault, and homicide among youth focuses on preventing perpetration, rather than victimization. Risk factors for the perpetration of youth violence exist at all levels of the social ecology. Risk factors work in conjunction with one another to increase the likelihood that someone will inflict violence on another person; however, the existence of one or more risk factors does not necessarily result in perpetration of violence.

**Risk Factors for Perpetration of Youth Violence**

- Impulsiveness
- Youth substance use
- Antisocial or aggressive beliefs and attitudes
- Low levels of school achievement
- Weak connection to school
- Having experienced child abuse and neglect
- Exposure to violence in the home or community
- Involvement with delinquent peers or gangs
- Lack of appropriate supervision
- Parental substance abuse
- Parental or caregiver use of harsh or inconsistent discipline
- Depression
- Anxiety
- Chronic stress and trauma that results from neighborhood poverty, unsafe or unstable housing, food insecurity, racism, limited access to support and medical services, and violence and behavioral health problems in the home
• Peer conflict and rejection
• Unsupervised access to a firearm (lethal youth violence)

Protective Factors against Perpetration of Youth Violence

• Healthy social, problem-solving, and emotional regulation skills
• School readiness
• Academic achievement
• Positive and warm parent-youth relationships
• Connectedness to schools
• Positive relationships with teachers and other caring adults
• Interacting with prosocial and nonviolent peers
• Well-maintained physical environments of schools, parks, and business and residential areas that are
• Household financial security
• Safe and stable housing
• Economic opportunities
• Access to services and social support
• Neighborhood cohesion
• Social norms that reinforce the unacceptability of violence

Strategies for Prevention of Youth Violence

Strategies for preventing youth violence include promoting family environments that support healthy
development; providing quality education early in life; strengthening youth’s skills; connecting youth to
caring adults and activities; creating protective community environments; and intervening to lessen
harms and prevent future risk. Prevention efforts are focused on youth because violence patterns
emerge early when children are exposed to risk, and become difficult to modify when children become
adults.
Unlike other forms of violence addressed in this report, there is a strong evidence base for prevention of youth violence. Strategies are most effective when used together to create a comprehensive prevention plan that involves prevention efforts at all levels of the social ecology. The most robust body of evidence for reducing youth violence exists at the individual and relationship levels. It is important to note that some approaches have been shown to be ineffective at reducing youth violence while also being harmful to young people. These include housing youth offenders in adult facilities, military-style programs such as boot camps or Scared Straight, therapeutic treatment alone; training youth to mediate conflict among their school peers; and holding back youth from advancing in school. Additionally, the effectiveness of approaches can vary widely from one community to another, and it is essential to assess a community’s cultural and social environment and involve community members in decision-making when selecting strategies.

Strategic partnerships that use data-driven planning process have been useful for communities selecting strategies to reduce youth violence. Examples of these are Communities That Care (CTC), PROMoting School-community-university Partnerships to Encourage Resiliency (PROSPER), and the Cardiff Violence Prevention Partnership.

Promote Family Environments that Support Healthy Development

Strong research evidence shows that nurturing, supportive relationships between children and caregivers lowers a young person’s risk for violence. A part of these relationships include caregivers’ consistent ability to monitor children’s activities and friendships, set age-appropriate limits, and use consistent and nonviolent discipline. These skills can be acquired through early childhood home visitation programs and parenting skill and family relationship programs.

Early Childhood Home Visitation Programs Home visiting programs can be highly structured or flexible, and are delivered by nurses, professionals, or paraprofessionals who provide support, education, and training to parents or caregivers of newborns and infants in their own homes. Some begin during pregnancy, while others begin after birth. Effectiveness varies by model. One example of a highly structured program that has long-term positive effects on youth violence perpetration is the Nurse Family Partnership® (NFP) program. Longitudinal evaluation shows that children who participated in NFP have fewer arrests and convictions than children who did not participate.
Parenting skill and family relationship programs teach communication, problem-solving, and behavior management skills to caregivers, while providing support. Examples of parenting skill programs with strong research evidence include *The Incredible Years®* and *Parent Management Training-Oregon Model™* for young children, and *Strengthening Families 10–14, Coping Power, and Familias Unidas™*. Evaluation results show that participation in these programs is associated with lower levels of aggression and arrest.

*Provide Quality Education Early in Life*

Quality early childhood education is linked to long-term positive outcomes including healthy cognitive and socioemotional development, academic success, and lower rates of aggression. These are, in turn, associated with the development and maintenance of safe, stable, nurturing relationships and environments, a protective factor against perpetration of youth violence. Approaches include preschool enrichment with family engagement and strengthening youth’s social-emotional skills.

*Preschool enrichment with family engagement* programs provide high-quality education to low-income families and preschool-aged children. Examples of programs with strong evaluation evidence include *Child Parent Centers (CPCs)* and *Early Head Start (EHS)*. In a long-term evaluation, children who participated in CPCs were significantly less likely to be arrested and significantly less likely to be arrested for a violent crime.

*Strengthen Youth’s Skills* Strong communication, conflict management, and problem-solving skills decrease a youth’s likelihood of perpetrating violence. Low empathy, impulse control, and emotional regulation and management are individual-level risk factors for violence towards others. Approaches that increase young people’s skills in these areas, such as universal school-based programs that focus on social-emotional learning, have strong potential to reduce youth violence.

*Universal school-based programs* that focus on social-emotional learning teach young people communication, problem-solving, conflict management, and team work skills while increasing empathy, emotional awareness and regulation. These programs also work to change social norms around the acceptability of violence. Youth are given opportunities to practice their skills and model them for others. They are termed “universal” approaches because they are most effective when delivered to all students in a grade or school, usually an elementary or middle school. Examples of evidence-based universal school-based programs are *Good Behavior Game*
Connect Youth to Caring Adults and Activities

Young peoples’ connection to caring adults on a one-on-one basis or in a group setting can be protective against violence perpetration. Approaches for this strategy include mentoring programs and after-school programs.

Mentoring programs are one-on-one or group-level interventions that pair a young person with a caring and supportive adult, usually outside of the youth’s family. Mentoring programs can take place in community centers, faith-based organizations, schools, or without any set location. They can involve one-to-one matching of an adult mentor with a youth or take a group mentoring approach. One example of an evidence-based mentoring program is Big Brothers Big Sisters of America (BBBS).

After-school programs can take a wide variety of forms, but programs that show the most promise for preventing violence strengthen young people’s social and academic skills and provide opportunities for development of positive, supportive relationships, while also providing young people with supervision during the hours when youth violence peaks. Programs with strong evaluation evidence include Los Angeles’ Better Educated Students for Tomorrow (LA’s BEST) program and After School Matters (ASM).

Create Protective Community Environments

Changes to policies and physical environments such as schools, public transportation hubs, parks, and youth-serving organizations can reduce youth violence and reduce the extent to which young people are exposed to violence. These approaches require strong and consistent collaboration across a variety of sectors. Approaches for this community-level strategy include modifying the physical and social environment, reducing exposure to community-level risks, and conducting street outreach and norms change.

Modifying the physical and social environment can include increasing lighting and security, managing accessibility to buildings and public spaces, remediating abandoned buildings and vacant lots, creating
green space, and sponsoring community events. Examples of effective approaches include Business Improvement Districts (BIDs) and Crime Prevention Through Environmental Design (CPTED).

Reduce exposure to community-level risks Community-level risk factors associated with high rates of youth violence include high alcohol outlet density, concentrated poverty, and housing instability. Reducing these risk factors can be achieved by developing or changing, enacting, or enforcing laws, ordinances, regulations, and policies. Examples of this approach include strengthening economic security through tax credits, such as the Earned Income Tax Credit (EITC), and modifying alcohol policies to reduce the concentration of outlets in vulnerable neighborhoods, which often have a higher-than-average density of liquor outlets.

Street outreach and community norm change This approach seeks to modify the social, rather than the physical, environments where young people at risk for violence live and play. Trained outreach staff connect with residents to mediate conflicts, change norms around violence, and connect youth to community supports to increase protective factors against violence. Some programs with strong research evidence, including Cure Violence (formerly known as Ceasefire), connect outreach workers with residents at heightened risk for committing violence, including people who had a recent argument or who had a family member or friend recently harmed by violence.

Intervene to Lessen Harms and Prevent Future Risk

Youth who have experienced violence are at greater risk for carrying out violent acts; therefore, this strategy represents primary as well as secondary and tertiary prevention. Multipronged approaches that offer opportunities for rehabilitation are essential to interrupt the cycle of violence; incarceration alone has limited effectiveness on future violence perpetration, while “tough on crime” approaches that place juvenile offenders in adult facilities can result in worse outcomes for youth. Intervention approaches include treatment to lessen the harms of violence exposures, treatment to prevent problem behavior and further involvement in violence, and hospital community partnerships.

Treatment to lessen the harms of violence exposures This type of treatment is typically delivered by trained professionals in a one-on-one or group setting and over the course of 12 or more sessions.
Trauma-Focused Cognitive Behavioral Therapy® (TF-CBT) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS) are examples of interventions with strong research evidence.

Treatment to prevent problem behavior and further involvement in violence. This type of treatment focuses on developing youth’s social, emotional, and problem-solving skills, while providing families with therapeutic services to reduce conflict, improve communication, and enhance parents’ management and supervision of youth. Examples of effective treatments include Functional Family Therapy (FFT), Multidimensional Treatment Foster Care (MTFC), and Multisystemic Therapy® (MST).

Hospital-community partnerships aim to connect youth who present with acute violence-related injuries with community resources to prevent future injuries. This approach frequently uses motivational interviewing to engage youth and encourage behavior change, and to change peer norms about risk behaviors, while teaching stress management techniques to avoid future violence-related injury. SafERteens and Caught in the Crossfire are two examples of evidence-supported interventions.

Sexual Violence

Sexual violence is highly prevalent and disproportionately impacts women and members of marginalized communities. Approximately 1 in 5 women in the United States have experienced rape or attempted rape in their lifetime, 12.5% have experienced sexual coercion, 27.3% have experienced unwanted sexual contact, and 32.1% have experienced non-contact unwanted sexual experiences. Approximately 1 in 15 men have been made to penetrate someone at some point during their lives, 5.8% have experienced sexual coercion, 10.8% have experienced unwanted sexual contact, and 13.3% have experienced non-contact unwanted sexual experiences. Multiracial women, American Indian/Alaska Native women, Black/African American women, people living with disabilities, and people who are members of sexual and gender minority communities experience disproportionately high rates of sexual violence. (Basile et al., 2016)

Sexual violence is an underreported crime; however, self-report data indicate that hundreds of thousands of people in New Mexico have experienced sexual violence, and that SV disproportionately impacts women and children (Black et al., 2011). The impact of sexual violence on individuals, families, and communities is far-reaching. Research consistently demonstrates a relationship between sexual
assault and poor behavioral health outcomes, substance abuse, and chronic disease (Santaulauria, 2014). Youth in New Mexico with a history of forced sex report higher rates of sadness or hopelessness, suicidal ideation, and substance abuse than their peers without a history of forced sex. (Reed, Reno, and Green, 2016).

Approximately 17% of incidents of sexual violence are ever reported to law enforcement; for that reason, self-report data is considered the best estimate of prevalence of sexual violence (citation from epi report). The most recent self-report data for sexual violence victimization in New Mexico comes from the 2010-2012 National Intimate Partner and Sexual Violence survey (NISVS) (Black et al., 2011), which provides annual averages of victimization by year for all states in the US. Self-report sexual violence victimization data were collected through the 2016 New Mexico Behavioral Risk Factor Surveillance Survey (BRFSS) and will be available in Fall 2017.

Prevalence of Sexual Violence in New Mexico

According to the NISVS, 20.4% of women in New Mexico have experienced a completed or attempted rape during their lifetime, compared to 19.1% of women in the United States. 9.3% of women in New Mexico have experienced a drug or alcohol-facilitated rape, and 11.8% have experienced rape by sexual coercion, compared to 9.0% and 13.25% in the United States, respectively. Nearly one-third (30.2%) of women in New Mexico have experienced unwanted sexual contact. More than half (52.5%) of women in New Mexico who were raped were raped by a current or former intimate partner, and 45% were raped by an acquaintance (Black et al., 2011).

Among men, 16.1% of men in New Mexico have experienced some form of unwanted sexual contact in their lifetime, compared to 17.1% in the United States, and 5.5% of men in New Mexico have been made to penetrate someone else. A current or former intimate partner (43.9%) or an acquaintance (41.0%) were the most common perpetrators for unwanted sexual contact among men (NISVS 2017). State-level self-report data for rape and sexual coercion of men is not available, but national data indicate that 1.4% of men in the United States have been raped at some time in their lives (NISVS 2011).

In New Mexico, in 2015, there were 1514 incidents of criminal sexual penetration reported to law enforcement. In 2014, there were 1432; in 2013, there were 1445; in 2012, there were 1565; and in
2011, there were 1338 incidents of criminal sexual penetration reported to law enforcement. 26% of rapes reported to law enforcement were perpetrated by a stranger; 74% by a known person; and 30% by a family member. 46% of victims of criminal sexual penetration were adults, 26% were adolescents, and 27% were children. One-third of survivors seen by service providers in 2015 had a disability. (Caponera, 2016)

Most rape survivors are first raped before they are 18 years old. Data from the 2015 Youth Risk and Resiliency Survey indicate that 10.6% of girls and 4.1% of boys in New Mexico had been physically forced to have sex at some point during their lifetime (NM YRRS, 2015), compared to 10.3% of girls and 3.1% of boys in the United States. (CDC YRBS, 2015)

In New Mexico, high school students who are experiencing homelessness, who identify as lesbian, gay, or bisexual (LGB), and who are living with a physical disability are at the highest risk for sexual violence victimization.

Current state-level, self-report data by demographics such as race/ethnicity, disability status, or sexual orientation for sexual violence victimization among adults is not available at this time; however, self-report sexual violence victimization data were collected through the 2016 New Mexico Behavioral Risk Factor Surveillance Survey (BRFSS) and will be available in Fall 2017.
Figure 10. % of Students with a Lifetime History of Forced Sex by Select Demographics, Grades 9-12, New Mexico, 2015.

Prevalence of Sexual Violence in Bernalillo County

In Bernalillo County in 2015, there were 559 incidents of criminal sexual penetration reported to law enforcement. 452 survivors were seen by SANE nurses, and 574 survivors were seen by a service provider such as a rape crisis center or mental health counselor. (Caponera, 2016)

In Bernalillo County in 2015, 6.6% of high school students reported a history of forced sex, compared to 7.3% of students in New Mexico. 10.2% of high school students reported having experienced sexual dating violence in the past 12 months, compared to 9.2% in New Mexico.

Source: New Mexico Youth Risk and Resiliency Survey (NM YRRS), New Mexico Departments of Health and Public Education and U.S. Centers for Disease Control and Prevention (CDC)
10.2% of Bernalillo County high school students reported having been forced to do something sexual in the past 12 months by a dating partner. This is higher than the percentage of students in New Mexico as a whole (9.2%).
Preventing Sexual Violence

The following information is a summary of the document “STOP SV: A Technical Package to Prevent Sexual Violence,” released by the Centers for Disease Control and Prevention in 2016. The technical package represents the most current, best available knowledge of the most promising strategies to reduce sexual violence. Strategies included in the technical package are evidence-based or, in the absence of rigorous evaluation, have shown the most promise in reducing sexual violence perpetration and victimization. The full document can be accessed here: https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf and the full citation is as follows:

Primary prevention of sexual violence (SV) focuses on preventing perpetration, rather than victimization. Risk factors for the perpetration of SV exist at all levels of the social ecology. Risk factors work in conjunction with one another to increase the likelihood that someone will inflict violence on another person; however, the existence of one or more risk factors does not necessarily result in perpetration of violence.

**Individual-level Risk Factors for SV Perpetration**

- Child physical abuse
- Exposure to parental violence
- Involvement in delinquent behavior
- Acceptance of violence
- Hyper-masculinity
- Traditional gender role norms
- Excessive alcohol use
- Early sexual initiation and sexual risk-taking behavior (e.g., sex without a condom)
- Association with sexually-aggressive peer groups
- Poverty or low socioeconomic status
- Gender inequality
- Exposure to community crime and violence
- Social norms supportive of SV and male sexual entitlement
- Weak laws and policies related to SV

**Protective Factors against Sexual Violence Perpetration**

Protective factors can work to buffer the impact of risk factors on a potential perpetrator. Less is known about protective factors for SV perpetration, but the following have been identified as having potential:

- Greater empathy
- Emotional health and connectedness
- Academic achievement
- Having parents who use reasoning to resolve family conflicts
Strategies for Sexual Violence Prevention

Preventions efforts that work at multiple levels of the social ecology have the most promise for the prevention of SV. The evidence base for SV prevention is less developed than the evidence base for other forms of violence. However, several strategies have been identified as promising. One-time prevention sessions have been shown to have minimal impact. The following represent the most current promising strategies for SV prevention. Approaches for preventing sexual violence include promoting social norms that protect against violence, teaching skills to prevent sexual violence, providing opportunities to empower and support girls and women, creating protective environments, and supporting survivors to lessen harms.

Promote Social Norms that Protect Against Violence

Social norms are beliefs about how people in a society or community should behave. Norms relevant to sexual violence prevention include norms about the acceptability of sexual violence and norms about appropriate gender roles, or how men and women should behave individually and in relation to each other. People who adhere to restrictive gender norms may be at greater risk for perpetration of sexual violence. Promoting pro-social norms about violence and expansive gender roles is one strategy for prevention of sexual violence.
Bystander approaches increase motivation and teach skills to intervene when people witness sexual violence or behaviors that may lead to sexual violence, such as sexual harassment or gender-based bullying. Bystander education has been most commonly evaluated in middle-, high-school, and college settings. Bystander intervention programs that have shown promise at the national level include Bringing in the Bystander and Green Dot. These programs are multi-session educational programs that increase bystander efficacy and offer opportunities to practice bystander intervention.

Mobilizing Men and Boys as Allies Although people of any gender can perpetrate sexual violence, men and boys are most often perpetrators. Therefore, mobilizing men and boys as allies is critical to preventing sexual violence. This strategy can include changing norms around healthy relationship behavior among males and modeling healthy masculinity. One such program is Coaching Boys into Men, a program for male high-school athletes.

Teach Skills to Prevent Sexual Violence

Skills that may contribute to preventing sexual violence include healthy social-emotional skills, skills related to healthy relationships and healthy sexuality, and empowerment skills. These skills can prevent sexual violence perpetration as well as victimization.

Social-emotional learning approaches teach young people skills around communication and problem-solving, empathy, emotional regulation, conflict management, and prosocial bystander behavior, as well as changing norms around the acceptability of various forms of violence. They offer theoretical learning as well as opportunities to practice. Examples of evidence-based programs that teach skills for SV prevention include Second Step: Student Success through Prevention, a 15-week program for middle-school students that seeks to prevent bullying and sexual violence perpetration.

Teaching healthy, safe dating and intimate relationship skills to adolescents Sexual violence commonly occurs in the context of intimate relationships, and current or former intimate partners are the most common perpetrators of SV (Black et al., 2011). Therefore, approaches that teach relationship skills show promise for reducing SV at the population level. These programs teach conflict resolution and communication skills, and have been evaluated in adolescent populations, with the idea that teaching healthy relationship skills when young people start dating shows the most promise for developing healthy patterns that will endure throughout the lifespan. One evidence-based program is Safe Dates, a
10-session program for middle- and high-school students that teaches skills to prevent relationship violence.

**Promoting healthy sexuality** Programs that promote healthy sexuality have potential for the dual benefit of reducing negative sexual health outcomes such as HIV transmission as well as reducing sexual violence. These initiatives work to increase healthy communication about sex, as well as delay initiation of sexual relationships and reduce risky sexual behaviors, which have both been identified as risk factors for sexual violence perpetration. Examples of evidence-based programs include Strong African American Families (SAAF), a program for rural African-American parents and their adolescent children, and Safer Choices, a program for school staff, parents, and adolescents that focuses on HIV and STD prevention and teen pregnancy prevention and focuses on decreasing risk factors as well as increasing protective factors.

**Empowerment-based training for women to reduce risk for victimization** approaches recognize that while prevention of SV must focus on preventing perpetration, women and members of other high-risk groups can take steps to identify and reduce risks for SV victimization. These approaches address barriers that prevent would-be victims from action, including internalized harmful gender norms. These approaches have most frequently been implemented and evaluated with college-based populations. One such example is Enhanced Assess, Acknowledge, Act, a 12-hour program conducted with college-aged women.

*Provide Opportunities to Empower and Support Girls and Women*

Poverty and low socio-economic status increase the risk of sexual violence victimization, and are frequently the result of gender-based income and education inequality. Policies that increase economic and educational opportunities for women show promise in reducing sexual violence victimization overall as well as sex trafficking specifically. Poverty can increase the risk of SV victimization by forcing women and girls to live in unsafe housing, to stay in risky or unsafe relationships, and/or to have fewer opportunities to provide safe supervision for their children. Approaches include strengthening economic supports for women and families, and strengthening leadership and opportunities for adolescent girls.
Strengthening economic supports for women and families Policies that decrease gender inequality contribute to lower rates of SV. Such policies include those that address gender-based pay inequity, paid family medical leave policies, and policies that increase access to high-quality, low-cost child care, such as child care voucher programs. Although most states have equal pay laws, policies that ensure comparable pay for comparable work by men and women are less common. Comparable Worth policies have been shown to decrease gender-based pay inequity, a known risk factor for SV victimization. Adequate Work Supports including family-friendly policies such as paid maternity benefits and paid family and medical leave contribute to mothers’ ability to remain in the workforce, which is a protective factor for SV victimization. Microfinance programs provide low-income women with loans and savings opportunities, and have shown promise when combined with complementary strategies to reduce sexual violence victimization in developing countries.

Strengthening leadership and opportunities for adolescent girls This approach provides opportunities for girls to increase their knowledge, skills, and ability to obtain and maintain leadership roles. These skills can translate into increased economic opportunity throughout the lifespan, reducing gender inequality, income disparities, and other risk factors for SV victimization among women. Effective approaches involve families and provide girls opportunities to connect to their cultural identities, and can include components designed to increase community engagement and political participation. One example is Powerful Voices, a program for adolescent girls that improves leadership skills, job skills, and confidence while teaching principles of social justice that are linked to the root causes of multiple forms of violence.

Create Protective Environments

Community-based approaches to preventing sexual violence are necessary for reducing SV at the population level. These approaches seek to modify physical and social environments where SV may occur. These modifications can be achieved through changes to policies or to the built environment in schools, workplaces, or neighborhoods. The evidence base for these approaches is not as well developed as the evidence base for individual-level approaches. Some approaches that show promise are improving safety and monitoring in schools, establishing and consistently applying workplace policies, and addressing community-level risks through environmental approaches.

Improving Safety and Monitoring in Schools can refer to improving the physical environment in schools to identify and modify spaces where students experience or are at risk for experiencing violence, or changing the social environment of a school to reduce acceptability and tolerance of violence. It can
work in conjunction with individual-level norms change efforts. One example of a multiple component building-level intervention is Shifting Boundaries, which involves identifying and increasing monitoring of “hotspots” where violence occurs, revising school policies for survivors of SV, creating temporary building-level restraining orders for perpetrators, and a poster campaign that emphasizes lack of tolerance for sexual violence.

Consistently applying workplace policies primarily involves assessing, modifying, and applying policies related to workplace bullying and sexual harassment, a form of sexual violence. These policies aim to create clear expectations for employees around creating and maintaining a safe, non-violent organizational climate. An example of this is Proactive Sexual Harassment Prevention Policies and Procedures, which operate on multiple levels including written zero tolerance policies, mandatory, ongoing sexual violence training for management and employees, and regular organizational assessments.

Addressing community-level risks through environmental approaches involves modifying the physical, legal, or policy environment to reduce sexual violence in a neighborhood or community. One promising strategy involves assessing and modifying policies that impact the pricing and physical availability of alcohol. Excessive alcohol consumption in conjunction with other individual- and community-level risk factors has been linked to perpetration of various forms of violence, with evidence indicating that neighborhoods with a high number of alcohol outlets per capita see higher rates of SV victimization. Reducing alcohol outlet density is a promising strategy for reducing sexual violence.

Support Victims/Survivors to Lessen Harms

Exposure to violence victimization and experiencing violence as a child is linked to numerous long-term health outcomes, including an increased risk of re-victimization. Thus, providing services to survivors represents a form of secondary prevention, to reduce the risk of future SV victimization, as well as tertiary prevention, to reduce the negative impacts of victimization. Approaches with the best evidence
to support victims include victim-centered services, treatment for victims of SV, and treatment for at-risk children and families to prevent sex offending.

**Victim-Centered Services** include crisis intervention, medical and legal advocacy, support groups, and connection to community resources. Rape Crisis Centers, Sexual Assault Response Teams, and Sexual Assault Nurse Examiners provide these services through specially trained staff and volunteers.

**Treatment for Victims of Sexual Violence** provides evidence-based psychological interventions by trained and licensed therapists to reduce anxiety, depression, PTSD, and other poor mental health outcomes that often follow sexual violence victimization. Approaches with a strong evidence base include *Trauma-Focused Cognitive Behavioral Therapy*, *Cognitive Processing Therapy*, and *Prolonged Exposure Therapy*.

**Treatment for At-Risk Children and Families to Prevent Sex Offending** Children who have experienced or witnessed violence are at higher risk for future sexual violence perpetration. This approach provides support for at-risk children and families to increase protective factors for SV perpetration. Examples of evidence-supported interventions include *Children with Problematic Sexual Behavior Cognitive-Behavioral Treatment Program: School-Age Program (PSB–CBT)*, a program for children age 6-12 and their parents or caregivers; *Multisystemic Therapy—Problem Sexual Behavior (MST–PSB)*, a program for youth who have exhibited problematic sexual behavior and their families that focuses on both individual- and ecological-level factors.

**Collaboration**

Multi-sector collaboration is key to preventing sexual violence. Rape crisis centers and sexual violence coalitions must work alongside faith-based organizations, youth-serving organizations, foundations, education, government agencies, social services, health services, business/labor, justice, housing, and media to implement a spectrum of approaches for reducing sexual violence and its sequelae. Rigorous evaluation is necessary to continue the development of the evidence base for sexual violence prevention.

**Sexual Violence Prevention Strategies Specific to New Mexico**

In 2016, the New Mexico Department of Health released “New Mexico – Sexual Violence Free: A Statewide Strategic Plan for the Prevention of Sexual Violence 2015-2020.” The intent of this document was to provide a roadmap for sexual violence prevention specific to New Mexico. The full document can
Goals identified in the strategic plan include changing norms pertaining to the acceptability of violence in New Mexico by expanding collaborations, conducting readiness assessments, conducting prevention programming, and developing targeted messages; creating safer environments by changing policies and infrastructure through developing and implementing organizational policies that decrease risk factors for SV perpetration and increase protective factors against victimization; and increasing the use of the public health approach in statewide SV prevention efforts by continuing to build a statewide infrastructure to support primary prevention programming and enhancing statewide SV data. The plan names oppression as a root cause of sexual violence and recognizes that social norms pertaining to power, privilege, gender roles, gender expression, secrecy, privacy, and other social determinants of health contribute to the high rates of sexual violence in New Mexico. The plan names women, children, people of color, people who identify lesbian, gay, bisexual, transgender, and queer, people who are foreign-born, and people living with disabilities as priority populations for sexual violence prevention efforts.

**Intimate Partner Violence**

Intimate partner violence (IPV) includes physical violence, sexual violence, stalking, psychological aggression (including coercive tactics), and control of reproductive or sexual health by a current or former intimate partner. IPV is frequently referred to as domestic violence. Sexual violence is a subset of IPV that has been described in the previous section of this report. For this reason, the focus of this section is physical violence and psychological aggression by a current or former intimate partner. Possible impacts of IPV are broad and can include fear, post-traumatic stress disorder symptoms, injury, and need for medical care, as well as need for housing services, need for victim's advocate services, need for legal services, and missing work or school, which can have economic impacts on individuals and families (Black et al., 2011).
Women exposed to partner violence are nearly 5 times more likely to attempt suicide as women not exposed to partner violence. (Stone et al., 2017)

Prevalence of Intimate Partner Violence in New Mexico

In New Mexico, nearly one-third (31.1%) of women, or approximately 244,000 women, have experienced physical violence by a current or former intimate partner, compared to 32.4% of women in the United States. Nearly one-third (31.5%) of men in New Mexico, or approximately 237,000 men, have experienced physical violence by a current or former intimate partner, compared to 28.3% of men in the United States. (Black et al., 2011)

The New Mexico Interpersonal Domestic Violence Data Repository collects data annually from law enforcement agencies and domestic violence service providers. Statewide, between the years 2010-2014, an average 18,832 cases of domestic violence each year was reported to law enforcement agencies. The rate of domestic violence incidents reported to law enforcement was 9.2 per 1,000 residents. Service providers reported that children were present in 32% of domestic violence cases. In 2014, there were 16,200 cases of domestic violence reported to law enforcement in New Mexico (Caponera, 2015).

Self-report intimate partner violence victimization data for adults were collected through the 2016 New Mexico Behavioral Risk Factor Surveillance Survey (BRFSS), and will be available in Fall 2017.

Data for teen dating violence is collected through the New Mexico Youth Risk and Resiliency Survey. These data indicate that in 2015, 8.6% of New Mexico high school students were physically harmed by a dating partner in the 12 months preceding the survey. This is lower than the percentage of students in the United States who experienced physical dating violence in 2015 (9.6%). Female students were more likely to experience physical dating violence than male students (9.6% and 7.6%, respectively). White students were the most likely to experience physical dating violence (9.2%), followed by American Indian/Alaska native students (8.4%) and Hispanic students (7.8%). Data for Black/African American and Asian/Pacific Islander students was not available due to small numbers. Gay, lesbian, and bisexual students were more than three times as likely to have experienced physical dating violence than their straight counterparts (21.0% and 6.3%, respectively). (NM YRRS, 2015)
Prevalence of Intimate Partner Violence in Bernalillo County

In 2014, there were 7,981 cases of domestic violence reported to law enforcement in Bernalillo County. Bernalillo County ranked fourth of all New Mexico counties in rate of domestic violence incidents reported to law enforcement, with a rate of 11.8 per 1,000 residents. This is higher than the state average rate of 9.2 per 1,000 residents. 30% of domestic violence incidents reported to law enforcement in Bernalillo County involved drug or alcohol use. A weapon was used in 83% of domestic violence incidents in Bernalillo County. 35% of incidents involved physical injury to the victim. 38% involved a suspect arrest. 69% of charges were dismissed in Albuquerque district court. 8,258 domestic violence crisis calls were received in Bernalillo County in 2014. There were 814 children victim-witnesses of domestic violence in 2014. (Caponera, 2015)

Data from the Pregnancy Risk Assessment Monitoring System indicate that during the period 2009-2015, 61 women, or 3.4% of pregnant women, in Bernalillo County reported physical abuse before pregnancy, and 52 women, or 4.1% of women reported abuse during pregnancy. (NM-PRAMS, 2017) Domestic violence service providers reported serving 841 children victim-witnesses in Bernalillo County in 2014. (Caponera, 2015)

In 2015, there were four IPV-related homicides in Bernalillo County, and one death by legal intervention related to IPV. Between the years 2009-2015, there were 39 IPV-related homicides in Bernalillo County, 24 IPV-related suicides, four deaths by legal intervention, and one IPV-related death by undetermined intent. (NM-VDRS, 2009-2015, as of 5/1/2017) (Notes: From 2009 to mid-August, 2013, the circumstance "IPV related death" could be endorsed for all manners of death except unintentional firearm injuries. From mid-August 2013-2015, "IPV related death" only applied to homicide and legal intervention deaths. 2015 data are preliminary)

Among Bernalillo County high school students in 2015, 7.8% reported having experienced physical dating violence in the 12 months preceding the survey. This is lower than the percent of high school students reporting physical dating violence in New Mexico (8.6%). (NM YRRS, 2015)

Preventing Intimate Partner Violence
The following information is a summary of the document “Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices,” released by the Centers for Disease Control and Prevention in 2017. The technical package represents the most current, best available knowledge of the most promising strategies to reduce intimate partner violence. Strategies included in the technical package are evidence-based or, in the absence of rigorous evaluation, have shown the most promise in reducing intimate partner violence perpetration and victimization.

The full document can be accessed here: https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf and the full citation is as follows:


Primary prevention of intimate partner violence (IPV) focuses on preventing perpetration, rather than victimization. Risk factors for the perpetration of IPV exist at all levels of the social ecology. Risk factors work in conjunction with one another to increase the likelihood that someone will inflict violence on another person; however, the existence of one or more risk factors does not necessarily result in perpetration of violence.

Intimate partner violence (sometimes called domestic violence) refers to physical violence, sexual violence, stalking, and psychological aggression by a current or former spouse, dating partner, or ongoing sexual partner. IPV among youth is commonly referred to as dating violence. Many people who perpetrate IPV as adults first inflicted dating violence on a boyfriend or girlfriend as an adolescent; therefore, working with youth is a primary strategy for preventing IPV. Groups at elevated risk for IPV victimization include people who identify as lesbian, gay, bisexual, transgender, or queer; people living with a disability; and people born outside of the United States; and American Indian/Alaska native women are at high risk for intimate partner violence victimization.

Risk Factors for IPV Perpetration

• Young age (adolescence and young adulthood)
• Low income, low educational attainment, and unemployment
• Exposure to violence between parents
• History of child abuse and neglect
• History of sexual violence
• Stress and anxiety
• Antisocial personality traits
• Attitudes condoning violence in relationships
• Belief in strict gender roles
• Prior perpetration and victimization of IPV or other forms of aggression, such as peer violence
• History of substance abuse
• History of delinquency
• Hostile communication styles
• Hostility or conflict in the relationship
• Separation/ending of the relationship
• Aversive family communication and relationships
• Having friends who perpetrate/experience IPV
• Poverty
• Low social capital
• Low willingness of neighbors to intervene when they see violence
• Harmful gender norms in societies, such as rigid beliefs and expectations about the roles and behavior of men and women

Protective Factors for Perpetration of Teen Dating Violence
• High empathy
• Good grades
• High verbal IQ.
• Positive relationship with one’s mother
• Attachment to school
• Lower alcohol outlet density
• Community norms that are intolerant of IPV
• Increased economic opportunity
• housing security

Strategies to Prevent IPV
The evidence base for prevention of IPV is less robust than for prevention of other areas of violence, such as youth violence or child maltreatment. Promising strategies for IPV prevention include teaching
safe and healthy relationship skills; engaging influential adults and peers; disrupting the developmental pathways toward IPV; creating protective environments; strengthening economic supports for families; and supporting survivors to increase safety and lessen harms. These strategies have either been shown to reduce IPV or impact risk and protective factors associated with IPV. Approaches that work at multiple levels of the social ecology have the most promise for reducing IPV at the population level. Batterer Intervention Programs (BIPs) are not included here because the research findings on their effectiveness are mixed.

Teaching Safe and Healthy Relationship Skills

Creating expectations for healthy, non-violent relationships and providing people with opportunities to build and practice healthy relationship skills is a promising strategy for preventing IPV. Approaches include social-emotional learning programs for youth and healthy relationship programs for couples.

Social-emotional learning programs for youth work to create norms for non-violent, respectful relationships while helping youth to develop increased empathy, respect, and healthy communication and conflict resolution skills. Effective programs provide young people with opportunities to model and practice safe and healthy relationship skills. Examples of such programs are Safe Dates, The Fourth R: Strategies for Healthy Teen Relationships, and Expect Respect Support Groups (ERSG).

Healthy relationship programs for couples focus on improving communication, conflict management, and emotional regulation skills. These programs are appropriate for relationships where severe violence and fear are not occurring. In violent relationships, these programs may be unsafe for survivors. Examples of programs that have shown successful outcomes are Pre-marital Relationship Enhancement Program (PREP), and Behavioral Couples Therapy, or BCT.

Engaging Influential Adults and Peers

Influential adults and peers have a significant impact on young people’s relationship expectations. Working with them to create norms for healthy, nonviolent relationships is essential for IPV prevention. Approaches include engaging men and boys, encouraging bystander intervention, and improving
Engaging men and boys in IPV prevention is critical to reducing IPV at the population level, as most perpetrators of severe IPV are male (Black et al., 2011) Programs such as Coaching Boys into Men (CBIM) teach young men to speak out when they witness violent relationship behavior, while promoting social norms that encourage healthy, safe relationships of their own.

Encouraging bystander intervention These approaches encourage people to speak up and intervene when they see violence occurring. Evidence-based bystander intervention programs include Bringing in the Bystander and Green Dot.

Improving parental awareness and knowledge about teen dating violence Interventions that use this approach work to improve parent-teen communication around healthy and unhealthy relationships and teach parents skills for helping their teens resolve relationship conflicts. These programs also help parents to improve rule setting and monitoring skills. One example of a successful program for families is Families for Safe Dates (FSD).

Disrupt the developmental risks and pathways that lead to IPV

A multitude of risk factors for perpetration of IPV are rooted in adverse experiences during childhood. Some of these risk factors are child abuse and neglect, witnessing violence in the home and community, and parental substance abuse, depression, criminality, and incarceration. Children who have these experiences may use drugs and alcohol at an early age, be arrested prior to the age of 13, become involved with antisocial peers, and have academic problems. These are all risk factors for IPV perpetration. At the family level, poor communication, harsh and inconsistent discipline, poor parental monitoring and supervision, poor parent-child boundaries, and unstable family environments increase risk for perpetration of IPV. Approaches to disrupt these pathways include early childhood home visitation programs, preschool enrichment with family engagement programs, parenting skill and family relationship programs, and treatment for at-risk children, youth, and families.
Early childhood home visitation programs provide training, support, and information about child health, development, and care to families in their homes. Home visitors may also be trained to identify IPV in the home and connect family members to resources. Early childhood home visitation programs vary in their approach and can be tailored to specific communities. One program with a strong evidence base is Nurse Family Partnership (NFP).

Preschool enrichment with family engagement programs provide high-quality early education and support to children and families, with a focus on low-income families. Evidence-based programs include Child Parent Centers (CPCs) and Early Head Start (EHS).

Parenting skill and family relationship programs teach caregivers communication, problem-solving, and behavior monitoring and management skills while providing support to the family. Evidence-based programs include The Incredible Years® and the Parent Management Training Oregon Model (PMTO).

Treatment for at-risk children, youth and families Children who experience child abuse and neglect are at elevated risk for aggression and involvement in violence and crime, which are risk factors for IPV perpetration. Programs such as Multidimensional Treatment Foster Care (MTFC) provide treatment for these children from licensed and trained therapists.

Create protective environments

Strategies that work at the community and societal levels to prevent IPV are still developing. Some approaches that show promise are improving school climate and safety, improving organizational policies and workplace climate, and modifying the physical and social environments of neighborhoods.

Improving school climate and safety Promoting school social environments that enhance feelings of safety, promote healthy relationships and respectful boundaries, and change norms around the acceptability of violence can reduce the rate of teen dating violence. One evidence-based program that works at the school level is Shifting Boundaries.
Improve organizational policies and workplace climate Creating organizational policies and practices around sexual harassment, identifying and supporting coworkers who may be experiencing IPV, encouraging help-seeking behavior, and proving resources for employees experiencing IPV can prevent or reduce IPV victimization. One example of this is *IPV and the Workplace Training*.

Modify the physical and social environments of neighborhoods Neighborhood-level risk factors for IPV include high alcohol outlet density and physical and social disorder. Reducing alcohol outlet density, or the number of alcohol outlets per capita, is a promising strategy for reducing IPV. One population-level US study showed that an increase of 10 alcohol outlets per 10,000 persons in a community was associated with a 34% increase in male-to-female partner violence. Increased green space in urban neighborhoods has been linked to reductions in violent crime; witnessing violent crime is a risk factor for IPV.

*Strengthen economic supports for families*

Poverty and financial stress are risk factors for many forms of violence, including IPV. Gender inequality in education, employment, and income is a risk factor for IPV. Improving women’s financial stability can reduce financial dependence in unhealthy or violent relationships that are violent or have the potential to become violent. Approaches for this strategy include strengthening household financial security and strengthening work-family supports.

Strengthening household financial security to buffer the impact of unemployment or unexpected medical or housing costs can reduce risk factors for IPV. Providing income supplements, income generating opportunities, and decreasing the gender pay gap are all examples of ways to strengthen household financial security. Programs and policies such as *Temporary Assistance to Needy Families (TANF)*, the *Supplemental Nutrition Assistance Program (SNAP)*, *Earned Income Tax Credit (EITC)* and *Child Tax Credit*, *microfinance programs*, and *comparable worth policies* that ensure pay equity regardless of gender all work to strengthen household financial security.

Strengthening work-family supports includes establishing policies around paid parental, sick, and vacation leave. Paid leave allows workers time for life events such as the birth of a child, care of a family
member during times of illness, or personal leave to heal and recover from an illness, and ensures that family members, often women, who need to take leave are able to re-enter the workforce without a loss of wages. Paid Leave Policies are an example of this approach.

Support survivors to increase safety and lessen harms

Experiencing violence is a risk factor for future violence victimization, so supporting survivors can be viewed as secondary prevention of future violence while reducing the negative consequences of IPV. Approaches that fall under this strategy include victim-centered services, housing programs, and first responder and civil legal protections.

Victim-centered services include IPV and domestic violence hotlines, crisis intervention and counseling, medical and legal advocacy, emergency shelter, and access to community resources.

Housing programs help survivors to find stable and affordable housing, decreasing their risk of future IPV victimization.

First responder and civil legal protections increase safety for survivors and their children. Examples include Protection orders (POs) and reducing lethal means, including reducing access to firearms, for people who have been convicted of a crime related to IPV or who have a restraining or protection order against them. One study of the impact of reducing access to lethal means found that in cities where state statutes that reduce access to firearms for individuals with domestic violence restraining orders, intimate partner homicide risk decreased by 19% over a 20 year period.

Suicide

In 2015, suicide was responsible for 44,193 deaths in the U.S., which is approximately one suicide every 12 minutes. Suicide represents a major public health problem because while it is highly prevalent, it is also highly stigmatized and infrequently discussed. In 2015, suicide ranked as the 10th leading cause of death. Overall suicide rates increased 28% from 2000 to 2015. The highest rates of death by suicide occur among non-Hispanic American Indian/Alaska Native (AI/AN) and non-Hispanic White people. (Niolon, 2017)
Prevalence of Suicide in New Mexico

In New Mexico in 2015, suicide was the eighth leading cause of death and the second leading cause of death for persons 10-49 years of age. The rate of suicide in New Mexico in 2015 was 23.5 per 100,000 people, which was nearly double the rate of suicide in the United States, (13.3 per 100,000 people). Since 1995, suicide death rates in New Mexico have been at least 50% higher than rates in the United States. (NM-IBIS, 2016)

Figure 13. Suicide Deaths by Year, New Mexico and the United States, 1995-2015.


During the period 2011-2015, White residents of New Mexico had the highest rate of death by suicide of all racial and ethnic groups (27.1 per 100,000), followed by American Indian/Alaska native residents (21.8 per 100,000). (NM-IBIS, 2016) Males were more than three times as likely to die from suicide as females (32.7 per 100,000 and 10.1 per 100,000, respectively). (NM-IBIS, 2017)
Prevalence of Suicide in Bernalillo County

In Bernalillo County in 2015, 151 people died by suicide. This is higher than the number of people who died by suicide in 2014 (138 deaths). (NM-VDRS, 2009-2015, as of 5/1/17. 2015 data are preliminary). The rate of suicide in Bernalillo County during the period 2011-2015 was 20.3 per 100,000 residents, similar to the state rate of 21.2 per 100,000. The rate of Bernalillo County males who died by suicide during the period 2011-2015 was 32.7 deaths per 100,000 residents, which was more than three times the rate for females (10.1). (NM-IBIS, 2017)

The number of suicides in Bernalillo County varied by location, with some parts of the County seeing more suicides than others. The most recent data available for suicide by small area is 2013 data. Numbers of death by suicide are reported here rather than rates, because due to small sample size, the rates of suicide by small area are unstable or very unstable. The small area with the highest number of suicides during 2009-2013 was the in the southwest quadrant of Albuquerque.
More than half of the deaths by suicide in Bernalillo County in 2015 were by firearm (50.3%). (NM-VDRS, 2009-2015, as of 5/1/2017)

In 2015, 8.0% of high school students in Bernalillo County attempted suicide, compared to 9.4% of students in NM overall; 33.1% felt persistent sadness or hopelessness; 16.0% seriously considered suicide; 13.6% planned suicide; and 2.4% were injured in a suicide attempt. These percentages are similar to the rates for high school students in New Mexico. (NM-YRRS, 2015)

More female students (12.4%) than male students (6.6%) attempted suicide in NM in the 12 months prior to the survey. Students who identify as lesbian, gay, or bisexual were more than four times more likely to have attempted suicide than their straight peers (29.1% and 6.6%, respectively). Students with a physical disability were more than twice as likely to have attempted suicide than students who did not
have or were not sure if they had a physical disability (18.7% and 8.5%, respectively). 30.4% of youth living in unstable housing attempted suicide in the past 12 months, compared to 8.5% of stably housed youth. 14.3% of foreign-born youth attempted suicide in the past 12 months compared to 5.7% of students born in the US. There were no significant differences in attempted suicide by race/ethnicity. (NM-YRRS, 2015)

Preventing Suicide

The following information is a summary of the document “Preventing Suicide: A Technical Package of Policies, Programs, and Practices,” released by the Centers for Disease Control and Prevention in 2017. The technical package represents the most current, best available knowledge of the most promising strategies to reduce suicide and other forms of self-directed violence.

Strategies included in the technical package are evidence-based or, in the absence of rigorous evaluation, have shown the most promise in reducing death by suicide. Citation follows this section and the full document can be accessed here

https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf and the full citation is as follows:


The evidence base for suicide prevention is not as robust as for other forms of violence, for a variety of reasons including stigma related to discussing suicide. The field of suicide prevention has grown in recent years, due in part to increased surveillance, strong efforts from organizations including the National Action Alliance for Suicide Prevention, and the first world report on suicide. Suicide is part of a broader category of violence sometimes termed “self-directed violence.”

Risk factors for suicide exist at all levels of the social ecology. Risk factors work in conjunction with one another to increase the likelihood that someone will inflict violence on themselves; however, the existence of one or more risk factors does not necessarily result in self-directed violence.
Risk Factors for Suicide

- History of depression and other mental illnesses
- Hopelessness
- Substance abuse
- Previous suicide attempt
- Violence victimization and perpetration
- Genetic and biological determinants
- Exposure to violence (e.g., child abuse and neglect, bullying, peer violence, dating violence, sexual violence, and intimate partner violence)
- High conflict or violent relationships
- Sense of isolation and lack of social support
- Family/loved one’s history of suicide
- Financial and work stress
- Inadequate community connectedness
- Barriers to health care (e.g., lack of access to providers and medications)
- Availability of lethal means of suicide
- Unsafe media portrayals of suicide
- Stigma

Protective Factors Against Suicide

- Effective coping and problem-solving skills
- Moral objections to suicide
- Strong and supportive relationships with partners, friends, and family
- Connectedness to school, community, and other social institutions
- Availability of quality and ongoing physical and mental health care
- Reduced access to lethal means

Strategies to Prevent Suicide
Like other forms of violence, the most promising strategies for the prevention of suicide are those that work on multiple levels of the social ecology, including the individual, relationship, community, and societal levels. Strategies that show promise for preventing suicide include strengthening economic supports, strengthening access and delivery of suicide care, creating protective environments, promoting connectedness, teaching coping and problem-solving skills, identifying and supporting people at risk, and lessening harms and preventing future risk.

**Strengthen Economic Supports**

Economic hardship brought on by job loss, reductions in income, difficulty finding work, or unanticipated increases in medical or housing costs can create significant stress on individuals and families, and increase risk for suicide. Approaches to strengthen economic supports include strengthening household financial security and housing stabilization policies.

**Strengthening household financial security** involves putting programs and policies in place that can be used during periods of financial hardship, such as unemployment benefits and temporary assistance for needy families, as well as policies designed to buffer individuals and families from the onset or continuation poverty such as livable wages, medical benefits, and retirement and disability insurance. One approach that has been evaluated for its potential to prevent suicide is the *Federal- State Unemployment Insurance Program*. Evaluation looked at states that provided greater than average unemployment benefits, and found that these benefits mitigated the relationship between unemployment and suicide. Other approaches including transfer payments related to retirement and disability insurance, unemployment insurance compensation, medical benefits, and other forms of family assistance have also been associated with reduced rates of suicide.

**Housing stabilization policies** include loan modification programs, move-out planning, or financial counseling services such as the *Neighborhood Stabilization Program*.

**Strengthen Access and Delivery of Suicide Care**
Most people experiencing mental health challenges do not attempt or die by suicide. However, mental illness has been identified as an important risk factor for those who do attempt suicide. Approaches that strengthen access to and delivery of mental health care can increase utilization of services while normalizing help-seeking behavior. These approaches include ensuring that there is coverage of mental health conditions in health insurance policies, reducing provider services in underserved areas, and developing safer suicide care through systems change.

**Coverage of mental health conditions in health insurance policies** Mental health parity laws, or laws that ensure that mental health services are covered in health insurance policies to the same extent as physical health concerns, can reduce death by suicide. Evaluation of the impact of some mental health parity laws has been associated with a reduction in suicide rates of up to five percent.

**Reduce provider shortages in underserved areas** – Rural or underserved communities have less access to mental health services. Offering financial incentives to providers through state and federal loan repayment programs can increase the number of providers in rural areas. Technologies such as the Telemental Health (TMH) services show promise in increasing access to quality mental health services.

**Safer suicide care through systems change** focuses on delivering suicide care efficiently and effectively, with a primary focus on patient-centered, equitable care that emphasizes patient safety. One example of such a program is *Zero Suicide at Henry Ford Health System*.

**Create Protective Environments**

Modifying policies and environments to reduce risk factors and increase protective factors for individuals and communities has strong potential to reduce suicide at the population level. Strategies associated with this approach include reducing access to lethal means among persons at risk of suicide, implementing organizational policies and culture, and creating or modifying community-based policies to reduce excessive alcohol use.

**Reduce access to lethal means among persons at risk of suicide** Research indicates that when considering suicide, people who would use highly lethal means (such as firearms) tend not to use alternative methods of suicide when these means are unavailable. Therefore, making lethal means more
difficult to access can increase the time interval between deciding to act and making a suicide attempt. This time interval offers a critical window for life-saving intervention. Examples of this include intervening at suicide hotspots, such as bridges, and providing education and counseling around safe storage practices for firearms and prescription drugs. One example of an evidence-supported program is *Emergency Department Counseling on Access to Lethal Means (ED CALM).*

**Implement Organizational policies and culture** that promote positive social norms such as help-seeking, and positive coping skills, and facilitate assessment, referral and access to helping services. Examples of successful initiatives include *Together for Life* and *United States Air Force Suicide Prevention Program.*

**Community-based policies to reduce excessive alcohol use** show promise for reducing multiple forms of violence, including self-directed violence. Examples of these policies are modifying zoning ordinances to limit alcohol outlet density (the number of retail alcohol outlets per capita), and increasing taxes on alcohol. Research evidence indicates that greater density of bars may be associated with higher rates of suicide and suicide attempts in rural areas in particular.

*Promote Connectedness*

Connectedness to friends, family, and community is protective against a variety of negative health outcomes, including self-directed violence. Approaches that promote connectedness include peer norm programs and community engagement activities.

**Peer norm programs** usually take place with youth in schools. These programs normalize help-seeking, seeking out trusted adults during times of difficulty, and prosocial relationships with peers. An example of an evidence-supported program is *Sources of Strength.*

**Community engagement activities** promote community as well as interpersonal connectedness. These can include religious activities, community improvement projects, and group sports or physical activities. Vacant lot greening initiatives are examples of this approach.

*Teach Coping and Problem-Solving Skills*
Adaptive coping, problem-solving, emotional regulation, and conflict management skills provide people with tools to address adversity throughout the life span. Examples of this strategy include social-emotional learning programs and parenting skill and family relationship programs.

Social-emotional learning programs are often implemented with all young people in a grade or school, but can also be implemented with youth who have been identified as high-risk. Programs teach healthy communication and problem-solving skills, emotional regulation, conflict resolution, help seeking and coping skills, and also provide opportunities to model and practice skills. Programs with strong evaluation evidence include Youth Aware of Mental Health Program (YAM), and Good Behavior Game (GBG).

Parenting skill and family relationship programs focus on improving parent-child communication and teaching parents about healthy development while strengthening young people’s communication and problem-solving skills. Examples of evidence-supported programs include Incredible Years (IY), Strengthening Families.

Identify and Support People at Risk

Some populations at higher risk for suicide attempts are people who are homeless or are living in unstable housing; veterans and active duty military personnel; people who identify as lesbian, gay, bisexual, transgender, and queer; people who have previously attempted suicide or were close to someone who recently died by suicide; American Indian people; individuals who are institutionalized; and people who have been victims of violence. Approaches for identifying and supporting people in these communities and others at high risk include gatekeeper training, crisis intervention, treatment for people at risk of suicide, and treatment to prevent re-attempts.

Gatekeeper training provides community members such as teachers, coaches, religious leaders, emergency responders, and primary and urgent care providers to recognize and respond to people contemplating or attempting suicide. Examples of effective gatekeeper training programs are Applied Suicide Intervention Skills Training (ASIST) and Garret Lee Smith (GLS) Suicide Prevention Program.
Crisis intervention is provided to people experiencing mental health crises through telephone hotlines, text messaging, online chat, or in-person interaction with trained volunteers or professional staff. An example of this is the National Suicide Prevention Lifeline.

Treatment for people at risk of suicide refers to various forms of multi-session therapy delivered by trained and licensed mental health professionals in a one-on-one or group setting. Some treatment modalities with evidence of success in preventing suicide are Improving Mood—Promoting Access to Collaborative Treatment (IMPACT), Collaborative Assessment and Management of Suicidality (CAMS), Dialectical Behavioral Therapy (DBT) and Attachment-Based Family Therapy (ABFT).

Treatment to prevent re-attempts for recent suicide attempt survivors can focus on improving clients’ coping skills and other emotional regulation skills, can be conducted in a group setting or one-on-one, and may include case management home visits. Examples of this type of treatment include Emergency Department Brief Intervention with Follow-up Visits and Cognitive Behavior Therapy for Suicide Prevention (CBT-SP).

Lessen Harms and Prevent Future Risk

People who have friends, family members, or other close contacts that have died by suicide are at elevated risk for suicide attempts. Approaches to lessen harms and prevent future risk include conducting postvention and encouraging safe reporting and messaging about suicide.

Postvention occurs as soon as possible after a suicide has taken place. Postvention may include debriefing sessions, counseling, and/or bereavement support groups. One example of such a postvention approach is StandBy Response Service (StandBy).

Safe reporting and messaging about suicide Reporting about suicide in a community can have the unintended consequence of suicide contagion, particularly if the suicide is sensationalized. Safe messaging and reporting strategies include suicide prevention messages, stories of hope and resilience, discussions of risk and protective factors, and links to helping resources (e.g., hotline). A resource for news media is Recommendations for Reporting on Suicide (http://www.reportingonsuicide.org).
Elder Abuse

Elder abuse, which is abuse or neglect of people 60 years and older, often goes unreported, and there is a lack of data around prevalence of elder abuse. In the US, an estimated 1 in 10 elders experiences emotional, physical, or sexual abuse or potential neglect in their lifetime. (CDC, 2016) Elders frequently do not report abuse because they are dependent on caregivers or family members who are perpetrating the abuse. Current data for elder abuse in Bernalillo County does not appear to be readily available at this time. Elder abuse data is not available on NMIBIS or the NM Community Data Collaborative, and attempts to gather data from the New Mexico Department of Health were unsuccessful. Increasing data collection around elder abuse is an area that needs attention.

The following represents a summary from the fact sheet from the Centers for Disease Control and Prevention entitled “Understanding Elder Abuse. The full document can be accessed here https://www.cdc.gov/violenceprevention/pdf/em-factsheet-a.pdf and the full citation is as follows:


Preventing Elder Abuse

Risk Factors for Perpetration of Elder Abuse

The knowledge base for prevention of elder abuse is less robust than for other forms of violence. Risk factors for perpetration of elder abuse include substance use, especially heavy alcohol use; depression and high levels of stress combined with low or ineffective coping resources; lack of social support; high emotional or financial dependence on the older adult; and lack of training in taking care of older adult.

Strategies for Prevention of Elder Abuse

The prevention of elder abuse may involve one or more of the following:

- Listening to older adults and their caregivers to understand their needs
- Educate oneself about the signs of elder abuse, and mechanisms for reporting
- Check in often on older adults experiencing social isolation
- Check in on caregivers to identify emotional, physical, or financial strain, and help them identify sources of support
- Seek outside support for health care or financial matters as appropriate
- Look for substance abuse in older adults or caregivers, and provide resources as appropriate
Current Violence Prevention Efforts in Bernalillo County

Many organizations are working to prevent violence in Bernalillo County. The following is a brief list of organizations working in primary and secondary violence prevention, and summary of their programs. This information was gathered through interviews or emails with each organization. This list is not intended to be exhaustive; rather, it represents a starting point for potential collaboration. Organizations that were recommended from this round of conversations are included at the end of this section.

Coalition to Stop Violence Against Native Women (CSVANW)
Deleana Otherbull, Executive Director, dotherbull@csvanw.org

Current violence prevention efforts
CSVANW is a resource center offering training and technical assistance. On the direct service level, CSVANW teaches youth communication skills to curb teen dating violence. CVANW has a full-time youth coordinator and several youth interns from the Native American Academy that do peer education after school. The interns give presentations to their school and host a youth discussion series called #letstacoboutit to initiate conversations about healthy communication. The coordinator and youth interns make zines (handmade magazines that can be photocopied and shared) about what to do if students are being bullied and how to be an “upstander” which is a bystander who speaks out against actions and attitudes that permit violence. Other zine topics include social media safety, consent, and more. Youth Interns wrote and designed a poster called “Dating Bill of Rights” for schools.

CSVANW offers a four-day youth leadership summit, called Native Youth Summit, for youth who have been directly impacted by violence. The summit trains youth to be leaders in their community to prevent violence through culture change. The summit teaches leadership skills through hands-on challenges such as a high ropes course, rock climbing, and more. They have discussions about grief, trauma, self-regulation, coping skills, and value-based choices in the moment. They provide a space to process and organize feelings and emotions. The teens go on to teach about dating violence and healthy relationships to their peers and community. This is the sixth year, and they plan to expand it.
CSVANW often works behind the scenes on the policy level. They work with tribal councils on policy and they review briefs and propose state legislation. CSVANW evaluates policies and lays out potential impact on the community. CSVANW also sits on state and federal boards and have representation on legislative committees, tribal leader meetings, and task force committees.

**Future violence prevention efforts**
There is currently no violence prevention program specifically for native people, and there are 50,000 native people living in Bernalillo county. CSVANW would like to pilot a project to create a native advocate coordinator as a liaison between native communities and the services for violence victims.

**Resources needed to increase violence prevention efforts**
CSVANW needs funding and an evaluator to assess their capacity for above mentioned pilot program.

**Disability Advisory Group (DAG)**
Mary Beresford, Community Educator, mberes6@yahoo.com

**Current Efforts**
Disability Advisory Group identified a gap in sexual assault service providers’ ability to serve people with disabilities. They also found a gap in awareness of sexual assault issues with service providers for people with disabilities. DAG decided to address survivor support and referrals before working on prevention programs. DAG provides training to organizations that provide sexual assault services on the unique needs of people with disabilities.

**Current Violence Prevention Efforts**
DAG prevention efforts begin July 2018.

**Future violence prevention efforts**
Starting July 2018, DAG will provide sexual assault prevention programs to organizational staff that work with people with disabilities. These organizations include Arc of New Mexico, Adelante, Commission for the Blind, Commission for the Deaf, and seven different Independent living centers throughout the state. These trainings cover topics like “when is it ok to hug?”

DAG will also be working with special education departments in schools to train staff on sexual violence prevention as well as work on the policy level to include sex education for all special education students.
Comprehensive sex education is an important protective factor against sexual violence. DAG will develop materials with similar information covered in the trainings. DAG will print and distribute these materials to providers of people with disabilities.

DAG would like to expand their reach to disability services offices in colleges around the state. They would like to see a disability consultant or staff person in sexual violence services and prevention programs. In addition, DAG would like to see a person dedicated to sexual violence prevention in each disability organization.

Resources needed to increase violence prevention efforts
DAG needs funding to increase violence prevention efforts. In order to develop comprehensive materials, they need to create materials specific to a variety of disabilities. These subpopulations have unique challenges and needs. The priority groups are developmental disabilities, blind and visually impaired, deaf and hard of hearing, mental health, and people with mobility limitations.

Early Childhood Accountability Partnership (ECAP)
Tracy McDaniel, tmcdaniel.ecap@gmail.com

Current violence prevention efforts:
On the direct service level, ECAP has been traveling with the “Early Literacy Roadshow” which teaches parents and caretakers of babies how to use household items to teach literacy. They highlight the importance of playing and connecting with babies for their brain development. This training increases parent bonding and teaches parents tools that increase protective factors against child abuse and neglect.

ECAP works to prevent child abuse and neglect by educating service providers of youth and families. This includes pediatricians, daycare providers, educators, and home visitors.

Provider education efforts aim to:

1. Increase providers’ knowledge of other programs, and increase referrals
2. Increase cultural and linguistic competency
3. Build connectivity and trust between agencies to increase referrals.

On a systems level, ECAP is building relationships with community youth and family organizations such as Youth Development, Inc., City of Albuquerque, Head Start, home visitors, pediatric clinics, and
University of New Mexico Center for Development and Disability to eventually work on systems change. ECAP was involved in surveying the community to find barriers and gaps in services for families. They found that programs were not filling to capacity partly because there was distrust between service providers. Providers were not confident that other providers would offer cultural and linguistically appropriate services. This survey helped ECAP direct their resources toward connecting service providers and offering training in the areas of concern.

ECAP is currently launching a community wide campaign called “Making Moments Matter” to provide support and education to parents and caretakers of babies. Starting at birth, the campaign promotes early literacy to promote brain development. Relationship based learning has been shown to prevent child abuse.

**Future violence prevention efforts**
ECAP plans to develop strategic systems level change in coordination with community partners listed above. They would like for families to hear messages about bonding and attachment all over the community, from healthcare providers to teachers.

**Resources needed to increase prevention efforts**
ECAP needs funding and capacity building, such to train more people to teach preventative education, such as the “Early Literacy Roadshow” curriculum. They need volunteers. ECAP needs sponsors to pay for materials to be printed in order to hand out in the community. They would also like the opportunity to build relationships with other organizations in order to do systems change.

**Fierce Pride**
Alex Ross-Raymond, Director, FiercePrideNM@gmail.com

**Current prevention efforts**
Fierce Pride is an LGBTQ health advocacy organization. They conducted a community survey for LGBTQ people living in New Mexico about their experiences with sexual violence (SV) and intimate partner violence (IPV) in 2015. They found high rates of SV and IPV perpetrated from individuals within the community and from outside of it. From there, they conducted community conversations to deepen the story behind the survey results. They also researched and developed a SV and IPV prevention program for LGBTQ populations. Fierce Pride piloted a three-session healthy relationship skills course for the LGBTQ population in Farmington, NM.
Future violence prevention efforts
Fierce Pride plans to expand their pilot program to a digital format that would allow participants from all over the state to participate.

Resources needed to increase violence prevention efforts
Fierce Pride needs funding in order to recruit more participants and expand the capacity of the healthy relationships course. Fierce Pride would need experts in healthy relationships and LGBTQ community to participate as a guest teacher for one of the eight sessions.

Project ECHO (Extension for Community Health Outcomes)
University of New Mexico Health Services Center
Robin Swift, Sr. Program Manager, rswift@salud.unm.edu

Current prevention efforts
ECHO provides training for healthcare providers to come together in co-learning spaces to share and discuss complex cases. These trainings are not train-the-trainer curriculum, but rather they empower clinicians to collaboratively problem solve complex cases. Participating professionals remotely log into a group conversation with other providers. A subject matter specialist teaches, facilitates, and participates in the learning loop of all those involved.

ECHO hosts a training forum of community health workers, home visitors, and paraprofessionals who visit the parents of newborns. There are sections of the program that teach about Adverse Childhood Experiences and domestic violence as a part of the complex cases they examine. ECHO also trains New Mexico state prisoners to become community health workers. They tune in to weekly Echo meetings to learn motivation interviewing and discuss their cases.

Future violence prevention efforts
The goal of Project Echo is to touch 2 billion lives by 2020. They currently have super hubs in India, Ireland, Canada. ECHO trains subject matter experts on how to facilitate an ECHO clinic. Violence related issues will receive some prominence. It is not an explicit priority right now, but it could be with champions.
Resources needed to increase violence prevention efforts
Project ECHO needs a champion of violence prevention. It would help if the champion is a physician or funder. Project ECHO needs funding and the commitment from participating physicians and providers to creating and sharing information.

Enlace Comunitario
Virginia Pérez-Ortega Prevention Co-director, vperezortega@enlacenm.org

Current violence prevention efforts
Enlace offers domestic violence victim services as well as prevention services in Spanish and English. Their prevention programs train former clients to educate their community about cycle of domestic violence and different types of abuse. The Promotoras Project is led by women who have experienced violence. Volunteers are trained for two months in public speaking and violence prevention. They present in Spanish on self-esteem, dynamics of domestic violence, the impact of violence on children, positive communication, and conflict resolution. Enlace’s Engaging Men project engages Spanish-speaking Latino immigrant men as allies to learn how to challenge family violence and create nonviolent cultural norms. This 5-week curriculum teaches men to reflect on beliefs that perpetuate violence against women and teach action steps to prevent violence.

Enlace’s Youth Leaders project trains youth (12-17 years old) who have witnessed or experienced domestic violence. These youths become peer educators in their community. They teach about dynamics of teen dating violence and teen healthy relating.

Enlace offers 14-week classes for Latino immigrant families who are at high risk of experiencing domestic violence. These three classes are taught in Spanish and are free: Parenting in Action (Padres en Acción), Healthy Relationships (Relaciones Saludables), and Responsible Fatherhood (Padres Responsables).

Enlace creates and distributes social norms change media related to violence prevention. The Promotoras, youth group, and male allies work to create messages and media.
On the provider level of prevention, Enlace offers organizational training for university students, attorneys, law enforcement, faith groups and more. Training topics include the ways in which domestic violence specifically impacts immigrants.

Future violence prevention efforts

Enlace hosts many prevention programs and would like to do more of the same. They want to grow roots rather than branches and to share their model with others.

Resources needed to increase violence prevention efforts

Enlace needs funding from both governmental and private sources.

New Mexico Asian Family Center (NMAFC)

Kay Bounkeua, Executive Director, Kay@nmafc.org

Current Prevention Efforts

NMAFC provides a prevention program called Tea Talks, a Pan-Asian men’s group that focused on building male allies in the movement to end gender based violence. Participants receive training on issues such as consent, oppression, and healthy masculinity and respect for women.

On the provider level, NMAFC has been working across the state on various initiatives. They provided anti-racism training to all parole officers and supervisors through Juvenile Detention through the Reducing Racial and Ethnic Health Disparities (RRED) initiative, and providing anti-oppression and cultural awareness training to all ABQ Police Department cadets and rank and file police officers through the Mayor’s Taskforce Against Domestic Violence and Sexual Assault.

Domestic violence, sexual assault, and other forms of violence are still considered very taboo in Pan-Asian communities. This reluctance to discuss and address violence is a barrier for the organization to deliver violence prevention education. NMAFC develops leadership opportunities for survivors to raise awareness of violence in a culturally sensitive manner.
Future Prevention Efforts
NMAFC will expanding Tea Talks to include women and lesbian, gay, bisexual, transgender, and queer individuals.

Resources needed to increase violence prevention efforts
NMAFC need funders who trust that their community knows what they need. They need funding to be flexible and support culturally-based approaches.

New Mexico Crisis Line
Wendy Linebrink-Allison, Community Outreach, wendy.linebrinkallison@nmcrisisline.com

Current violence prevention efforts
New Mexico Crisis Line is a peer-to-peer warm line. When the public calls the suicide hotline number and they are in a life-threatening emergency, they are referred to the Crisis and Action Line (NMCAL), staffed by masters’ level clinicians. When they are not in a life-threatening emergency, but need to talk, they are referred to the Warm Line, which is staffed by people who are certified peer support workers, but are not clinicians. These calls tend to go longer. They are open seven days a week, 3:30pm to 11:30pm.

At the provider level, New Mexico Crisis Line also offers community trainings called “Mental Health First Aid” and “Question, Persuade, and Refer.” These trainings teach the emerging signs of mental health issues and crisis intervention for lay people. These trainings help identify people who may have a mental health emergency, and refer them to services before the person commits any violence against themselves.

Future violence prevention efforts
New Mexico Crisis Line would like to expand their hours and hire more staff. They reach capacity quickly, and they would like to be able to talk to every person who calls. They are interested in exploring text and web-based support in addition to phone calls. They would like to work with Albuquerque Police to divert calls from police when appropriate.

Resources needed to increase violence prevention efforts
New Mexico Crisis Line has a good infrastructure, and would like to increase their capacity with more funding. They want a resource hub on that they could go to for local resources and to refer their clients. They want to be connected to what is happening in the community.
New Mexico School for the Blind and Visually Impaired (NMSBVI)
Cindy Faris, Program Coordinator, cfaris@nmsbvi.k12.nm.us

Current violence prevention efforts
On the individual educational level of prevention NMSBVI has been offering “Never Shake a Baby” program for parents for ten years. Approximately 10% of students who enter the NMSBVI are blind or visually impaired due to being shaken as a baby. The school saw a need to educate parents about shaken baby syndrome, and promote alternative methods to soothe a crying baby. NMSBVI produces materials such as tip cards, bumper stickers, and videos in English and Spanish to get the message out to the community. The tip cards include a phone number for a help line for parents who are frustrated and want support. It is now state law that all hospitals must give out information about shaken baby syndrome to new parents.

NMSBVI works on the systems level to collaborate with two programs educating providers around the state about child abuse. One program is the New Mexico Child Abuse Prevention Program, now operating under ECHO. The second program is the Nurse Training program who educate hospital staff and nurses how to educate new parents about the dangers of shaken baby syndrome and methods of soothing a child and promote bonding.

Future violence prevention efforts
NMSBVI plans to continue to educate parents across the state, give out materials, and work with University of New Mexico Hospital. NMSVI would like to collaborate with organizations across the state. New Mexico is one of the worst states in the union for child abuse. They would like to educate people about shaken baby at the high school level.

Resources needed to increase violence prevention efforts
NMSVI would like to collaborate with organizations across the state.

Transgender Resource Center of New Mexico (TGRCNM)
Zane Stephens, Co-Director, Zane@tgrcnm.org
Adrien Lawyer, Co-Director, Adrien@tgrcnm.org

Current violence prevention efforts
TGRCNM serves a population of people who experience very high rates of violence, homelessness, HIV-infection, and discrimination. TGRCNM offer support groups for trans feminine people, trans masculine people, families of transgender people, people with non-binary gender identities, allies, and transgender youth. These groups support community connectedness, which has been identified as a protective factor for many types of violence.

TGRCNM offers Transgender 101 training for organizations, service providers, educators, and many other groups who interface with the public. Many people in the community are unknowingly perpetrating violence against transgender people. Adrien Lawyer, TGRCNM co-founder, gives these trainings several times a week to an array of audiences. The trainings clear up misconceptions and stereotypes about transgender individuals, and provide examples of transphobic violence on the spectrum of violence from microaggressions to physical assault. The first step in violence prevention is awareness of the violence in the first place. Many people in the public are unaware of the extreme amounts of violence transgender people experience.

On the policy level, TGRCNM has advised the Albuquerque Public School Board on their student policies affecting transgender students. They also work with Equality New Mexico, NM Coalition of Sexual Assault Programs, Fierce Pride, and Albuquerque Police Department on public health strategies to reduce multiple forms of violence perpetrated on this population.

Future violence prevention efforts
TGRCNM plans to do more street outreach through a peer-to-peer education program. This would increase the center’s reach to include populations of transgender people who do not access the center.

TGRCNM would like to focus on better access to housing. This is a huge unmet need for the transgender populations of Bernalillo county. Housing instability is a risk factor for many forms of violence. The center hopes to eventually run a trans-specific transitional living program.

Resources needed to increase violence prevention
TGRCNM needs funding and more collaboration. They are interested in capital investment by the city and county to move forward with their plans for transitional housing. They would like access to buildings and resources owned by the city at low cost.

Rape Crisis Center of Central New Mexico (RCCCNM)
Jim Harvey, Executive Director, jharvey@rapecrisiscnm.org
Current violence prevention efforts

RCCCNM offers a number of different trainings for youth, community members, and organizations. The Anti-Sexual Violence Training Institute (ASVTI) is a curriculum for high school students delivered in Albuquerque Public Schools and charter schools in Bernalillo County. Voz and Palabra are programs delivered to middle school students that aim to change knowledge and attitudes that are risk factors for sexual violence perpetration. They have a new curriculum for parents and guardians and their children to learn about and prevent teen dating violence, “From Here On.”

Future violence prevention efforts
RCCCNM would like to focus on populations that experience high rates of violence such as Spanish-speaking populations, refugees, and people experiencing housing instability. They want to increase reach to men and boys, and create more programs for foster youth and kids transitioning out of juvenile detention centers.

Resources needed to increase violence prevention efforts
RCCCNM needs funding and support from the community. They need people to take an interest in and show up for programs and events. They also need venue spaces to host trainings and events around the county.

Resolve (Formerly IMPACT)
Alena Schaim, Executive Director, alena@resolvenm.org

Current violence prevention efforts
Resolve teaches classes in schools, organizations, and businesses in the community. The classes offered include anti-bias/anti-bullying work, working at the roots to address racism, sexism, homophobia, xenophobia, etc. and hopefully prevent perpetration of violence.

Future violence prevention efforts
Resolve would like to target trainings to support staff such as social workers who feel unsafe or need to navigate tricky situations related to their workplace. Resolve would also like to offer prevention services more broadly.
Resources needed to increase violence prevention efforts
Additional funding, as well as greater word-of-mouth and knowledge of services in the community.

University of New Mexico Center for Development and Disability (UNMCDD)
Catherine Sanchez Preissler, Program Specialist, Home Visiting Training and Family Child Care Visiting Training, csanchezpreissler@salud.unm.edu

Current prevention efforts
UNMCDD coordinates a work group that brings together 10 different home visiting programs, representatives from HMOs (including Lovelace, Presbyterian, and United Healthcare), and UNM Pediatrics. The group also includes community groups such as Enlace Comunitario, CLN Kids, and UNM Children’s Center. This group connects people working with youth from pre-natal to five years. The focus of all those involved is on the child-parent relationships. The strongest data for child abuse prevention comes from evaluation of nurse-family partnerships. This work group offers professional development, education on current trends and research, support, and networking so that similar programs can refer families with different eligibility.

Future violence prevention efforts
The work group would like to do more policy work, such as meeting with policymakers and educating them about the importance of investment in home visiting programs and the data that supports it.

Resources needed to increase violence prevention efforts
There is constant threat of not having funds. UNMCDD needs consistency in funding for positions that coordinate services such as this work group.

Youth Development, Inc. (YDI) Gang Violence Intervention
Sally Sousa, Program Director, ssosa@ydinm.org

Current violence prevention efforts
YDI has a mentoring program in elementary schools. For middle and high school students, YDI offers case management for youth who are showing signs of gang involvement. They get referrals from probation officers and schools. The YDI staff work with students at schools and they communicate and coordinate with school counselors, principals, and staff. Intervention specialists work with families to
connect to resources. YDI connects participants to vocational training in construction, provide supplies, and trains youth in the field.

YDI hosts Prosocial nights which are community events for youth. They transport students to the space and provide snacks. They have an art room stocked with supplies and a full recording studio in their space. Youth volunteers learn and operate Audio Visual equipment for the events. They host performances, discussions, and guest speakers at these events. Prosocial events also happen outside of the space, such as kickball at Wells Park.

Gang-involved youth who are a part of the program can be nominated to participate in Si Se Puede Leadership Program, an 8-week leadership series offered four times a year. The training includes community service such as making and serving food to people experiencing homelessness. The program aims to broaden the perspectives of youth by exposing them to different recreational and community activities. Participants also visit a prison and hear from people who have been to prison and have been in gangs, and hear how that played out in their lives. YDI does outreach to school officers and staff, and trainings if requested.

Future violence prevention efforts
YDI would like to increase outreach outside of school, to places such as skate parks. They would like to have more nontraditional work hours and possibly a drop-in center.

Resources needed to increase violence prevention efforts
YDI could use funding to increase their violence prevention. They would like to collaborate with other agencies to share the costs of events.

List of Additional Organizations working on Violence Prevention in Bernalillo County
There are many more organizations doing work to prevent violence in Bernalillo County. The following are organization were recommended by the organizations contacted for this report.

APD Forward
Atrisco Heritage High School
CLN Kids
International District Healthy Communities Coalition
La Placita Institute
Legal FACs
LGBTQ Resource Center at University of New Mexico
South Valley Male Involvement Project
Mayor’s Taskforce Against Domestic Violence and Sexual Assault
New Mexico Coalition of Sexual Assault Programs, Inc.
New Mexico Office of the District Attorney
Planned Parenthood
PB&J
Reducing Racial and Ethnic Disparities (a working group through Juvenile Detention)
South Valley Early Childhood Group
Strong Families New Mexico
TEWA Women United
UNMH Soothing a Crying Baby Program
Women’s Resource Center UNM
YDI Early Head Start
Young Women United
References


New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health and U.S. Centers for Disease Control and Prevention (CDC).


New Mexico Violent Death Reporting System (NM-VDRS), New Mexico Department of Health and U.S. Centers for Disease Control and Prevention (CDC).


