

DISABILITY PRIMARY PREVENTION ASSESSMENT REPORT

SUBMITTAL DATE | **January 31, 2019**



PREPARED FOR

**New Mexico Department of Health
Office of Injury Prevention**

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Disability Primary Prevention Assessment Report

Introduction

In first steps towards identifying and reducing the high rates of victimization of persons with disabilities in New Mexico, the New Mexico Coalition of Sexual Assault Programs, Inc. (NMCSAP), was awarded funding by the New Mexico Department of Health Office of Injury Prevention to sponsor and provide a statewide two-day primary-prevention conference specific to individuals with disabilities and to agencies that work with those individuals. This training event was recognized as an opportunity to conduct a sample needs assessment with service providers and persons with disabilities primarily served by those service providers. The recommendations based upon the findings and information gathered are included in this report.

Demographics and Victimization Rates in New Mexico

New Mexico (NM) is the 5th largest, and the 6th most sparsely populated state that's ethnic and cultural diversity ranks 1st in percentage of population being Hispanic (48%) and 2nd in percentage of population being American Indian or Alaska Native (9.3%). (US Census, 2017) Over 1/3 of the state's population and in some rural areas 2/3 are non-English Speaking; the predominant other languages are Spanish, Diné (Navajo) and Pueblo dialects (US Census, 2017); 8.7% of persons 5 yrs. and older who speak a language other than English (i.e., 84% Spanish, 7% Diné, 2% other Native Am. speakers) at home and speak English less than "very well" (aka Limited English Proficient (LEP) individuals) (USLEP, 2017). There is a high rate of people with disabilities in NM (16.4%) and the NM Native American populations (>20%) relative to the US (12.6%) and the overall US Native American (17.3%) populations.(US Census, 2017; Erickson, et al., 2010).

NM is the 2nd most dangerous state in the nation in which to live because it is ranked 2nd in the nation for rape, 5th for assault, 6th for murder, and 10th for females murdered by males in single victim/single offender homicides, furthermore 1 in 5 women over age 18 in NM have been forcibly raped at least once in their lifetime.(CQ Press, 2010; Violence Policy Center, 2013). In 2015, NM Law Enforcement saw an increase in reported cases of criminal sexual penetration, but these cases represent only one-tenth of the estimated adult rapes based on the NM Law Enforcement response to 1,514 criminal sexual penetration crimes and 2,525 non-penetration crimes including criminal sexual contract, criminal sexual contact of a minor, child enticement, sexual exploitation, and indecent exposure. (Caponera, 2016) Statewide only 33% of sex crimes that came to the attention of service providers were reported to law enforcement and of those females report to law enforcement (19%) three times the rate of males (6%) and current estimates are that the number of adult rapes that came to the attention of law enforcement represents approximately 10% of the estimated adult rapes that occurred. (Caponera, 2016) Sexual assault in NM puts children and traditionally underserved populations (people with disabilities, Native Americans, Latinos/Hispanics, immigrants, and people who are Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ)) at heightened risk. (See Table below.)

Table of NM Underserved populations challenges and issues:
<p><i>Children</i></p> <ul style="list-style-type: none"> • In 2015, children (<13 years) comprised 29% of the sexual assault victims assisted by service providers, an average 30% (27% rape victims and 32% victims of non-penetration sex crimes) that came to the attention of law enforcement agencies, and 22% of those patients served at statewide SANE units. (Caponera, 2016) • In 2015, while 53% of rape victims in law enforcement cases were children and adolescents (<18yrs.), greater than three-quarters (80%) of offenders were adults (>18yrs.). (Caponera, 2016) • Almost two-thirds (63%) of the victims that experienced a prior sexual assault were victims of on-going abuse, 84% of which occurred by age 12. Likewise, 37% were victims of a prior isolated sexual assault, and half (49%) of these occurred by age 12. (Caponera, 2016) • Service provider records in 2015 demonstrate twice as many males (53%) as females (26%) were children at the time of their sexual assault. (Caponera, 2016) • A greater proportion of females of mixed race or ethnicity (26%) and Native American females (22%) are victimized as children when compared to females of other ethnic and racial backgrounds. (Caponera, 2010)
<p><i>People with disabilities</i></p> <ul style="list-style-type: none"> • In 2015, about one-third (32%) of SANE patients had a disability and over one-quarter (27%) of the victims of sexual assault that sought therapeutic services had a mental and/or physical disability before the victimization.(Caponera, 2016) • Among those of NM who sought therapeutic services, more adult (32%) rape victims had a disability than adolescent (19%) and child victims (26%) and service providers served more White (non-Hispanic) victims with a disability (33%), than Hispanic victims (29%), and Native American victims (15%). (Caponera, 2016) • For people with disabilities, the risk of being a victim of crime, particularly of sexual assault, is twice that of people without disabilities. (Rand & Harrell, 2009) • In 2015 of those NM sexually assaulted patients with a disability, 88% had a mental/cognitive disability, 27% had a visual disability, 21% had an emotional disability, 18% had an unspecified physical disability, and 8% had a hearing disability. (Caponera, 2016) • Research studies report that there is a very high rate of sexual violence against people with physical and cognitive disabilities, as well as, those with significant speech/communication disabilities. (Powers, 2004; Nosek, 2001; Sobsey, 1994; Petersilia, 1998; Waxman, 1991) • The risk of sexual violence increases with the degree of disability.(Sobsey & Varnhagen, 1988) • For women with severe disabilities, the risk of being a victim of sexual assault escalates to four times the likelihood of those without disabilities.(Casteel, Smith & Kupper 2008; Martin et al., 2006)
<p><i>Native Americans</i></p> <ul style="list-style-type: none"> • NM has the third-highest percentage of Native Americans and the fifth-highest total number of Native Americans in the U.S. (US Census, 2017) • Research has shown that one in three Native American women will be raped sometime during their lifetime and they are 2.5 times more likely to be sexually assaulted than non-Native women. (Woelk, 2009) • Impacts of colonization, historical trauma, and cultural oppression contribute to the high incidence of sexual assault and other types of abuse against Native peoples.(Easley et al., 2004) • During colonization the degradation of Native American women was widely supported by the dominant culture and, as the ongoing oppression became internalized, was propagated by both non-Native American and Native American men.(Woelk, 2009)
<p><i>Latinos/Hispanics and Immigrants</i></p> <ul style="list-style-type: none"> • NM has the highest percentage of Latinos/Hispanics (47%) in the U.S. including descendants of Spanish colonists and recent immigrants from Latin America (US Census, 2017). • In 2015 of the criminal sexual penetration cases that identified victim race/ethnicity, 42% were Hispanic, 40% White (non-Hispanic), 12% Native American, 4% Black, <1% Asian, and 1% other races. (Caponera, 2016) • In 2015, of the criminal sexual penetration cases that identified offender race/ethnicity, 48% were Hispanic, 32% White (non-Hispanic), 10% Native American, 9% Black, 1% Asian, and <1% other races.(Caponera, 2016) • Immigration status was identified for 7,284 adult and 3,238 children victims served in 2004. Approximately 7% of adults and 11% of children were immigrants (Caponera, 2010).

Statewide Prevention Training Event

In development of this statewide training event, the NMCSAP formulated a planning committee that was comprised of individuals with disabilities, sexual assault and disability providers that work with individuals with disabilities. The two-day statewide conference was held on January 22-23, 2019 in Farmington, New Mexico. The committee decided that “Day One” of this training event would focus on primary-prevention for direct service providers. And, “Day Two” of this training event would focus on primary-prevention for individuals with disabilities. The statewide training was delivered by Katherine McLaughlin, M.Ed. CSE, a national expert in sexuality education to people with developmental and intellectual disabilities.

Day One Training - Service Providers

Fifty-one (51) victim service and disability providers and educators attended Day One on January 22, 2019. The primary objectives of the training were to enable participants to:

- Define sexuality and sexual self-advocacy.
- Explain sexual development and specific issues for people with developmental disabilities including sexual abuse prevention.
- Explain why people with disabilities are vulnerable to abuse.
- Identify our own values and attitudes regarding sexuality and developmental disabilities and how those impact our ability to address this topic.
- List tips and tools to communicate about sexual abuse and sexuality with people with developmental disabilities.

Day One Training - Needs Assessment Methodology

During the Day One training, service provider participants were given large size Post It notes and were asked to write down a response to the following three questions:

1. Why are people with disabilities with Intellectual/Development Disabilities being abused at a higher rate?
2. What are your main priorities regarding prevention of sexual assault?
3. What do you believe we need to focus on in order to reduce sexual violence in people with Intellectual/Development Disabilities?

The presenter asked each participant to post their Post It note on a larger Post It note at the front of the room. After all of the notes were posted, the presenter facilitated group discussion around each response. The following documents the responses these individuals provided in writing to each of the identified questions:

1. Why are people with disabilities with Intellectual/Development Disabilities being abused at a higher rate?
Responses:
 - *More vulnerable*
 - *Lack of education and/or caregiver*
 - *Lack of information about sex*
 - *They are less likely to be believed.*

- *Seen as a weaker/less powerful person*
- *Difference in critical thinking*
- *Perceived as “easy targets”*
- *Attention*
- *They are often in more vulnerable situations*
- *Increased vulnerability*
- *Abusers think they “won’t know, won’t tell”*
- *Want to please people*
- *The perception and reality of people with Intellectual Disabilities having limited power*
- *Vulnerable – more so than the general population*
- *Unable to tell right from wrong*
- *It’s ok to date*
- *A longing or need for acceptance*
- *May think sex is love*
- *Grooming*
- *People with disabilities are not given information and people around them take advantage of them*
- *Not having been educated about what is abuse...also being isolated from people to tell*

2. What are your main priorities regarding prevention of sexual assault?

Responses:

- *Education for vulnerable population*
- *Being proactive about prevention*
- *More training for caregivers and guardians why to give information*
- *Training more accessible to persons with Intellectual/Development Disabilities across NM*
- *Opening up the narrative around sex and sexual assault*
- *Education to individual, Education to family/caretaker, Education to institution*
- *Knowing the data/prevalence*
- *My son. I want him to feel safe and to have healthy relationships. End cycle of abuse.*
- *Affirmative Consent*
- *Education Defense*
- *Improve policies and procedures on sexual assault*
- *Information for people with disabilities*
- *Strategies for people with disabilities to protect themselves*
- *What to do if something happens*
- *Teaching Boundaries*
- *General Knowledge of sex and safety for individuals and caregivers*

3. What do you believe we need to focus on in order to reduce sexual violence in people with Intellectual/Development Disabilities?

Responses:

- *Develop a social marketing/media campaign to open the narrative to sexual assault prevention of people with Intellectual/Development Disabilities*
- *Start sex education in the schools – complete education*
- *What does a positive relationship look like?*
- *Legislation*
- *Accountability*
- *Prevention*
- *Advocate for equality for all – NO abuse is accepted*
- *Education and Accountability*
- *Teaching to be VERY Vocal*
- *Educate Caregivers*

Additionally, participants were asked what they hoped for the future regarding violence against individuals with disabilities. Participants responded:

- *Dispel the myths of people with disabilities and sexual assault*
- *Fully integrated schools*
- *Persons with disabilities become mentors and role models for the next generation*
- *People with disabilities feel more confident and have more positive relationships*
- *Providers feel more confident to work with people with disabilities*

Day Two Training - Individuals with Disabilities

Forty-two (42) individuals with disabilities, victim service and disability providers, and educators attended Day Two on January 23, 2019. The primary objectives of the training were to enable participants with disabilities to:

- Define Sexual Self Advocacy and Sexual health.
- Explain the different types of relationships and ways to touch in these relationships.
- Describe effective ways to communicate in relationships.
- List effective steps to move from friend to partner.
- Describe the difference between a healthy and unhealthy relationship.
- Explain what is sexual abuse and ways to stay safe.
- List ways to have a pleasurable and safe sexual relationship.

Day Two Training - Needs Assessment Methodology

During the Day Two training, participants with disabilities were engaged by the presenter to orally respond to the following four questions:

1. What would you do if someone hurt you or touched you in a way you didn't like?
2. If you needed help, where would you go or who would you call?
3. Who would you want to help you?
4. What could someone do for you that would be most helpful?

The presenter facilitated group discussion around the following questions and participant responses were recorded by NMCSAP staff on large Post It notes so the entire group to review and discuss:

1. What would you do if someone hurt you or touched you in a way you didn't like?

Responses:

Yell, scream, self-defense

Tell a teacher

Tell someone I trust

2. If you needed help, where would you go or who would you call?

Responses:

Mother/Father

Teacher or Helping Professional

Neighbor

Sexual Assault Service

Police

3. Who would you want to help you?

Responses:

Doctor

Firefighter

Professionals

Mom, Sister – Family member

Caregiver

Staff member

4. What could someone do for you that would be most helpful?

Responses:

Listen, don't give advice, just listen

Believe me

Be nice to me and ask what I need

Compassion

Be Friendly

Lighten up – take a break

Don't blame

Don't be judgmental

Statewide Training Assessment Findings and Recommendations

All training participants of Day One and Day Two were engaged and receptive to the training and the training content, actively participated in discussions and provided thoughtful and personal responses to formulated questions. Day Two of the Training focused on individuals with disabilities. In addition to the specific questions participants with disabilities were asked, participants also engaged with the presenter in oral discussions and volunteered some of their personal experiences. Participants with disabilities validated the overwhelming rates of victimization that has been reported in studies throughout the United States. Over 90% of the women with disabilities who participated in the event, expressed one or more sexual assaults. This is reflective of the data that indicates extremely high rates of victimization for individuals with developmental or intellectual disabilities. The service providers who attended Day One and/or Day Two of the event expressed their grave concern regarding the vulnerability of this population to sexual assault and other victimizations.

Note:

NMCSAP staff have previously conducted such participant assessment activities and were aware of the potential for self-reporting during such events. As a result, Sexual Assault Services of Northwest New Mexico and advocates from the ARC of San Juan County were available to provide onsite and follow-up services. A majority of the females with disabilities in attendance self-reported and accessed these services.

Priorities for Sexual Violence Prevention in the Disability Community

Based on the high risk of individuals with disabilities especially individuals with intellectual and developmental disabilities, the NMCSAP recommends a vigorous and immediate response to this health crisis. NMCSAP believes that violence against individuals with disabilities is a matter of social justice and equality for all people with disabilities and should be addressed as a public health priority.

As such, NMCSAP has identified the following priorities for sexual violence prevention in the disability community in New Mexico:

- Address the epidemic of sexual assault that disproportionately impacts all people with disabilities.
- Improve the well-being and safety of people with disabilities.
- Incorporate disability-specific issues into abuse prevention efforts for people with disabilities
- Educate health professionals, parents, family members and caregivers about healthy sexuality and safety for persons with disabilities.

- Advocate for strategic changes to legislation, policy, practice and the community's understanding of issues to improve the safety and well-being of individuals with disabilities.
- Remove social barriers and promote equitable opportunities for people with disabilities.
- Support meaningful community engagement and full inclusion of people with disabilities.
- Create multidisciplinary programs that empower people with disabilities to lead safe, productive and dignified lives with equitable opportunities for success and to reach their full potential.
- Increase offender accountability.
- Change social norms that promote violence of people with disabilities.

Planning for a Primary Prevention Program in the Disability Community

Short-term Recommendation

In order to respond to the priorities identified, programs and services must be developed that are responsive to intersecting identities and experiences including race, socioeconomic status, ability, sexual orientation, geographic location or identity. The State of New Mexico must invest in the safety and wellbeing of people with disabilities with new and innovative projects or programs, ongoing programs and projects, general operating support for programs that advance strategic priorities, capacity building initiatives, advocacy and education.

The NMCSAP recommends that the Department of Health allocate funds to create a short-term response that would create a multidisciplinary team of self-advocates, sexual assault and victim service advocates, disability advocates and health educators to create a culturally sensitive primary prevention curriculum specific to individuals with disabilities. Furthermore, it is recommended that this curriculum be delivered in partnership with local victim advocates and disability advocates in a minimum of four regions of New Mexico. It is imperative that these trainings include onsite sexual assault and disability advocates who can provide a safe environment for the training classes. In addition to training initiatives, this multidisciplinary team should begin addressing a plan of action for each identified priority.

Long-term Recommendations

- (1) Many children with disabilities are omitted from sexuality education classes, information sharing and discussions. The recommended regional trainings will provide a beginning but a more long-term solution must include working with the New Mexico Public Education Department and the NM Department of Health to create a mandatory sexuality education curriculum specific to children and youth with disabilities. This curriculum must be delivered in the New Mexico Public Schools. This level of education will ensure that every child with a disability and parent receives appropriate comprehensive sexuality education.

- (2) Furthermore, it is highly recommended that the NM Department of Health and the NM Crime Victims Reparation Commission allocate funding to conduct a comprehensive statewide study related to incidents of violence against individuals with disabilities that includes reformed reporting such as data collection on sexual assault against individuals with disabilities. Currently, existing language of reporting is vague and inconsistent regarding mandatory reporting of suspected abuse. Investigations of abuse against individuals with disabilities are often administrative in nature and does not result in legal action. Data is primarily collected by sexual assault providers when law enforcement is involved and many individuals do not report. Data collected by the Incident Management Bureau does not separate out sexual assault from other forms of abuse nor does it include peer-to-peer or non-paid family or community member abuse or assault. **Until we have an accurate picture of victimization rates in New Mexico, we cannot develop an effective prevention plan or address the identified priorities.**

NMCSAP Recommended Primary Prevention Pilot Program

Based upon studies and prior needs identified by service providers, parents and guardians in NM, the NMCSAP created a pilot project to create an opportunity for children with disabilities and their parents to receive empowerment and self-advocacy. Unfortunately, our culture creates many challenges for youth and persons with disabilities. This results in disparate consequences in many ways, including astonishing rates of crime victimization; higher unemployment and under-employment rates; lower educational attainment; and poorer health.

Transition age youth with disabilities can be recognized as high-school students who receive special education services due to disability. They are, or soon will be, transitioning from high school into the workforce and/or higher education. This is a vulnerable stage of development for any youth, which can be even more challenging for those with disabilities. Persons with disabilities face unemployment rates 2.5 the national average with the highest rates of unemployment found among transition aged youth with disabilities, at 41%.

To combat the factors which result in disparate consequences described above, we must intentionally create opportunities for persons with disabilities to engage in the social fabric of our communities in positive, healthy ways that promote inclusion and compassion. This can be especially challenging in rural areas, with less resources, more social isolation, and more competition for limited opportunities. Therefore, NMCSAP, Assistance Dogs of the West (ADW), Rocky Mountain Youth Corps, NM Children's Medical Services, NM Division of Vocational Rehabilitation and Community Against Violence united to create a unique opportunity for children with disabilities and their families, and local teens who have experienced disability and/or exposure to violence, with the goal of reducing the disparate consequences of higher rates of crime victimization; higher unemployment and under-employment rates; lower educational attainment; and poorer health. Camp LEAD is a unique, three-day educational, overnight camp experience that utilizes animal-assisted interventions to teach kindness to animals, kindness to each other, kindness to other people, and activate the desire to be leaders and promoters of kindness and compassion amongst one's peers and community.

Camp LEAD is an opportunity to meet multiple needs in one program. The objectives of Camp LEAD are as follows:

- 1) provide an engaging, animal-assisted intervention based weekend with peers for youth with disabilities;
- 2) provide an opportunity for Teen Camp Counselors to become trained on humane principles and practices, and then teaching the younger campers these principles and practices;
- 3) provide parent/guardians with a weekend of peer support that provides respite, camaraderie; and
- 4) educates parents/guardians to identify and intervene when maltreatment is suspected with their own children or other children with disabilities.

The participating Teen Camp Counselors are eight teen members of Rocky Mountain Youth Corps' Canine-Assisted Leadership Crew. The Canine-Assisted Leadership Crew was created in 2016 to address two needs: the need to employ transition aged youth with disabilities in Taos, NM, with a paid work experience program in which they learned generalizable, "soft skills" which will lead to increased employability post-high school; and the need to address the trauma and unhealthy relationships which so many of the youth have already experienced, and are at high risk of experiencing as they transition to adulthood. Aligned to the statistics presented, there is a high incidence (over half) of disclosed abuse victimization and witnessing of violence amongst the three cohorts of youth Canine-Assisted Leadership Crew members since its inception in 2016. Additionally, it remains true that most Americans will become parents in their lifetime; the sexual self-advocacy that we teach and practice through our animal-assisted activities are perfectly aligned to the same concepts of positive parenting of children. These Camp Counselors were chosen because they have a disability, and report a high incidence of exposure to violence including: dating violence, domestic violence amongst family members, bullying by peers, sexual violence, and more.

Rocky Mountain Youth Corps is a nonprofit organization based in the rural town of Taos, NM, which operates several AmeriCorps national community services programs. RMYC is a stepping stone to new opportunities, which inspire young adults to make a positive difference in themselves and their communities. Through training and service, corps members discover their potential for healthy, productive lives. RMYC partners with the NM Division of Vocational Rehabilitation and the Santa Fe-based nonprofit ADW to provide an AmeriCorps program in Taos specifically designed to focus on inclusion and empowerment of persons with disabilities. This crew is made up of eight transition-aged youth, defined as youth ages 17-22 with disability. Through the September-July program, the youth work in a crew-based model where they train ADW service dogs-in-training, and provide education about disability inclusion throughout the community. These youth with disabilities will serve as Camp Counselors and will work throughout the year to develop their own leadership skills by assisting in the planning and implementation of Camp LEAD. ADW will also provide an occupational therapist during the 3 day event to assist participants with disability specific needs.

Camp LEAD activities will be based on animal-assisted interventions (canine and equine), leadership and empowerment activities, humane education principles, team-building activities, self-reflection and self-expression activities, all through cascading youth leadership facilitated by

the Camp Counselors, with professional staff guidance. This harnesses the power of peer-to-peer mentorship and role modeling. In studies of similar camp programs for children with special needs, parents shared that children viewed older campers and counselors as role models. Having peers with disabilities in leadership roles as Camp Counselors give children campers and parents/guardians an opportunity to see others with similarities successfully navigating life and practicing humane principles. This build the hope, self-efficacy, and self-advocacy of the camper and their parent/guardian. Camp Counselors will be under direct supervision at all times of professional staff, including an Occupational Therapist, Licensed Clinical Social Worker, and an experienced Victim Advocate and Disability Rights Advocate. Additionally, parent/guardians will have the opportunity to spend time with each other in group facilitated activities provide by a Licensed Clinical Social Worker. This parent/guardian group will allow time to share experiences, resources, and methods to increase the self-advocacy and safety of their child with one or more disabilities. Friendships and social support play an important role in the lives of children and adolescents living with disability. Studies have found that social support (friendships) relate to self-reported resilience, positive coping abilities, parent-rated psychological adjustment, and the ability to cope with family stress, even after controlling for demographic variables, such as age, gender, religion, number of siblings, and more.

Camp LEAD will have a number of components that are comprised to best utilize the available resources in creating a support system with the following structure. A Licensed Clinical Social Worker will provide daily group activities with the campers' attending parent/guardians. The local Massage Certification Program will also provide an onsite massage for each parent. The My Little Horse Listener program will provide two miniature horses and one miniature donkey to enable campers to spend time bonding with, reading to, and feeding the horses. An important goal of the Canine-Assisted Leadership Crew is to motivate the youth crew members to become active, engaged leaders in their communities and peer groups. Leaders can be extroverted or introverted; highly visible or less so; and can communicate and interact with others in verbal or nonverbal ways. We motivate our youth crew members to lead by example, practicing humane principles when at work with our dogs in-training and their co-workers, and in their personal lives. Camp LEAD is an opportunity to model these principles to others, the campers and their families, while also demonstrating a drive to continually seek to do more – to find, and create when necessary, opportunities that will improve others' lives and the community overall. As the Canine-Assisted Leadership Crew trains throughout the year to be Camp Counselors at Camp LEAD, we discuss this explicitly: we could continue to do the meaningful work of training the service dogs ourselves, however we can do more and reach more in need to learn and practice humane principles, and we have a responsibility to use our privilege and access to these amazing dogs to reach as many of our neighbors as we can. Camp LEAD will give all participants, children, parents, and Camp Counselors, an opportunity for Leadership, Empowerment, and Self-Advocacy through interactions with assistance dogs.

The inaugural Camp LEAD event will be held June 21-23, 2019. A grant supporting Camp LEAD activities was awarded to the NMCSAP by the New Mexico Crime Victims Reparation Commission to support this event. A partnership was established with the NM Children's Medical Services staff to help identify Camp LEAD participants. Many of these children have one or more severe disabilities and require advanced medical care and assistance.

We have received an outpouring of interest in Camp LEAD from the NM Children's Medical Services and other non-profit and government entities. We are seeking additional resources to support Camp LEAD and enable the partners to replicate it in other regions of the state.

Conclusion

Due to the high rates of victimization of persons with disabilities in NM, the NMCSAP sponsored and provided a statewide two-day primary-prevention conference specific to sexual assault and other victimizations of individuals with disabilities. Furthermore, this event was utilized as an opportunity to gather information from sexual assault, disability and education service providers and persons with disabilities primarily served by these service providers.

Based on the information gathered in this project from individuals with disabilities and providers serving individuals with disabilities, we know that sexual assault of individuals with disabilities in New Mexico is consistent with the victimization rates documented in other formal research studies throughout the United States. More so, people with intellectual and developmental disabilities are at even greater risk than other individuals with disabilities. We recognize that violence against individuals with disabilities is a public health crisis that must immediately be addressed through an integrated approach of short and long-term solutions. It is clear that until we have an accurate picture of victimization in NM, we cannot develop an effective prevention plan or address the identified priorities.

Victim service providers, disability service providers, public officials, legislators and self-advocates are uniting and engaging to create systemic change around this alarming social injustice and inequality. The NMCSAP is committed to working in partnership with the NM Department of Health and other state and local leaders and community stakeholders to lead the efforts necessary to end violence against individuals with disabilities and create social justice and equality for all people with disabilities in New Mexico.