

**LEGISLATIVE EDUCATION STUDY COMMITTEE
BILL ANALYSIS**

Bill Number: SB 97a

51st Legislature, 2nd Session, 2014

Tracking Number: .195490.1

Short Title: School Child Sexual Abuse Detection Training

Sponsor(s): Senator Bill B. O'Neill

Analyst: Kevin Force

Date: February 12, 2014

AS AMENDED

The Senate Education Committee amendments:

- **replace the Human Services Department with the Children, Youth and Families Department (CYFD), as one of the two agencies, with the Department of Health (DOH), with which the Public Education Department (PED) must coordinate when developing a training program for the detection of sexual abuse among students;**
- **require PED to consult with the federal Centers for Disease Control and Prevention (CDC) when developing the “evidenced-based section on child sexual abuse and assault” for health education courses, to include methods that have proven to be effective; and**
- **require training included in health education courses to align with PED standards that are developed in consultation with CDC, based on evidenced-based methods proven to be effective.**

Original Bill Summary:

SB 97 proposes to amend several sections of the *Public School Code*, including the *School Personnel Act*, to:

- require all licensed school personnel to complete training to detect and report sexual abuse and assault within the first year of their employment;
- mandate that all health education courses, which are required in grades 1-12 and also for high school graduation, shall include age-appropriate sexual abuse, and assault awareness and prevention training; and
- apply the provisions of the bill to the school year 2014-2015 and subsequent school years.

Finally, SB 97 is the subject of Senate Executive Message 6.

Fiscal Impact:

SB 97 does not include an appropriation.

Fiscal Issues:

According to the Public Education Department (PED):

- SB 97 does not have any fiscal implications for state agencies or schools, as online training is currently available through a collaborative effort between PED, New Mexico State University (NMSU), the Children, Youth and Families Department (CYFD), the Department of Health (DOH), and IDEAL New Mexico;¹
- health education is already a graduation requirement; and
- SB 97 would not require the hiring of any additional staff.

Substantive Issues:

DOH offers the following statistics regarding sexual abuse of children in New Mexico (with the caveat that it is unclear how many incidents of abuse go unreported each year):

- in 2010, 6,018 children were determined to be victims of abuse or neglect, which represents a rate of 11.8 children per 1,000 – a 12.1 percent increase from 2009;²
- of those children determined to have been abused or neglected, 3.6 percent were sexually abused;³
- in 2012, children aged 12 and younger comprised 27 percent of law-enforcement-reported sexual assaults;⁴
- during that period, 34 percent of all sexual assault victims who sought therapeutic services reported being victimized as children;⁵
- 60 percent of those abused as children were victims of ongoing or serial abuse;⁶
- only 3.0 percent of child rape cases are perpetrated by a stranger, and relatives assault children at almost twice the rate of other known offenders;⁷
- data from statewide service providers indicate that biological fathers, at 19 percent, commit sexual assault at a higher rate than other relations;⁸
- 22 percent of children who were sexually assaulted were physically injured during their assault, with 4.0 percent receiving medical treatment for their injuries;⁹ and
- 63 percent of those who sought services for child sexual assault also sought medical treatment as a result.¹⁰

Further, DOH notes that:

- educators make up 16 percent of reporters nationally, and they may be the only non-family adult with whom a child interacts;

¹ *Recognizing and Reporting Child Abuse: A Guide for Educators*: <http://celdev.nmsu.edu/swifca/default/>

² New Mexico Children, Families, Youth Division FY13 report: http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf

³ Id.

⁴ *Sex Crimes in New Mexico XI: An Analysis of 2012 Data* (Caponera, B., 2013. The New Mexico Interpersonal Violence Data Central Repository (New Mexico Coalition of Sexual Assault Programs, Inc.), pp. 108-109.

⁵ Id.

⁶ Id.

⁷ Id.

⁸ Id.

⁹ Id.

¹⁰ Id.

- reporters of abuse do not need to be able to prove that abuse or neglect has occurred, but only need a suspicion of child abuse and neglect; and
- participation in a sexual abuse prevention program has corollary benefits, such as increased disclosure of abuse and less self-blame.

According to PED:

- a third of all sexual assaults nationwide were perpetrated upon a victim under the age of 12;¹¹
- in addition to the *Children's Code* and the *Public School Code* mandating the reporting of child abuse, PED rule also requires all school personnel to complete training in the detection and reporting of child abuse or neglect, within the first year of their employment;¹²

CYFD notes that, in New Mexico, school personnel account for 13.5 percent of reports of child sexual abuse, and in FY 13 alone there were 4,455 reports by school personnel.

Background:

According to PED:

- schools are required to meet the department's Health Education Content Standards with age-appropriate benchmarks and performance standards. For example:
 - **K-Grade 4 Benchmark 4** addresses identifying the differences between safe and unsafe situations (such as bullying, good touch/bad touch, alcohol, tobacco, other drugs, food contamination, and poisonous substances);
 - **Grades 5-8 Benchmark 6** addresses identifying and recognizing risk behaviors in situations that may lead to negative physical, social, or emotional health consequences (such as abuse, bullying, sexual assault, mental health problems, depression, suicide, domestic violence, STI/HIV); and
 - **Grades 9-12 Benchmark 6** addresses preparing a plan of action for risk behaviors in situations that may lead to negative physical, social, or emotional health consequences such as those noted above.
- The sexual victimization of children and adolescents has long been a focus of clinical attention, with a wide range of psychological and other problems being linked to sexual victimization, including: youth include mood disorders, substance disorders, anxiety disorders such as posttraumatic stress disorder, cognitive disorders, emotional pain, avoidance, low self-esteem, self-blame, delinquency, substance abuse, vulnerability to repeated victimization, and interpersonal difficulties.¹³
- Research suggests that female victims tend to exhibit more internalizing behaviors, such as depression, anxiety, posttraumatic stress, and suicidal ideation, while males are more

¹¹ Bureau of Justice Statistics. U.S. Department of Justice. 2000. *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*.

¹² 6.29.1.9 NMAC, Standards for Excellence, General Provisions, Procedural Requirements

¹³ See, e.g.: Avery, L, Massat, CR, & Lundy, M. 2000. Post Traumatic Stress and Mental Health Functioning of Sexually Abused Children. *Child and Adolescent Social Work Journal* 17(1):19–34. See also: Browne, A, Finkelhor, D (1986) Impact of Child Sexual Abuse: A review of the research. *Psychological Bulletin* (99)1:66-77.

likely to have externalizing problems such as oppositional behavior, aggression, substance abuse, and impulsivity.¹⁴

According to the National Sexual Violence Resource Center:

- Child sexual abuse prevention programs that focus on educating children have three main goals:
 1. teach children to recognize child sexual abuse;
 2. give them the skills to avoid abuse; and
 3. encourage them to report abuse that they have experienced.
- Instructing children how to recognize abuse may include teaching them:
 - the concept of “private zones” on one’s body;
 - appropriate versus inappropriate touching; and
 - the possibility that an acquaintance may try to hurt them.
- Giving children skills needed to repel sexual abuse may include:
 - teaching them that they have the right to decide who may or may not touch them; and
 - helping them realize that, in an abusive situation, they can say “no” or leave to tell a trusted adult what happened to them.
- Encouraging children to report sexual abuse may involve teaching them:
 - abuse is never the child’s fault;
 - they should always tell a trusted adult about any uncomfortable touching they may have experienced;
 - to identify trusted adults; and
 - the correct names for body parts, so that they may accurately report what happened to them.
- The most effective prevention and education programs:
 - include children as active participants;
 - combine several teaching techniques such as modeling, group discussion, or role-play;
 - tend to last longer than less effective programs and are broken into multiple sessions; and
 - incorporate parents into prevention efforts.

Committee Referrals:

SCC/SEC/SJC

¹⁴ See, e.g.: Feiring, C, Taska, LS, & Lewis, M (1999) Age and Gender Differences in Children and Adolescents’ Adaptation to Sexual Abuse. *Child Abuse and Neglect*. 23:115-128. See also: Kendall-Tackett, *et al.* (1991) Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies. *Psychol. Bull.* 113:164

Related Bills:

CS/HB 92 *School Child Sexual Abuse Detection Training* (Identical)

HB 101 *School Child Sexual Abuse Awareness Training* (Identical)