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November 16, 2009

**MEMORANDUM**

**TO:** Legislative Education Study Committee

**FR:** Nicole Parra-Perez *npf*

**RE:** **WRITTEN REPORT: *PREVENTION OF TEEN DATING VIOLENCE, HM 53***

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**House Memorial 53**

In 2009, the House passed House Memorial (HM) 53, *Prevention of Teen Dating Violence*, which requests that the Public Education Department (PED) and the Department of Health (DOH) convene a work group to study and develop recommendations regarding the prevention of teen dating violence in New Mexico. Other members of the work group listed in the memorial include representatives of the Children's Cabinet; the New Mexico Youth Alliance; the New Mexico Forum for Youth and Community; the New Mexico Commission on the Status of Women; the Children, Youth and Families Department (CYFD); public school districts; school health educators and counselors; school-based health clinics; and other organizations and individuals as appropriate. The memorial also requests that:

- the recommendations of the work group include strategies for educating parents, raising public awareness, and utilizing and integrating existing resources as much as possible; and
- the work group present a written report of its findings and recommendations to the Governor, the Lieutenant Governor, and the Legislative Education Study Committee by October 1, 2009.

This cover memo provides a brief preview of the report requested in the memorial: *Report on House Memorial (HM) 53: Prevention of Teen Dating Violence* (see Attached). The report includes an executive summary, a discussion of the memorial and the issues it addresses, a description of the methodology of the work group, recommendations addressed to several entities in particular, the Legislature, PED, DOH, CYFD, and the Behavior Health Purchasing Collaborative additional recommendations, and several appendices. Appendix A is HM 53 itself, other appendices that address topics that may be of interest to the committee include:

- Appendix C, “Teen Dating Violence Overview”;
- Appendix E, “Logic Model”;
- Appendix F, “Results of HM 53 Youth Focus Groups”; and
- Appendix H, “Teen Dating Violence Awareness and Prevention Resources.”

For the purposes of this study, the work group agreed to the following definition of the term “teen dating violence,” in accordance with the National Resource Center on Domestic Violence:

a pattern of actual or threatened acts of physical, sexual, emotional, and technological abuse perpetrated by an adolescent against a current or former dating partner, including insults, coercion, social sabotage, sexual harassment, threats, and acts of physical, sexual abuse or emotional abuse and stalking.

### ***Findings of the Work Group***

According to the report, Teen Dating Violence is a major public health concern among adolescents ages 10-19. It cuts across race, gender, and socioeconomic lines; and it affects both males and females. Teens who are victims of Dating Violence are more likely than other students to report feelings of sadness and thoughts of suicide. In addition, the report cites the 2007 New Mexico Youth Risk and Resiliency Survey, which found strong correlations between being hit by a boyfriend or girlfriend and such conditions as:

- mental health risks;
- substance use;
- behaviors associated with violence; and
- behaviors affecting academic success.

### ***Recommendations of the Work Group***

While the recommendations are explained more fully in the report itself, it might be helpful to list a few of them here, especially those directed to the Legislature:

- ensure that all students receive quality health education by making health education a graduation requirement taught by PED-licensed health education instructors;
- identify funding for a statewide teen dating violence coordinator position, to plan, implement, and evaluate prevention strategies;
- allocate \$25,000 to fund a one-year teen dating violence community pilot project; and
- allocate \$10,000 for the purpose of convening a Teen Dating Violence task force to promote a coordinated state and community response to Teen Dating Violence.

The work group also identified other recommendations for other state entities, among them that:

**DOH** include teen dating violence awareness and prevention messages into existing teen programs funded through DOH;

**PED** amend language of rule 6.12.7 NMAC, “Bullying Prevention and safe schools plan requirements,” to include teen dating violence and sexual assault, effective school year 2010-2011; and provide schools with teen dating violence awareness material and encourage schools to participate in teen dating violence awareness programs such as Teen Dating Violence Awareness Week;

**CYFD** integrate teen dating violence education into existing staff training for all direct line staff, to include juvenile probation officers and facility staff, and supervisory staff; and implement culturally relevant teen dating violence and healthy relationship training and intervention programs for youth in detention centers; and

The **Behavior Health Purchasing Collaborative** consider providing training for all adolescent behavioral health providers on the dynamics of dating violence, correlations of dating violence with risk for suicide and substance abuse, and safety resources for adolescents.

In addition to these agency-specific recommendations, the work group recommended that:

**Other departments or agencies** promote uniform and consistent law enforcement incident reporting of dating violence and related physical or sexual assaults and homicides;

- promote resiliency factors by establishing school- and community-based after-school learning and recreation programs; and, that
- an additional study be conducted on the issue of African-American behavioral health resources disparities and the need for cultural identity development as a component of health education.

All of the recommendations are listed in the executive summary and explained more fully in the body of the report (see pages 5-8).

## **Background**

In addition to HM 53, the 2009 Legislature considered House Bill 615, *School Dating Violence Policies*. According to the analysis by CYFD, the bill would have added a new section of the *Public School Code* to require public schools to adopt dating violence policies; and it would have amended a section of the *Public School Code* to incorporate dating violence information into health education curricula in grades 7-12. The bill did not pass, however.

**RECEIVED  
VIA E-MAIL**

**SEP 25 2009**

**Report on**

**House Memorial (HM) 53:**

**Prevention of**

**Teen Dating Violence**

**Submitted by:**

**New Mexico Public Education Department**

**New Mexico Department of Health**

**September 2009**

## **House Memorial (HM) 53: Prevention of Teen Dating Violence**

### **Executive Summary**

House Memorial (HM) 53 requested the Public Education Department (PED) and the Department of Health (DOH) to convene a work group to study and develop recommendations regarding prevention of teen dating violence (TDV) in New Mexico (see Appendix A: HM 53). Specifically, HM 53 requested the work group to include strategies for educating parents, raising public awareness and utilizing and integrating existing resources as much as possible.

PED and DOH convened a work group (see Appendix B: HM 53 Work Group) that met six times over three months. The work group established guiding principles (see Background section of the full report), employed the public health strategic prevention framework (see Appendix E: HM 53 Logic Model) and completed a literature review (see Full Report, Appendix C: TDV-Overview and Appendix I: TDV Awareness and Prevention Resources) to develop the following recommendations. Recommendations were also advised by responses from over 125 youth during four focus groups held statewide (see Appendix F: Results of the HM 53 Youth Focus Groups). Further, the New Mexico Intimate Partner Violence Fatality Review Panel submitted a letter of support for the memorial (see Appendix K: Letter of Support-NM Intimate Partner Violence Fatality Review Team).

### **HM 53 Recommendations**

#### **Recommendations for the Legislature:**

- Ensure all students receive quality health education by making health education a graduation requirement taught by PED licensed health education instructors.
- Identify funding for a statewide TDV Coordinator position, to plan, implement and evaluate prevention strategies (see Appendix H: TDV Coordinator Position).
- Allocate \$25,000 to fund a one year TDV community pilot project. The pilot would be conducted in a community with existing capacity to implement and evaluate a full evidence based prevention continuum, including TDV community/parent awareness/education, peer-to-peer education, and TDV prevention program(s) in schools, after school programs or community based programs for a period of one year. The results of the pilot, including programmatic design and evaluation results, would be posted on the internet for communities statewide to replicate.
- Allocate \$10,000 for the purpose of convening a TDV task force to promote a coordinated state and community response to TDV (see the Full Report: Recommendations for the Legislature for task force duties).

#### **Recommendations for the Department of Health:**

- Develop questions for inclusion on the school-based health center Student Health Questionnaire, given to all students requesting services, which measure peer and individual attitudes toward teen dating violence. Require universal screening of all students accessing school based health centers (SBHCs) for TDV risk.

- DOH will recommend that SBHCs practice universal screening of all students accessing services.
- Post a comprehensive menu of resources for each strategy on TDV Section of the DOH Youth Health Link website and link to student health websites in PED and statewide school board websites.
- Include TDV awareness and prevention messages into existing teen programs funded through DOH, including teen pregnancy, alcohol, substance, and tobacco use, and youth suicide prevention programs. Engage youth serving organization to conduct an analysis of existing prevention initiatives to identify areas where TDV can be integrated and led by teens.

**Recommendations for Public Education Department:**

- Amend language of rule 6.12.7 NMAC: Bullying Prevention and safe schools plan requirements to include TDV and sexual assault during the 2010-11 school year.
  - PED will review rule 6.12.7 to determine if TDV language can be included in the Bullying Prevention rule and safe schools plan template.
- Add a question to assess for TDV on the New Mexico Middle School YRRS.
  - Therefore, DOH and PED will jointly determine the feasibility of adding a question on the prevalence of TDV to the bi-annual New Mexico Middle School Youth Risk and Resilience Survey (YRRS).
- Encourage schools to include TDV awareness and prevention as part of health education curriculum for students in grades 7-12.
- Encourage schools to include TDV awareness and prevention as part of teacher and administrator professional development and parent education activities.
- Provide schools with TDV awareness material and encourage schools to participate in TDV awareness programs such as TDV Awareness Week.
- Partner with school districts to develop a mechanism for reporting incidence of TDV on school campuses to PED.
  - PED will explore the feasibility of data collection on incidents of TDV in schools.
- Encourage early identification and screening by school staff for TDV.

**Recommendations for the Children, Youth and Families Department:**

- Integrate TDV education into existing staff training for all direct line staff, to include juvenile probation officers and facility staff, and supervisory staff.
- Offer TDV awareness and prevention training and programming for youth, and parents involved in protective services and juvenile justice, and foster and adoptive parents.
- Include TDV awareness and prevention messages into existing teen programs funded through CYFD.
- Implement culturally relevant teen dating violence and healthy relationship training and intervention programs for youth in detention centers.

- Offer adolescents in transition from facilities to their communities or from foster care to adulthood, interactive, peer-led training on healthy relationship formation, signs of violence for early identification and resources for support if violence is occurring in their relationships.
- Support funded partners in adapting existing evidence-based perpetrator treatment programs to fully meet the developmental needs of adolescent perpetrators.

**Recommendations for the Behavior Health Purchasing Collaborative:**

- Explore the feasibility of creating an African American Local Collaborative, which can among other things address TDV victimization at a rate more than twice greater than their Anglo peers (see Appendix G: Notes from the African American Community Forum).
- In collaboration with appropriate state agencies and youth serving community organizations, offer targeted prevention initiatives for adolescents at greatest risk for TDV, including youth who: 1) are sexually active before the age of 13; 2) have histories of juvenile justice or protective service involvement; 3) drink alcohol; 4) present with substance abuse; 5) are diagnosed with depression; 6) witness domestic violence at home.
- Consider providing training for all adolescent behavioral health providers on the dynamics of dating violence, correlations of dating violence with risk for suicide and substance abuse, and safety resources for adolescents.

**Other Recommendations:**

- An African American community forum was conducted as part of the memorial study. Several issues arose that relate to behavioral health resource disparity for African Americans in New Mexico. It is recommended that an additional study be conducted on the issue of African American behavioral health resource disparities and the need for cultural identity development as a component of health education in schools (see Appendix G: Notes from the African American Community Forum).
- Promote uniform and consistent law enforcement incident reporting of dating violence-related physical or sexual assaults and homicides.
- Promote resiliency factors by establishing school and community based after-school learning and recreation programs.

# **House Memorial (HM) 53: Prevention of Teen Dating Violence**

## **Full Report**

### **BACKGROUND**

Enacted during New Mexico's 2009 Legislative Session, House Memorial 53 (HM 53) is the study and development of recommendations regarding prevention of Teen Dating Violence (TDV) in New Mexico (see Appendix A: HM 53). This report and set of recommendations was developed in collaboration with youth, parents, community and committee members (see Appendix B: HM 53 Work Group), and an extensive literature review. The charge of the HM 53 Work Group was to develop strategies for educating parents, raising public awareness and utilizing and integrating existing resources to create an evidence-based prevention strategy for TDV in New Mexico.

For the purposes of this study, the HM 53 Work Group agreed to the following definition of TDV: "a pattern of actual or threatened acts of physical, sexual, emotional and technological abuse perpetrated by an adolescent against a current or former dating partner, including insults, coercion, social sabotage, sexual harassment, threats and acts of physical, sexual abuse or emotional abuse" and stalking, in accordance with the National Resource Center on Domestic Violence (2004) definition (see Appendix C: TDV- Overview).

The HM 53 Work Group, co-led by New Mexico Department of Health and Public Education Department, convened six times in three months. The framework used for this study is an evidence-based public health approach called a Strategic Prevention Framework using the Ecological Model of TDV (National Youth Violence Prevention Network, 2007). To guide the study and recommendations, the Work Group completed a community assets map describing existing services a prevention matrix organized by universal, selected and indicated strategies, and a Logic Model (see Appendix E: House Memorial 53-Logic Model) which described evidence or research for the prevention strategies. Finally, an extensive literature review was completed to provide evidence to support the Work Group's recommendations. The HM 53 Work Group agreed to the following principles in developing this study and recommendations:

1. Prioritize youth inclusion in every aspect of TDV prevention policy and programmatic design, development and implementation.
2. Employ a positive youth development (PYD) approach to TDV prevention. PYD is a framework that emphasizes providing services and opportunities to support all young people in developing a sense of competency, usefulness, belonging and empowerment which translates to adulthood.
3. Address the Governor's Health Priorities of reducing youth suicide and teen pregnancy in New Mexico through an integrated approach to TDV prevention.

4. Support the implementation of the 2008-2010 New Mexico Department of Health (DOH) Adolescent Health Strategic Plan Goals of youth development, commitment to adolescent health, partnerships, planning and evaluation, policy and advocacy, and education and technical assistance. For the full report, see:  
<http://www.health.state.nm.us/pdf/Final%20Adol%20Hlth%20Strategic%20Plan.pdf>.
5. Support the New Mexico Youth Alliance Legislative Platform, where TDV prevention was listed among their top ten critical adolescent health issues (see Appendix D: NM Youth Alliance – Legislative Platform).
6. Ensure TDV is taught to all middle and high school students in New Mexico. This can be accomplished by ensuring all students receive quality health education taught by PED licensed health education instructors and advised by youth violence prevention experts. This would better ensure that all students are able to 1) identify and understand how personal choices relate to health; 2) connect consequences of those choices to self and others; and 3) explain the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.
7. Ensure that no adolescent is placed for treatment in an adult domestic violence or sexual assault perpetrator program. Existing service providers are encouraged to adapt their programming to meet the developmental needs of adolescents, to hire staff skilled in treating adolescents, and to facilitate single-gender, age specific groups without adult participants.

### **NEED FOR TDV PREVENTION**

Teen dating violence (TDV) is a major public health concern among adolescents ages 10-19 (Foshee, et al, 2004). Between one in four and one in five teens nationally experience physical or sexual violence by their dating partner (American Bar Association, 2005). Of New Mexico high school students, 12.6% reported being hit, slapped or physically hurt by their boyfriend or girlfriend within the past 12 months (NM YRRS 2007). TDV is associated with an increased risk for teen pregnancy and suicide (Silverman, et al., 2000).

The 2007 NM Youth Risk and Resiliency Survey (YRRS) demonstrates strong correlations between being hit by a boyfriend or girlfriend and other risk behaviors. High school students who reported being victims of TDV were more likely than other students to report (NM YRRS 2007 Results by TDV Victimization):

- Mental health risks, including:
  - Persistent feelings of sadness or hopelessness, where 43.4% TDV victims report this risk, compared with 29% of other students.
  - Suicidal ideation, where 34.5% of TDV victims report this risk at over double the rate of other students (16.9%). Suicide attempts, where 28.1% of TDV victims report this risk at over double the rate of other students (12.1%)

- Disordered eating behaviors, including vomiting or using laxatives to lose weight, where 18.6% of TDV victims report this risk, a rate three times greater than other students (6.0%)
- Substance use, including:
  - Methamphetamine use, where 15.6% of TDV victims report this risk at a rate five times greater than other students (2.4%).
  - Ecstasy use, where 13.7% of TDV victims report this risk at a rate four times greater than other students (3.3%).
  - Cocaine use, where 15.9% of TDV victims report this risk at a rate three times greater than other students (3.7%).
  - Pain killer use to “get high”, where TDV victims report this risk at a rate nearly three times greater than other students (9.1%)
  - Marijuana use, where 39.4% of TDV victims report this risk, compared with 22.7% of other students.
  - Binge drinking, where 45% of TDV victims report this risk, compared with 24.7% of other students.
  - Cigarette smoking, where 36.9% of TDV victims report this risk, compared with 22.3% of other students.
- Behaviors associated with violence, including:
  - Carrying a gun, where 25.4% of TDV victims report this risk at over twice the rate of other students (9.6%).
  - Carrying other weapons, where 44.7% of TDV victims report this risk, at nearly twice the rate of other students (24.6%).
  - Skipping school because they felt unsafe at school or on the way to and from school, where 19.1% of TDV victims report this risk, at over double the rate of other students (7.0).
  - Being threatened or injured with a weapon on school property, where 23.5% of TDV victims report this risk, a rate three times greater than other students (7.5%).
  - Being in a physical fight, where 58.9% of TDV victims report this risk, compared with 33.7% of other students.
  - Being in a physical fight on school property, where 29.3% of TDV victims report this risk at twice the rate of other students (14.9%).
- Behaviors affecting academic success, including:
  - Low academic aspirations, where 77% of TDV victims report this risk, compared with 64.7% of other students.
  - Disengagement in daily academic activities, with 84% of TDV victims experiencing this risk.
  - Lack of academic motivation, with nearly 50% of TDV victims experiencing this risk.

Schools can play a key part in the prevention of TDV. Behaviors associated with TDV have a negative impact on academic achievement and school safety. National studies show that nearly

half of teen dating violence victims experience some dating abuse on school campuses (Molidor & Tolman, 1998). The U.S. Department of Justice Office of Violence Against Women (2007) asserts that schools and the educational system are key stakeholders in TDV prevention and have unique opportunities to access youth and their parents. Silverman, et al. (2004), recommend that TDV awareness be integrated into health education and reproductive health counseling. School based TDV prevention programs are shown to effectively reduce adolescents' TDV behaviors, particularly among male adolescents, where a 2% reduction in TDV may result in savings of millions of dollars in long-term behavioral health, medical, and criminal justice costs (Odgers & Russell, 2008) through leveraging existing resources, such as teacher time and modifications to existing curricula, at an estimated cost of \$16.00 per student (Odgers & Russell, 2009, and Wolfe, et al. 2008). It is recommended that school based prevention occur within a multi-systemic context, where community youth serving organizations skilled in serving adolescents act as partners in providing services, and families are involved when safe in prevention programs (Odgers & Russel, 2009).

## METHODOLOGY

PED and DOH convened a work group that met six times in order to develop the recommendations for HM 53 (see Appendix B: HM 53 Work Group). The Work Group developed a logic mode help guide their efforts in the study (see Appendix E: HM 53 Logic Model). To ensure the youth voice was included in the study, one young person attended one of the six meetings and offered feedback throughout the study. The HM 53 Work Group also conducted four community youth-led forums at locations in Albuquerque through Enlace Comunitario, in Santa Fe, at the Laguna Acoma High School, and in Las Cruces with statewide youth representation at the Lieutenant Governor's Graduation Summit (see Appendix F: Results of the HM 53 Youth Focus Groups). The following five questions guided youth feedback:

- 1) What are the forms of TDV you have experienced first-hand or observed with your friends?
- 2) Who would you trust and go to for support if you were in a violent dating relationship? (Responses were listed in order of most frequently reported by participants.)
- 3) What are red flags of dating violence?
- 4) What do you think adults need to understand TDV?
- 5) What services or resources are needed to stay safe from TDV?

To develop culturally relevant prevention recommendations addressing the disproportionate rates of TDV victimization among African American youth in New Mexico, an African American community forum was conducted as part of the memorial study. Several issues arose that relate to behavioral health resource disparity for African Americans in New Mexico. It is recommended that an additional study be conducted on the issue of African American behavioral health resource disparities and the need for cultural identity development as a component of health education in schools (see Appendix G: Notes from the African American Community Forum).

## RECOMMENDATIONS

### Recommendations for the Legislature:

Currently Health Education Content Standards with Performance Standards are required to be taught in all public schools. However, these standards are not required to be taught by a PED licensed instructor. In order to ensure all students receive TDV prevention information, quality health education must be taught. The legislature can ensure this by making health education a graduation requirement taught by PED licensed health education instructors.

There is a need for a TDV coordinator position at the state level. It is recommended that the State Legislature identify funding for a statewide TDV Coordinator position, to plan, implement and evaluate prevention strategies. The TDV coordinator position should have expertise in youth injury and dating violence prevention. If funded, this TDV Prevention Coordinator should offer support to leadership in African American and Native American communities statewide in assessing community-specific needs and assist leadership in determining what technical assistance would be helpful (see Appendix G: TDV Coordinator Position).

In order to determine best practices for TDV prevention, it is recommended that the legislature allocate \$25,000 to fund a one year TDV community pilot project. The pilot would be conducted in a community with existing capacity to implement and evaluate a full evidence-based prevention continuum, including TDV community/parent awareness/education, peer-to-peer education, and TDV prevention program(s) in schools, after school programs or community based programs for a period of one year. The results of the pilot, including programmatic design and evaluation results, would be posted on the internet for communities statewide to replicate.

Nationally, the DELTA Model developed by Centers for Disease Control and Prevention and the Duluth Coordinated Community Response Model support state and local coordination as a key prevention strategy for intimate partner violence. The HM53 Work Group recommends that the state legislature allocated \$10,000 for the purpose of convening a TDV task force to promote a coordinated state and community response to TDV through:

- Examining existing state statutes and rules and determine possible integration of appropriate TDV language into the statutes and rules.
- Including membership from the Office of the Attorney General to conduct a policy analysis of other state strategies regarding access for minors to orders of protection and develop a set of recommendations for improving New Mexico laws governing minors' rights to orders of protection.
- Continuing to examine ways to integrate TDV prevention into existing resources.
- Determining ways to conduct public awareness campaigns around TDV.
- Studying issues related to TDV and the Juvenile Justice population
- Conducting a policy analysis of other states' strategies regarding access for minors to orders of protection and develop a set of recommendations for improving New Mexico laws governing minors' rights to orders of protection.

- Studying the need for uniform and consistent law enforcement incident reporting of dating violence-related physical or sexual assaults and homicides.

In 2008, a national study rated New Mexico with a “D” in its response to teen victims of dating violence. This finding was predicated on the vague nature of New Mexico statutory language, leaving wide variance in interpretation of who can administer an order for protection on a minor’s behalf. Also, individual courts and judges determine whether a minor can obtain an order of protection without parental permission. Finally, there is no unified state public education policy guiding how orders for protection are enforced at schools. Therefore, it is recommended that a task force be convened to conduct a policy analysis of other states’ strategies regarding access for minors to orders of protection and develop a set of recommendations for improving New Mexico laws governing minors’ rights to orders of protection.

**Recommendations for the Department of Health:**

School-based health centers currently administer a Student Health Questionnaire to students who request services at the SBHC. It is recommended that the DOH develop questions for inclusion on the school-based health center Student Health Questionnaire to measure peer and individual attitudes toward teen dating violence. In addition, it is recommended that universal screening of all students accessing SBHC for teen dating violence risk.

In order to increase awareness about TDV, it is recommended that the DOH post a comprehensive menu of resources for each strategy on TDV Section of the DOH Youth Health Link website and link to student health websites in PED.

Teens and their peers are central in promoting TDV awareness and prevention. Peer educators can successfully target peer attitudes regarding acceptance of dating violence in prevention initiatives. Therefore it is recommended that the DOH include TDV awareness and prevention messages into existing teen programs funded through DOH, including teen pregnancy, alcohol, substance, and tobacco use, and youth suicide prevention programs.

As experts in positive youth development and youth engagement, youth serving organizations are a critical component of a multi-systemic approach to TDV prevention. It is recommended that the DOH engage youth serving organization to conduct an analysis of existing prevention initiatives to identify areas where TDV prevention can be integrated and led by teens.

**Recommendations for Public Education Department:**

In 2006 the PED adopted rule 6.12.7 NMAC: Bullying Prevention which requires all school districts to have anti-bullying policies. In 2008 schools were required to update school level safety plans. It is recommended that the PED amend language of rule 6.12.7 NMAC: Bullying Prevention and safe schools plan requirements to include TDV and sexual assault. Through the safe schools plans, schools should develop protocols for responding to TDV incidents on school campuses. PED will review rule 6:12.7 NMAC: Bullying Prevention and safe schools plan requirements to determine if TDV language can be included in the Bully Prevention rule and safe schools plan templates.

The PED and the DOH co-chair the New Mexico Youth Risk and Resilience Survey (YRRS) steering committee. The YRRS is a bi-annual state student health surveillance tool administered at both the middle and high school levels. A question on TDV is currently on the high school YRRS. The HM53 Work Group recommends that a question to assess for TDV be added to the New Mexico Middle School YRRS. Therefore, DOH and PED will jointly determine the feasibility of adding a question on the prevalence of TDV to the bi-annual New Mexico Middle School Youth Risk and Resilience Survey (YRRS). The HM53 Work Group also recommends that PED partner with school districts to develop a mechanism for reporting incidence of TDV on school campuses to PED. PED will explore the feasibility of data collection on incidents of TDV in schools

In order to help ensure prevention, early identification and response to TDV, it is recommended that PED encourage schools to include TDV awareness and prevention as part of health education for students in grades 7-12.

To help ensure culturally relevant teen dating violence and healthy relationship training and intervention programs for personnel in schools, alternative school settings, detention centers and community settings where youth congregate, it is recommended that PED should encourage schools to include TDV awareness and prevention in teacher and administrator professional development and parent education activities (see Appendix H: TDV Awareness and Prevention Resources). PED should also encourage early identification and screening by school staff for TDV.

**Recommendations for the Children, Youth and Families Department:**

In order to prevent TDV, it is important to identify existing training mechanisms and integrate TDV information in training for staff that work with youth, such as social workers, juvenile justice workers, law enforcement, medical, behavioral health, adolescent behavioral health providers, domestic violence/sexual assault professionals and substance abuse prevention specialists (see Appendix I: TDV Juvenile Justice Issues). Therefore the HM 53 Work Group has made the following recommendations for the Children, Youth and Families Department:

- Integrate TDV education into existing staff training for all direct line staff, to include juvenile probation officers and facility staff, and supervisory staff.
- Offer TDV awareness and prevention training and programming for youth, and parents involved in protective services and juvenile justice, and foster and adoptive parents.
- Include TDV awareness and prevention messages into existing teen programs funded through CYFD.
- Implement culturally relevant teen dating violence and healthy relationship training and intervention programs for youth in detention centers
- Offer adolescents in transition from facilities to their communities or from foster care to adulthood, interactive, peer-led training on healthy relationship formation, signs of violence for early identification and resources for support if violence is occurring in their relationships.

- Support funded partners in adapting existing evidence-based perpetrator treatment programs to fully meet the developmental needs of adolescent perpetrators.

**Recommendation for the Behavior Purchasing Collaborative:**

TDV is often associated with adolescent behavioral health issues. Therefore, the following recommendations for the Behavioral Health Statewide Entity emerged from the HM 53 Work Group:

- Explore the feasibility of creating an African American Local Collaborative, which can among other things address TDV victimization at a rate more than twice greater than their Anglo peers (see Appendix G: Notes from the African American Community Forum).
- In collaboration with appropriate state agencies and youth serving community organizations, offer targeted prevention initiatives for adolescents at greatest risk for TDV, including youth who: 1) are sexually active before the age of 13; 2) have histories of juvenile justice or protective service involvement; 3) drink alcohol; 4) present with substance abuse; 5) are diagnosed with depression; 6) witness domestic violence at home.
- Consider providing training for all adolescent behavioral health providers on the dynamics of dating violence, correlations of dating violence with risk for suicide and substance abuse, and safety resources for adolescents.

**Other Recommendations:**

An African American community forum was conducted as part of the memorial study. Several issues arose that relate to behavioral health disparity of African Americans in New Mexico. It is recommended that an additional study be conducted on the issue of African American behavioral health resource disparities and the need for cultural identity development as a component of health education in schools (see Appendix G: Notes from the African American Community Forum). In addition, the HM 53 Work Group emphasized the importance of promoting uniform and consistent law enforcement incident reporting of dating violence-related physical or sexual assaults and homicides.

## CONCLUSION

TDV among teens and young adults has become an increasingly visible problem in our society. TDV cuts across race, gender and socioeconomic lines, affecting both males and females. Teens who are victims of TDV were more likely than other students to report feelings of sadness, suicidal behaviors and participate in high risk behaviors such as binge drinking and drug abuse. In addition TDV can lead to poor academic success (NM YRRS 2007). Therefore it is important to address TDV prevention in New Mexico. To this end, this report has outlined recommendations TDV prevention for the New Mexico Legislature, the Department of Health, the Public Education Department, the Children Youth and Families Department, the Behavioral Health Purchasing Collaborative and others. It is also recommended that to further study on the issues of African American behavioral health resource disparities be conducted.

## **APPENDICIES**

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Appendix A: HM 53

Appendix B: HM 53 Work Group

Appendix C: TDV-Overview

Appendix D: NM Youth Alliance – Legislative Platform

Appendix E: HM 53 Logic Model

Appendix F: Results of the HM 53 Youth Focus Groups

Appendix G: TDV Coordinator Position

Appendix H: TDV Awareness and Prevention Resources

Appendix I: TDV Juvenile Justice Issues

Appendix K: Letters of Support

HOUSE MEMORIAL 53

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Anna M. Crook

A MEMORIAL

REQUESTING THE PUBLIC EDUCATION DEPARTMENT AND THE DEPARTMENT OF HEALTH TO CONVENE A WORK GROUP TO STUDY AND DEVELOP RECOMMENDATIONS REGARDING PREVENTION OF TEEN DATING VIOLENCE IN NEW MEXICO.

WHEREAS, dating violence among teens and young adults has become an increasingly visible problem in our society; and

WHEREAS, teen dating violence cuts across race, gender and socioeconomic lines, affecting both males and females, although females are injured more severely and more frequently; and

WHEREAS, teen dating violence includes a spectrum of abusive behaviors, including isolation, anger, emotional abuse, domination and control, intimidation, threats and sexual coercion as well as overt violence; and

WHEREAS, teens in violent relationships are at risk of

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1 being killed by their abusive partners and are eight to nine  
2 percent more likely to attempt suicide; and

3 WHEREAS, teen dating violence is linked to poor school  
4 attendance and poor academic achievement; and

5 WHEREAS, teens in violent dating relationships are more  
6 likely to abuse drugs and alcohol; and

7 WHEREAS, teen dating violence may result in depression,  
8 anxiety and eating disorders; and

9 WHEREAS, teens who are experiencing dating violence are at  
10 risk for sexually transmitted diseases and teen pregnancy; and

11 WHEREAS, a national survey shows that nearly twenty-five  
12 percent of surveyed youth fourteen to seventeen years old  
13 report knowing at least one student victim of dating violence,  
14 and thirty-three percent of these young people report having  
15 witnessed such an event; and

16 WHEREAS, in a guide to safe and healthy relationships that  
17 was developed by New Mexico teens, titled *Love and Respect*,  
18 teens state that dating violence is a major issue in New  
19 Mexico; and

20 WHEREAS, according to a 2007 youth and resiliency survey,  
21 one in nine high school students in the state report being hit  
22 by their boyfriends or girlfriends within the past year, which  
23 exceeds the national average; and

24 WHEREAS, New Mexico standards for excellence for health  
25 education in grades five through twelve contain a strong

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1 emphasis on helping young people to develop the skills and  
2 knowledge to recognize both healthy and unhealthy behaviors in  
3 personal relationships and to make healthy choices in the face  
4 of risks, threats and dangers; and

5 WHEREAS, many state agencies, organizations and advocates  
6 are taking action in numerous venues to raise the awareness of  
7 teens, parents and the public about teen dating violence; and

8 WHEREAS, a wealth of resources has been developed to help  
9 teens make healthy choices and stay safe in relationships,  
10 including web sites, teen-developed videos, media campaigns,  
11 school curricula and classroom materials;

12 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF  
13 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the public  
14 education department and the department of health be requested  
15 to convene a work group to study and develop recommendations  
16 regarding prevention of teen dating violence in New Mexico; and

17 BE IT FURTHER RESOLVED that the work group include  
18 representation from the children's cabinet, the New Mexico  
19 youth alliance, the New Mexico forum for youth in community,  
20 the New Mexico commission on the status of women, the children,  
21 youth and families department, community youth organizations,  
22 public school districts, school health educators and  
23 counselors, school-based health clinics and other appropriate  
24 organizations and individuals; and

25 BE IT FURTHER RESOLVED that the work group utilize

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1 electronic meeting venues, where possible; and

2 BE IT FURTHER RESOLVED that the recommendations of the  
3 work group include strategies for educating parents, raising  
4 public awareness and utilizing and integrating existing  
5 resources as much as possible; and

6 BE IT FURTHER RESOLVED that the work group present a  
7 written report of its findings and recommendations to the  
8 governor, the lieutenant governor and the legislative education  
9 study committee by October 1, 2009; and

10 BE IT FURTHER RESOLVED that copies of this memorial be  
11 transmitted to the secretary of public education, the secretary  
12 of health and the director of the legislative education study  
13 committee.

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**Appendix B**  
**HM 53 Work Group**

Numerous attempts were made to engage members of schools and the New Mexico Commission on the Status of Women through personal invitations and emails. Representatives from the schools had difficulties in getting authorization to participate in the study. Though not always in attendance, representatives from all areas mentioned in the Memorial were copied on meeting reminders, summaries, agendas, and documents produced during the study.

<b>Name</b>	<b>Title</b>	<b>Representing</b>
Daniel DePaula, Co-Chair	Safe and Drug Free Schools Coordinator	School and Family Support Bureau, Public Education Department
Anna Nelson, Co-Chair	Behavioral Health Manager	Office of Adolescent and School Health, Department of Health
Jessica Aufrichtig	Behavioral Health Coordinator	School and Family Support Bureau, Public Education Department
William O. Blair	Assistant Director	School and Family Support Bureau, Public Education Department
Gloria Blea Johnson	Social Worker	ACL Teen Center
Michael Brown	Director of Training and Professional Development	New Mexico Forum for Youth in Community
Dominic Cappello	Youth Injury Prevention and Resiliency Corps Coordinator	Epidemiology and Response Division, Department of Health
Claire Dudley	Child and Youth Policy Advisory	Office of the Lt. Governor
Scott Elliott	Detective	Albuquerque Police Department
Peter Estrada	VISTA Volunteer, Youth Violence Prevention Network	New Mexico Forum for Youth in Community
Michelle Garcia	Chief of Staff	New Mexico Attorney General's Office
Dan Green	Epidemiologist	Epidemiology and Response Division, Department of Health
Alma Flores	Youth Representative	Student at New Mexico Highlands University

<b>Name</b>	<b>Title</b>	<b>Representing</b>
Diana McWilliams	Executive Director	Santa Fe Rape Crisis and Trauma Treatment Center
Y. Vickie Nakagawa	Violence Prevention Coordinator/ Rape Prevention Education Director	Epidemiology and Response Division, Department of Health
Susan Nelson	School Mental Health Advocate	Region 2, Department of Health
Chris O'Donnell	Manager, School Based Health Center Programs	Family and Community Medicine, University of New Mexico
Erica Padilla	Youth Advocate	Children, Youth and Families Department
Virginia Perez-Ortega	Coordinator	New Mexico Coalition Against Domestic Violence
Patrice Perrault	Youth Services Bureau Chief	Protective Services, Children, Youth and Families Department
Sharon Pino	New Mexico Domestic Violence Czar	Office of the Governor
Judge John J. Romero	Children's Court Judge	Second Judicial District Court
Sherry Spitzer	Interim Executive Director	New Mexico Coalition Against Domestic Violence
Moneka Stevens Cordova	Director, Youth Alliance	New Mexico Forum for Youth in Community
Gary D. Williams	Deputy Director	New Mexico Office of African American Affairs.
Meg Wills	Violence Prevention Coordinator	Enlace Comunitario

## **Appendix C**

### **Teen Dating Violence (TDV) – Overview**

#### **What is TDV?**

Substantive interest in and research on the nature, causes and prevention strategies for TDV have emerged in the past decade, where a number of definitions of TDV have been developed. The United States Department of Justice defines TDV as “the perpetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship.” More extensively, the National Institutes of Health (2009) define TDV as:

Physical, emotional, psychosocial, verbal or sexual abuse of one adolescent partner by the other partner in a current or former dating, romantic or sexual relationship. Abusive behavior is any act carried out by one partner aimed at hurting or controlling the other. There is general agreement among researchers that the term TDV encompasses at least one of three types of behaviors occurring in the context of a romantic or intimate relationship: (1) Physical aggression, actual violence, physical force or physical restraint with the potential of causing pain or injury; (2) Sexual aggression, intimidation or coercion to engage in sexual acts of a type or frequency other than that desired by the victim; and, (3) Psychological aggression, verbal and nonverbal methods of intimidation, coercion, control, and threat.

For the purposes House Memorial (HM) 53, the HM 53 Work Group agreed to the following definition of TDV: “a pattern of actual or threatened acts of physical, sexual, emotional, and technological abuse perpetrated by an adolescent against a current or former dating partner, including insults, coercion, social sabotage, sexual harassment, threats and acts of physical, sexual abuse or emotional abuse” and stalking, in accordance with the National Resource Center on Domestic Violence (2004) definition.

TDV transcends gender, ethnicity, sexual orientation and socioeconomic status. In New Mexico and nationally, the prevalence of TDV perpetration is evenly distributed among adolescent females and males, but the types of violence perpetrated varies by gender, where males may exact physical and sexual violence with injury, and females may perpetrate emotional, psychological, and physical violence with less injury, such as slapping, pinching, and pushing (Molidor, et al. 1998). In a 2004 study of gay, lesbian, and bisexual adolescents, young people in same-sex relationships are just as likely to experience dating violence as youth involved in opposite sex dating. However, special barriers to safety exist, such as fear of being “outed,” losing their families or experiencing peer violence (Halpern, et al., 2004).

#### **Unique Aspects of TDV**

Until recently, those in the field of intimate partner violence prevention have relied on an adult framework to define and respond to dating violence (Mulford & Giordano, 2008). However, a number of differences exist between teen dating and adult intimate partner violence.

Findings nationally and from the NM YRRS 2007 show that both male and female high school students report TDV victimization at relatively equal rates, 13.5% and 11.4% respectively. However, gender differences exist in consequences of victimization and motivations for TDV perpetration, with boys reporting anger and the need to exact control and girls reporting self-defense as reasons for abusive behavior (Mulford & Giordano, 2008). Important to note is that, when comparing effects of TDV victimization between genders, adolescent female victims are more likely than male victims to experience long-term behavioral and physical consequences,

such as suicide attempts, depression, cigarette smoking and marijuana use (Ackard, et al., 2007, Olshen, et al., 2007, Mulford & Giordano, 2008).

An equal distribution of power in adolescent relationships may also play a role in equitable distribution of perpetration and victimization among genders. Adolescent females are not reliant on their dating partners for financial stability (Mulford & Giordano, 2008). One study also suggests that adolescents perceive that they have equal voice in their dating relationships (Mulford & Giordano, 2008).

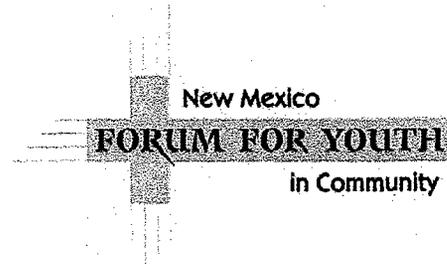
Relationship inexperience can place adolescents at risk for TDV, where teens have less well developed communication and negotiation skills. Lack of self-regulation and soothing skills and idealistic expectations of relationships may lead to resorting to violence during relationship conflicts (Mulford & Giordano, 2008).

Adolescent development factors strongly in risk for TDV. Adolescents are engaging in individuation from their parents and model their peers' behavior in their identity formation. Research shows that the influence of friends on dating behaviors is profound, with peer attitudes and behaviors regarding dating are significant influences on teens. Also notable is that peers often witness violence in their friends' relationships because teens spend most of their time in schools or social groups, where about half of adolescent dating violence occurs when a third party is present (Mulford & Giordano, 2008).

The nuances unique to TDV provide context for a number of prevention recommendations, including engaging both male and female teens in gender-responsive TDV prevention programs, promoting healthy relationship skills, and targeting peer attitudes and access to resources as critical elements of an effective, comprehensive TDV prevention strategy.

### **Effects of TDV on the Health and Well-Being of Teens**

The interpersonal costs of TDV are profound nationally and in New Mexico. Experiencing TDV during adolescence is a serious public health concern, where research demonstrates its correlation with increased risk in seven of the ten leading health indicators (LHIs) defined in Healthy People 2010 (Family Violence Prevention Fund Fact Sheet). TDV is found to increase risk for disordered eating, overweight and obesity (Molidor, Tolman, & Kober, 2000, & Silverman, et al., 2001), tobacco use (Coker, et al., 2000, Silverman, et al. 2001), substance abuse (Schoen, et al., 1997, Molidor, et al., 2000, & Coker, et al. 2000), sexual behavior risks including birth control sabotage, higher contraction of sexually transmitted infections, teen pregnancy and rapid repeat pregnancy with delayed prenatal care (Coker, et al., 2000, Silverman, et al., 2001, and Jacoby, et al., 1999), behavioral health disorders (Silverman, et al., 2000), and physical injury resultant from sexual or physical trauma (Symons, et al., 1997, & Letourneau, et al, 1999). Psychosocial outcomes of TDV are multiple, including truancy (National Youth Prevention Resource Center, 2000), juvenile justice involvement, poor academic performance and the risk for experiencing adult intimate partner violence (Feld, et al., 1989, Foshee, et al., 1996, & Silverman, et al., 2000). Most profound are the lethal outcomes of TDV, where victims are at risk for suicide at an 8 to 9 times greater rate than their non-abused peers (Silverman, et al., 2000), and homicide, where of the female adolescents between the ages 16-19 murdered each year from 1990-1999, 22% were killed by intimate partners (Bureau of Justice, 2001).



## **Appendix D**

### **New Mexico Youth Alliance – Legislative Platform**

#### **New Mexico Youth Alliance**

The New Mexico Youth Alliance is project under the Lt. Governor and New Mexico Forum for Youth in Community office which serves as a statewide advisory group comprised of youth representatives (ages 14-24), up to one from each legislative district. The Youth Alliance was established in 2003 by the Youth Council Act, enabling state lawmakers and administrators to create and refine youth policies through youth input in order to serve as a tool for ensuring youth have a meaningful voice in our state's political process.

Each Youth Alliance member is supported by an adult partner to support them in their Youth Alliance experiences. Youth Alliance members participate in four gatherings a year focused on civic engagement, leadership development, positive youth development and other areas. During conferences one of our highlights is providing members with tools to learn strategies on developing projects in their communities to address issues they are passionate about. Currently, members are implementing projects on the following issues in their communities:

- Developing After School programs
- Cultural Identity
- Prevention Initiatives such as (dropout, alcohol, teenage pregnancy, suicide)
- Teenage Dating Violence Awareness and Prevention
- Financial Literacy
- Educational Opportunities for all Youth and many more

#### **Legislative Platform**

Organizing Youth Engagement for Change was a collaborative gathering held on June 4-7, 2009 in Albuquerque at the University of New Mexico with the collaborative support of the New Mexico Youth Alliance, New Mexico Civic Engagement Partnership, Albuquerque Partnership, Community Learning and Public Service, New Mexico Department of Health, and the New Mexico Forum for Youth in Community.

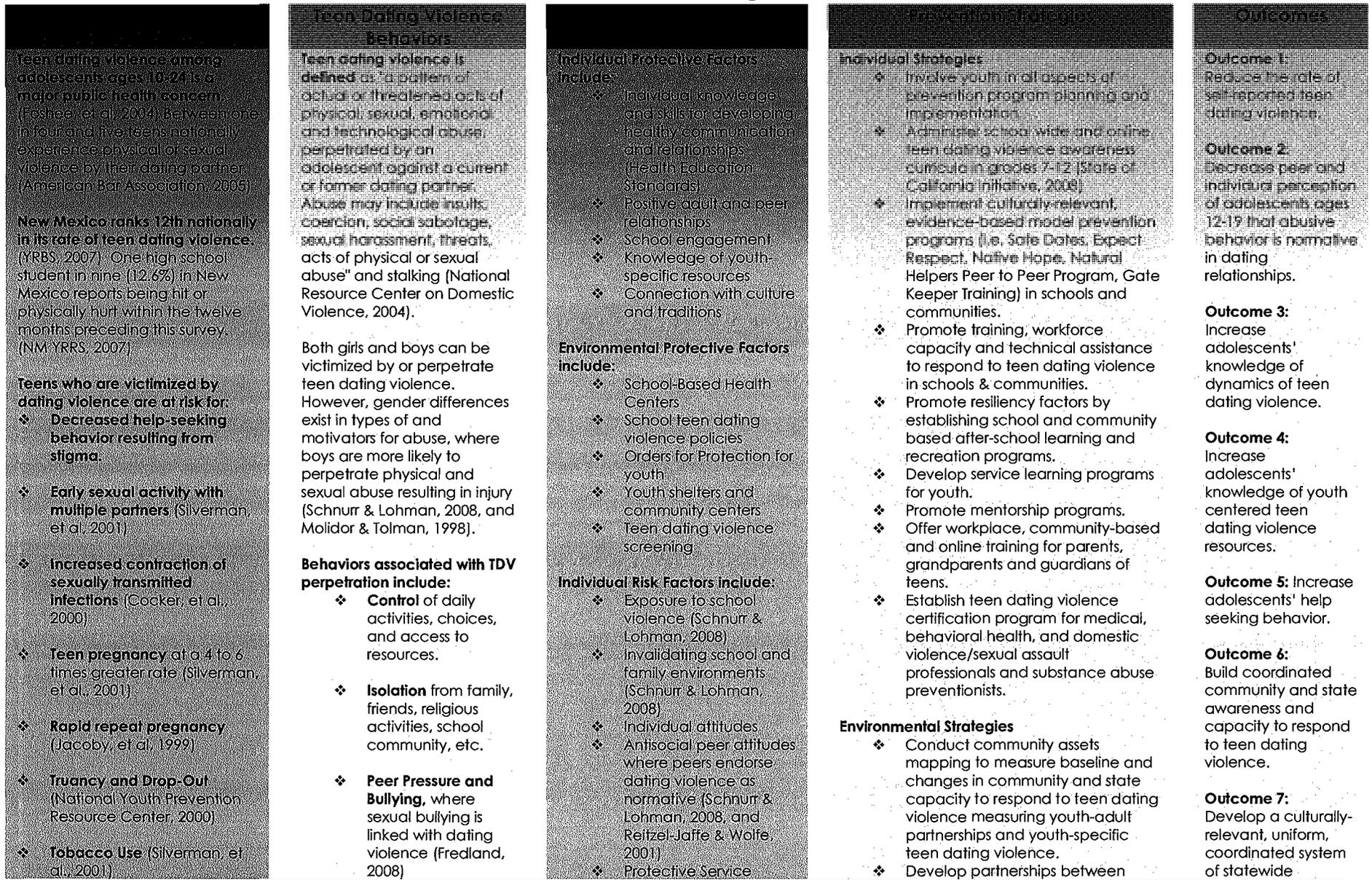
Over 100 youth participants from all around New Mexico attended a variety of workshops to enhance their civic initiatives. In one of our workshops youth and adults discussed issues and concerns negatively impacting their communities. Over 40 issues were identified and narrowed to ten top Legislative Priorities (see below) which will be presented to the Governor, Lt. Governor, New Mexico Children's Cabinet members, and Legislators in order to improve our state's youth outcomes.

- 1) Education
- 2) Immigration Rights
- 3) Sexual Education
- 4) Youth Violence
- 5) Drug and substance abuse
- 6) Social Injustice/Racism
- 7) Teen Dating Violence

- 8) Lack of Parent Support
- 9) Loss of Culture
- 10) Lack of Jobs Opportunities

## Appendix E

### House Memorial 53 - Logic Model



	Teen Dating Violence Behaviors		Interventions	Outcomes
<ul style="list-style-type: none"> <li>❖ <b>Substance and Alcohol Use</b> (Moldor, Tolman, &amp; Kober, 2000).</li> <li>❖ <b>Psychological Trauma resulting in Behavioral Health Disorders</b> (Silverman, et al., 2001), leading to poor health outcomes in adulthood (ACEs Study, Jennings).</li> <li>❖ <b>Eating Disorders, overweight and obesity</b> (Moldor, Tolman, &amp; Kober, 2000, &amp; Silverman, et al., 2001)</li> <li>❖ <b>More severe, lethal adult domestic violence</b> (Feld, et al., 1989; Foshee, et al., 1996, &amp; Silverman, et al., 2000)</li> <li>❖ <b>Barriers to Educational Attainment and Sustainable Employment</b> (Center for Impact Research, 2000), where 34-57% of young women being victimized reported experiencing physical violence when attempting to go to work or school, destruction of school or work documents, being kept up all night before school or work, and destruction of clothes or important items so they cannot go to work or school. (Center for Impact Research, 2000)</li> <li>❖ <b>Barriers to Accessing Health Care</b>, where 22% of teens in violent relationships began prenatal care in the third trimester of pregnancy, compared with 7.5% of non-abused teens. (March of</li> </ul>	<ul style="list-style-type: none"> <li>❖ <b>Threats of physical or sexual violence, self-harm (cutting), or to disclose personal information to others.</b></li> <li>❖ <b>Birth Control Sabotage</b>, where a majority (51%) experience at least one type of birth control sabotage during their relationships. This includes <i>verbal sabotage</i>, such as being labeled promiscuous for using birth control, and <i>behavioral sabotage</i>, such as being physically assaulted for requesting the use of condoms or forced to have sex without protection. (Center for Impact Research, 2000)</li> <li>❖ <b>Forced or Coerced Pregnancy</b>, where pregnancy promoting behaviors by adolescent male perpetrators may be linked to increase in birth rate among TDV victims (Miller et al., 2007). Adolescent girls intentionally hurt by a date in the previous year are more likely to experience sexual health risks,</li> </ul>	<p>involvement (Wolfe et al., 2001)</p> <ul style="list-style-type: none"> <li>❖ Juvenile Justice involvement</li> <li>❖ Alcohol use</li> <li>❖ Early sexual activity at age 13 or younger</li> <li>❖ Witnessing parental domestic violence</li> <li>❖ Barriers in access to resources resulting from Immigration Status</li> <li>❖ Disconnection from culture of origin.</li> </ul> <p><b>Environmental Risk Factors include:</b></p> <ul style="list-style-type: none"> <li>❖ Lack of or restrictive guidance on minor status in access to shelter and legal resources</li> <li>❖ Prevalence of adult domestic violence</li> <li>❖ Lack of youth specific resources</li> <li>❖ Social attitudes</li> <li>❖ Media portrayal of teen relationships</li> <li>❖ School violence</li> <li>❖ Lack of TDV specific school policies and protocols</li> <li>❖ Inconsistent legal resources</li> <li>❖ Lack of resources for funding</li> <li>❖ Policies regarding Immigration Status</li> <li>❖ Poverty, where 55% of teen mothers receiving TANF benefits experienced dating violence within the past year (Center for Impact Research, 2000)</li> </ul>	<p>CYFD and community providers to offer TDV awareness education to all foster and adoptive parents, and parents involved with protective services.</p> <ul style="list-style-type: none"> <li>❖ Institutionalize early identification and screening by school staff, community providers, parents, and peers.</li> <li>❖ Implement district level policy on school-wide training, prevention strategies, early identification, and response to teen dating violence.</li> <li>❖ Promote the development of school protocol for responding to teen dating violence on campuses.</li> <li>❖ Encourage a uniform method for reporting teen dating violence assaults on school campuses as a critical incident.</li> <li>❖ Support Public Education Department in including health education as a graduation requirement for all high school students in New Mexico.</li> <li>❖ Fund school based health centers at every middle and high school with the capacity to provide health promotion, early identification, intervention, and surveillance of teen dating violence and related health issues.</li> <li>❖ Contractually compel all school based health centers statewide to practice mandatory screening for teen dating violence.</li> <li>❖ Develop a New Mexico Department of Health Policy requiring teen dating violence reporting in all hospitals statewide.</li> <li>❖ Develop and implement a social marketing campaign, such as annual Teen Dating Violence Awareness and Prevention Weeks, focusing on teen knowledge of dating violence awareness and prevention through social networking sites, indoor media, mass texts, and other youth-</li> </ul>	<p>surveillance and evaluation.</p>

Injury resulting from Sexual Assault by a date partner (1997-1999) was 2.6 times as likely as by a non-date partner (Silverman, et al., 2004). A study on the prevalence of sexual violence among female students between the ages of 15-20 who reported at least one violent act during a dating relationship, 24% reported experiencing extremely violent incidents such as rape or the use of weapons against them (Sullivan, et al., 1997).

- ❖ **DEATH**  
**Suicide** of an 8 to 9 times greater rate (Silverman, et al., 2004). Adolescent girls reporting recent dating violence were 40% more likely to report 1 or more suicide attempts in the past year (O'Leary, et al., 2007).  
**Homicide**, where of the female adolescents between the ages 16-19, murdered each year from 1990-1996, 26% were killed by intimate partner partners (U.S. Justice Statistics, 2001).

**Teen Dating Violence Behaviors**  
 including those increasing vulnerability to human immunodeficiency virus infection and other sexually transmitted infections, and to have been pregnant. (Silverman, et al., 2004)

- ❖ **Emotional Abuse**
- ❖ **Education and Employment Sabotage**
- ❖ **Spiritual Abuse**, or the prevention of access to spiritual doings, traditions and practices.
- ❖ **Technological Abuse and Stalking**
- ❖ **Physical Abuse**
- ❖ **Sexual Coercion and Assault**
- ❖ **Suicide or Homicide threats, attempts or completions** (also a risk behavior that is associated with victimization)

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**Prevention Strategies**

- ❖ **Parental Involvement**  
 Promote teen dating violence awareness and prevention through a statewide media campaign focused on parents and all adults involved in the lives of teens.
- ❖ **Revise state laws and policies** to support standardized access to orders for protection for minors.
- ❖ **Promote uniform and consistent law enforcement and public school incident reporting.**
- ❖ **Establish data collection** through homicide and suicide surveillance, New Mexico Youth Risk and Resiliency Middle and High School Surveys, and School Based Health Center Student Health Questionnaires.
- ❖ **Add question on Student Health Questionnaire** that measures peer and individual attitudes toward teen dating violence.
- ❖ **Support tribal response** to teen dating violence by developing tribal collaborative and assessing tribe or pueblo specific needs, ensuring tribes and pueblos define what technical assistance would be helpful.
- ❖ **Fully fund the New Mexico Middle School Youth Risk and Resiliency Survey.**
- ❖ **Add question on New Mexico Middle School Youth Risk and Resiliency Survey** measuring teen dating violence (TRU Research, 2007)
- ❖ **To leverage funding**, prioritize the use of New Mexico-owned disadvantaged businesses as contractors for teen dating violence prevention strategies.

**Outcomes**

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Appendix F  
Results of the HM 53 Youth Focus Groups

To ensure the youth voice was included in the study, one young person attended one of the six meetings and offered feedback throughout the study. The HM 53 Work Group also conducted four community youth-led forums at locations in Albuquerque through Enlace Comunitario, in Santa Fe, at the Laguna Acoma High School, and in Las Cruces with statewide youth representation at the Lieutenant Governor's Graduation Summit. The following five questions guided youth feedback:

- 1) What are the forms of TDV you have experienced first-hand or observed with your friends?
- 2) Who would you trust and go to for support if you were in a violent dating relationship? Responses were listed in order of most frequently reported by participants.
- 3) What are red flags of dating violence?
- 4) What do you think adults need to understand TDV?
- 5) What services or resources are needed to stay safe from TDV?

*Enlace Comunitario Focus Group, July 9, 2009*

Enlace Comunitario hosted a youth focus group with 13 male and female participants who are all 1<sup>st</sup> or 2<sup>nd</sup> generation Mexican immigrants between the ages of 12-21 and have witnessed domestic violence or experienced violence at home. Participants produced a comprehensive list of types of TDV they have either experienced or witnessed among their friends. Types of TDV participants identified included:

- Pressure to have sex.
- Threats of suicide.
- Posturing in a threatening way.
- Play fighting to show strength and power in rough way that scares their partner
- Checking cell phones to monitor who their partner talks or texts with
- Isolation from friends by not allowing partners to keep their friends or choosing who they can spend time with.
- Controlling how their partners dress, what music they listen to, how they spend their time and who they spend it with.

- Repeated and unwanted phone calls and texts
- Physical assaults such as pulling hair, pushing, shoving, slapping, and biting.

Participants articulated strong insight regarding signs or “red flags” of dating violence, including:

- Bruises,
- Isolation from friends,
- Looking sad and lonely.
- Leaving class, important appointments or settings to take a call or text their partners, fearing that if they don’t respond their partners will retaliate.
- Quick changes in groups of friends.
- Self-harm including cutting, experimenting with alcohol, getting into fights, and losing sight of goals or lacking motivation to do things that used to interest them.

Among those who participants trusted and would go to for help with TDV in order of preference include:

- 1) Older cousins.
- 2) Friends.
- 3) Siblings.
- 4) Grandparents.
- 5) Teachers.
- 6) Parents.

Enlace focus group participants made the following clear recommendations for what adults need to understand about dating violence among children of immigrant parents:

- 1) Adults need to take TDV seriously, because it is “scary and dangerous.”
- 2) Parents need to listen and offer support, not blame or judge their teens. An important risk for teens with immigrant parents is that they are put in more danger if dating is prohibited. When parents have dating restrictions, teens feel they have to hide it and are more afraid to go to an adult for support if they are experiencing TDV. Teens with immigrant parents may have to follow more strict rules and have different expectations

from their parents than American families about dating, sex, and freedom outside the home because their parents come from more conservative or traditional backgrounds.

- 3) Parents shouldn't be afraid to talk to their teens about safe sex and respect. Participants voiced feeling conflicted between social and family expectations, where teens with immigrant parents adopt aspects of American culture as ways to fit in with their peer group. These differ from their behaviors around their parents and teens feel they have "two identities" which can make it harder to go to parents for help.
- 4) Parents should have the same expectations for their sons as they do for their daughters. Participants discussed that immigrant parents have different expectations of their sons versus their daughters as far as freedom to go out, sexual activity, and dating, creating a double standard.

Regarding community-based prevention strategies, the Enlace focus group made two recommendations for services and resources that would increase teen safety:

- 1) Schools should provide TDV awareness and prevention education for peer advocates who can act as important resources for help or advice. All the participants agreed that going to peers for support is easier than approaching adults.
- 2) Make teen legal resources more widely accessible to increase safety.

*Santa Fe Youth Focus Group, September 1, 2009*

A group led by youth was convened in Santa Fe and consisted of participants from three high schools in the Santa Fe area, with a total of 9 youth of diverse ethnic backgrounds. Some group members were children of immigrant parents.

Types of TDV participants identified included:

- Checking partner's phone to monitor messages or texts
- Constantly asking where you were or who you were with
- Passive-aggressive behavior
- Bossing partner around
- Emotional & verbal abuse like name calling or put downs
- Telling partner what they can or can't wear
- Checking up on partner through friends

- Becoming overly friendly with partner's mother/family, to glean support from family for controlling behavior

Participants identified the following signs as “red flags” of dating violence:

- Bruises
- Wearing Sunglasses all day (black eyes)
- Dropping out of activities that used to interest them
- Feeling guilty about not being with the other person
- Constantly getting called or texted
- Looking unhappy or crying
- Pregnancy
- Isolation from friends and family
- Never being allowed to be with friends on their own

Participants also identified some outcomes of TDV, including:

- Death – suicide or homicide.
- Isolation- loss of friends.
- Trauma.
- Loss of Self-confidence.
- Increased Drug use.
- Pregnancy.
- Abortion.
- Could use experience to help others by sharing experience.

Among those who participants trusted and would go to for help with TDV in order of preference include:

- 1) Sister
- 2) Trusted Youth Minister

- 3) Trusted Counselor aware of TDV issues
- 4) Brother
- 5) Group Members

The Santa Fe focus group participants made the following recommendations for what adults need to understand about dating violence:

- 1) Be supportive, open-minded, and non-judgmental.
- 2) Take the issue of TDV seriously.
- 3) Don't minimize teen relationship issues.
- 4) Adults need to be more aware of TDV and to know that it is not that easy to "break up."
- 5) Parents need to listen

The Santa Fe focus group also discussed whether differences existed for children of immigrant parents and what barriers to safety exist specific to this group of teens, observing the following:

- Cultural issues may cause the parent to not take TDV seriously
- Children of immigrant parents may be expected to live according to the lifestyle that was followed in their parents country of origin
- Sexism is ok for boys not ok for girls, where the males tell females what to do
- Teens may not allowed to date, making it more difficult to turn to parents for help

Regarding community-based prevention strategies, the Santa Fe focus group made five recommendations for services and resources that would increase teen safety:

- 1) Better access to restraining orders.
- 2) Better information for teens as to their rights.
- 3) Transportation to access services.
- 4) More public announcements/information in public places, similar drinking & driving.
- 5) More services and awareness in the schools around TDV.

*Laguna Acoma High School Teen Focus Groups, September 4, 2009*

Two focus groups occurred, the first with 6 female students ages 16-18 and the second with 5 male students ages 14-18, at Laguna Acoma High School. Youth were asked 4 questions, including:

- 1) What are the Red Flags of TDV?
- 2) What are the types of TDV?
- 3) What do you want to say to adults to help them understand TDV?
- 4) What resources are needed?

Responses were categorized by gender. Teen girls identified the following Red Flags for TDV:

- Controlling behavior.
- Not allowing you to talk to guys and isolating you from others.
- Wanting to know where you are all the time.
- Accusing you of doing things that you haven't done.
- Checking your phone and text messages.
- Distance from friends.
- Personality changes or the person looks depressed.

Regarding Red Flags, teen boys said the following are signs of TDV:

- The girl is scared of the guy and what he might do if she tells someone.
- Controlling the other person, like telling them what to wear.
- Damaging property, like keying the other person's car.
- Signs of physical violence, bruises, bumps, etc.

Teen girls stated that verbal abuse, physical abuse, including hitting, slapping, pushing, kicking, stabbing, stalking, and threats with a weapon are types of TDV. Teen boys identified verbal violence, mental/emotional abuse, physical abuse, and stalking and harassment as types of TDV.

Teen boys did not respond to the question, "What do you want to say to adults to help them understand TDV?" The messages teen girls believe adults need to better understand TDV are:

- It happens.
- Give us someone to trust.

- Listen better and be supportive.
- It is hard to talk to parents about bad things that happen.
- Don't stereotype teens.

Finally, the resources identified by both genders include:

- 1) More counselors and mental health professionals.
- 2) Education and classes about what TDV is and what to do if you know someone in a TDV relationship.
- 3) More professionals in the community.

Lieutenant Governor's Graduation Summit Youth Focus Group, September 10, 2009

Between 85 and 100 youth attended the Take a Stand youth-facilitated focus group on TDV prevention at the Lt. Governor's Graduation Summit. This interactive focus group offered information on TDV, its impact on academic success, and health risks associated with TDV. Youth were asked seven questions, including:

- 1) What makes a healthy relationship?
- 2) What are the forms of TDV you have experienced first-hand or observed with your friends?
- 3) Who would you trust and go to for support if you were in a violent relationship?
- 4) Who would you trust and go to for support if you were in a violent relationship?
- 5) What do you think adults need to understand TDV?
- 6) What makes you strong during rough times? What would help you in staying in school?
- 7) What services or resources are needed to stay safe from TDV?

This vocal group of youth stated that the following makes a healthy dating relationship:

- Trust
- Respect between both partners
- Communication
- Commitment
- Happiness as the basis of the relationship

When asked what they or their friends have experienced regarding TDV, the youth revealed the following:

- Sexual violence
- Lost contact with friends because of isolation
- Pregnancy
- Drug Abuse
- Self-harm
- Intimidation
- Force to conform
- Mental Abuse
- Belittling that person.

The youth showed strong insight in how TDV affects success, either in school or achieving dreams or goals, by stating that TDV:

- “Holds you back”
- “Doesn’t let you concentrate on anything but your relationship and what is happening”
- “Makes you lose confidence in yourself and your ability to succeed.”
- “Makes you feel depressed and can’t pay attention.”
- “Makes you feel scared to do things or go to school.”

When asked, “Who would you trust and go to for support if you were in a violent relationship?” youth listed the following people they would most likely be willing to approach for support by order of preference:

- 1) Friends ( 35 youth)
- 2) Trusted Adult (20 youth)
- 3) Siblings (11 youth)
- 4) School Resource Officers (8 youth)
- 5) Teachers (7 youth)

- 6) School Counselors (6 youth)
- 7) Parents (5 youth)
- 8) Social Workers (2 youth)
- 9) Grandparents (1 youth)

The options of telling no one or telling a priest or pastor both yielded no responses.

The youth replied the following when asked, “What do you think adults need to understand TDV?”

- TDV is really serious, not just teen “drama.” It can happen to anyone of any age. When we talk about it, we aren’t “crying wolf.”
- TDV can be subtle and hard to miss, so talk to teens about it.
- Trusted adults need to be available to teens more. Adults need to earn our trust in order for us to talk to them.
- Youth have more knowledge of what is happening and are not as naive as adults think. Adults aren’t always the experts and that we aren’t kids anymore.
- There are generational differences in what youth experience than from what their parents or grandparents experienced during adolescence. Different things influence us, like the internet and media.
- Adults should really care about us and pay more attention to who we are. We are people too.
- Adults need to be responsive and really LISTEN to us for the whole story, instead of cutting us off and trying to fix it right away.

The youth listed the following as qualities and strengths they have that help them stay strong during rough times and supported them staying in school:

- Best friend
- Faith
- Integrity
- Culture (Being Native and Proud!)
- Character

- Courage
- Hope
- Strength
- Loyalty

Teens recommended the following resources as necessary to increase safety and prevent TDV:

- More school knowledge and resources on TDV.
- A class dedicated to TDV.
- Self-esteem classes.
- Relationship classes.
- More funding!!!!
- Parents need to be educated on all the parts of TDV.
- More YMCA programs in schools.
- Experiential education (more interactive) and service learning programs.

**Appendix G**  
**Notes from the**  
**African American Community Forum**

A forum was held on August 25, 2009, to address the health disparities highlighted during HM53, where African American teens are at risk for TDV victimization at a rate twice greater than their Anglo peers, and nearly twice greater than their Latino or Native American peers.

Forum participants included Gary Williams, Office of African American Affairs, Jo Ella Redmon, Martin Luther King Jr. State Commission, Julienne Smrcka, CYFD, Everette Hill, Michael Brown, and Moneka Stevens Cordova of the New Mexico Forum for Youth in Community, Curtis Flakes, Rape Crisis Center of Central New Mexico, and Dan Green and Anna Nelson of the New Mexico Department of Health.

Dan Green discussed the 2007 YRRS and findings specific for African American youth. The participants and Dan discussed ways to address small sample size for African American youth. Julienne suggested that DOH Epidemiology review findings from RAND that has developed a statistical analysis tool that offers methods for reaching statistical significance for a population that underrepresented in the subject pool. Julienne also posed the recommendation that YRRS be administered annually. Dan discussed challenges in both funding the middle school YRRS and sustaining the YRRS in general. Anna requested a TDV fact sheet or special report. Dan stated that a fact sheet was possible. Gary requested a special report on African American Youth and YRRS findings. Dan discussed that there are methods for increasing African American representation by selecting schools with higher student population. Dan also gave an example of a community organization that provided funding and epidemiological support to complete a specific study, but also assisted in recruiting through direct outreach to school administrators to garner their support. Dan felt that these additional resources were very supportive and helped to facilitate a successful study.

Gary offered to disseminate fact sheets and to promote support for HM53. Finally, Gary offered to host a spot on Voices to discuss TDV. The group discussed the connection between TDV and disproportionate minority contact. Also discussed was that the YRRS only captures data among students in school. No data is currently being collected among youth in foster care, juvenile justice, and youth in facilities.

Anna Nelson provided a brief description and teen dating violence, the study's logic model and prevention matrix. Anna discussed the four core recommendations, including the legislation of an African American Local Collaborative (to include Hobbs, Roswell, Las Cruces and Albuquerque) to address lack of parity in behavioral health. The forum members discussed the importance of asserting this recommendation to:

- 1) Achieve parity in access to and distribution of behavioral health resources.
- 2) Promote unified recommendations to the Behavioral Health Purchasing Collaborative regarding culturally relevant behavioral health resources for African American New Mexicans.

- 3) Ensure inclusion in the development of Systems of Care for New Mexico.
- 4) To have a venue for addressing African American adolescent behavioral health needs, including disproportionate contact with juvenile justice and teen dating violence.

**Forum members made the following suggestions:**

- First, evaluate the structure of Native American Local Collaborative to determine how they are organized geographically.
- Contact Amy Lovell to coordinate with her regarding her youth violence prevention initiatives.
- Contact Quintin McShan regarding his youth forums in Albuquerque.
- Contact Debra John of UNM.
- Suggest an Executive Order that mandates multi-departmental mandatory attendance of a Commission or a Task Force on TDV. This gives authority to the Task Force and promotes active participation from all involved departments.
- Partner with the Governor's Women's Health Council while advocating for recruitment of African American women to participate in the Council.
- Highlight the health disparities related to African American teen pregnancy, where rapid repeat pregnancy during adolescence results in higher infant mortality and low birth weight.
- Discuss greater risks for HIV transmission among adolescents and African American women.
- Involve faith based organizations in TDV awareness and prevention initiatives.
- Highlight consequences of teen dating violence through the study of adjudicated youth and youth receiving services through Juvenile Justice and appropriate services for youth who are already perpetrating or being victimized by severe dating violence.
- Discuss the NM Forum for Youth in Community as the organization leading statewide community-based TDV prevention.

**Next Steps:**

- All participants will forward further recommendations to Anna by email.
- Anna will provide summary of meeting and timeline for HM to participants.
- Anna will disseminate study to all participants next week.
- Dan will attempt to create a YRRS fact sheet for TDV to present with the study.
- Julienne will provide references for low birth weight, infant mortality and HIV transmission.
- Julienne will provide name of economist to assist in impact analysis.
- Anna will schedule a follow up meeting to further plan next steps.

## **Appendix H**

### **Teen Dating Violence Coordinator Position**

The HM53 work group recommends that a statewide TDV Coordinator position is funded to plan, implement and evaluate prevention strategies. Activities of the statewide coordinator will include, among other tasks:

- Convene TDV Task Force in close collaboration with youth, parents and the existing Network, New Mexico Coalition Against Domestic Violence, Sexual Assault Coalition, Commission on the Status of Women, Forum for Youth in Community and youth-serving organizations, to address the specific needs and prevention efforts targeting TDV for adolescents ages 12-19.
- Promote multi-systemic support for the TDV Annual Awareness and Prevention Week through coordinated planning, implementation and evaluation of a social marketing campaign focusing on teen and community knowledge of TDV violence awareness and prevention. This awareness campaign should utilize social networking sites, indoor media, mass texts, and other youth-centered venues.
  - *This initiative has been implemented since 2008, resulting in the training of more than 4,000 youth and adults, utilizing existing resources.*
- Target peer attitudes regarding acceptance of dating violence in prevention initiatives. Research shows that youth whose peers endorse dating violence as normative are at greatest risk for experiencing teen dating violence. Programs with research that address peer attitudes are included in final report.
- Support community response to TDV by partnering with leadership, community members and youth in African American and Native American communities statewide in assessing community-specific needs and assisting in determining what technical assistance would be helpful.
- Utilize existing peer-to-peer, mentorship and service learning programs to implement training and resources for peers to address dating violence in their schools and communities.
- Offer workplace, community-based and online training for parents, grandparents, foster and adoptive parents, and guardians of teens.
- Identify existing training mechanisms and integrate TDV certification program for social workers, juvenile justice workers, law enforcement, medical, behavioral health, and domestic violence/sexual assault professionals and substance abuse preventionists. Ensure training accessibility by offering online or other alternative venues.
- Build workforce capacity to respond to TDV through partnering with universities and colleges to include TDV education as part of curricula for Education, Criminal Justice, Family Studies, and Social Work Departments.

- Identify community-level champions to mobilize youth, youth serving organizations, domestic violence and sexual assault providers, and youth shelters to develop, implement, and evaluate community specific teen dating violence prevention strategies.
- Develop community capacity to provide adolescent-specific dating violence intervention programs in communities statewide. For youth identified as perpetrators or victims of dating violence without severe physical violence present, it is recommended that Safe Dates, the single evidence-based dating violence prevention and intervention program, be offered in school, facility or community settings.
- Partner with Statewide Entity to promote training for all adolescent behavioral health providers on the dynamics of dating violence, correlations of dating violence to risk for suicide and substance abuse (particularly methamphetamine), and safety resources for adolescents.
- Ensure comprehensive, coordinated data collection of TDV prevalence through establishing mechanisms for data collection among New Mexico Intimate Partner Violence Fatality Review Panel, New Mexico Youth Suicide Review Panel, New Mexico Youth Risk and Resiliency Middle and High School Surveys, School Based Health Center Student Health Questionnaires, and law enforcement reports of assaults and homicides of minors.
- Study the needs of violent offenders. Prevention and early intervention are strongly endorsed by the Committee as primary methods for addressing teen dating violence. However, for severely violent offenders, no efficacious method for adolescent perpetrator treatment exists currently. This committee urges providers statewide and nationally to develop a developmentally appropriate, gender specific treatment program for adolescent offenders.
- Research existing modalities that may be appropriate for treatment of teen dating violence, including Dialectical Behavioral Therapy and Restorative Justice.

## **Appendix I**

### **Teen Dating Violence (TDV) Awareness and Prevention Resources**

Below are some online resources that support the awareness and prevention of Teen Dating Violence.

#### ***School Resources***

- A Guide to Addressing TDV and Sexual Assault in a School Environment can be found at [http://www.publicsafety.ohio.gov/NCVRW/TDV\\_GuideAssessingTDVViolence.pdf](http://www.publicsafety.ohio.gov/NCVRW/TDV_GuideAssessingTDVViolence.pdf)
- American Bar Association's Teacher's Guide <http://www.abanet.org/publiced/teendating.shtml> and <http://www.abanet.org/unmet/teendating/teachersguide.pdf>
- Choose Respect Teacher's Manual <http://www.chooserespect.org/scripts/materials/discussionguide/discussionguide.pdf>
- Expect Respect School Curriculum [http://new.vawnet.org/Assoc\\_Files\\_VAWnet/NRC\\_Expect-full.pdf](http://new.vawnet.org/Assoc_Files_VAWnet/NRC_Expect-full.pdf)
- Lessons from Literature Classroom Manual for English Literature Teachers <http://www.lessonsfromliterature.org/docs/manual/ClassroomManual.pdf>
- Love is Not Abuse Curriculum [http://www.loveisnotabuse.com/teen\\_curriculum.htm](http://www.loveisnotabuse.com/teen_curriculum.htm)

#### ***Parent Resources***

- Moms and Dads for Education to Stop Teen Dating Abuse (MADE) Foundation <http://www.loveisnotabuse.com/made/>
- Signs of Dating Violence and Parent Handbooks provided at [www.LoveisNotAbuse.com](http://www.LoveisNotAbuse.com)

#### ***Evidenced Based or Promising TDV Prevention Programs***

- *Break the Cycle* [http://www.breakthecycle.org/pdf/rand\\_curriculum\\_report.pdf](http://www.breakthecycle.org/pdf/rand_curriculum_report.pdf) (Efficacy with Latino Teens)
- *Expect Respect Student Groups* [http://new.vawnet.org/Assoc\\_Files\\_VAWnet/NRC\\_Expect-full.pdf](http://new.vawnet.org/Assoc_Files_VAWnet/NRC_Expect-full.pdf)
- *Safe Dates* <http://www.hazelden.org/web/go/safedates>

**Appendix J**  
**Teen Dating Violence (TDV) Juvenile Justice Issues**

Youth involved in protective services and juvenile justice are at greater risk than other teens for dating violence victimization (Wolfe et al., 2001). Possible strategies for addressing TDV and the Juvenile Justice Population may include:

1. Offering adolescents in transition from facilities to their communities or from foster care to adulthood, interactive, peer-led training on healthy relationship formation, signs of violence for early identification and resources for support if violence is occurring in their relationships.
2. Develop and offer workplace, community-based and online training for parents, grandparents, foster and adoptive parents, and guardians of teens on the dynamics, signs and resources for TDV.
3. Utilize evidence based TDV program such as *Safe Dates*, within Juvenile Justice facilities for youth with minimal to moderate dating violence exposure.
4. Determine the needs of violent offenders with relationship to dating violence.
5. Develop and evaluate age-appropriate, gender specific treatment programs for adolescent offenders an/or adapt existing evidence-based perpetrator treatment programs to fully meet the developmental needs of adolescent perpetrators.
6. Adapt programming to meet the developmental needs of adolescents
7. Hire staff skilled in treating adolescents, and to facilitate single-gender, age specific groups without adult participants.

Appendix K  
Letters of Support



**New Mexico Intimate Partner  
Violence Fatality Review Team**

September 10, 2009

Anna Nelson, LISW  
Co-Facilitator of House Memorial 53  
Behavioral Health Manager  
Office of School and Adolescent Health  
300 San Mateo Blvd. NE, Ste. 902  
Albuquerque, NM 87121

Dear Members of the House Memorial 53 Committee:

On behalf of the New Mexico Intimate Partner Violence Fatality Review Team (Team), I would like to express support for teen dating violence prevention recommendations of the House Memorial 53 Committee.

The Team is a group of multi-disciplinary professionals, authorized by the Crime Victims Reparation Act (NM Stat. Ann. §31-22-4.1), who meet for the purpose of reviewing the facts and circumstances of all domestic violence related and sexual assault related fatalities in New Mexico. During our reviews, the Team identifies the causes of the fatalities and their relationship to government and nongovernment service delivery systems as well as analyzes and develops methods of domestic violence and sexual assault prevention.

Since the Team's inception in 1997, we have reviewed several cases involving victims who were under the age of 18. Last year, while reviewing homicides that occurred in 2005, we discussed one case involving a 15 year-old teen dating violence and stalking victim who was killed by her 16 year-old ex-boyfriend. These cases continue to shock and appall the Team—not only because the victims and offenders are so young, but also because those victims and their family and friends had seemingly no understanding of the level of danger and threat the victims faced.

In response to that case and many others like it, our Team's 2008 Annual Report\* discussed a recommendation that public schools implement a curriculum on teen dating violence (including

University of New Mexico Health Sciences Center  
Department of Emergency Medicine  
Center for Injury Prevention Research and Education  
Intimate Partner Violence Fatality Review Team  
<http://hsc.unm.edu/emered>

2704 Yale Blvd. SE  
Albuquerque, NM 87106-4272  
(505) 272-6272  
Fax: (505) 272-6259

sexual assault and stalking). We, therefore, are very encouraged that the House Memorial 53 Committee is also recommending implementing this important curriculum in New Mexico schools. The Team recognizes the limited resources and time available to schools, and therefore, recommends making health education a graduation requirement and incorporating teen dating violence curriculum in that mandatory health education.

The Team is also eager to work with the Child Fatality Review Panels, specifically the Youth Suicide Fatality Review Panel, on improved collaboration and idea sharing, as well as developing joint recommendations on the prevention of teen dating violence related homicides, suicides or other fatalities. As such, we commend the House Memorial 53 Committee for recommending a formal method of communication between our groups.

The Team applauds the House Memorial 53 Committee for their dedication to the prevention of teen dating violence and encourages the New Mexico state government and legislature to utilize these recommendations to prevent teen dating violence and homicide.

Sincerely,



Sandy Bromley Gachupin, JD  
Coordinator, Intimate Partner Violence Homicide Review Team

\*For a copy of the Annual Report or for more information on the Intimate Partner Violence Fatality Review Team, please call me at (505) 272-6272 or visit:  
[http://hsc.unm.edu/emersed/Cipre/Domestic\\_Violence2009.shtml](http://hsc.unm.edu/emersed/Cipre/Domestic_Violence2009.shtml).

September 10, 2009

Deacon Anthony Trujillo  
Transformers "Transforming The Future Team"  
Our Lady of Guadalupe Parish, Santa Fe, NM

Dear Members of the House Memorial 53 Committee:

On behalf of the New Mexico Intimate Partner Violence Fatality Review Team (Team), I would like to express support for teen dating violence prevention recommendations of the House Memorial 53 Committee.

The Team is a group of multi-disciplinary professionals, authorized by the Crime Victims Reparation Act (NM Stat. Ann. §31-22-4.1), who meet for the purpose of reviewing the facts and circumstances of all domestic violence related and sexual assault related fatalities in New Mexico. During our reviews, the Team identifies the causes of the fatalities and their relationship to government and nongovernment service delivery systems as well as analyzes and develops methods of domestic violence and sexual assault prevention.

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In response to that case and many others like it, our Team's 2008 Annual Report\* discussed a recommendation that public schools implement a curriculum on teen dating violence (including sexual assault and stalking). We, therefore, are very encouraged that the House Memorial 53 Committee is also recommending implementing this important curriculum in New Mexico schools. The Team recognizes the limited resources and time available to schools, and therefore, recommends making health education a graduation requirement and incorporating teen dating violence curriculum in that mandatory health education.

The Team is also eager to work with the Child Fatality Review Panels, specifically the Youth Suicide Fatality Review Panel, on improved collaboration and idea sharing, as well as developing joint recommendations on the prevention of teen dating violence related homicides, suicides or other fatalities. As such, we commend the House Memorial 53 Committee for recommending a formal method of communication between our groups.

The Team applauds the House Memorial 53 Committee for their dedication to the prevention of teen dating violence and encourages the New Mexico state government and legislature to utilize these recommendations to prevent teen dating violence and homicide.

Sincerely,  
Deacon Anthony Trujillo



**Santa Fe Rape Crisis & Trauma Treatment Center**  
6601 Valentine Way Santa Fe, NM 87507  
505-988-1951 ph 505-988-1906 fax  
[info@sfrcc.org](mailto:info@sfrcc.org)

September 23, 2009

Anna Nelson, LISW  
Co-Facilitator of House Memorial 53  
Behavioral Health Manager  
Office of School and Adolescent Health  
300 San Mateo Blvd. NE, Ste. 902  
Albuquerque, NM 87121

Dear Members of the House Memorial 53 Committee:

On behalf of the Santa Fe Rape Crisis & Trauma Treatment Center (SFRCTTC), I would like to express support for the teen dating violence prevention recommendations of the House Memorial 53 Committee. I participated on the committee as a professional in the field of sexual assault service providers, but also as a MADE (Moms & Dads for Education about Teen Dating Violence) representative from the Liz Claiborne Foundation.

The multi-disciplinary, collaborative work the HM 53 Task Force completed emphasized the importance of addressing this growing problem from multiple directions. We wholeheartedly support the recommendations because they take into account the Department of Health, the Department of Education, Children Youth and Families, behavioral health service providers and legislatively passing new education requirements that will impact teens in each area of their lives – providing a safety net to reduce this type of violence. The participation of actual New Mexico teens was invaluable to the conversations that took place.

Last year, the SFRCTTC interviewed 129 children who were sexually abused. Out of the 129 cases, 56 were children age 10-17. Our teens need our help more than ever. They are exposed to violence on a daily basis, and technology that helps enable it. Our staff sees and hears from teens on a regularly who have been stalked, emotionally abused, isolated from their

friends and family – all behaviors from peers they are dating – and they feel powerless to stop it. Unfortunately not all parents of teens realize the pressures they are faced with, and the dangers that go along with being a teen in the world today. Receiving empowering tools and consistent messages from their peers, trusted adults, schools, community service agencies, public safety agencies, and all the State departments helping families and children, will help each individual teen and the people who can help them, combat dating violence by allowing them to know they are not alone, and there is always help.

I can be reached at any time to answer questions regarding the Task Force recommendations. It was my pleasure to serve on the Task Force and collaborate with so many knowledgeable professionals. You are to be commended for your foresight in establishing a committee to study this vital issue facing our teens.

Sincerely,

Diana McWilliams  
Executive Director