

*NM 2023 Legislative Session Update*

# Preventing & Treating Sexual Assault in New Mexico



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# Thank You Legislators for Your Support!

**In the 2022 session we asked for a \$5m increase in HB2.  
\$5m was based on the service gaps throughout New Mexico:**

- 2022 Legislative Session: \$5 million ask for SASPs, SANEs, CACs, Tribal Research, & a Statewide Hotline.
- You legislated \$2m recurring funds, \$1m non-recurring funds.

**THANK YOU!!**

The investment in serving **one survivor** of sexual assault has a ripple effect in **preventing & ending** the crime of sexual violence in NM.



Increased from **13 SASPs to 15**  
& from **11 SANE programs to 12**  
in this first year



**Developing improved data standards** for sexual assault services in NM

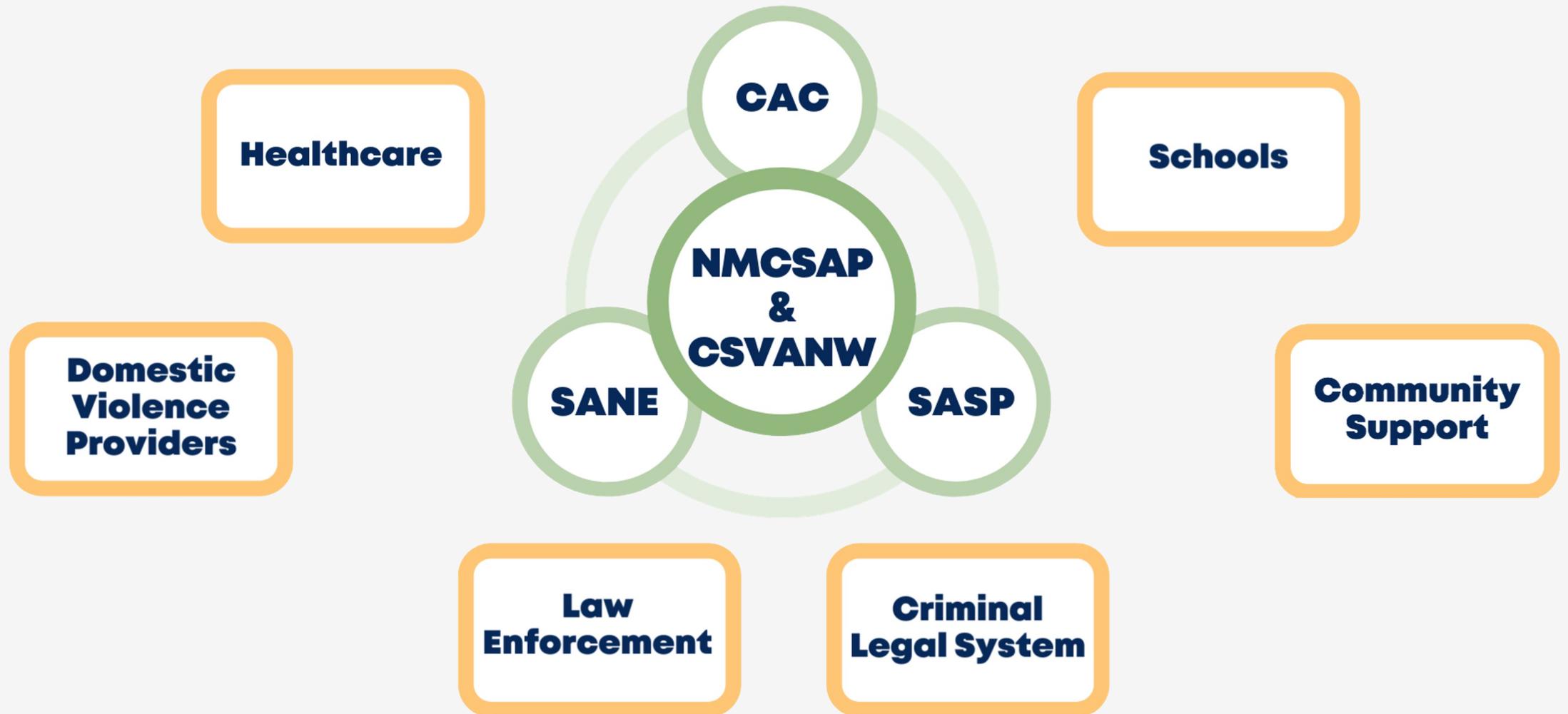


**Convening a workgroup**  
of stakeholders to develop  
implementation of  
statewide hotline  
(with additional funding)

**Expanded services** to institutionally underserved populations including:

- Survivors living with a disability
- AAPI survivors
- Spanish-speaking immigrant survivors
- Native survivors

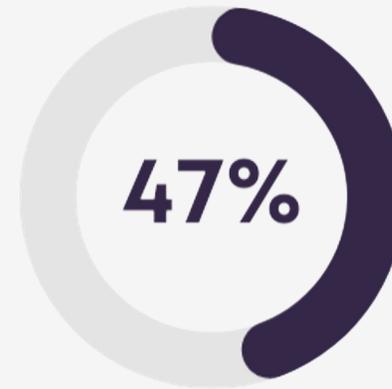
# The Sexual Assault Service and Prevention Infrastructure in NM



# Continued Impact of COVID

## Referrals for identifying & assisting child & adolescent sexual abuse victims severely impacted.

- 25% decrease in the number of child (<13) sexual assault survivors served in 2020 compared to 2019.
- 36% decrease in the number of adolescent (14-17) sexual assault survivors served in 2020 compared to 2019.



of reported assaults involved children under 18

# Continued Impact of COVID

## **Telehealth Services Prove a Success for Survivors**

- Counseling was primarily conducted remotely which resulted in more consistent attendance by those seeking healing services because of not having to find transportation or arrange child-care.
- Barriers to safety do exist with telehealth services due to survivors' inability to be away from the person causing them harm at times.

Caponera, B. (2021). SEX CRIMES TRENDS IN NEW MEXICO: An Analysis of Data from The New Mexico Interpersonal Violence Data Central Repository 2020.

# Continued Impact of COVID

## Staff Turnover and Workforce Shortages

- Staff turnover during the pandemic has been unprecedented.
  - The severity of the violence witnessed at SASPs, SANEs, and CACs has led to complex secondary trauma exposure.
  - Historically low pay in human service related fields led many to leave.



of staff said their salaries don't cover their basic needs



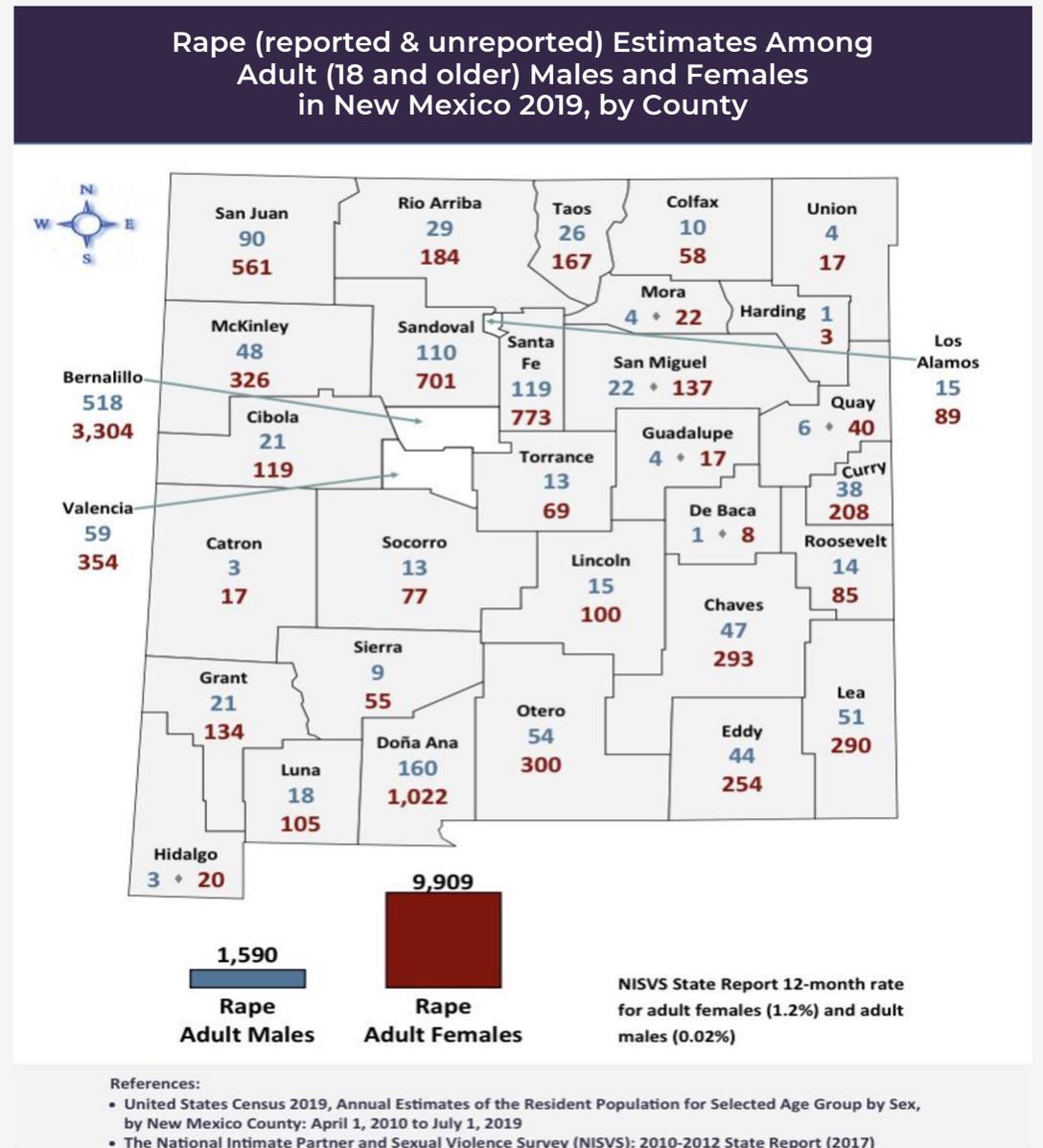
Caponera, B. (2021). SEX CRIMES TRENDS IN NEW MEXICO: An Analysis of Data from The New Mexico Interpersonal Violence Data Central Repository 2020

Ohio Victim Services Compensation Survey. (2021). <https://www.odvn.org/wp-content/uploads/2022/06/VSCQ-FINAL-Report-6.15.22.pdf>.

# The Crime of Sexual Violence in NM

- 11,500 victims of rape reported to law enforcement and unreported in 2019 (age 18+)<sup>i</sup>
- We will be conducting an updated crime victimization survey (which has not been done since 2004) and a tribal assessment with recent funding.
- NM has higher rates of child sexual assaults than much of the country (47%)
- **1 in 4 girls** and **1 in 6 boys** in NM experience sexual violence prior to reaching their 18th birthday.

i. National Intimate Partner and Sexual Violence Survey (NISVS)



Only represents victimization of rape for those 18 and over. Does not include other forms of sexual violence such as childhood sexual abuse, incest, sexual harassment, and assault.

# Filling the Gaps: **ASK FROM LHHS**

1. Support \$3m remainder of budget gap:
  - a. \$1.5m for **SASPS & SANES: end wait list**, address rural & underserved service gaps, address geographic (rural) service gaps
  - b. \$500,000 for the operation of the **Statewide Sexual Assault Hotline**
  - c. \$1m for **CACs in CYFD budget** to address staffing issues in rural NM and address the continued increased need in children's services.

**Note: CAPACITY TO SPEND \$\$ IF ALLOCATED:** The 39 CACs, SANEs, and SASPs are prepared to spend this funding immediately and have not reverted any state funding in the past (see CVRC letter)

1. Policy issues:
  - b. Affirmative Consent
  - c. Expanding access to reproductive health and clear messaging on body autonomy

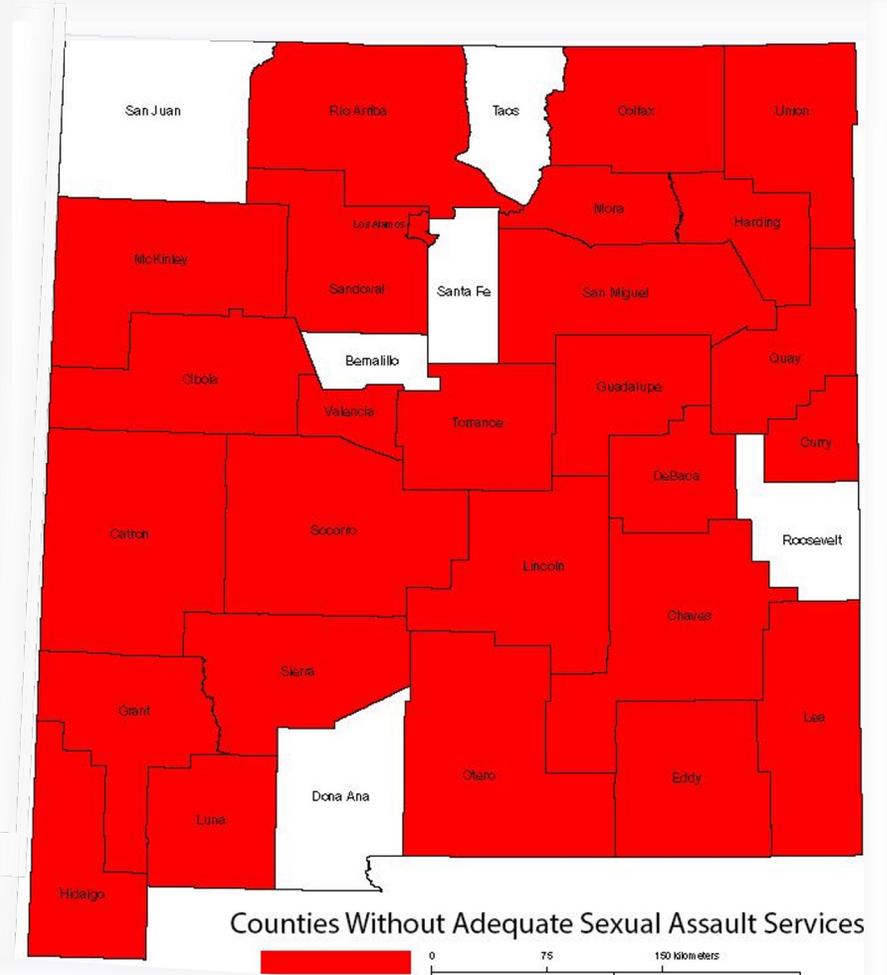
# 1(a)

## \$1.5m SASPs & SANEs GAP

- Service gaps in southeastern NM, which has the highest rates of reported rape
  - Survivors in crisis face a **12 MONTH WAIT** for counseling services due to programs inability to provide competitive salaries for mental health clinicians
  - No designated sexual assault service provider east of Las Cruces
  - Continue building capacity for PREA advocacy services.
- 86% of people in women's prisons are survivors of sexual assault. (Vera Institute)

Should a victim of sexual assault be forced to travel for hours to receive crisis services?

Should that victim have to wait for crucial and time sensitive services?



# 1(a)

## \$1.5m SASPs & SANEs GAP

- Replicate satellite model recently created between Abq Sane and VSS in other rural communities to shorten wait times across the state.
- Inadequate funding in rural areas to pay for training & travel for SANE nurses
- No funding in most programs for the SANE nurse to serve as expert in court proceedings (can be up to 2+years)

### SANE unit established in Valencia County

By **Julia M. Dendinger**  
*News-Bulletin Assistant Editor*

A local nonprofit is bringing a vital resource to Valencia County for survivors of sexual assault.

Valencia Shelter Services has established a satellite SANE unit at its Los Lunas office in partnership with the Albuquerque SANE Collaborative.

"This is such a tremendous service for our community," said Sandi Martinez, director of forensic services for Valencia Shelter Services. "We are so proud we can provide this."

Martinez is a forensic interviewer who leads the forensic interview team for the Child Advocacy Center and now oversees the new SANE satellite unit at VSS.

SANE — a sexual assault nurse examiner — has become something of a shorthand term for programs providing medical services to survivors of sexual assault.

A SANE is a registered nurse who has received special training so they can provide comprehensive care to sexual assault victims. In addition they are able to conduct a forensic exam and may provide expert testimony if a case goes to trial.

Martinez said during discussions among the members of the child advocacy center's multidisciplinary team, the need for SANE services in Valencia County came up.

"It's been a conversation for a while," she said. "We need a SANE unit here. Initially, this will be a satellite of the Bernalillo County unit but we will transition in three to four years to make it our own."

Connie Monohan is the executive director for the Albuquerque collaborative and has been doing SANE work for 23 years. The service is more than a medical exam, Monohan said.

"It's referrals and a healing path. The exam itself involves the nurse, the victim and an advocate. It lasts about four hours, but it is very low-key," she said. "The exam provides injury documentation, evidence collection of things like foreign DNA, medical treatment — specifically for sexually transmitted infections — assessment for risk of pregnancy. It's one-on-one care."

In Albuquerque, there are 19 nurses who provide 24/7 coverage for the SANE program, and while

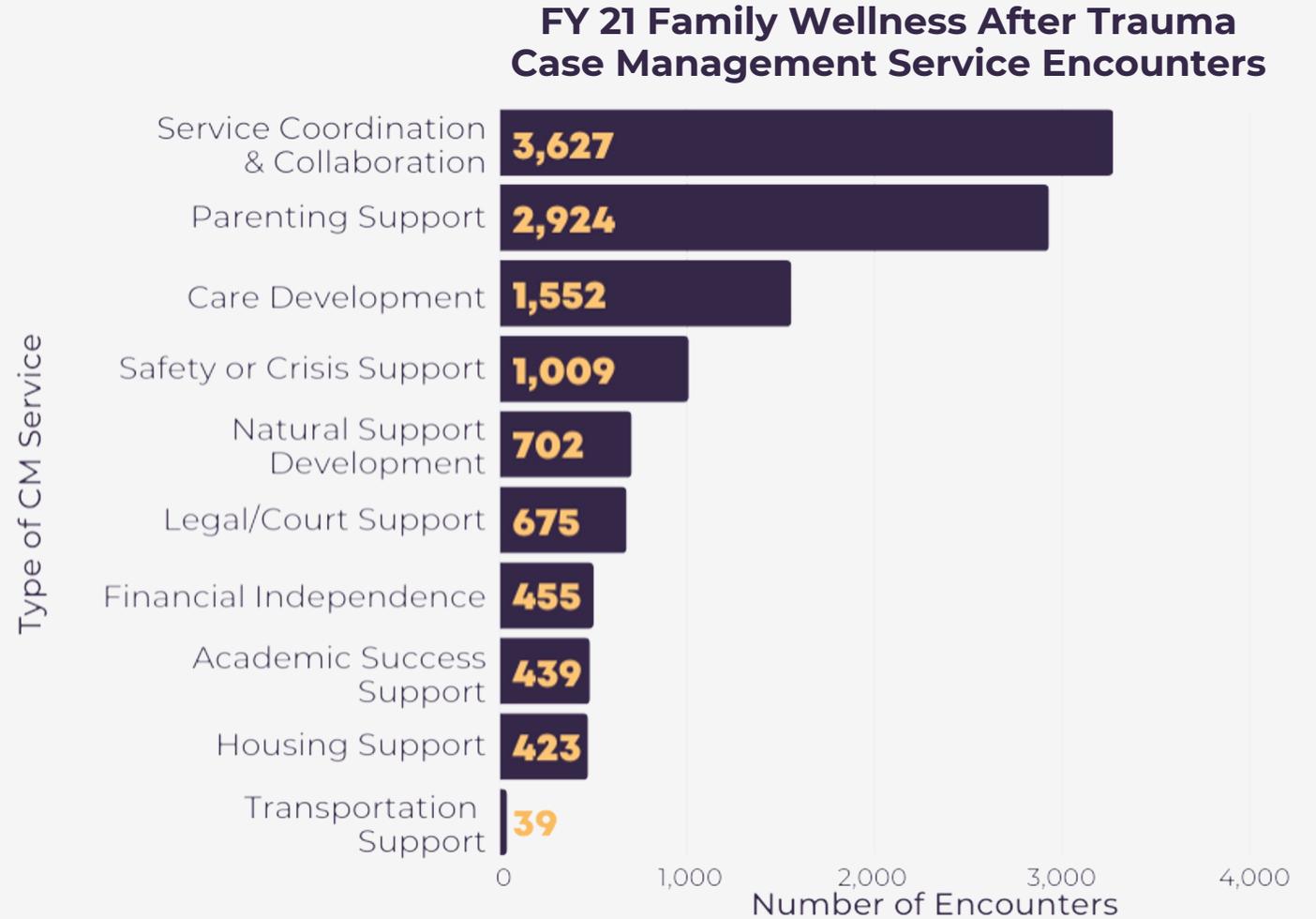
■ See **SANE**, Page 8

# 1(a)

## \$1.5m SASPs & SANEs GAP

Stabilizing survivors:

- Hiring, training, & retaining **licensed mental health professionals** to treat trauma experienced by survivors is a top priority.
- In mitigating the challenges to do so, programs have identified ways to offer stabilizing supports, which include case management for life needs, thus reducing exposure to repeat trauma & stress.



Example of case management services provided by All Faiths in Albuquerque, NM

1(b)

# \$500k Statewide Sexual Assault Hotline GAP

## Recurring Budget per Fiscal Year

Administrative Costs	
Hotline Operations (monthly phone service and lines \$1,000x12, liability insurance (\$800x12), technical support (81.25x260))	\$42,725
NMCSAP infrastructure for operations \$500,000 x 8%	\$40,000
	<b>\$42,725</b>

Personnel	
24X7 coverage for 1 year = 8,760 hours x \$25 per hour including FICA & other benefits	\$300,750
Full time coordinator: including FICA & other benefits	\$104,000
	<b>\$404,750</b>

Training	
Ongoing training & advocate cohort development - 15 hours per month to develop, deliver training, and facilitate team meetings - 15 X 12 X \$80/hour (for contract trainers)	\$14,400
Travel including mileage reimbursements, lodging, and per diem (4 in person trainings per year)	\$10,000
Language Access Services	\$20,000
Culturally Specific Consultations - 100 hours annually X \$81.25	\$8,125
	<b>\$52,525</b>
<b>Total Annual Operating Budget</b>	<b>\$500,000</b>

# 1(c)

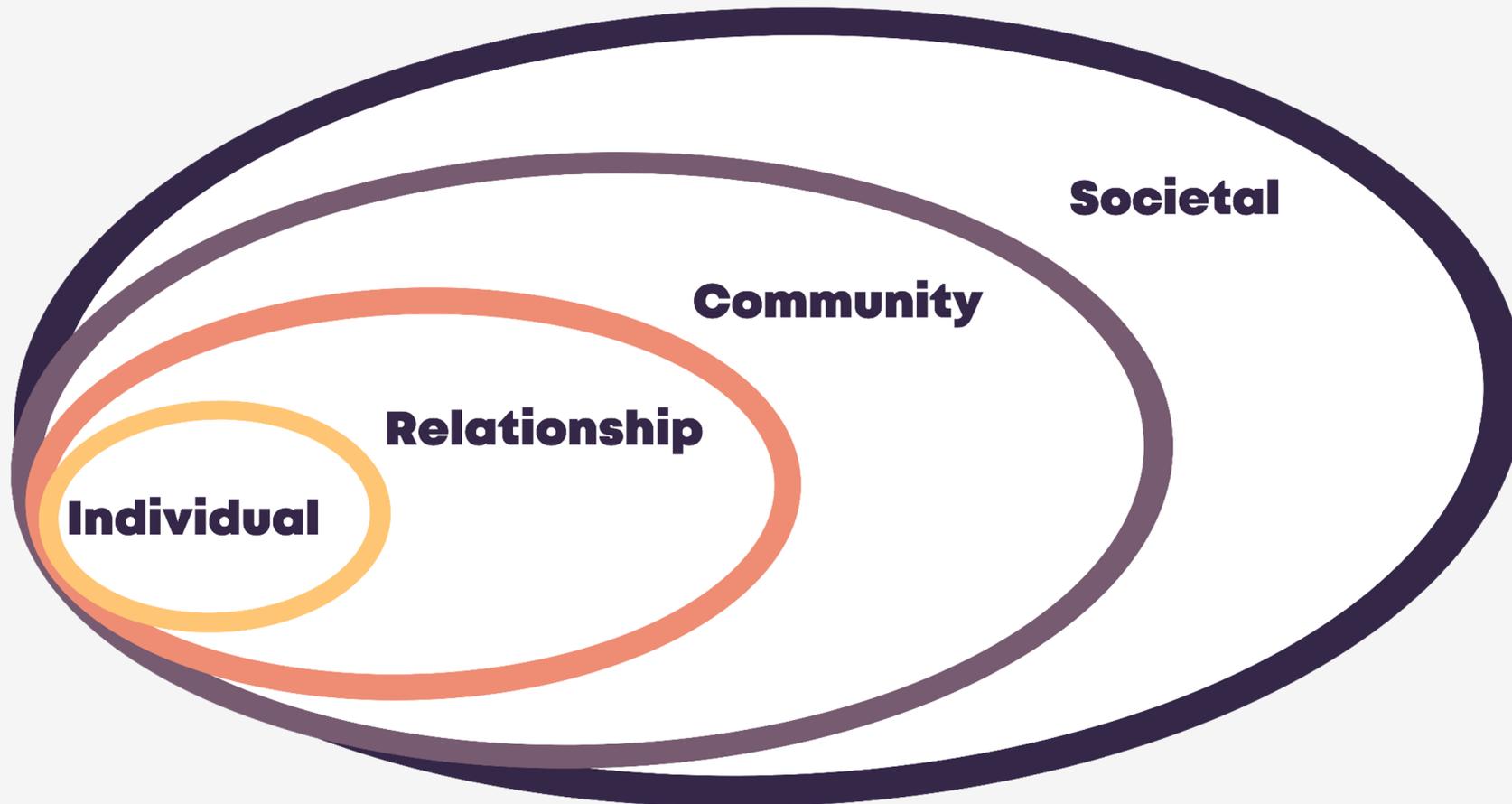
# \$1m Child Advocacy Centers GAP

FY2021 (July 1, 2020 - June 30, 2021)  
CAC FI #s Reported to AODA

- 3,408 forensic interviews
  - 928 of the children interviewed were under the age of 6
  - 1,499 between the ages of 7-12
  - 980 were >13.
  
- **GAPS:**
  - Many Counties with **no services**
  - **Covid Impact:** increased severity of violence & more complex child abuse cases.
  - **Lower salaries & burnout** lead to difficulty recruiting and retaining staff
  - Lower staffing at satellites

Organization	Counties Served	Kids	% of total	Waitlist
<b>All Faiths</b>	Bernalillo, Torrance, Sandoval, Cibola	1088	<b>32%</b>	125
<b>Arise</b>	Roosevelt, Curry	81	<b>2%</b>	
<b>Community Against Violence</b>	Taos, San Miguel, Colfax, part of Rio Arriba	350	<b>10%</b>	
<b>Cavern City</b>	Lea, part of Eddy (Carlsbad)	284	<b>8%</b>	
<b>Chaves County</b>	Chaves, part of Eddy (Artesia)	228	<b>7%</b>	
<b>Childhaven</b>	San Juan, McKinley	272	<b>8%</b>	
<b>FYI</b>	Sierra	27	<b>1%</b>	
<b>Kids Inc</b>	Otero, Lincoln	165	<b>5%</b>	
<b>La Pinon</b>	Dona Ana, Luna, Grant	595	<b>18%</b>	
<b>Solace</b>	Santa Fe, part of Rio Arriba	155	<b>4%</b>	Included in SASP data
<b>Valencia Shelter Services</b>	Valencia, Torrance, Socorro	163	<b>5%</b>	Included in SASP data
		<b>3,408</b>	<b>100%</b>	<b>125</b>

# Sexual Violence Prevention & the Social Ecological Model



**School-Based  
Programing**

**It Starts with Us  
Messaging Campaign**

**Prevention Educator  
Training**

**Both/And Podcast**

**Affirmative Consent  
Legislation**

**Training for Families  
and School Staff**

**Organizational Policy  
Development**

## 2.

# Policy Gaps: Affirmative Consent

**Affirmative consent** promotes healthy relationships and prevents sexual assault through respect and communication

- HB142 (*Thomson & G Andres Romero*) in 2021 regular session - strong bipartisan vote
- Requires every student be educated (within the 1 unit of required health education) about affirmative consent before sexual contact
- Defines affirmative consent as a conscious, voluntary agreement from all parties involved
- Provides invaluable skills for life by empowering the student to communicate, problem solve, and act if someone does not ask their permission before sexual contact
- Increases student safety by clarifying that consent is dynamic and teaches students the ability to say no in a situation where they do not feel safe

**Sexual assault victimization was reduced by half when young people had comprehensive sex education before college that included training on affirmative consent.**

*Sexual Citizens, A Landmark Study of Sex, Power, and Assault on Campus, Hirsch & Kahn, (2020)*

## 2.

# Policy Gaps: Access to Healthcare

- **Reproductive Justice:** means living in a world where we can make decision about our bodies, and that we have the resources we need to take care of our bodies.
  - **On an individual level:** A person's sexual & reproductive health are affected by experiences of sexual violence.
  - **On a relationship level:** Acts of violence often take away power from individuals. It is important to be able to give full & informed consent for all decisions about one's body.
  - **On a community level:** Survivors need access to sexual & reproductive health care to help from the trauma of violence.
  - **On a societal level:** The state uses power & control over how & when people care for and build families.

Healing from the trauma of sexual violence means having the ability to make decisions for yourself

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# Thank You!

- For wanting to hear more about these services
- For LHHS' consideration of endorsing:
  - Budget items to fill gaps - \$3m
  - Affirmative consent legislation (Thomson & G.A Romero)
  - Any legislation that expands access to reproductive healthcare

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