Sexual violence is a serious public health issue that directly impacts millions of people in the United States. Data from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) indicate that 18.3% of women and 1.4% of men in the United States have been raped at some time in their lives, and 44.6% of women and 22.2% of men have experienced sexual violence victimization other than rape. Most rape survivors are first raped before they are 18 years old. Data from the 2015 Youth Risk Behavior Survey indicate that 10.3% of girls and 3.1% of boys in the United States had been physically forced to have sex at some point during their lifetime.

The long-term impact of sexual violence victimization on suicide risk, mental health, and substance abuse has been well documented. Numerous correlational studies show that sexual violence victimization is associated with suicide ideation and attempts and with stress, depression, post-traumatic stress disorder, anxiety disorders, and chronic major depression. Youth with a history of forced sex report lower emotional well-being and self-esteem and report feelings of sadness or hopelessness. Research consistently demonstrates a relationship between sexual assault and substance abuse. Sexual violence is correlated with alcohol abuse, cigarette use, and drug abuse. It has been theorized that the stress, anxiety, and depression associated with sexual assault increase the likelihood of substance abuse. An analysis of YRRS data indicated that youth in New Mexico with a history of forced sex had more than twice the risk for alcohol use, tobacco use, and illicit drug use and more than three times the risk for poor mental health outcomes, including suicide attempts and suicide ideation, than students who did not report a history of forced sex.

The Centers for Disease Control and Prevention recommend four strategies for the primary prevention of sexual violence: promoting social norms that protect against violence, teaching skills to prevent sexual violence perpetration, providing opportunities to support and empower girls and women, and creating protective environments. Specific norms that have been linked to future sexual violence perpetration include acceptance of rape myth and adherence to rigid gender norms. According to the Principles of Effective Prevention, prevention programs should be comprehensive, include varied teaching methods, provide sufficient dosage, be theory driven, provide opportunities for positive relationships, be appropriately timed, be socio-culturally relevant, include outcome evaluation, and involve well-trained staff.

Methods
Surveillance. Sexual violence is an underreported crime, with only 17% of survivors ever reporting their assault to law enforcement. Additionally, many survivors do not seek treatment after their assault. Random sample self-report surveys are the best method for estimating the most realistic rates of victimization. The Behavioral Risk Factor Surveillance Survey and the New Mexico Youth Risk and Resiliency Survey (YRRS) are the primary sources of data used to measure prevalence of sexual violence victimization in New Mexico.

The NM YRRS is a project of the New Mexico Department of Health and the Public Education Department, with assistance from the UNM Prevention Research Center and the Centers for Disease Control and Prevention (CDC). The NM YRRS has been conducted in public high schools in odd numbered years since 2001. Questions about sexual violence were developed by the CDC. Public schools were selected for inclusion with probability of selection proportional to the size of the school. From each participating school, students in selected second period classes were asked to partici-
Data were weighted by race/ethnicity, gender, and grade level. The NM High School YRRS has included the question, “Have you ever been physically forced to have sexual intercourse when you did not want to?” since 2005.

**Evaluation of Prevention Programs.** During Fiscal Year (FY) 16, NMDOH OIP funded 11 sexual violence prevention programs in six communities that adhere to the Principles of Effective Prevention. Program evaluation included measuring changes in attitudes and beliefs around rape myth, gender norms, and couple violence using a common survey instrument, and collecting qualitative data from teachers, program coordinators, and students.

**Results**

**Surveillance.** The rate of sexual violence victimization among high school youth in New Mexico has been trending downward since 2007. In 2007, 11.6% (95% confidence interval, 9.9–13.5) of girls and 6.9% (5.2–9.0) of boys reported having ever been forced to have sex. In 2015, 10.6% (9.4–12.0) of girls and 4.1% (3.5–4.8) of boys reported having ever been forced to have sex. This trend is consistent with the pattern seen among high school students in the United States overall.

Children and adolescents who are members of marginalized communities are at increased risk for sexual violence victimization. In New Mexico, this includes youth who are experiencing housing instability (21.7% [17.4-26.7]), youth who identify as lesbian, gay, or bisexual (18.9% [15.4-22.9]), youth who are living with physical disabilities (15.9% [13.3-18.9]), and youth who are foreign-born (9.4% [7.2-12.1]), Black or African American (10.5% [6.7-16.2]), and American Indian/Alaska Native (7.5% [5.8-9.8]).

In 2015, 15 New Mexicans between the ages of 0-18 were admitted to emergency departments due to sexual assault, and 11 additional children were admitted due to suspected sexual assault. ED visits for children due to sexual assault have declined each year since 2012 (26 visits in 2012, 22 visits in 2013, 17 visits in 2014).

**Evaluation of Prevention Programs.** Multi-session education programs that aimed to change norms around sexual violence were completed by 4814 students throughout New Mexico. Changes in knowledge and attitudes were measured at pre-test, post-test, and one-month follow-up. The surveys were completed by 3084 students. Of the eleven programs evaluated, nine showed a statistically significant increase in rejection of rape myth at one-month follow-up; nine programs showed a significant increase in rejection of couple violence; and seven showed a significant increase in acceptance of flexible gender norms.

In Bernalillo County, the prevention programs implemented and evaluated during FY16 have been in place since 2009 or earlier; in Santa Fe County, programs have been in place since 2003 or earlier. YRRS data indicate that in Bernalillo County, the rate of lifetime history of forced sex among high school students declined substantially between 2013 (9.3% [7.4-11.6]) and 2015 (6.0% [4.8-7.6]), as did the rate of physical dating violence from 2013 (11.1% [8.9,13.7]) to 2015 (7.8% [6.3-9.7]). In Santa Fe County, the rate of lifetime history of forced sex significantly declined between 2013 (10.0% [8.3-11.9]) and 2015 (6.5% [5.2-8.0]).

**Conclusion**

New Mexico’s efforts to prevent sexual violence among youth have shown promising results. Primary prevention through school-based education appears to be effective in changing attitudes and knowledge related to sexual violence. Community- and policy-level interventions, such as providing opportunities to support and empower girls and women and creating protective environments, should continue to be explored as the sexual violence prevention program works to expand reach to include all New Mexicans.
References


Figure 2. Lifetime History of Forced Sex by Select Demographics among High School Students, NM 2015