

Network Meeting Minutes – December 14, 2016

Attendees: 36 present

Note Taker: Lisa Meyer

TOPIC: Meeting Details, Welcome, Short Announcements

Comments Robin Swift welcomed folks and gave the overview of the day, and house-keeping details. Members introduced themselves and their agencies. Robin opened the space for an opportunity to speak about the changes and trauma of this work, especially over the holidays, and how the impact is cumulative over time. Not everyone in your circle of family/friends may understand. So, in 2017, find an ally, a support person you can call. Find a safe person, willing to take your call & get support you need.

TOPIC: Upcoming Legislative Session

Comments Julianna Koob (koobjulie@yahoo.com or 505.920.6002) gave an update on the upcoming legislative session: January 17th to March 20th, 2017. Julianna is an Independent Lobbyist. NM has the only legislature in the country that does not pay legislators. Legislators receive a stipend of \$150/day to be in Santa Fe so, it's extra important to pay them respect as public servants.

- What is lobbying? www.afj.org (Alliance for Justice) and www.bolderadvocacy.org. These websites are great resources.
- Make sure as a non-profit, that legally you can lobby. Restrictions exist as to how much time can be spent lobbying. Lobbying is specifically asking legislators to vote a certain way. Most of what you can do: EDUCATION. It is important that you speak with your lawmakers. You have the expertise. Make a legislator show their support. Getting a "Yes" is not enough. Ask: "How much? How are you going to fight? Who are you going to talk to?" If you disagree, remain quiet, thank legislator for her/his time. Don't spend time trying to convince them. It's best to agree to disagree & move on. The Undecided are Our Goal. This is the premier group of people. Spend your time on them. Ask, "What do you need, Senator? How can I help convince you on this issue?" Sometimes the answer will be community contacts. Information. Personal stories. Community on-site visit. Invite to conference. Ask ally organization to help. Ask other legislators to help. Majority of time spent here.
- Julianna showed a chart of the bill process, what a bill has to go through. We have a very partisan climate in House. She spoke to some of the initiatives being discussed and encouraged folks to search the nmlegis.com or to contact her.

TOPIC: Legislative Update

Comments Lisa Weisenfeld, Policy Coordinator, NMCADV provided a handout that reflects the works in progress, with caveat they will look different in January.

- We have three statewide coalitions – DV, SA, and Tribal doing the work; coordinate with your coalition.
- Budget will be the biggest issue for the session. Revenue is down \$69M.

- Lisa spoke specifically to the Purple Postcard campaign, an effort to build momentum and awareness of the grassroots, community members, allies, professionals in this work. Postcards are being collected and will be distributed to legislators in February on Valentine's Day. If you haven't filled one out yet, look for attachment with Network announcements.
- Efforts to pass criminal strangulation bill. It's a frustrating process, which takes lots of energy, resources, and goodwill. NM doesn't have code for criminal strangulation. Need to raise the level of awareness for everybody, so all understand how dangerous strangulation is. To this end, doing a number of things education-wise: radio shows, print media (future), sent 304 professionals to advanced training & now have experts in NM – prosecutors, LE, SANE nurses, doctors who train & cross-train. Strangulation training will be part of AIA (Advocacy in Action), thanks to CVRC. NMCADV to have their own 2-day training in the spring. There's work to create a Memorial: Collect data and make recommendations. Discussion how Memorials are valuable, yet so unfair in the amount of unfunded work.
- Another topic is the confidential address program. DV Survivors need an address that is confidential. With our current law, it is not confidential. In the past, a more comprehensive bill was sought including a voting piece (currently none). It involved safety/confidentiality around Secretary of State duties, with other agencies, to seamlessly work together. Met with new Secretary of State who is supportive.
- Lastly, DV Coalition efforts will be formalized later in the month. Proposed initiatives include orders of protection and possession of firearms. Currently, there is a Federal law on this. NM Intimate Partner Death Review Team asking for state law that mirrors federal law, but there are logistical issues – large caseload of orders of protection, and who would collect the guns? How will they get returned? All of this needs research and discussion.
- Group discussed incoming new DA in Bernalillo County with positivity. He is energetic, interested in changing the way cases are assigned, trainings, special victim unit, dedicated prosecutor for the Alb FAC, cases tried by the most-experienced prosecutors & by level of offender dangerousness. He knows of the challenge with resources & plans a full-time grant person in his office to apply for funds.
- Transgender Resource Center offers several pieces of legislation for LGBTQ, including name changes.

TOPIC: **Panel Discussion: Talking about the Taboo: Sexual Assault Within Families – Strangers are not the Danger.** Facilitated by: Carol White, LISW, Rio Rancho Public Schools with Panelists:

Cynthia Chavers, LMSW, NM Children, Youth and Families Department
 Shalon Nienow, MD, UNM CART and Para los Niños
 Michelle Aldana, LHC, Children's Safehouse of Albuquerque
 Sgt. Jeff Peterson, Albuquerque Police Dept. Crimes against Children

Comments include:

- With child sexual abuse it takes an average of 2.4 years to disclose abuse from the first abusive event. Increase this to 3 years when the perpetrator is a family

member, 3.5 years when the perpetrator is a parent. The more closely related a perpetrator is to the victim, the less likely a child is to disclose and the longer it will take.

- The child knows, loves, trusts the perpetrator, so disclosure is difficult, conflicted. Child knows that when s/he talks about the incident, bad things happen – the police show up, s/he has to go to doctor visits, etc.
- Rate of recantation is high, especially when person to whom the child discloses does not believe. When a child recants, more trauma symptoms result: cutting, drug & alcohol abuse, PTSD symptoms, etc.
- Once victimized, person is far more likely to be victimized in the future, have drug/alcohol issues, be at an increased risk for sexual assault, be in a domestic violence relationship, and be largely at risk of human trafficking.
- **Audience comment:** Average child incest victim in home has told 3 people before. Children often disclose to people who will not do anything, such as peers.
- Children tell when they feel safe to tell. For example, when a parent is separating out of a home, the child may tell the non-offending parent (perpetrator now out of the home). Issues may also exist regarding the parents. A child may be coached. It's different when looking from the outside in.
- We must stay conscientious that this is the norm for this family. However, this child's experience is different. Think about the LOVE map – as you're growing/developing you're gaining ideas of what sexual attraction should look like. This begins at a young age and ideals are developed. When the development of the LOVE map is interrupted, it becomes a vandalized LOVE map. Sexuality is different for the person. We forget this when dealing with the here & now. But, what happens to a person in the future? Future victimization is much higher. Moms in situations with boyfriends who abuse kids; it is hard to interrupt cycle & make people understand.
- Law Enforcement is seeing a breakdown of family; seeing mom's boyfriend as being a common perpetrator; LE description of family includes live-in boyfriend as part of the family. Family dynamics are changing. Kids are re-victimized. LE is seeing a lot of cases; the boyfriend finds a family he can prey on, or a parent seems to gravitate to an individual of a certain type, a predator.
- It is a unique idea for LE to work their way back – once there is one victim they find others, especially when perpetrators have a proclivity for a certain age. Working back 10-12 years can pose new issues. Who is causing what? Regardless, victims are re-victimized and it doesn't come out right away. Many times, victims call as adults when they know the perpetrator is still around kids.
- There is a stigma around sexual abuse/assault. Some parents are telling kids not to say anything; if perpetrator is the boyfriend mom is afraid of him, mom may be afraid of losing income. Kids have made outcries & parents/grandparents don't want to hear it.
- Society/parents focuses on strangers, when most children are victimized by someone they know, most often family. More than half – in teen & child sexual abuse – about 60% of perpetrators are family members. Kids are not told this is wrong. So, what do we tell kids about grandpa, auntie . . . someone we love? We do

a poor job of teaching kids about body boundaries. For example, what if a kid doesn't want to give someone a hug and s/he must? This creates a whole issue around body safety. We need to teach kids that it's OK to have body boundaries.

- Kids fear that they are involved in something that's not right, that they will get in trouble. So, they are afraid to tell. As adults, we try to assign adult thinking to children. Kids know it's bad, they know they're gonna get in trouble. Kids don't have to be threatened, they are just afraid to tell. The things we do as adults can play into a kid's victimization. When adults talk in code, it can reinforce something bad. So if a child does disclose, for example, to a teacher, it can be ambiguous – "Tommy touched my cookie." Perpetrators use this to their advantage. We need to understand that yes, it's a body part, and we need to be OK with using the actual names of body parts. This is important for safety.
- **Audience comment:** Threatening can be very subtle, such as, "If you don't tell, I won't do this to your sisters."
- A threat is only present in about 19% of kids cases. Kids are more likely to tell other people when the abuse is not just happening to themselves. They tell to protect someone else. Kids are intuitive; what they perceive as a threat can impact their situation. This can involve the loss of love of a perpetrator, a relationship meaningful to child, whether they like it or not. For example, if in foster care, they live under a veiled threat – "I'm gonna ruin our family."
- We have very black & white view: Go to Safehouse, go to doctor, know it occurred, it's not so direct. Kids live with this all their lives, it's their normalcy. It is part of what goes wrong – these kids don't get resolution. Only a small percentage of child sexual abuse cases are investigated, but what the abuse does is insidious.
- **Audience comment:** The incident may be pleasurable, seen as one-on-one time and attention. Child knows it's something weird, but it's pleasurable & s/he loves daddy so much.
- This plays into why children don't disclose. They don't recognize it's wrong until later in life. Teens start cutting, doing drugs, etc. It was someone they love, paying close attention to them. Perpetrators are good at what they do, bodies are made to respond. This dynamic is very hard for a lot of people.
- We often revert back to "good touch, bad touch." Please don't use these terms, they don't help. Bad touches can feel really good. Other terms to consider: Scary, confusing, something that happens to your body that makes you feel worried. As a clinician, be broad & open-ended about the body, boundaries, naming parts, body importance & saying no one should touch in a way that makes you worried, weird, etc.
- Encourage kids to tell someone & s/he won't be in trouble with the person they are disclosing to. Kids at Safehouse, from little ones to teens, say they didn't tell because they thought they'd get in trouble.
- Use good & bad word, use appropriate touch & inappropriate touch. Provide education and scenarios, such as someone is not allowed to touch your mouth or chest (also for boys). Kids have a difficult time disclosing. Use terms like worried, scared, or confused. With little kids, use OK touch, not-OK touch; the same with secrets: OK secret and not-OK secret. Explain it's OK if the secret doesn't hurt

someone and not-OK if a friend tells you someone touches them in a way that feels weird. Kids rarely tell parents. They tell adults; often multiple adults who are not their parents.

- Seeing more recognition of sibling on sibling child abuse. Many do not look for this factor and it's really hard to provide support. For instance, a family's older son may be grooming younger kids – it is scary for the victim to tell on an older brother whose love/recognition means everything to her/him.
- **Audience question:** When you come to arrest a father, how do you deal with the kid; what do you say?
- The arrest is not usually done on scene; it comes after. LE is working backwards, getting/compiling as much evidence as they can before submitting; making sure a child is in a safe environment. Arrest comes after medical disclosure, after medical exam. It takes time.
- We remove kids in situations rather than have regulations or laws that remove the perpetrator/suspect. Why should kids have to leave that home? In NM, kids leave. In other states, the perpetrator has to leave. This is extremely traumatic; kids come forward and get taken away, or their foster home changes, etc. We must look at changing this – why do victims leave homes? Why not the perpetrators?
- **Audience comment:** Talked a bit about how mom reacts. It takes a concerted effort to make sure children are safe. We must assess a mom's protective capacities. Can she keep child safe? It needs to be a joint effort with LE monitoring the home and with ongoing support, nurturing.
- We need to start young, when kids can understand. Toddlers can understand. Take bathing: "I'm your mom and I'm touching parts because we're cleaning." Encourage to go to doctor, etc. when needing help. How do we educate parents to know how to parent? Need to address at 1st level...moms are where it's at –
- In Norway, sex education is taught in schools early. They have low rates of abuse. They teach about body safety and genitals very early. We need to do this. School is one way to reach people; students eventually become parents. High risk families don't volunteer/engage in programs, such as prenatal care, for example.
- We need a paradigm shift, get rid of rape culture, stop sexualizing. We must teach little kids views of sexuality, patriarchy must be disrupted. From a very young age, social media/ads are constantly seen by kids. Could be an empowerment piece...not the way we have to live.
- **Audience question:** Say a couple was high schools friends, got married, everybody knows they are still in marriage, and husband has a 2nd relationship maybe with kids; women don't leave. How much of this is related to when man was a young boy...any studies?
- Studies on cultural views, male is dominant partner and female often submits; we see this a lot in Hispanic communities; compared to Virginia & African American families where this is not as common. Here in NM, woman is not leaving; male provides for the family. How can we change culture dynamics to eradicate? How can we empower young women, teach them they don't need to rely on somebody to sustain them?

- **Audience question:** In rural areas, there just are not services available to help families that have these issues.
- We need to treat systems that work with perpetrators, family, and children. One practice to look at: In Alaska, parents were united with trained staff and therapists. They came back, ran groups the same evening. Courts were involved to make sure parents, especially offending parents, got counseling. The offending dad was right there in the office. Broke them down; destroyed rationalizations. Had group confrontation. Also, kids group with no secrets and promise that once in system, if dad touches you again, you have to tell.
- Safehouse now has a **Family Wellness** program to work with non-offending family members (not perpetrators). Non-offending family members do their own counseling, work together, work in groups. So many times during this process, mom discloses for the first time that she was also sexually abused. Program has had much success. (Contact Michelle for info.)
- **Audience comment:** Sexual abuse is reported 20% of the time. In familial SV, how many families out there not getting services? Out of 1,200 FAC cases/year, 60% are sexual violence, 20% physical violence, 10% witness to violent crime. In most of these SV cases, the accused is someone known to the victim.
- In nationwide data, people do not disclose. According to anonymous surveys, 1 in 5 adults are sexually assaulted (M/F). Included across lifespan, most are victimized as children & don't tell until they are adults.
- Huge problem with male victims, especially if the perpetrator is female. Male victims don't always recognize victimization. Victim went along with it, body responded. It's very confusing. We hear stories about female teachers where her male victim states he had "sex with her" or "lost virginity with her." Why are some not outraged by this?
- Laws in NM are not well-written.
- What are resources for treatment? Other barriers for treatment? Who pays for treatment? Worked with a young man who did so well he was discharged 1/3 way through treatment. He was not ready, but was told he was doing so well they wouldn't pay for it any longer.
- Transportation is a primary barrier for treatment. Not all victims are in Albuquerque. Some victims may have access to buses only. They may be hours away from a counselor. Victim's payment through CVRC may include compensation for loss of wages to get kid to counseling. Payment for transportation is tricky.
- Providers are out there who should not be working with sexual abuse victims. There are significant gaps in services across the board for these families with no answers any time soon.
- Gap exists for underage offenders, who are also victims. They need treatment. Most offenders didn't come to that place on own; they have a history. Don't talk about kids as offenders, rather talk about sexually reactive behaviors.
- Conversely, it can be a problem when we don't want to label children maybe who offended against a younger child. Once a person offends, they need guidance for an amount of time.

- Offender resources are also limited. There is a care unit in Las Vegas for young offenders. Desert Hills just opened about 6 months ago with a new program. It is extremely difficult to get someone into their care unit; we have kids who have been prosecuted in sexual abuse cases & still can't get them in. It's easier to get kids/victims in for treatment than it is to get offenders treatment. We're limited on providers for victims, but even more so for offenders.
- What is most important for DV & SA service providers to know is when victim discloses? Any tips on how to act, what to discuss? How not to influence in a negative way or do more harm? How to work with marginalized populations.
- If a child discloses to you, or a person discloses, don't react outwardly or in an emotional way. The topic is emotional, but kids pick up on this and think, "Oh, they're feeling that way about me." Always believe what a child is telling you. Always reinforce with kids that they are so brave for telling, you are really proud of her/him for talking about it, and "You are not in trouble **with me.**"
- Remain conscious about things you say that make YOU feel better, like: "He'll leave home, no contact for really long period of time." Think about the consequences for the child, the family; put yourself in place of the kid, the kid's experiences.
- Use "Tell me about that." Don't question kids. Document word-for-word what kids said, not your interpretation. Example: "Touched cookie." Document what was actually said by the child.
- From law enforcement side, cases get tossed because evidence is destroyed. For example, a kid discloses to a mental health counselor who works to help kids through the situation. The problem is it's never disclosed to LE. By the time LE gets a referral it can be the 6th time a victim disclosed to a counselor. There's enough to disclose to LE, but the event took place 6 months back and the counselor wanted to work with child to help her/him feel comfortable. For 6 months, the child has been exposed to further violations. Don't wait for a more graphic, more in-depth disclosure. If child says, "Grandpa touched my cookie," it's enough to report to LE. Need to get child to a safe place.
- **Audience comment:** If counselor does not report, they fail to protect the child.
- Some have the idea that the child is reporting; the provider is helping the child & the report is done. That is not correct. Second suggestion: Don't go get a second opinion. Trust the fact that the child disclosed. It's a problem when the kid has reported so many times s/he is done talking by time they get to the LE interview. Then LE & CYFD can't do anything; the kid is not talking anymore. If the child doesn't disclose, it's difficult for LE. Get CYFD or LE involved as soon as possible.
- Problem: Service provider is told not to bring child in for medical/SANE services, saying that this re-victimizes a child. A medical exam is so important for a victim. Is the exam going to find evidence of sexual abuse? Not always. It's an issue with healing. Most kids think that sexual abuse has left them marked, damaged somehow. Doctor gets kid in for an exam, tells them they are perfect & healthy. This is super-healing for kids to know they are perfect & healthy. Doctors also check for STDs. Kids disclose to a doctor when they don't disclose to others; kids tend to trust doctors.

- It's not always the right answer for families to be referred to counseling. We should be leery of starting counseling programs for example, through churches, or where it could be counterproductive— such as counseling moms to stay with perpetrators, counseling daughters to stay quiet. It's not about one sect or about Christianity. There are super-churches running healthy counseling programs. Just be wary.
- Sibling abuse is still abuse. This is a huge problem when mental health providers don't refer these to LE. All abuse needs to be reported because something needs to happen/services need to be provided. Make sure people are reporting sibling abuse – personal feelings should not be involved. Report it.
- We know if a kid gets involved in system, kid has a record that starts following him/her. Perpetrators start moving their family around. Perpetrators openly talk about certain counties not tracking them there. CYFD has a system and can track.
- When someone discloses, call LE to get them involved. CYFD is centralized and automatically sends a copy to LE in that jurisdiction. MDTs in most counties work closely to track cases. It is typically a joint effort. It can be challenging – CYFD follows rigorous laws & have 15 months to work with families once a child is removed. Prosecution can take much longer.
- CYFD works with LE. If a case is screened out and comes in on a Friday & LE is not in until Monday. LE currently working with training to make sure a call is made at the same time so there is no gap. It takes working together. An experienced CYFD worker will realize the case is a screen out & they call APD.
- PLN (Para los Niños) reports to both LE and CYFD. If it's an emergency, they want LE there because they put kids on safety hold, CYFD does not. For the immediate safety of the kid, call both.
- On CYFD side, they recognized the boyfriend dynamic and are trying to call those families forward for services. Often, a woman may work without childcare and leaves her kids with the person they are dating. CYFD has at-risk daycare for anyone who needs and a very small percentage of people are participating!! It is a fairly new program and as a pilot it was underutilized; now they are pushing statewide. The challenge is: A family still must apply and the application process is not available in every county; at-risk families/moms who don't have other resources must provide proof: a letter, some sort of referral from CYFD, etc. Please contact CPS staff – they are trying to target at-risk families. Would like to see a process for background checks for boyfriends and to give people skills to recognize when their partners do not have the best intentions.

TOPIC: Lunch and Networking

Comments Members wrapped up the meeting and enjoyed lunch and networking.

Next Meeting – March 29, 2017