The New Mexico Interpersonal Violence Data Central Repository has been collecting sexual violence data from law enforcement agencies, rape crisis centers and Sexual Assault Nurse Examiners programs across New Mexico since 2001. Ivy Vitanzos Cervantes, graduate student in the University of New Mexico’s Masters of Public Health Program, recently used data provided to the Central Repository by law enforcement to map incidence rates of sexual violence by county.

To obtain more stable rates, data for each county were combined over three years, from 2012 to 2014. Counties reporting fewer than 10 cases over 3 years were determined to have unstable rates. Counties with incomplete reporting, meaning the law enforcement agency from the largest city in the county did not report or reported less than a full year of data for at least one year, were not included in the final data set. The county-level rates ranged from 0 to 14 for every 10,000 people. The average incidence rate for the entire state is 6 cases per 10,000 population.

While the map has some limitations due to non-reporting by eight counties, and variations in the degree of underreporting may have some effect on rate reliability, this map can serve as a visual tool for examining incidence rates based on sexual assaults reported to law enforcement.
Understanding Sexual Violence Through an Anti-Oppression Lens: Findings from the training evaluation survey

The NM Department of Health (NMDOH) Office of Injury Prevention recently provided a 2.5 day anti-oppression training in Albuquerque facilitated by the social justice organization, Cultural Bridges to Justice (CBTJ). In total, 40 people representing 15 organizations attended.

Following the training, participants received an online evaluation survey of the anti-oppression training that allowed them to rate training components on a five-point Likert scale and provide comments about their training experience. Two initial questions provided context for how long participants had been working in the field of sexual violence, and how many anti-oppression trainings participants had previously attended. Thirty-six of the 40 people who received the survey completed it for a total response rate of 90%.

“Understanding Sexual Violence through an Anti-Oppression Lens” was the first exposure to anti-oppression training for a little less than one third (31%) of the training participants. This included some who were fairly new to sexual violence prevention and response work, and also those who had a long history of working in the field.

Most training participants (69%) had participated in previous anti-oppression trainings. Many participants also reported significant experience teaching anti-oppression principles in their own programs. This level of experience was clearly reflected in both survey responses and discussions during the training. While it is always difficult to structure a training that accounts for participants with no previous exposure to training content and still meaningfully engage those with high levels of experience, survey responses indicate that in this case the training content probably did not account for the level of knowledge related to oppression/anti-oppression that most attendees already had.

The majority of attendees found the group work and the extended time planning with colleagues from around the state the most valuable part of the training (see summary table). These experiences also influenced the suggestions for future trainings, which included focused training about how to work with people living with disabilities, refugee and LGBTQ populations. People also wanted anti-oppression training to continue, with more time devoted to learning from each other and an opportunity to participate in an “anti-oppression 201.”

<table>
<thead>
<tr>
<th>Evaluation Questions:</th>
<th>Averaged Rating on Scale from 1-5</th>
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<tbody>
<tr>
<td>Because of this training I feel more connected to other sexual violence colleagues from around the state.</td>
<td>4.2</td>
</tr>
<tr>
<td>The group work in which we identified barriers to services for people living with disabilities, LGBTQ, and immigrant/refugee populations helped me think more critically about the accessibility of our services and facility.</td>
<td>4.2</td>
</tr>
<tr>
<td>Developing action plans with colleagues from my agency was useful for generating next steps for (further) integrating anti-oppression principles into our sexual violence work.</td>
<td>4.1</td>
</tr>
<tr>
<td>The training facilitators were effective anti-oppression trainers.</td>
<td>3.7</td>
</tr>
<tr>
<td>This training increased my understanding of how multiple oppressions (e.g. sexism, racism, heterosexism, ableism, etc.) are related to sexual violence.</td>
<td>3.4</td>
</tr>
<tr>
<td>This training increased my awareness of my own internalized oppression.</td>
<td>3.1</td>
</tr>
<tr>
<td>The sexism caucuses increased my understanding of how internalized sexism or heterosexism influences the work I do related to sexual violence.</td>
<td>3.0</td>
</tr>
<tr>
<td>Participating in the experiential exercises were valuable exercises for improving my understanding of unearned privilege.</td>
<td>2.9</td>
</tr>
<tr>
<td>The reading assignments for the sexism caucuses were useful in preparing for the caucus work.</td>
<td>2.7</td>
</tr>
</tbody>
</table>
Experiential components of the training intended to raise awareness of privilege and internalized oppression were particularly problematic for many of the participants and received some of the lowest ratings. Some felt that the exercises were dated and, in some cases, harmful. Participants pointed out at both the training and in survey comments that there have been advances in how to effectively teach about power and privilege and recommended that CBTJ update their training materials. Similarly, many felt the caucus readings were also dated, and that the caucuses did not result in much new information.

Comments from training attendees indicated a broad range of experiences at the anti-oppression training, both positive and negative. For example, trainers were described by one participant as “awesome” and by another as “ineffective;” one said the experiential exercises were, “...the most helpful in moving the group discussion forward,” while another described them as, “...devastating to so many of the participants.”

The evaluation shows the training was successful in raising awareness about the accessibility and inclusiveness of programs and services within participating organizations, particularly around people living with disabilities. Multiple comments indicate that participants had increased appreciation for the ways both oppression and privilege are experienced and expressed and a renewed commitment to being more mindful of both as they continue their work. In spite of the disparate experiences at the training, survey comments indicate that, for most participants, the overall concepts explored in the training will influence their ongoing sexual violence prevention work.

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**Sexual Violence Prevention Technical Assistance Evaluation Survey**

The NM Department of Health (NMDOH) contracts with the University of New Mexico (UNM) Prevention Research Center (PRC) to provide technical assistance (TA) to organizations it funds to deliver primary prevention of sexual violence programming. The TA includes a quarterly newsletter (SV Free), TA conference calls centered on organization-specific primary prevention programming, as-needed TA, training information and resources disseminated via email, and organizational site visits. The PRC is also charged with developing and facilitating statewide primary prevention team meetings and providing logistical support for statewide primary prevention trainings.

In October 2015, NMDOH evaluated the TA provided by the PRC in FY 2015 to determine if it was helpful for the funded organizations, and if there were suggestions for improvement. It also gathered feedback about the statewide primary prevention team meetings and trainings. NMDOH conducted the evaluation through an online survey tool that was distributed to rape crisis center executive directors and prevention staff. The survey asked respondents to rate TA components on a 3-point Likert scale of “not helpful,” “somewhat helpful” or “very helpful.” It also asked respondents to assess knowledge, attitudes and behavior changes related to the primary prevention team meetings and primary prevention trainings on a 5-point Likert scale from “strongly disagree” to “strongly agree.”

Respondents rated all TA components as either somewhat or very helpful. According to the survey, the most helpful aspect was the as-needed TA, which was described as “responsive,” “informed” and “prompt.” One suggestion for TA improvement was for the PRC to use planning opportunities with NMDOH to strengthen the relationship between local prevention staff and “upper management” at NMDOH. Another survey participant noted the limitations of using conference calls for in-depth, sometimes lengthy TA discussions where in-person meetings might be more effective.

The two primary prevention trainings in FY 2015 were “Engaging Faith Communities in Social Movement Building to End Child Sexual Abuse” and “Engaging Men to End Sexual Assault.” The majority of respondents agreed that both trainings increased their knowledge of the topics and prompted discussions about the subject matter with co-workers. However, most respondents indicated they disagreed or were unsure about having plans to engage the faith community in sexual violence prevention work, while all participants agreed or strongly agreed that they were able to incorporate ideas from the training on engaging males into their sexual violence prevention efforts.

The majority of respondents also agreed that primary prevention team meetings increased their knowledge and understanding of primary prevention. All agreed or strongly agreed that the meetings improved their connection to others funded by NMDOH to do primary prevention work. Comments indicated that learning from others, sharing resources and being able to ask each other questions were valuable. One suggestion for improving the meetings was allowing more time for programs to share their specific prevention activities and techniques as a way to stimulate ideas for ongoing program development. Concerns included the length of the meetings and that meetings are always held in Albuquerque. Recommendations for how often to hold primary prevention team meetings ranged from one to four times a year.

In general, the evaluation survey showed that the TA, primary prevention team meetings and trainings have contributed to primary prevention program development, and meeting on a regular basis has helped build a greater sense of cohesion among funded organizations.
Primary Prevention Resources

Mark Your Calendar

Save the DATES

Training:

• “Hopeful FUTURE, Honored PAST” 2016 National Sexual Assault Conference
  August 31 - September 2, 2016
  Washington Mariott Wardman Park, Washington, D.C.

Note to NMDOH-Funded Organizations:

Remember to include 2016 National Sexual Assault Conference costs
(registration, travel, lodging, meals) in your FY17 budgets

Upcoming webinars in the PreventConnect 2015-2016 web conference series:

• Building a Movement to End Child Sexual Abuse
  February 23, 2016 12:00 p.m.
• Upcoming and archived webinars can be accessed at: http://www.preventconnect.org/

Organizations:

We recommend subscribing to the following listervs to receive the latest updates on sexual violence prevention-related conferences, webinars, training, podcasts and research:

• PreventConnect: http://www.preventconnect.org/
• National Sexual Violence Resource Center: http://www.nsvrc.org/
• National Online Resource Center on Violence Against Women: http://www.vawnet.org/
• CDC Center for Injury Prevention and Control: http://www.cdc.gov/injury/index.html

Contact us:
Theresa Cruz, Research Assistant Professor
ThCruz@salud.unm.edu
505-272-8379

Leona Woelk, Statewide Primary Prevention Coordinator
lwoelk@salud.unm.edu
505-272-5145