BRIDGING THE GAPS: SUPPORTING CHILD ABUSE PREVENTION IN OREGON

WORKBOOK + RESOURCE PACKET

SATF OREGON

CONTENTS

Each resource in this packet was created to utilize on it's own, but together they provide a more comprehensive look at abuse prevention in Oregon, opportunities for collaboration, and strategies to bolster our efforts.

We have included a worksheet for each resource to support directly following it in this packet to support using and applying these tools to our own practice and skills.

CONTENTS

WHAT IS THIS RESOURCE?

This packet combines resources created by the Oregon Sexual Assault Task Force's (SATF) statewide Prevention and Education Subcommittee (PEC) and statewide prevention program to help improve and support child abuse prevention throughout Oregon and to bridge all of the different prevention efforts that overlap and impact one another.

This project is supported by SATF's Bridge Project which is committed to strengthening the connections that exist, and are possible, among prevention efforts across the state and across the lifespan. We know that differing forms of violence and abuse share the same root causes and require that we connect the dots to address oppression and move us all closer to a safer and healthier Oregon for all. Each resource includes a worksheet following it to help people apply that resource to their practice and work.

SPECIAL THANKS

We would like to extend a thank you to all of the groups and individuals that contributed to these collaborative resources, including, but not limited to, members on Oregon SATF's Prevention and Education Committee, the Statewide CAP Collaborative, the NE Portland Healthy Kids Coalition, SATF's Abuse Prevention Learning Collaborative, and partners at the Oregon Department of Human Services. This, and all of our work, could not be possible without partnerships and collaboration like this.

PREVENTION TOOLKITS FROM OREGON SATF

Helping practitioners across the state to do their work effectively, collaboratively, and with more support is what we, at Oregon SATF, love. Our library of toolkits are one resource we have created to support you in these efforts. Below are some of our toolkits focused primarily on violence and abuse prevention. Check out these and more on our webpage: https://oregonsatf.org/toolkits.

COMPREHENSIVE PREVENTION TOOLKIT

This toolkit has been designed for anyone who is interested in preventing violence and abuse. Informed by preventionists and other professionals across Oregon, the goal of this toolkit is to support effective and thoughtful efforts, that collaboratively work to prevent violence and abuse across the life span. It combines public health theory, current best practices, and tips from state and national partners.

COLLABORATION TOOLKIT

The Communities of Prevention: Collaboration Toolkit was created to support local collaborations across issues, including multiple forms of violence and abuse. This toolkit offers a broad overview of community collaborative work as well as tangible strategies to implement, facilitate, and sustain local collaboratives and collaborations.

PREVENTION EVALUATION TOOLKIT

This toolkit includes valuable contextual information for understanding and conducting evaluation activities as well as a variety of strategies and templates that can be adapted to help in evaluation planning and implementation.

CLIMATE SURVEY TOOLKIT

Climate surveys are powerful tools to help inform prevention strategies that create healthy & safe communities, free of violence. This toolkit has been designed to support people in building climate surveys that move beyond compliance to creating best practice through creating mechanisms to improve both evaluation and prevention programming.

RESOURCE:

SHARED CORE PREVENTION VALUES OF CHILD ABUSE AND DOMESTIC + SEXUAL VIOLENCE PREVENTION

SHARED CORE PREVENTION VALUES OF CHILD ABUSE AND DOMESTIC/SEXUAL VIOLENCE PREVENTION

We all play a role in preventing violence and abuse – we can all have an impact. Primary prevention envisions and works toward a world where individuals and communities thrive in equitable, empowered and safe interaction with each other and with society. Preventing violence and abuse across the lifespan, requires collaboration, coordination, and cross-sector support. In order to better do that, it is valuable that we understand the shared values we bring to our respective prevention work. This resource highlights eight core values across all forms of violence and abuse prevention - from child abuse and neglect prevention to sexual violence prevention to suicide prevention. These eight core values can help guide all of our work and better support effective comprehensive prevention in our communities. Learn more about each of these core values in the following pages.

These shared values were compiled by the Child Abuse and Domestic and Sexual Violence Prevention Work Group of SATF's statewide Prevention and Education Committee (PEC).

Prevention efforts offer us, and ask us to provide, opportunities for individuals and communities to redefine power.

Different forms of oppression create social norms that reinforce violence and abuse. For this reason, we must include anti-oppression in our prevention efforts.

Effective prevention efforts focus on preventing perpetration.

Health promotion efforts, particularly healthy relationships and sexual health promotion, are critical components of violence and abuse prevention.

This work needs to come from communities.

Evaluating our prevention efforts is a critical component of a successful and ethical program.

Prevention takes time.

Equity is critical to a world free of violence and abuse, and an important component of effective prevention programming.

Successful primary prevention strategies are ongoing, collaborative, comprehensive, and include strategies that simultaneously address individuals, relationships, communities, institutions, and society in general. Challenging attitudes, beliefs, and behaviors that allow for violence and abuse at the individual level cannot create sustainable change alone. These efforts must be reinforced and reflected by the community in which individuals live, and by the society and institutions that create the policies and laws that shape and control their environment. For example, teaching students about healthy relationships is more likely to result in the changed behaviors we intend, if the school adopts and systemically enforces policies that require safety and respect in all school-based relationships. This model is based on the recognition that no one group or institution can end violence and abuse alone, and that change needs to take place on the individual, relationship, community, institutional, and societal levels to truly impact the problem. This approach is summarized by saying, "Violence and abuse are preventable, and everyone has a role in preventing them."

Different forms of oppression create social norms that reinforce violence and abuse. For this reason, we must include anti-oppression in our prevention efforts.

Ageism and adultism are particularly relevant examples when we are looking at prevention efforts with young people and with adults trying to prevent violence towards young people. Ageism and adultism allow for minimization and de-valuing of the voices of some based on their age. This can create and reinforce various norms, like power imbalances and control dynamics (such as control over young folks) that contribute to a culture of violence and abuse. Healthy relationships between adults and young people, healthy boundaries and empathy for child development are all tools that can help shift the power dynamic and create spaces where the voices of young people are heard, respected and welcome. It is important that we address ageism and adultism in our programming, as well as in how we as practitioners approach and implement our work. It is also important in our work to address the root causes of violence and abuse, that we consider intersections of multiple forms of oppression, for example: racism and ageism, or: sexism, racism, and ageism. In order to address oppression in our work, we want to intentionally implement policies and practices for hiring, training, supervision, and coordination that are responsive to the populations we serve. How can we build in opportunities in our work for youth of color, for example, to lead, define, and create prevention and response programming?

Effective prevention efforts focus on preventing perpetration.

We focus on risk factors for perpetration, not for victimization. AGSATF believes that, while it can be useful to give individuals and communities information to help keep vulnerable members safer, the only person who can truly prevent violence/abuse is the potential perpetrator, by choosing NOT to offend.

This work needs to come from communities.

Community members are most knowledgeable about the unique needs, values, traditions, and practices in their communities that promote health and safety, and those that support and reinforce violence and abuse. These can best be addressed by working with and within communities on efforts that reflect those needs, values, traditions, and practices. Further, different populations have differing definitions of violence and abuse. Working with and within communities will increase the effectiveness of messaging and prevention efforts.

Evaluating our prevention efforts is a critical component of a successful and ethical program.

In order to understand the impact of our prevention efforts, and whether we may be causing harm, it is important to develop and implement good evaluation strategies. This means we are thinking about our goals, and ensuring that the work we do is tied to these goals. Designing and implementing ethical evaluation is a critical part of comprehensive prevention programming. This includes ensuring transparency around the process and the measuring tools we're using, collecting input from stakeholders and participants throughout prevention programming and evaluation design, and being mindful of cultural and linguistic impacts and adaptations. Ethical evaluation also means that we are not collecting data that we aren't or won't be using.

Equity is critical to a world free of violence and abuse, and an important component of effective prevention programming.

This means we recognize, respect, and center all aspects of multicultural communities in the creation, leadership, implementation, development, and evaluation of prevention efforts. This also means that we are considering equity in other forms, like digital access (access to technology, increasing access to programming/connecting using digital means including translation services, etc.). Prevention efforts which do not center equity are ineffective as they miss addressing the root causes of violence/abuse by overlooking the oppressions that may be impacting individuals and communities.

Health promotion efforts, particularly healthy relationships and sexual health promotion, are critical components of violence and abuse prevention.

It is not enough to tell people what not to do, we have to replace this with what is healthy. Healthy relationships and sexuality are an integral part of the human experience with physical, intellectual, social, and spiritual dimensions. Helping people to identify and create opportunities to explore their own sexuality in a positive and healthy manner is crucial to achieving a culture in which sexuality is regarded as a normal and healthy component of each of our lives. Having access to information on healthy sexuality, supports young people in setting and respecting boundaries, recognizing and understanding consent, and fostering bodily agency and autonomy. These skills help young people to stay safe and also reduce their risk of offending as they age. A useful framework to support healthier and safer communities for all people is understanding the Social Determinants of Health, which help us understand how this work is connected to so many other efforts.

Prevention efforts offer us, and ask us to provide, opportunities for individuals and communities to redefine power.

Knowing that we must include anti-oppression and health promotion in our prevention work, we must also think about how we can redefine power structures that support this violence and abuse. As practitioners we can facilitate conversations, and model strategies to explore how we individually and collectively experience and/or enact power. This includes considering what people can do/are already doing in their lives that can replace the model of having power over others.

Prevention takes time.

Effectively reducing and eliminating violence and abuse takes time. We are likely to see some changes in the short-term, but the changes we're really working towards are longer term and they take time to achieve. This, and because our work overlaps, reinforces the need for us to work together. If we do not invest the time and energy in these longer-term changes now, it will only take us, collectively, that much longer to truly prevent future violence and abuse.

SHARED CORE PREVENTION VALUES OF CHILD ABUSE AND DOMESTIC/SEXUAL VIOLENCE PREVENTION RESOURCE

Which of these eight values are you addressing really well currently? How?

Which of these eight values do you need to work more on? How can you start?

Who could you partner with in your communities to better address these Shared Prevention Values?

RESOURCE: UNDERSTANDING THE LANGUAGE WE USE

UNDERSTANDING THE LANGUAGE WE USE

As a variety of partners are working to prevent different forms of violence and abuse throughout Oregon, it's valuable to understand how these varying partners talk about what they are trying to do. This document looks at two of these partners, Child Abuse Prevention Practitioners and Domestic and Sexual Violence Preventionists. We will look at some examples of common issues we are trying to address.

Child Abuse Prevention and Intervention Practitioners (CAPI)

These practitioners predominantly work to address child abuse throughout Oregon. Prevention services are offered to youth and/or adults. Intervention services are common for people under the age of 18, however, some practitioners provide services to adult survivors and adults with developmental disabilities.

Domestic and Sexual Violence Preventionists (DVSA)

These practitioners focus on different forms of violence that occur across the lifespan. This means that they work with people of all ages, from children to elders. This also means that people in this sector have varying expertise, and not every person is an expert in serving every age group.

Neglect

This is a common issue seen by Oregon's CAPI organizations, primarily referring to a failure to care for a child properly, including meeting basic needs.

Failure to provide the care, supervision or services necessary to maintain physical and mental health

Neglect

This commonly occurs when an abuser controls quality of life for a survivor and children, including causing neglect by interrupting the ability to offer/ receive care or resources.

Physical Abuse

This is commonly what people think of when they think of child abuse. Some examples include hitting, shaking, kicking, and restraining a child.

Any intentional and unwanted contact with someone or something close to a person's body which causes harm

Physical Violence

This is what people commonly think of when they think of domestic and sexual violence. Some common examples of this may include: pushing, slapping, strangulation, and striking objects/ the wall, etc. as a threat of violence.

Sexual Abuse/Assault

Commonly used to describe sexual violence to people under 18 years of age. This type of abuse may include: any sexual contact with a child or any behavior that is meant to sexually arouse the abuser, like making a child pose for pictures.

Any nonconsensual sexual act, or any sexual act where "no" is not a viable option for any person involved (including from pressure/coercion)

Sexual Violence

This encompasses abuse, rape, sexual assault, and sexual harassment, as well as other societal/cultural practices that utilize sex and sexuality to oppress people, including: the propagation of child pornography, incest, female genital mutilation, commercial sexual exploitation, & systematic SV as a weapon of war.

Sexual Harassment

This often occurs in school settings. It may include: sexual talk/comments/ whistling, sexual touching or gestures, threats or implied rewards.

A pattern of unwanted sexual behavior towards someone

Sexual Harassment

Sexual favors may be demanded or suggested as a condition of employment, academic success, friendship, etc. or a hostile environment may be created through sexual comments, jokes, pictures, or touching.

Stalking

This comes up in conversations around teen dating abuse, school and community safety, and grooming.

A person repeatedly monitors, follows or harasses someone, making them feel afraid or unsafe

Stalking

This may include: someone following you/showing up where you are, sending unwanted gifts'/messages, damaging your things, monitoring your phone/computer, threatening to hurt you/those you love, and posting information or spreading rumors.

Dating/Domestic Abuse

Describes violence experienced in a dating relationship or at home. One of the common ways CAPI Organizations address this is addressing violence that children/youth may have witnessed in their home, and/or providing services to children who have experienced this form of abuse directly.

A pattern of behaviors one person uses to gain and maintain power and control over a partner

Dating/Domestic Violence

Domestic violence can happen in all kinds of intimate relationships, including: married couples, couples who live together, people with children, same-sex or gender- nonconforming partners, ex-partners, teen dating relationships, etc. This often includes emotional, social, sexual, and financial abuse tactics to control a partner.

Commercial Sexual Exploitation of Children (CSEC)

These efforts predominantly focus on sex trafficking of youth, particularly those under age 18. Services are provided by a variety of orgs. including CSEC specific orgs., Child Advocacy Centers, and more. CSEC does not require the presence of force, fraud, or coercion, nor of a third party exploiter because youth do not have the capacity to consent to sex work, and a power dynamic already exists between adults/minors. CSEC efforts additionally include an increased focus on familial trafficking.

The illegal trade of human beings, through the use of threat or force, deception, fraud, or "sale" for the purpose of sexual exploitation and/or forced labor

Human Trafficking

Services to support survivors of human trafficking, including both sex and labor trafficking, exist in a variety of orgs. throughout Oregon (DVSA orgs, juvenile justice facilities, within Tribal Nations, and more). This work focuses on addressing the exploitation of humans for profit (anything of value) and recognizes that trafficker(s) may recruit, transport, harbor and/or receive their victim(s) by using threat, physical violence, fraud, deception and other tactics. There are Human Trafficking County Task Forces across OR.

Peer-to-Peer Violence

This refers to any type of violence (physical, sexual, emotional, coercion, etc.) between peers (ex. between youth). It often occurs in school settings and may include bullying. This type of violence often needs different resources/responses than other forms of child abuse.

When individuals intentionally use violence, including physical force or power to threaten or harm others

Interpersonal Violence

This is a blanket term that could refer to relationship violence, bullying, bias or hate-based violence, harassment, or any other violence occurring between individuals. In the DVSA sector, this is often core to the work across all of the forms of violence listed in this resource.

In addition to the examples of violence and abuse listed above, it is important to note that these do not exist in isolation from one another, as well as from broader community violence occurring around us. **Community violence happens between unrelated individuals, who may or may not know each other, generally outside homes.** It includes things like bias/hate-based attacks, public shootings/gun violence, and more. Research indicates that youth and young adults (ages 10-34), particularly those in communities of color, are disproportionately impacted.

When we reflect on the many overlaps our work shares with others, regardless of the language used, we can connect around our common goals and the knowledge that it will take more than our efforts alone to comprehensively prevent violence and abuse in our communities.

UNDERSTANDING THE LANGUAGE WE USE RESOURCE

What is one example of a difference in language that you struggle with?

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What is an example of a time you learned new language that felt really meaningful to you and the work you do?

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What is one thing you can do to more intentionally incorporate shared language to address that struggle?

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RESOURCE:
CONNECTING PREVENTION STRATEGIES ACROSS VIOLENCE + ABUSE

CONNECTING PREVENTION STRATEGIES ACROSS VIOLENCE + ABUSE

Starting in 2016/2017, the Centers for Disease Control and Prevention (CDC) began releasing a series of Resources for Action focused on preventing different forms of violence. These resources focus on preventing: **Intimate Partner Violence, Suicide, Youth Violence, Sexual Violence, Child Abuse and Neglect, and Adverse Childhood Experiences (ACEs)**. The resources recommend research-based strategies to prevent the different forms of violence. All six share examples of prevention work that fit into five overlapping strategies. Regardless of which strategies we implement, the work overlaps and impacts the prevention of all six forms of violence. This handout looks at just some of those overlapping strategies to help us better identify how we can all work together.

Shared Strategies　　　　*Examples from the 6 CDC Technical Packages*

1. Promote Social Norms that Protect Against Violence

Change social norms to support parents and positive parenting → Bystander intervention approaches → Mobilize men and boys as allies → Peer norm programs → Connect youth to caring adults and activities

2. Teach Skills to Prevent Violence and Abuse

Teach healthy, safe dating/intimate relationship skills to adolescents and/or couples → Ensure a strong start for children → Social-emotional learning programs → Universal school-based programs → Parenting skill and family relationship approaches

3. Provide Opportunities to Empower and Support

Strengthen household financial security: Family-friendly work policies → Strengthen leadership + opportunities for girls → Strengthen economic supports for women + families → Strengthen household financial security → Connect youth to caring adults + activities

4. Create Protective Environments

Modify physical + social environments of neighborhoods → Establish + consistently apply workplace policies → Improve school climate, safety, and monitoring → Reduce exposure to community level risks → Street outreach + community norms change

5. Support Victims/Survivors: Increase Safety & Lessen Harms

Victim-centered services and supports to lessen harms + prevent future risk → Treatment to prevent problem behavior + future involvement in violence → Strengthen access + delivery of care → Provide quality care + education early in life → Safe reporting options + messaging

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CONNECTING PREVENTION STRATEGIES ACROSS VIOLENCE AND ABUSE RESOURCE

What is a strategy that you're doing really well presently? What is one you'd like to explore more?

What is at least one strategy another organization/institution is implementing well in your communities? How can you learn more about this effort?

How can you partner more with other organizations to more comprehensively prevent multiple forms of abuse and violence?

RESOURCE:

NAVIGATING THE SYSTEMS TO RESPOND TO DISCLOSURES OF ABUSE, NEGLECT, ASSAULT, AND VIOLENCE TO A PERSON UNDER 18

When a disclosure of violence or abuse towards someone under the age of 18 occurs, there are several systems and processes that may begin as a result (Mandatory Reporting processes, Title IX Processes in Education Settings, and support from Confidential Resources). Each of these systems are focused on trying to ensure that people experiencing violence and abuse have access to services that support health and safety. In order to best support survivors, it is critical that we have a basic understanding of each of the processes and partners that a survivor may need to navigate. Below is a general example of many of the players and processes that may be involved in responding to disclosures. There are differences within every community. After looking at this chart, consider what these processes look like in your community, what's missing, and what resources could be added for more comprehensive services for each survivor?

Confidential Options

Privileged/Confidential Domestic/Sexual Violence (DVSA) Advocate provides Safe Supports, including:
- Info/services to help someone make a report & connects person to help even if they don't report
- Information about services/options
- Support/clarity on completing legal forms (like SAPOs)
- Safety Planning
- Hospital/Medical Response

Connection to Long-term Healing & Other Services if Survivor Chooses: Mental Health, Medical, Housing, Healing, Legal Options, ODHS Resources, etc. (these other services would likely launch mandatory reporting procedures)

Title IX Required Report

School District Title IX Coordinator

- Outreach to the reporting student,
- Supportive measures,
- Explanation of how to file a complaint

- Investigation
- Outcome
- Possible Hearing
- Appeal Process
- Remedy

Connect to DVSA Advocate for additional supports/clarity throughout all of these processes

Mandatory Report to either:

Law Enforcement

Oregon Child Abuse Hotline

Criminal Justice Process Elements:
- Investigation
- Arrest
- Case to District Attorney
- Trial/Plea

Connect Survivor to DA Victim's Assistance Advocate

Treatment/Punishment Systems for person who perpetrated:
- Incarceration
- Offense Treatment

For Child Abuse, Partner with Child Advocacy Center (CAC) for Trauma-Informed Interviewing/Forensics, & counseling supports for youth, etc.

For Sexual Assault, and CAC Support, connect to hospital/medical center for access to sexual assault forensic exam conducted by trained sexual assault examiner

Court Appointed Special Advocate (CASA) potentially assigned for child advocacy throughout legal process

If report is assigned to CPS for assessment

If applicable, connect to DVSA Advocate/ Co-Located Advocate @ ODHS for supports/info./services

Collaboration with Tribal partners if applicable, including: Possible Tribal CPS assessment and access to tribal resources such as mental health, DVSA, medical, healing, etc.

CPS Case Worker Assigned for assessment, possibly including safety planning to ensure youth safety (may be in conjunction with law enforcement)

Connection to Longer-Term ODHS Services:
- Self-Sufficiency/ benefit resources
- Ongoing Child Welfare services if necessary

Connection to other Longer-Term Services, like:
- Substance use treatment
- Mental health services
- Independent Living services

Connection to additional family services to mitigate safety threats and/or reunify family

Throughout Oregon, there are several different systems in operation to intervene when child abuse or domestic/sexual violence occurs. These systems are each made up of multiple different players, have a lot of nuance, are complex, and are rarely linear. Ideally these systems would work together collaboratively in order to best provide services that are trauma-informed, human-centered, and effective. This chart tries to map out many (not all) of the potential systems a child and their family might have to navigate when a disclosure occurs. Additionally, there are factors not represented on this chart, including additional players and systems when youth are in custody, foster care, or homeless/houseless, etc. As you explore this chart, we ask that you consider the elements on the following page.

The chart on the previous page can feel overwhelming for those of us doing this work, which means it is definitely overwhelming for those navigating it when they've experienced violence, abuse, assault or neglect.

All the players on this chart have a particular role, and it can be challenging to remember that each individual person/family we work with are likely interacting with many, if not all, of the other players listed here and some that aren't. When we work more effectively together and have more information about how all of these systems can be beneficial, we get closer to our goals of supporting young people and interrupting abuse/violence. Additionally, it is the role of Certified Domestic/Sexual Violence Advocates to talk about all of the systems, players, and processes that an individual and/or family may encounter. Having access to this type of advocate can be very helpful for individuals to understand what is going on, access someone with answers about all the different players/processes, and to have a touchpoint throughout the entire process and beyond.

Young people, and their families, have varying rights within different systems.

Young people and their families have rights to confidentiality, information, and choice which vary with each system, and each partner. Some of the laws that establish these rights include HIPAA, FERPA, VAWA, VRRA, CVRA, and Oregon Law. It can be confusing to know which laws apply in certain scenarios, which rights each law affords the individual young person, and which rights are afforded to the parents, which aren't always the same.

Not shown on this chart are ways in which oppression, including racism, ageism, classism, sexism, xenophobia, etc., may impact the trauma an individual and/or family experiences, and the ways the systems, partners, and processes actually help or reinforce harm.

We know that implicit and explicit biases are a part of all of our systems, and inform how and if an individual may want to interact with a certain partner. When we are working towards interrupting abuse and violence, and supporting young people who have experienced it, we have to be conscientious of the ways the systems may cause harm. This may include family separation decisions, if providers believe a child, whether there are language barriers, whether there is mistrust, and whether a lack of knowledge and/or of cultural responsiveness on the provider's part is likely to cause more harm. When you add in layers of historical, intergenerational, and ongoing trauma caused by interactions with systems, this chart becomes ever more overwhelming and the systems can become more traumatizing to the individuals and families we engage with. When mainstream systems/organizations partner with culturally specific and Tribal service providers when appropriate, youth survivors will more effectively be served and re-traumatization we may cause will be lessened. Too often these partners are left out of these processes; referrals aren't made; and people aren't connected to culturally relevant resources which would reinforce protective factors and support healing. When this occurs, we are moving further from our goals of supporting young people, rather than moving closer.

Laws change, and new laws are added, regularly.

Every year, new laws, or fixes to existing laws, may go into effect. Interpretations of and guidance around laws may change as well, depending on leadership, federal/state/Tribal/local compliance, other laws, and many other factors. It often takes time to ensure all applicable players have modified processes to meet requirements tied to these changes. This means that this flow chart can continue to change, which is challenging for the partners doing this work and the people trying to navigate it.

Different partners often use the same, or similar, language – but may mean different things, which can add to the confusion and overwhelm an individual and/or how a family feels.

Although the players in this flow chart may have shared goals, they also serve separate purposes in order to move towards those shared goals. Consider the following: A school employee is required to make a mandatory report to child welfare or law enforcement, who will then do an initial and maybe a more in-depth investigation into the disclosure. That same school employee is also required to report to the school district's Title IX Coordinator who is then required to conduct an internal investigation, separate from the criminal investigation being conducted by law enforcement or the assessment being conducted by child welfare. In the criminal investigation there is a perpetrator, victim, investigation and trial – resulting in a guilty/not guilty verdict and maybe a conviction. In the Title IX process, there is a respondent and a claimant, and an investigation – resulting in a responsible/not responsible finding. In the child welfare assessment there is an alleged victim, alleged perpetrator, allegations, an assessment, and a disposition (ex. founded or not founded for abuse/neglect). If a young person is working with all these systems they may be referred to as victim, complainant, survivor, kiddo, etc. all by different partners in the same day. If an individual is navigating one of these systems, they are likely also navigating other systems, as well as interacting with many, if not ALL, of the other partners on this chart. This speaks to the need for all of these partners to more intentionally collaborate and understand each other's work to better support folks who are navigating these complex systems on top of trauma and oppression, and to utilize resources like Certified Domestic/ Sexual Violence Advocates who help people navigate all of the systems, and their rights within each.

NAVIGATING THE SYSTEMS TO RESPOND TO DISCLOSURES OF ABUSE, NEGLECT, ASSAULT, AND VIOLENCE TO A PERSON UNDER 18 RESOURCE

What is one system you don't know very much about? Where can you start to learn more about how it functions and how it benefits those who experience violence/abuse?

What are two ways you could help improve the response systems and/or coordination of these systems in your communities?

This flowchart offers a simplified representation of many of the different partners responding to violence and abuse. What does this look like in your communities? Where are there gaps (either in services or in your knowledge)?

RESOURCE:
POWER AND CONTROL WITHIN CHILD ABUSE

POWER AND CONTROL WITHIN CHILD ABUSE: USING DYNAMICS OF POWER AND CONTROL TO UNDERSTAND ADULTS' ABUSE, VIOLENCE, AND HARM TOWARDS YOUTH AND CHILDREN

BEFORE READING FURTHER

This resource is meant to promote thought, curiosity, and critical thinking about how power dynamics in adult/youth relationships MAY be used to cause harm. We recognize that parenting and caregiving are complex and imperfect, change based on youth development, and are done with a presumed constant focus on health/safety. The examples in this resource are meant to help us understand how SOME people use these and other tactics to perpetrate abuse. **Prevention efforts offer us opportunities for individuals and communities to redefine power, especially when power and control are used to cause harm.** As practitioners we can facilitate conversations, and model strategies to explore how we individually and collectively experience and/or enact power. This includes considering what people can do/are already doing in their lives that can replace the model of having power over others. This exploration is what we are inviting you to do with us in this resource.

THE ISSUE

Both in the past and present, youth experience high rates of abuse, violence, and harm from adults in our communities. This abuse is exacerbated by social norms, practices, and multiple forms of oppression (eg. ageism) that combine to restrict youth rights, agency, and autonomy. Often, this abuse does not appear out of thin air, it's constructed from many moments, interactions, and learned behaviors. As conversations around parent's rights continue to become more prevalent in our communities, they may be used to justify restricting youth access to many tools, resources, education, and community that research shows can contribute to violence and abuse prevention, as well as safety and wellbeing for youth and kids (ex. healthy sexuality education, social emotional learning, reproductive health care including gender-affirming care, and more). **To better explore how these restrictions (and prioritizing parents/caregivers' rights OVER youth rights as opposed to parallel to one another) can contribute to the exact violence/abuse we are trying to protect youth and kids from, we turn to the model of power and control laid out in other forms of violence and abuse (ex. domestic violence, dating violence, etc.).**
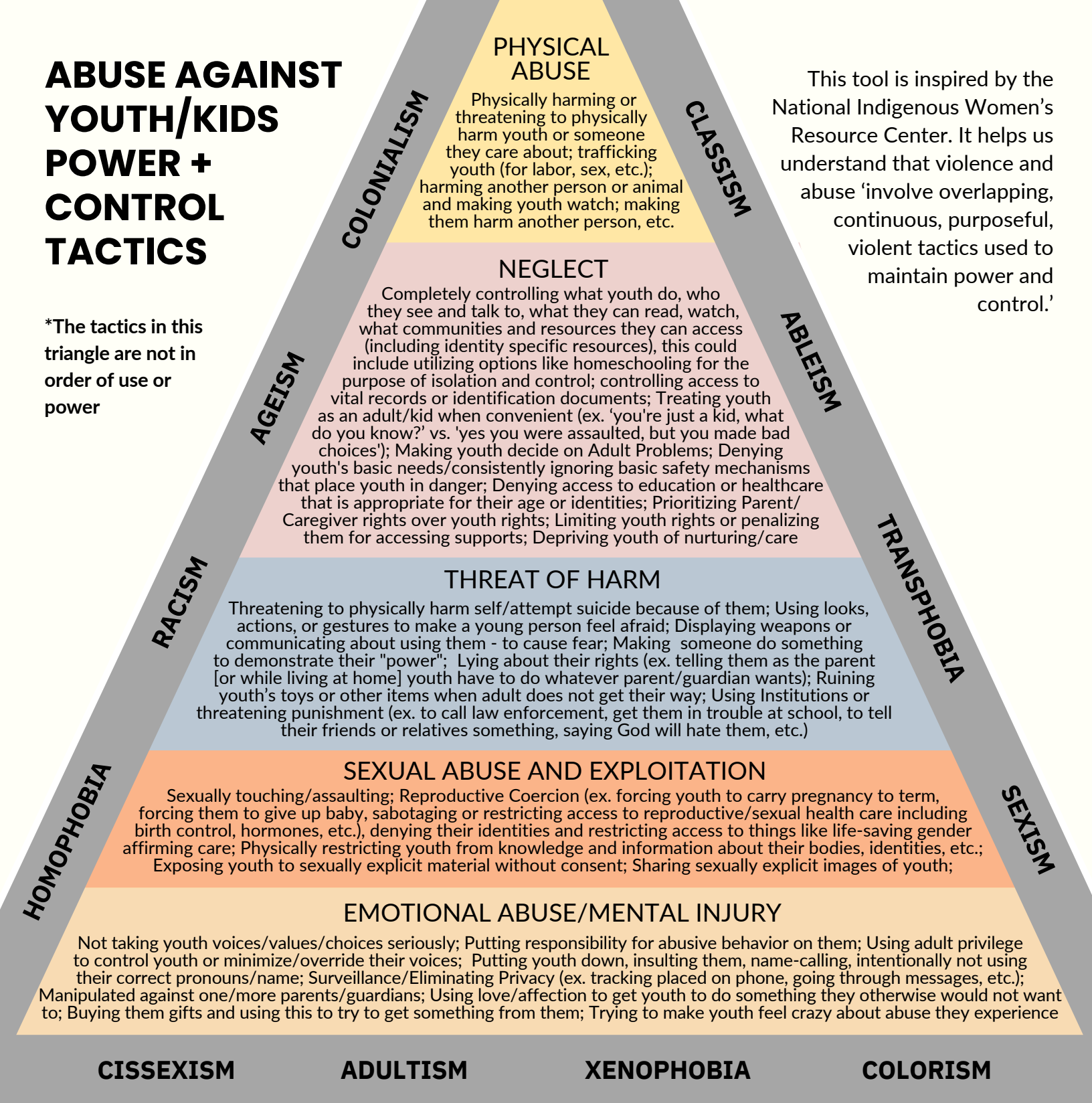
HOW THIS TOOL COULD BE USED

Resources like this have long been used to show how someone might use varying strategies like coercion, isolation, manipulation, intimidation, abuse, and more to perpetrate interpersonal violence towards another person. In exploring the breadth of tools that exist to examine power and control dynamics between adults, we asked ourselves **how, and if, this differs when it is an adult utilizing these tactics with youth in their lives**. This led to the resource on the next page which merges several ideas together, including: specific examples from existing power and control wheels and models, Oregon law around mandatory reporting of child abuse, concepts of how societal structures and systems of oppression exacerbate violence and abuse young people experience, and research and best practices around domestic violence, interpersonal violence, child abuse, neglect, Adverse Childhood Experiences (ACEs), and more. **This resource is an example of one tool that could help us discern the boundaries of promoting youth safety and causing harm either intentionally/unintentionally through power and control.** This is by no means THE definition of abuse, and is not necessarily meant to be used as such. Rather this tool can help us think about adults' relationships with youth and kids and the ways power can be operationalized to cause harm. It additionally offers adults an opportunity to recognize the responsibility and impact their actions can have on young people.

ABUSE AGAINST YOUTH/KIDS POWER + CONTROL TACTICS

*The tactics in this triangle are not in order of use or power

This tool is inspired by the National Indigenous Women's Resource Center. It helps us understand that violence and abuse 'involve overlapping, continuous, purposeful, violent tactics used to maintain power and control.'

COLONIALISM · CLASSISM · AGEISM · ABLEISM · RACISM · TRANSPHOBIA · HOMOPHOBIA · SEXISM

PHYSICAL ABUSE
Physically harming or threatening to physically harm youth or someone they care about; trafficking youth (for labor, sex, etc.); harming another person or animal and making youth watch; making them harm another person, etc.

NEGLECT
Completely controlling what youth do, who they see and talk to, what they can read, watch, what communities and resources they can access (including identity specific resources), this could include utilizing options like homeschooling for the purpose of isolation and control; controlling access to vital records or identification documents; Treating youth as an adult/kid when convenient (ex. 'you're just a kid, what do you know?' vs. 'yes you were assaulted, but you made bad choices'); Making youth decide on Adult Problems; Denying youth's basic needs/consistently ignoring basic safety mechanisms that place youth in danger; Denying access to education or healthcare that is appropriate for their age or identities; Prioritizing Parent/Caregiver rights over youth rights; Limiting youth rights or penalizing them for accessing supports; Depriving youth of nurturing/care

THREAT OF HARM
Threatening to physically harm self/attempt suicide because of them; Using looks, actions, or gestures to make a young person feel afraid; Displaying weapons or communicating about using them - to cause fear; Making someone do something to demonstrate their "power"; Lying about their rights (ex. telling them as the parent [or while living at home] youth have to do whatever parent/guardian wants); Ruining youth's toys or other items when adult does not get their way; Using Institutions or threatening punishment (ex. to call law enforcement, get them in trouble at school, to tell their friends or relatives something, saying God will hate them, etc.)

SEXUAL ABUSE AND EXPLOITATION
Sexually touching/assaulting; Reproductive Coercion (ex. forcing youth to carry pregnancy to term, forcing them to give up baby, sabotaging or restricting access to reproductive/sexual health care including birth control, hormones, etc.), denying their identities and restricting access to things like life-saving gender affirming care; Physically restricting youth from knowledge and information about their bodies, identities, etc.; Exposing youth to sexually explicit material without consent; Sharing sexually explicit images of youth;

EMOTIONAL ABUSE/MENTAL INJURY
Not taking youth voices/values/choices seriously; Putting responsibility for abusive behavior on them; Using adult privilege to control youth or minimize/override their voices; Putting youth down, insulting them, name-calling, intentionally not using their correct pronouns/name; Surveillance/Eliminating Privacy (ex. tracking placed on phone, going through messages, etc.); Manipulated against one/more parents/guardians; Using love/affection to get youth to do something they otherwise would not want to; Buying them gifts and using this to try to get something from them; Trying to make youth feel crazy about abuse they experience

CISSEXISM · ADULTISM · XENOPHOBIA · COLORISM

EXACERBATED BY INSTITUTIONAL/SOCIETAL HARM

- Lack of Political Representation: No vote for people who decide policies that impact your life present and future (ex. gun safety, climate change, economic stability and supports, etc).
- Tokenized representation on leadership/policy/advisory bodies.
- Being pushed into 'helping' systems that take them away from their families OR force them to stay with their families (ex. immigration systems, child welfare, foster care, etc.)
- Barriers to agency and autonomy when accessing medical care.

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ABUSE AGAINST YOUTH/KIDS POWER + CONTROL TACTICS

Was there anything in this triangle that challenged your understandings of power and control and/or violence and abuse?

Reflecting on the scope of your own work, what are two changes you could make to better ensure we're not utilizing models that support power over youth, rather than empowering youth?

What resources, programs, or organizations are in your community (alongside your own) that help play a role in promoting health, autonomy, and agency for youth? What are some additional ways you can use your platform to ensure youth rights are valued equally in your communities?

RESOURCE:
CONNECTING GOALS AND STRATEGIES FOR A HEALTHIER AND SAFER OREGON FOR YOUNG PEOPLE

CONNECTING GOALS AND STRATEGIES FOR A HEALTHIER AND SAFER OREGON FOR YOUNG PEOPLE

In working to prevent different forms of violence/abuse and promote healthy attitudes, beliefs, and behaviors for all, much of our work overlaps and impacts the work being done in other sectors. When we start to look at the various goals and strategies of these sectors we can start to see overlaps and identify more clearly, places to collaborate and coordinate our efforts.

Sexual Violence Prevention

Sexual Health Promotion

Child Abuse Prevention

Suicide Prevention

Non-consensual sexual behaviors are reduced.

Young people experience their sexuality as a natural + positive element of maturation.

Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health.

Rates of sexually transmitted infections are reduced.

Addressing the root causes of violence in our society

Developing interventions for young people who show risk factors for becoming perpetrators

Sexual health inequities are eliminated.

Rates of unintended pregnancy are reduced.

Promoting healthy and safe attitudes and beliefs about sexuality

Promoting the status of all genders

Increase knowledge and practices for nonviolent problem-solving skills for families and youth in grades K–12

All children have positive caregiving experiences

Children and families are safe

Increase programs that promote mindful, psychological flexibility

Every family has access to, and ability to utilize, formal services and supports without fear of stigma

Empowering those who witness violence/suicidal ideation (bystanders) to speak out

Decrease exposure to violence and adverse experiences.

Every family has the full opportunity to engage in their communities

Increase social connectedness to home, school and community for all youth

Increase positive relationships and environments for children, families and communities

The basic human needs of families are met on a continual basis

Increase caregiver education programs that also promote attachment and resiliency within families

Increase home visiting programs that promote attachment and resiliency within families

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BUILDING COMMUNITIES OF PREVENTION

Healthier and safer communities are possible, when we all find our roles, when we all work together. Here are just some of the prevention players in Oregon's Communities. Who is missing?

TERTIARY
Longer Term Care and Treatment Services

Anger management + Conflict Resolution Programs

Crisis Support & Intervention Programs

Peer Support Programs

Battering Intervention + Offense Treatment Programs

Criminal Justice System

SECONDARY
Intervention Services

Child Abuse & Neglect Response + Intervention Services

Bystander intervention programming

Law Enforcement

Domestic + Sexual Violence Advocates

SANE/SAE/ Pediatric SANEs

CASAs

PRIMARY
Efforts to Address Root Causes and Bolster Protective Factors

Healthy Sexuality Educators

Anti-Racism Groups

Prescription Medication Safety Activists

Youth-Serving Programs

Parenting/Caregiving Skills & Family Relationship Programs

Male-identified Allies & Targeted Programming

State & Local Public Health Programs

Domestic, Dating, and Sexual Violence, Stalking, & Trafficking Prevention Programs

Athletics (School & Community)

Gun Safety Activists

Community Engagement Initiatives

Child Abuse + Neglect Prevention Programs

Healthy Relationships Educators

Leadership/Empowerment Programs with/within Youth, Culturally Specific and Tribal, Identity Based, and Other Communities

Early Childhood Education Programs

After-School Programs (School or Community- Based)

Friends/Family

Relief Nurseries

Supportive Workplaces

K-12 Schools

Housing Supports

Tribal Governments

Home Visiting Programs

Transitional Housing

LGBTQ2SIA+ Resource Centers

Child Care Providers

College/University Campuses

Shelters

Immigrant/Refugee Services

Faith Centers

Economic Support Programs

Substance Abuse Treatment

Local & State Government

Medical Providers

Mental Health Providers

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CONNECTING GOALS AND STRATEGIES FOR A HEALTHIER AND SAFER OREGON FOR YOUNG PEOPLE RESOURCE

Which of the partners highlighted in the three levels of prevention do you want to learn more about the prevention work they are doing and how can you start learning more?

Which of the strategies within the Venn Diagram resonate with the work you are doing and how might you improve partnerships with folks who are doing work in one of the overlapping circles?

Where have you seen examples in your community of organizations working on shared strategies like these effectively and what does that look like?

RESOURCE:

UNDERSTANDING CHILD ABUSE AND NEGLECT PREVENTION IN OREGON

This resource is a product of the Oregon Attorney General's Sexual Assault Task Force's Child Abuse and Domestic/Sexual Violence Prevention Work Group of their statewide Prevention and Education Committee (PEC). This group works to build connections across sectors to better prevent violence/abuse across the lifespan. This document was created to help outline the scope of child abuse prevention efforts, strategies, and partners in Oregon (many of which are hyperlinked throughout the document - designated by underlining). It was created and informed by extensive statewide stakeholders in a wide array of roles including preventionists, responders, educators, government partners, and more from the children and family services sector and broader violence prevention sectors.

What you will find in this resource:

Section 1: Prevention Strategies - What does child abuse prevention look like in Oregon?
This section offers tangible examples of upstream, midstream, and downstream prevention in Oregon, with a particular focus on strategies with youth, parents/caregivers/families, and communities.

Section 2: Examples of Partners in this Work - Who is doing child abuse prevention work in the state?
This section explores who the partners are in the state doing child abuse prevention work, what they're working on, and at what levels (upstream, midstream, and/or downstream). This may be directly working to prevent and respond to abuse and neglect or working in another context that is structured to help families, young people, and individuals be healthy, safe, and successful. These lists are not exhaustive; who is missing? There are many partners hyperlinked throughout this document. You can learn more about these different agencies, organizations, and initiatives by clicking on these hyperlinks. Additionally, this section looks at existing statewide networks for children and families services providers including a look at statewide support organizations and the networks of local programs they support.

Section 3: Broader Statewide Context - What is impacting child abuse prevention in Oregon?
This section explores what the contexts are for child abuse prevention work in Oregon, and how this work fits into larger efforts to promote healthier and safer communities for youth, and all people, in the state.

Some Key Concepts:

Upstream Prevention (also known as Primary Prevention): These are prevention strategies that work to stop abuse and violence from ever occurring in the first place by changing the conditions that lead to and reinforce the occurrence of abuse. Primary prevention strategies include equity, anti-oppression, and restorative justice work across all populations as critical components of addressing the root causes of abuse. Additionally, these efforts include strategies that promote health (including healthy sexuality) and safety for all people. Upstream prevention efforts are commonly universal strategies - focused on changing the conditions universally, as opposed to more population-focused efforts.

Midstream Prevention (also known as Secondary Prevention): These strategies work to interrupt abuse while it is occurring to prevent ongoing and future experiences of abuse. These also include many population-focused strategies (like those focused on 'at-risk' populations) intended on changing the course of abuse.

Downstream Prevention (also known as Tertiary Prevention): These strategies work to address abuse after it has occurred. They focus on addressing the impacts (both short and long-term) of abuse, healing, and working to prevent future experiences of abuse.

SECTION 1: WHAT DOES CHILD ABUSE PREVENTION LOOK LIKE IN OR?

In this first section we will look at some common prevention strategies implemented in OR with youth, parents/caregivers/families, and communities. To learn more about who may be implementing these strategies, look at section two of this resource.

Moving Prevention Upstream

Primary Prevention with YOUTH

School-Based Child Abuse Prevention Education, Healthy Sexuality Education, and/or Social Emotional Learning

After School Programming/ Athletics

Youth Leadership (Ex. Oregon Student Voice)

Skills Training (Ex. Babysitting and First-Aid Classes)

Early Learning Programs (Ex. Head Start)

Graduation/Retention Programs in Schools (Ex. Youth Leadership Programs)

Empathy Building Programs (Ex. Roots of Empathy.)

Peer Education Programs in Schools

Upstream Strategies with PARENTS, CAREGIVERS, + FAMILIES

Health Education/Resources (Ex. Access to mental health care and Healthy substance use programs)

Parenting Supports (Exs. Parent Cafes and Parenting Education Programs)

Askable Adult/Healthy Sexuality Education (Ex. Planned Parenthood Workshops)

Teen Pregnancy/ Parenting Programs and Supports

Supports for New Babies (Ex. Welcome Baby Bundle)

Home Visiting (Ex. these diverse therapeutic, skill building, etc. home visiting programs in OR)

Economic Supports (Ex. Self Sufficiency Programs, Jobs Skills/ Employment Training, Affordable Housing, WIC/Food Stamp Programs, Access to Affordable Childcare, and Workplace parental leave/support policies.)

Upstream Prevention with COMMUNITIES

Human-centered primary prevention policy (ex: investments in community-informed programming when budgeting)

Mutual aid programs (ex. Clothing closets, and other basic-need resources in the community and/or schools)

Community Prevention Collaboratives/ Coalitions (with schools, equity advocates, restorative justice allies, etc.) (Ex. 90by30)

Professional Development (ex. Oregon Teacher Training Institute (OHA, ODE, and DHS)

Faith-based Community Care/ Support Programs

Environmental/Organizational Change Efforts to Protect Against Abuse (ex. United Methodists' Safe Sanctuaries Program)

Efforts that Increase Connectedness to Community (Exs. Community Service/Volunteer Programs and Community Mentorship Programs (like Big Brothers, Big Sisters, etc.)

Increased Access to Health and Wellbeing Supports (Exs. affordable comprehensive health services/insurance for all people across the lifespan, access to safe/robust/ affordable community recreation opportunities/spaces (parks, libraries, gyms, etc.)

Midstream Strategies

Secondary Prevention Strategies Delivered with YOUTH

Co-located DSV Advocates (in DHS, schools, etc.)

Court Appointed Advocates (ex. CASAs)

Suicide Intervention Training (ex. ASIST)

Midstream Strategies with PARENTS, CAREGIVERS, + FAMILIES

Domestic/Sexual Violence Advocacy Services

Safe Sleep Education

Child Welfare Assessments

Secondary Strategies Delivered with COMMUNITIES

Awareness/Intervention Promotion (Ex. Darkness to Light)

Action Month Campaigns (Child Abuse Prevention Month, Sexual Assault Action Month, etc.)

Downstream Strategies

Downstream Strategies Delivered with YOUTH

Abuse intervention services (Forensic interviewing, trauma-informed healing services, etc.)

Tertiary Strategies with PARENTS, CAREGIVERS, + FAMILIES

TANF, TADVS (including co-located DVSA advocates)

Housing and treatment opportunities for people (particularly youth) who have offended

Rent Relief

Family Counseling

Downstream Strategies Delivered with COMMUNITIES

Community investments in trauma-informed, diverse services/resources (DSV services, abuse intervention services, houseless services, etc.)

In this section we focused on various prevention strategies that are happening in Oregon. Preventionists, home-visitors, case-workers, advocates, educators, medical providers, and so many others are doing this work and implementing these strategies in diverse organizations and institutions across the state. In this document, we intentionally separated the varying prevention strategies from the partners implementing this work in order to recognize that these strategies do not solely exist within one sector, organization type, or agency. We explore more in depth many (but not all) of the different partners implementing these strategies in the next section.

SECTION 2: WHO IS DOING CHILD ABUSE WORK IN THE STATE?

Community Partners (Examples Across Oregon)

Tribal DVSA & Indian Child Welfare Programs

Exist within each of the 9 federally recognized Tribal Nations in Oregon

Oregon Association of Relief Nurseries

Relief Nurseries in 22 Counties in OR

Oregon Abuse Advocates and Survivors in Service (OAASIS)

Repairenting & Pivotal People

Parents Anonymous & Mentors Programs

OR chapter of parents anonymous through Morrison Center serving 6 counties

OR Sexual Assault Task Force

Over 150 multi-disciplinary members

Oregon CASA Network

20 Local CASA Programs, including 1 Tribal-specific program, serving every county in Oregon

Oregon Coalition Against Domestic and Sexual Violence

56 Community-Based, Tribal, and Culturally specific DVSA Programs in all Oregon Counties

Prevent Child Abuse Oregon

Community Leadership Council & Child Abuse Prevention Collaborative

Protect Our Children

Fund/Support 16 orgs. in 25 counties in OR

Oregon Child Abuse Solutions

24 Child Advocacy Centers serving all 36 counties

Our Children Oregon

- 12 Affiliates
- Children's Agenda
- Oregon Foster Youth Connection

Oregon Parenting Education Collaborative (OPEC)

16 Parenting Hubs serving 35 OR counties

State Government Partners and Example Programs

Education

OR Department of Education (ODE)
- Supports 197 School Districts
- Early Learning Division
  - Support 30 Head Starts + Pre-K Programs with Oregon Head Start Association
  - 16 Early Learning Hubs
  - 30 Healthy Families OR sites
- Health/Sexual Health Education
  - Oregon Teacher Training Institute (OTTI) and Sex Ed. Steering Committee (SESC)

Teacher Standards and Practices Commission (TSPC)
- Sets professional standards for school staff licensing and training; implemented in partnership with higher ed./teacher training institutions across OR.

Health/Human Services

Oregon Department of Human Services (DHS)
- DHS partners/contracts with several providers and has the following offices: 64 Self sufficiency offices in 33 counties, 45 Child welfare offices in 36 counties, 28 Aging and People With Disabilities offices in 20 counties, and 44 Vocational Rehabilitation offices in 31 counties
- My Future, My Choice - supports program implementation in 15+ counties

Oregon Department of Justice (DOJ)
- The Crime Victims and Survivor Services Division (CVSSD) funds/supports 150+ victims services organizations in OR, and hosts the Address Confidentiality Program

Oregon Health Authority (OHA) Public Health Division
- Maternal and Child Health Section, Oregon WIC Program, Injury and Violence Prevention Section, and Reproductive and Sexual Health Program

Criminal/Civil Justice

Oregon Department of Justice (DOJ)
- DOJ provides legal services and supports for the criminal & civil justice divisions, etc.
- DOJ houses Child Support Division with 13 offices in 10 counties.

Oregon Youth Authority (OYA)
- As part of Oregon's Juvenile Justice System, OYA provides services, supervision, and placement for youth if needed.

Additional Statewide Bodies:
- Oregon District Attorney's Association (ODAA)
- Oregon Adolescent Sex Offense Treatment Network (OASOTN)
- OR Association for the Treatment of Sexual Abusers (OATSA)

SECTION 2: WHO IS DOING CHILD ABUSE WORK IN THE STATE?

In this next section we will look at and link to some of the common organizations and partners implementing the strategies listed in the first section.

Example Partners that Directly work to Respond to and/or Prevent Child Abuse and Neglect

		Upstream	Midstream	Downstream
Relief Nurseries	Promote stable/attached families through individualized case management, therapeutic classrooms for children with low adult–child ratios, and home visits with families that promote healthy parenting and child development, and other services.	⦙ (some)	✔	⦙ (some)
Court Appointed Special Advocates (CASAs)	Court Appointed Special Advocates (or CASA volunteers) are trained volunteers who advocate for a child in all court proceedings. The CASA remains involved until a child is either safely reunified with family or has another permanent placement.			✔
ODHS Child Welfare and Tribal Child Welfare Services	ODHS Child Welfare (ODHS CW) assesses for child safety when a report is made regarding suspected abuse or neglect and may intervene if a young person is deemed unsafe in their home/situation. They also work toward reunification with parents/caregivers by facilitating access to supports such as housing, treatment, mental health care, skill building and more. Tribal Child Welfare programs offer similar services to Indian children and families, often in tandem with ODHS.	⦙ (some)	✔	✔
Child Advocacy Centers (CACs)	CACs help families through abuse investigations without requiring them to travel to emergency rooms and police stations. CACs help ensure collaborative responses and reduce how often children have to talk about their abuse.	⦙ (some)	⦙ (some)	✔
Domestic and Sexual Violence Orgs. (DSV)	DSV orgs. provide shelter, confidential community-based/legal advocacy services, support groups, counseling/therapy, hospital accompaniment, etc. primarily to survivors of domestic violence, sexual assault, stalking, and human trafficking.	⦙ (some)	✔	⦙ (some)
Law Enforcement and Criminal Justice System	Law enforcement may respond/investigate alone or in tandem with ODHS CW and/or with local CACs, when a report of abuse or neglect is being assessed to determine if a crime occurred.		✔	
Parenting Hubs	Parenting hubs can provide parenting education including resources, family activities, and evidence-based parenting education classes. These services work to expand parenting skills, build connections with other families, teach about child development, share parenting strategies and more.	✔	⦙ (some)	
Youth in Foster Care and Foster Families	Youth in Foster Care improve the foster care system through advocacy, activism, and leadership and Foster Families provide short and long-term temporary living arrangements for youth who need a safe place to live.	⦙ (some)	✔	
OAASIS	Oregon Abuse Advocates and Survivors in Service (OAASIS) works to prevent child sexual abuse and help survivors live full, healthy, joyful lives, through: individual support, building community, and creating change.	✔		✔
Parents Anonymous Programs	Parents Anonymous offers family strengthening programs for any family seeking help and support with general parenting struggles through: mutual support, parent leadership, and shared leadership. Parent Mentors specifically assist parents and caregivers with navigating the ODHS CW system.	✔	✔	
Residential Treatment and Specialized Care	These programs work to mitigate behavioral challenges, substance misuse, mental health concerns and more with young people who are involved with other systems. Many of these are short-term services meant to aid in reunification/ return youth to a home-like setting, and/or build skills and foster autonomy.	⦙ (some)	⦙ (some)	⦙ (some)

Legend:
✔ All organizations in State DO these activities
⦙ Only some organizations DO these activities

Partners that Impact Individual and Family Well-Being

		Upstream	Midstream	Downstream
Education Settings	Schools and other educational settings provide opportunities for young people and parents/caregivers to be connected with peers, caring adults and supportive communities. These settings provide crucial opportunities for connection, education, skill building, and social-emotional learning.	✔	✔	•••
Early Learning Hubs	Early learning programs work together to create local systems that are aligned, coordinated, and family-centered. Families receive support to be healthy, stable and attached and children receive early learning experiences they need to thrive.	✔		
ODHS Self-Sufficiency program	ODHS Self-Sufficiency (ODHS SS) program provides access to services such as financial assistance, food assistance, employment support, child care supports, refugee supports, OHP insurance assistance, and youth health promotion services. These services help remove barriers to independence for families and individuals.	✔	✔	✔
Anti-Oppression and Equity Initiatives	Anti-oppression and equity initiatives address the root causes of violence and abuse. They work towards an Oregon that is free from oppression (racism, sexism, transphobia, etc.) to create a safer and healthier state for all people.	✔		
Culturally Specific and Tribal Programs	These organizations/programs offer parenting education, family supports, prevention education, after school programming, mentorship, survivor and victim support services, community organizing, culturally responsive training for other providers in the state, advocacy, etc.	✔	•••	•••
Immigrant and Refugee Services	Immigrant and Refugee Services provide supports to families and individuals who have come to the US under a variety of circumstances. These services promote skills and provide tools/tangible supports to help people establish stability/connections.	✔		•••
Medical providers/ Community Health	Medical providers/Community Health Workers provide critical health services and along with Public Health, Coordinated Care Organizations (CCOs), etc. provide accurate health information about bodies, violence, gender, sexuality, reproduction, family planning, etc.	•••	✔	
Mental Health Supports	Providers can assist individuals, families, and more with preventative care, navigating stress, resolving conflict, healing from trauma, and treating mental health needs to promote wellbeing and reduce risks of violence and abuse perpetration.	•••	•••	•••
Substance Misuse Services	Substance misuse services help parents, caregivers, teens, young people and more navigate addiction and recovery to promote safety, health, and wellbeing for individuals and those around them.	•••	•••	•••
Housing and Services	Accessible and affordable housing, including supports like rent relief and eviction protections, etc. remove barriers to health and safety, and reduce violence risks.	✔		•••
Food Access Programs	Access to healthy affordable food, including programs that address food deserts, WIC/SNAP, food banks, school meals, etc., removes barriers to health and safety, especially for young people, and promotes protective factors against abuse.	✔		
Community Centers/Groups	Accessible and inclusive community recreation spaces, youth clubs, athletics and other community focused programs help increase community connectedness which protects against violence and abuse.	•••		
Businesses/ Corporations	Businesses and corporations support individual and child wellbeing by implementing supportive workplace policies that center humanity and support flexibility for parents, caregivers, and individuals to take care of themselves and others.	•••		•••

✔ All organizations in State DO these activities	••• Only some organizations DO these activities

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Upstream Midstream Downstream

Additional Examples of Partners Impacting Individual and Family Well-Being

		Upstream	Midstream	Downstream
Services for LGBQ+ and Trans* Communities	LGBQ+ and Trans specific services provide support, community, and access to individuals and other crucial services across the lifespan. These services help increase community connectedness, make referrals to appropriate inclusive medical/mental health/recovery services, and provide safe spaces.	•••✓	•••✓	•••✓
Colleges and Universities	Oregon's 50+ colleges and universities all provide education and services to students who are parents and caregivers. Many also implement programs specific to parenting students, like: housing, childcare, financial aid, lactation and child amenities, early learning services, parenting education, and more.	•••✓	•••✓	•••✓
Services for People with Intellectual, Developmental, and/or Physical Disabilities	These services provide differing levels of support and assistance to help individuals meet needs and navigate through life. Many providers are also involved with advocacy to advance disability rights and drive inclusive policies. These services increase community connectedness, bolster and improve autonomy for individuals, and provide skill-building and care, etc.	•••✓	•••✓	•••✓
Programs for Pregnant and Parenting Students	These programs exist in communities, in middle/high schools, on college and university campuses, and more throughout the state. Services are designed to help students, including young people and teens, navigate parenting and pregnancy to ensure access to health and safety for the individuals and their children.	•••✓	•••✓	•••✓
Suicide Prevention and Youth-Specific Prevention Programs	These organizations/programs offer prevention education, supports, connection, resources, and community for individuals of all ages who are experiencing suicidal ideation and more. These services provide direct support and may also make referrals for mental health care, medical care, crisis support, and more.	•••✓	•••✓	•••✓
Evaluation and Research Efforts	Evaluation is a critical part of effective prevention upstream, midstream, and downstream. These efforts help us know whether our efforts are addressing or unintentionally reinforcing harm. Evaluation and research efforts are conducted by government agencies, colleges and universities, and individual organizations/programs throughout the state.	•••✓	•••✓	•••✓
Faith-Based Organizations	Faith based organizations can provide community connectedness, resources and supports to individuals and communities.	•••✓	•••✓	•••✓

Other Key Partners Not Listed

✓ All organizations in State DO these activities

••• Only some organizations DO these activities

Section 3: What is impacting child abuse work in the state?

The graphic below is a visual representation of the Socio-Ecological Model (SEM), representing different layers where abuse occurs, as well as different levels that prevention can happen; individually, in interpersonal relationships, in communities and institutions, and in our broader society. These levels build on each other and no level exists in isolation. Knowing this helps us understand how broader statewide and national contexts impact child abuse prevention efforts in Oregon. What additional context is missing? This section looks at some of the larger context in Oregon that impacts the work and partners outlined in sections one and two.

Norms, Values, and Politics:

Needs and priorities differ widely across rural, frontier, and urban communities throughout the state, shaping implementation.

Historical and ongoing inequity, racism, and oppression have informed Oregon's systems and communities, which has consequences for all people living in the state, especially BIPOC, and LGBQ+ and Trans* youth and individuals.

Oregon is politically complex which impacts laws, approaches, and funding for services.

As with any state, Oregon sees the impacts (good and bad) of norms and values about things like beauty, worth, right vs wrong, good vs bad, etc., as they play out in our communities. Some of these strengthen our state and unite our communities, others work
 against that inter-connectedness.

Some Oregon Prevention Laws:

Education:
- Comprehensive Sexuality Education Law
- Healthy Teen Relationship Act
- Erin's Law
- Student Success Act
- Adi's Act
- Tribal History Ed. Law
- Holocaust/Genocide Ed.

Support/Healing:
- Karly's Law
- Family First Act
- Certified Advocate-Victim Privilege Law

Health-Promotion as Prevention:

Oregon has made an intentional effort to implement prevention programming across the Social Determinants of Health, utilizing a shared risk and protective factor framework. The Oregon Department of Education (ODE) and many other stakeholders have worked to align the education laws listed above under health education, as health promotion and sexuality education are critical to abuse prevention.

Access:

Many communities in our state have differing levels of access to services (ex: Oregon State Health Assessment, Oregon Women's Foundation Count Her In report.) Differing access to things like mental health care providers, affordable health insurance, housing, employment, and more have differing consequences and impact more vulnerable and marginalized communities disproportionately.

Root Causes:

Effective prevention efforts promote what is healthy and work to address the root causes of abuse. Oppression is a critical root cause of child abuse and neglect. Forms of oppression such as sexism, racism, classism, heterosexism, ableism, ageism, etc. have significant impacts on the perpetuation of violence, abuse & neglect. When we accept harmful ideas about people we are learning to value them less than others, building a foundation for harm.

National factors:

National trends, politics, funding, and policies impact Oregon's approaches and implementation of child abuse prevention (ex: the prioritization of community-based child abuse prevention in the American Rescue Plan Act). National partners inform and impact Oregon work (ex: Prevent Child Abuse Oregon works directly with other state chapters of Prevent Child Abuse America). National and international data informs local efforts and local data (ex: Our Children Oregon's Kids Count data resources). National publications often promote best practice and other resources for Oregon efforts (ex: Prevention Resource Guides from the US Children's Bureau Office on Child Abuse and Neglect).

Broader Prevention:

Child Abuse and Neglect Prevention in Oregon builds on broader efforts focused on preventing violence and abuse across the lifespan, from birth to 100+. These include, but aren't limited to preventing: Hate and Bias Crimes, Harassment, Stalking, Interpersonal Violence, Dating Violence, Assault, Suicide, Sexual Violence, Physical Violence, Trafficking, Domestic Violence, Bullying, and Elder Abuse. When we align our prevention efforts across issues, we can more effectively address the root causes of abuse, and promote healthier and safer communities for all people.

Section 4: Connecting with this Work and these Efforts

There are many opportunities to connect locally and with statewide efforts to address child abuse and neglect, as well as other forms of violence across the lifespan. These collaborations make our collective work more impactful.

Locally

Join your community or counties' MDT, SART, or BIT. Whether these groups are currently only (or predominantly) focused on downstream prevention - there are lots of opportunities to expand the collaboration to also more intentionally engage in midstream and upstream prevention. SATF's Community Collaboration Toolkit may be helpful here.

- **Multi-Disciplinary Team (MDT)** - Per Oregon Revised Statute (ORS) 430.739, the district attorney in every county in the state is responsible for convening an MDT to address abuse across the lifespan (child to elderly). These groups often collaborate on response/prevention throughout the county and coordinate across cases.

- **Sexual Assault Response Team (SART)** - Per ORS 147.401, the district attorney in every county in the state will convene a SART, independent of the MDT, to address sexual violence across the lifespan within that county. These are often made up of many of the same stakeholders as MDTs and they offer a good opportunity to expand abuse prevention efforts to address other forms of violence as well. For more information on SARTs, check out all of these SART resources from SATF along with our 2009 SART Handbook which offers some ideas for SARTs roles in prevention.

- **Behavioral Intervention Team (BIT)** - These are hosted on many college and university campuses. They serve in a similar role as a SART, but with a specific focus on the campus population. As many of the 50+ higher education institutions throughout Oregon serve non-traditional students, including those that are parenting or pregnant, BITs offer a unique opportunity to support campuses in their efforts to do this work. Additionally there is valuable opportunity to ensure campuses are represented in MDTs, SARTs, and other community groups, as they are key statewide stakeholders in serving families.

- **Other Community Collaboratives/Groups** - many counties and communities throughout the state have local prevention councils, community health collaboratives, prevention coalitions, etc. These are great opportunities to connect and build more collaborative and expansive efforts to ensure we are best working towards healthier and safer communities for all people. Community groups with overlapping efforts may include: substance abuse coalitions, affordable/accessible housing collaboratives, public health and sexual health cohorts, etc.

Statewide

If you are interested in supporting and contributing to efforts to improve the prevention of abuse, neglect, and other forms of violence throughout Oregon, there are some key statewide groups that you may be interested in.

- SATF hosts a statewide **Prevention and Education Committee (PEC)** and **Men's Engagement Committee (MEC)** both of which meet 5-8 times per year to work on improving the response to and prevention of violence and abuse statewide. We create resources, collaborate across sectors, and bring together people from local communities, state government, legislators, and others to ensure the work statewide is informed by diverse, multi-disciplinary stakeholders. Learn more/join one of these or other SATF groups by contacting SATF's Prevention Team.

- The statewide **Child Abuse Prevention (CAP) Collaborative** is hosted by Prevent Child Abuse Oregon, and brings together stakeholders from around the state to better collaborate on child abuse intervention and prevention. This group began convening in 2019, and a community advisory body of local experts was first convened in early 2020.

- The **Oregon Youth Sexual Health Partnership (OYSHP)** brings together public and private partners from across the state to collaborate, address current events, and support efforts to promote healthier and safer lives for Oregon youth.

Understanding Child Abuse and Neglect Prevention in Oregon Resource

Looking at the lists of possible partners doing work that impacts youth and families, who could you create new relationships with in your community that might help you advance the work you are doing?

What is one example of collaboration to promote health and safety that exists in your community ?

How does this collaboration work overlap with your efforts and/or how does your work impact theirs?

RESOURCE:
EXAMINING AND UNPACKING OPPRESSION AND HOW IT IS PRESENT IN OUR VIOLENCE/ABUSE PREVENTION/INTERVENTION WORK

EXAMINING / UNPACKING OPPRESSION AND HOW IT IS PRESENT IN OUR VIOLENCE & ABUSE PREVENTION AND INTERVENTION WORK: WHAT TO EXPECT

This resource was created by The Oregon Attorney General's Sexual Assault Task Force's (Oregon SATF) Prevention and Education Subcommittee (PEC). SATF's mission is to advance a multi-disciplinary, survivor-centered approach to the prevention of and response to violence and abuse in Oregon. Our goal is to prevent violence from happening in the first place, while simultaneously improving our response efforts to mitigate trauma and ensure the safety and security of all people. The purpose of PEC is to define and promote abuse and violence prevention by engaging in activities to increase awareness of prevention strategies, and to provide support, guidance and training relating to prevention. In order to prevent abuse and violence before it occurs, efforts must focus on the root causes. To that end, we believe that addressing the connections between oppression and abuse and violence is an essential part of prevention work.

This resource packet was informed by numerous voices around the state, including folks working in child abuse response and prevention, domestic and sexual violence response and prevention, health care settings, law enforcement and criminal justice partners, advocates, educators and more. This includes voices represented on SATF's Medical Forensic, Advocacy Response, Offender Management, Legislative & Public Policy, and Criminal Justice subcommittees.

THIS PACKET INCLUDES TWO COMPLEMENTARY RESOURCES:

- **Examining Oppression in Child Abuse: Unpacking Oppression as a Root Cause of Abuse, Neglect and Violence** - This includes a case example to explore the ways oppression is present in child abuse intervention and prevention efforts in Oregon. This case example is rooted in real experience as a Child Protective Services caseworker. This resource is designed to help people think about oppression in a real-world context as well as how prevention efforts could make a difference in the scenario and the work more broadly.

- **Unpacking Oppression and How it Shows up in our Work** - The second component of this packet is a worksheet that allows folks to walk through our own case examples to think about how oppression may be showing up in our work, as well as strategies to begin thinking about how to shift these dynamics. This resource is designed to be versatile and accessible to folks of any discipline.

By starting with a concrete case example, we are able to get a feel for the content before working through our own case examples. For this reason, we recommend exploring these two resources in this order, but also recognize that they can be used on their own in many different contexts. Additionally, these resources can be utilized and shared independently.

If you are interested in additional support and resources from SATF please reach out, we are happy to provide guidance on using these tools! We are also happy to provide a facilitated overview and walk-through of these resources as a live presentation, if you are interested in working through them with your teams and/or communities. Please contact our Prevention Team for scheduling and assistance.

Thank you for your interest and we hope that you will find as much value in these resources as we have found in creating them. We are so grateful for our community and partners who share the goals of a healthy and safe Oregon for all people, 0-100+. In order to achieve this goal, we must address and dismantle the systems of oppression that seek to maintain inequity.

Examining Oppression in Child Abuse:

Unpacking oppression as a root cause of abuse, neglect and violence.

Conscientious Intro

This document is part of a series containing child abuse case examples pulled from real experience as a Child Protective Services case worker. The purpose of this series is to examine dynamics that allow for child abuse and other types of violence to occur. In these examples, we look at oppression as both the root cause behind why someone may abuse or hurt another AND the facilitating factor that supports the use of violence as a tool to oppress others. These examples are rooted in real cases although names, specific identifying details and any other identifying information has been removed or altered to protect the privacy of all parties.

This document includes examples of child sexual abuse and domestic violence. Please do what you need to take care of yourself while utilizing this resource, access some of the included support resources, and reach out to us if there is anything we can do to be supportive of you and your communities as we navigate prevention. This resource is meant to serve as a tool of exploration and is only one piece of a larger conversation. Oppression is present in a wide array of places in our society and it influences many of the ways that we interact as individuals, communities, organizations and with/within systemic structures.

Forms of oppression such as sexism, racism, classism, heterosexism, ableism, ageism and more have significant impacts on the perpetuation of violence, abuse & neglect. When a community accepts harmful norms about race, class, gender, etc., people who experience marginalization because of these norms have less power; thus violence toward them is normalized, and is not only excused but socially accepted.

WHAT TO EXPECT

A **vignette** summarizing the case example, key players & additional factors to consider.

An examination of the **types of abuse, neglect and violence** that were present in the scenario.

An **examination of the ways that oppression was present** in the scenario through three lenses: as a root cause; as a tool of abuse, neglect and violence; and as it was reinforced by systems.

An **examination of ways that prevention efforts could have made a difference** at primary (prevention), secondary (awareness), + tertiary (response) levels.

Historical context resources

Resources for safety and wellbeing as well as for continued learning about oppression.

HOW TO USE THIS RESOURCE

This document is set up to walk the reader through the vignette before exploring the types of violence present and then thinking about how oppression showed up. Some questions to consider as you go through this resource include: what is coming up for you while you consider the vignette and types of violence, abuse, and neglect? What surprised you about the examples of oppression we included? What prevention strategies feel within your capacity to support/ implement? What are you left wondering? What other considerations would you include that aren't listed in the chart? What is one thing you can do to learn more about oppression?

This resource is already filled in, but it also serves as a template that you can use to walk through a case example of your own based on your experience, regardless of the sector you work with and within. As law enforcement, advocates, counselors, prosecutors, forensic examiners, medical staff, etc. consider an example of a case you've had or a person/family you've worked with. What types of violence, abuse, and neglect were present in that scenario? What forms of oppression showed up? How could that violence and abuse have been prevented?

We encourage you to use the example(s) we've included to foster discussions with your teams, colleagues, multi-disciplinary teams (MDTs), sexual assault response teams (SARTs) etc. to explore oppression as a root cause of not just child abuse, but also domestic/sexual violence, stalking, trafficking, and other forms of violence, abuse, and neglect. We also encourage everyone to utilize the resources listed at the end of this document, as resources to support everyones' health and safety - a critical part of making our communities healthier and safer for all people.

CASE EXAMPLE VIGNETTE

Alex was sexually abused by their father, Joe, prior to the age of 10. No one else knew about the abuse aside from Joe and Alex. Alex displayed ongoing substance misuse struggles, suicidal ideation and ongoing mental health concerns throughout their adolescence. Alex accessed services for substance misuse and mental health intermittently throughout teen years with heavy oversight from Joe. The level of need for Alex was severe enough at times to result in hospitalization for overdose and suicide attempts.

At one point in their early teenage years, Alex attempted to report the past abuse to law enforcement (LE) and child welfare (CW). At the time of this first attempt Alex was intoxicated. Joe utilized this disclosure as a chance to try and convince professionals that Alex was a troubled youth who was making accusations to keep from getting in trouble for substance misuse. LE and CW could not disprove Joe or verify that what Alex was reporting was accurate. Alex recanted their accusations, reporting that they did not feel supported or like anyone believed them.

Alex chose to report the abuse again 2-3 years after their initial disclosure. This second disclosure attempt resulted in formal intervention by LE and CW. Alex was assured that they would not be forced to return to a home that was not safe and was given transparent information about how the LE and CW processes may move forward. Alex was given information and options regarding their case. They reported feeling empowered to stand behind their allegations from this and the rst disclosure attempt, as they were believed and included in criminal and child welfare case planning conversations.

During the assessment process with child welfare, Alex reported that Joe had been providing drugs and alcohol to them as a means of control to prevent Alex from reporting the sexual abuse. Alex also reported ongoing emotional abuse by Joe, stating that Joe told them that no one would believe them and that reporting would tear the family apart or force Joe to commit suicide. Drew, Alex's younger sibling, was raised in the same home but denied knowledge of the abuse experienced by Alex. Drew denied having experienced sexual abuse and reported a strong bond with Joe and Alex (prior to LE and CW involvement.)

Joe and Mary were in a domestically violent relationship historically. Joe was the primary perpetrator of this violence and utilized sexual violence, physical violence, mental/emotional abuse and social isolation among other tools. Mary was not in the home for much of the youth's lives as a result of the violence. Mary had visitation with Alex and Drew on weekends. Joe displayed ongoing substance misuse and mental health concerns. Mary also displayed substance misuse struggles and mental health concerns. Mary displayed these in a more overt manner than Joe, including multiple episodes of erratic behavior that resulted in law enforcement contact. The relationship between Mary and Alex and Drew suffered as a result of Mary's behaviors, keeping them largely reliant on Joe.

Mary denied knowledge of the abuse sustained by Alex. Mary was unable to care for Alex after the disclosure of abuse resulted in child welfare intervention and Alex was not safe to remain in Joe's house. There were no friends or family identified to act as a support for Alex. There was familial support identified for Drew. Alex came into foster care and Drew did not.

Who is in this scenario?
- **Joe** (father)- male, cisgender, heterosexual, Caucasian/Latinx
- **Mary** (mother)- female, cisgender, heterosexual, Latinx
- **Alex-** female, nonbinary, queer, mixed race
- **Drew**- male, cisgender, heterosexual, mixed race

Additional factors impacting the family:
Joe and Mary experienced ongoing struggle with finding and maintaining stable employment resulting in financial instability. This family experienced high levels of social isolation. Alex identified as non-binary and queer and experienced challenges in navigating this within their family at times. (It's important to note that Alex's experience with their sexuality and gender identity could be explored in the same way as the other forms of oppression to follow. This resource is not exhaustive regarding the ways that oppression showed up and we encourage you to consider how these factors may have impacted this family and others that you may encounter.) This family is mixed race, Caucasian and Latinx.

*Language caveat- why did we use certain words in this example instead of others?
We chose to use the word **youth** instead of child, kid or minor as an intentional way of challenging the connotation that is often present when talking about the experiences of young people. We chose to use Alex's preferred pronouns **they/them** per their gender identity (non-binary).

What kinds of violence, abuse and neglect were present in this situation?

Sexual

- Joe sexually abused Alex.
- Joe used sexual violence as a tool of control in historical relationship with Mary.

Mental/Emotional (threats, isolation, coercion etc.)

- Joe used threats of suicide to keep Alex from reporting.
- Joe threatened Alex that the family would be torn apart if Alex reported the sexual abuse.
- Joe utilized drugs and alcohol to keep Alex in a state of inability to report the abuse. Joe convinced Alex that no one would believe them if they reported as they were a "troubled child" and not a credible reporter. Joe utilized negative perception of those with substance use disorders to reinforce to service providers that Alex was not credible, further limiting Alex's ability to report.
- Joe utilized isolation tactics to limit social connections/supports, keeping youths reliant on him.
- Joe utilized intimidation in the form of excessive yelling, often during periods of substance misuse.

Neglect

- Joe facilitated ongoing access to drugs/alcohol for Alex, contributing to continued substance misuse and multiple substance-assisted suicide attempts by Alex. Joe used these suicide attempts as a way to bolster his claim that Alex was simply troubled, while simultaneously continuing to provide Alex with access to substances behind closed doors.

Where was oppression present in the dynamics of this situation? Where could prevention efforts have possibly made a difference?

In the analysis to follow we explore 4 forms of oppression: ableism, adultism/ageism, classism, and racism. We will explore additional elements of oppression in other vignettes. What other elements could be examined here?

For this purpose we look at these three categories: how was oppression a root cause for the parent's behavior; how did the parent use this form of oppression to perpetrate violence, abuse &/or neglect; and how did systems reinforce oppression in this scenario?

Historical context is intended to highlight a few of the preceding factors that have allowed for certain forms of oppression to flourish historically and continue to manifest in Oregon and nationally. This context is not exhaustive and was compiled from many sources by SATF for our "Oppression in Oregon Gallery Walk." What else would you add? See the "historical context" resources page at the end of this document for additional tools to continue learning.

This resource is not intended to point fingers at any specific agencies or discredit the hard work that goes into responding to or navigating these highly nuanced situations. We know that systemic oppression is complicated and multi-faceted.

We also understand that effective and sustainable prevention efforts must be backed by policies that support the work. We recognize that there are barriers to prevention work such as funding, staffing and existing structures that may not be supportive of prevention efforts. Consider, while you read, what prevention efforts could be supported by the work that you do and how we might better advocate for additional support where needed to bolster these and other evidence- backed efforts. We are in a critical time of change in our communities and addressing the root causes that lead to violence and abuse is paramount as we look toward building a stronger future that is free of violence and abuse.

Form of Oppression	ABLEISM: Discrimination or prejudice against people with physical and/or intellectual disabilities in favor of able-bodied people.
Some Historical Context	• Oregon's history of eugenics in response to mental health, sexuality & ability. • History of the Oregon State Hospital (opened as Oregon State Insane Asylum) and multiple concerns for condition of facilities, overcrowding and poor treatment of patients/residents. • Underfunding of present day public services meant to address mental health and addiction needs.

How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
Ableism was ingrained in Joe who had his own health/mental health conditions. Joe stated that he did not feel that he could reach out for help and was taught growing up not to burden others with mental health needs. Joe reported feeling that his culture was not supportive of discussing mental health needs and as such he felt shame in seeking support. Joe and Mary both struggled with substance misuse. Both reported that they struggled to access help for their addictions and did not have supports in their recovery attempts. Both reported feeling ashamed of their addictions and feeling they could not easily access services without stigma.	Joe utilized the mental health needs of both Alex and Mary against them to maintain control. Joe accomplished this via gaslighting tactics, belittling and linking mental health to self-worth/value in society. Joe would also use his own mental health needs to manipulate and guilt Alex and Mary when confronted regarding the abusive behaviors. This family has strong Latinx roots and reported that the father is often the head of the household. This cultural idea was helpful in keeping control over both Alex and Mary as they did not feel that they could seek support that went around Joe.	Child welfare and law enforcement believed (or were unable to dispel) many of Joe's attempts to paint Alex as mentally ill, impulsive, troubled and untrustworthy. As such, Alex experienced a lack of faith in the systems as they did not receive the needed support and were repeatedly told that they would not be believed by these authority figures. The societal norms which lead us to believe that addiction and mental health concerns make individuals less credible, likely impacted how these systems responded to this youth when presented with conflicting reports regarding the truth at the time the youth first reported while intoxicated.

How could PREVENTION efforts have changed or impacted this situation?

PRIMARY: Early/ongoing parenting skills and family relationship programming could have altered familial power dynamics and reinforced pro-social, safe, effective parenting. School based social-emotional learning efforts could help normalize mental health challenges and accessing services, mitigate abuse based on mental health concerns, and increase access. Community based/culturally inclusive social norms campaigns could have supported a shift towards norms reducing stigma and empowering these parents to ask for help before things got out of control.

SECONDARY: Both parents could have benefitted from access to culturally inclusive/affordable mental health care to address existing needs. Increased access and visibility to inclusive and varying mental health supports and education in school and community regarding mental health and substance abuse could have helped prevent this youth's experience and empowered them to seek support and help.

TERTIARY: Ensuring access to a culturally inclusive community of support and recovery, free of stigma, would likely benefit both parents. Increased culturally and linguistically inclusive mental health services that are affordable/accessible via various means could increase the likelihood that people can/will access services.

Many prevention efforts may overlap or intersect with more than one level (primary, secondary or tertiary.) For the purposes of discussion, we have outlined specific efforts that would fall into each category. These examples are not exhaustive, what else would you add to these prevention strategies?

Form of Oppression	AGEISM/ADULTISM: Adultism refers to bias or discrimination adults and social institutions demonstrate against young people on account of their youth. Ageism refers to prejudice or discrimination on the grounds of a person's age.
Some Historical Context	• Age of consent laws to access varying services such as mental health, sexual/reproductive health, medical services, etc. • Privacy rights in schools • Voting rights only being allowed to those over the age of 18

How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
Societal norms regarding the value of adult voices over youth voices illuminated for this parent the notion that he would be able to use his status as "the adult" to maintain control.	Societal norms regarding the value of adult voices over the voices of young people made Alex think that they would not be believed and supported if they reported. Joe used his position of power as an adult to restrict socialization for the youths. For Drew this was less strict, allowing for hobbies and extracurricular activities with friends. Alex was told that they were not allowed to socialize in the same way as Drew because they were not able to be trusted. Specifically the context of Drew being "more grown up/mature" was used as justification. This created an additional layer of alliance between Drew and Joe which contributed to Alex feeling isolated.	Joe was routinely contacted/consulted even beyond the point of Alex being able to make their own decisions about mental health/substance misuse treatment (age 14 and beyond.) Alex was not informed that disclosing sexual abuse would negate the provider's expectation to involve parents before the end of treatment. Joe requested to have access to all information and presented as a "concerned parent." Giving power to the parents, without equalizing that power by providing info to the youth, limited the likelihood that Alex would feel comfortable reporting in that space despite efforts to create a safe space for the youth. Child welfare (CW) & law enforcement (LE) were also impacted by Joe's assertion that they knew better than Alex. Even with efforts to engage the youth being made by CW and LE, the societal notion that adults hold more power than young people was not lost on this youth.

How could PREVENTION efforts have changed or impacted this situation?

PRIMARY: Access to youth leadership/empowerment support in school or community may have helped Alex understand their ability to advocate for themselves in regard to their treatment. If Alex had been exposed to healthy sexuality education that is inclusive of all genders/sexualities they may have seen themselves represented in their educational community and felt connected to a community of support which could have empowered them. Early/ongoing parenting skills and family relationship programs could have helped Joe to understand the ways that he could support and empower his children while helping to dissect power and relationship dynamics in the home. These could be supported by social norming campaigns to empower youth while challenging the notion that adults hold all the decision making power. Culturally inclusive community centers/organizations could be funded to offer increased community engagement activities – offering leadership opportunities and community to more families, youth, and individuals.

SECONDARY: Treatment providers could facilitate youth autonomy by informing youth of their ability to make decisions on their own behalf, when possible. Increased access to diverse supports for youth, including confidential options, could have increased Alex's knowledge of their rights/options, thus increasing the likelihood that they would be empowered to make informed decisions and advocate for supports.

TERTIARY: Connection to diverse supports, including peer supports, after first report to CW and LE could have helped empower this youth. Case loads could be reduced for child welfare workers, in order to allocate more time and space to ensure young people's voices are centered in the child-welfare process. Young people/foster youth in each county could advise/inform child welfare processes and family services.

SATF OREGON

Form of Oppression	**CLASSISM:** Prejudice, bias, and discrimination against people belonging to a particular social and/or financial class.
Some Historical Context	• Oregon's Bracero program • History of red-lining in Oregon • Gentrification of major cities in Oregon such as Portland

How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
Both parents have struggled with on and off employment and financial instability for all of the youth's lives. Access to only low wage employment based on educational requirements and transportation barriers facilitated a cyclical pattern of unstable employment and inability to maintain a steady, su cient income. This family did not have adequate resources to meet their basic needs on some occasions, resulting in food insecurity, concern for bills and heightened stress levels. This was exacerbated by substance misuse struggles as funds often went to alcohol and other substances. Joe & Mary reported that they did not always have insurance (not always provided by employers and too expensive for all to be covered without employment.) As such they reported that they could not access services such as parenting supports, mental health services, or relationship supports when they were struggling.	It was reported that the parents frequently prioritized alcohol and there were times that the family did not have the ability to meet their basic needs. The youths reported knowledge of how to access food resources but also shame in having to do so due to ideas around economic status. As mentioned previously, Joe utilized isolation tactics which limited any outside friend and family support that the youths could have sought.	The family was not always able to access health insurance as a result of difficulty with finding and maintaining stable employment with benefits. Not only did this mean that there was a lack of access to mental health and substance use treatment for the parents, but there was also a lack of regular medical & mental health care and access for the youths.

How could **PREVENTION** efforts have changed or impacted this situation?

PRIMARY: Access to affordable/stable health insurance regardless of employment status could have assisted with management of existing health, mental health, and substance misuse concerns before they escalated. Health insurance for all would help mitigate challenges accessing supports for basic mental and physical health concerns. Awareness campaigns in schools/communities about available health resources for youth, would likely increase access to consistent health care by youth, thus maintaining a network of trusted adults who could have helped to empower them in this scenario. Community engagement for parents may have supported an increase in pro-social behaviors and a decrease in likelihood of perpetrating violence. Social norm campaigns promoting a shift in valuing the individual over the collective may have helped to facilitate greater community attachment and access to support. More organizations, with potential investment from the state, could offer educational credits/compensation to employees to further personal education reinforcing notion that when we invest in our employees, they invest in our orgs.

SECONDARY: Ongoing financial stress contributed to a toxic environment which facilitated violence as these parents had limited coping skills to process. Access to financial/ job supports, including career training programs, could have helped ease some of this burden (the family made too much to qualify for assistance but not enough to make ends meet). Increased culturally inclusive, affordable, community support groups – to support parents (like parent cafés), people navigating substance misuse, and others, could have helped increase connectedness to community, and promote improved individual and familial coping skills.

TERTIARY: Ensuring that meeting basic human needs is a critical component of all of our systems designed to navigate violence/abuse could help mitigate longer term impacts of systemic trauma, and help build a culture where people are more likely to access services when they need them.

Form of Oppression	**RACISM:** Prejudice, bias and discrimination against people belonging to a particular racial/ethnic group.	
Some Historical Context	• Oregon's Bracero Program • Increased hate crimes in recent years • Black Exclusion Laws in Oregon • History of red-lining in Oregon	• Treaty dynamics with Native Americans • Japanese internment • Attempts to make English official state language • Density of white supremacist groups in PDX

How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
Joe is mixed race (Latinx and white) but is white-passing and identifies as white. Mary is Latinx and is not white-passing. Joe utilized this white-passing privilege to de-value Mary with racist and derogatory comments. Joe utilized the threat of calling law enforcement against Mary at times to keep Mary under control as she was fearful of law enforcement. Oregon is a state with many roots in racism, hate crimes and discrimination. It's likely that this history and resulting systemic racism emboldened Joe in this approach on some level.	Alex and Drew reported that Joe would make little negative comments about Mary in regard to her being Latinx. This insidious use of language contributed to negative thoughts and impact on self-worth as the youths are mixed race themselves and often felt conflicted in their identities.	Law enforcement systems have historically not been safe for people of color to engage with. As a result, there are still many negative perceptions of and experiences with law enforcement within these communities. Mary had a deeply ingrained mistrust of law enforcement which limited her perceived (and in turn actual) ability to seek support while navigating domestic/sexual violence at the hand of Joe, prior to the escalation to child sexual abuse. Mary reported feeling that law enforcement did not believe her when she called for assistance and instead focused heavily on her having substance misuse issues and mental health needs. Joe (who is white passing) did not report feeling this same level of systems mistrust despite struggling with his own mental health and substance misuse. Both parents reported that police had been called at times when they were both intoxicated and Joe denied that police ever focused on his substance misuse.

How could PREVENTION efforts have changed or impacted this situation?

PRIMARY: Anti-racism education in school could have helped to change the impact that racist and degrading comments had on the youths and empower them to seek supports. Culturally inclusive parenting supports and healthy relationships programming may have empowered these parents to navigate these dynamics in non-violent ways. Active e orts by the state and systems to acknowledge Oregon's history and work to shift structures that uphold oppressive history could make it more likely that hate, violence and discrimination are not tolerated in the future. Anti-racist policies, cultural norms, workplaces, education settings and more could help improve BIPOC representation in systems and institutions. Access to service providers from communities of color could help reduce stigma and resistance to accessing services.

SECONDARY: Knowledge of and access to a confidential DV/SA advocate could have empowered Mary to feel confident in seeking assistance outside of the criminal justice system. Systems like law enforcement and DHS providing culturally and linguistically inclusive resources and referrals could have improved the likelihood parents would engage with additional needed supports and communities.

TERTIARY: Anti-discrimination legislation could have assisted in helping to create a safer space for Mary while interacting with law enforcement. Culturally relevant peer supports may have empowered Mary and the youths to advocate for themselves. Connections to culturally relevant community may have increased pro-social behavior for Joe, fostered supports and allies for Mary and helped to build resiliency and internal well-being for the youth.

Resources and Tools for Next Steps and Continuing the Conversation

The following section includes a number of resources and tools that can be used to continue exploring oppression and thinking about the ways that it shows up in child abuse and also more broadly in violence and abuse. What else would you add? Please reach out to SATF for additional resources and to share any that you have found value in or that could be included in future iterations of this document! The last section has been left blank with the intention of creating space for the addition of local resources.

Anti-Racism

RACISM 101: UNDERSTANDING RACE AND RACISM by Showing up for Racial Justice

Start Here, Start Now: A Guide for White Folx Who Want to Do Better by Sarah Morrison

Your Kids Aren't Too Young to Talk About Race: Resource Roundup by Katrina Michie

My White Friend Asked Me on Facebook to Explain White Privilege. I Decided to Be Honest by Lori Hutcherson Resources from **KidsandRace.org**

75 Things White People Can Do for Racial Justice from Medium

The Characteristics of White Supremacy Culture from Dismantling Racism: A Workbook for Social Change Groups, by Kenneth Jones and Tema Okun, ChangeWork, 2001

The Braid that Binds Us: The Impact of Neoliberalism, Criminalization, and Professionalization on Domestic Violence Work - Article by Gita R. Mehrotra, Ericka Kimball, and Stephanie Wahab

I Don't Know What to Do With Good White People from Jezebel

AG Rosenblum and Other Leaders Issue Anti-Discrimination Call to Action in Support of the Asian American Community (April 3, 2020)

Statement from Attorney General Ellen Rosenblum on President Trump's Executive Order on Immigration (Jan 28, 2017)

In Mono-Racial Portland, 'White Supremacists Can Hide in Plain Sight' from Street Roots

Police Prove Point of Protests by Instigating Violence Across the Country from The Root

The Hate We Live In from Oregon Humanities

Understanding Homelessness in PDX from Portland Homeless Family Solutions

'Let's Get to Work': Obama Pens Essay About Turning Protests Into Real Change

Performative Allyship Is Deadly (Here's What to Do Instead) from Forge

Why Every Environmentalist Should Be Anti-Racist from Vogue

Black by Unpopular Demand: The insidious function of covert racism in Eugene's liberal white utopia from The Eugene Weekly

Exploring Historical Context

How Oregon's Racist History Can Sharpen Our Sense of Justice Right Now from Portland Monthly

2 sides of Oregon's history: Exhibit juxtaposes discrimination, resistance from Street Roots
Oregon History Wayfinder - Interactive Map of Oregon History from The Oregon Historical Society

Oregon Experience – television series co-produced by OPB and the Oregon Historical Society. The series explores Oregon's rich past and helps all of us — from natives to newcomers — gain a better understanding of the historical, social and political fabric of our state.

The Oregon History Project – a digital resource of the Oregon Historical Society Museum and Research Library. So far, hundreds of historical records and artifacts from the unique and extensive OHS collections have been digitized, annotated, and organized. The OHP provides historical Narratives written by Pacific Northwest historians and an online Learning Center for teachers and students.

The Oregon Encyclopedia – provides definitive, authoritative information about all aspects of the State of Oregon, including significant individuals, places, cultures, institutions, events, and peoples.

Oregon History 101 a nine-month public history program series designed to give Oregonians a basic understanding of the state's significant people, places, and events.

Reproductive Justice Timeline from Western States Center

Immigrant Rights, Racial Justice and LGBT Equality Timeline from Western States Center
Looking Back In Order to Move Forward: An Often Untold History Affecting Oregon's Past, Present and Future - Timeline of Oregon and U.S. Racial, Immigration and Education History Compiled by Elaine Rector as part of CFEE (Coaching for Educational Equity)

Gay & Lesbian Archives of the Pacific Northwest (GLAPN) Timelines
Oregon LGBTQ Timeline **Starting in 1970**
Oregon Gay History Timeline **1806–1969**
Oregon **Trans Timeline**
Oregon **LGBTQ Youth Resources Timeline**

Additional tools from SATF

The Bridge Project of SATF

Intersections of Oppression and Sexual Violence Paper

Communities of Prevention Resource

SATF Comprehensive Prevention Toolkit

Exploring Prevention Audio Library

Safety and Wellbeing

Lifeline **Chat** from the National Suicide Prevention Lifeline, connects individuals with counselors for emotional support and other services via web chat (or call: 800-273-TALK)

Oregon Mental Health Call Lines by County (including Suicide & Crisis Hotlines)

Domestic and Sexual Violence Advocacy Resources by County in Oregon and the National Domestic Violence Hotline - 24/7, confidential and free: (800) 799-7233 and through **chat** or the National Sexual Assault Hotline - 24/7, confidential and free: (800) 656-HOPE and through **chat.**

The StrongHearts Native Helpline for domestic/sexual violence is available 5am-8pm PT, confidential, and specifically for Native communities: (844) 762-8483

The Trans LifeLine for peer support for trans folks 7am-1am PT: (877) 565-8860 and 24/7 online. This hotline is staffed exclusively by trans operators and is the only crisis line with a policy against non-consensual active rescue.

The Deaf Hotline is available 24/7 through video phone (855) 812-1001, email and chat for Deaf, DeafBlind, DeafDisabled survivors.

National Parent Helpline Monday -Friday 10 am-7am PT, emotional support and advocacy for parents:(855) 427-2736

Oregon Child Abuse Hotline to report child abuse (855) 503-7233
Find a **Child Abuse Intervention Center** in Oregon

Local Community Resources

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK

The purpose of this exercise is to help us connect the dots between violence and abuse and the ways that oppression informs these experiences. Building a future that is safe and healthy for all people in Oregon requires us to take stock of the ways that we may unintentionally reinforce harm in our work as helping professionals. This worksheet is an opportunity to explore your own case examples and how oppression presents itself in the experiences of your clients, patients, etc. This worksheet is designed to accompany our Oppression in Child Abuse case example resource and we invite you to review that document for additional context prior to working through this worksheet.

What sector do you work in?
(Ex: DV/SA, Child Abuse, Law Enforcement, Education, Health care, etc.)

_____

What is your specific role?

_____

What is the general purpose of your role as defined by your agency?

_____

_____

What do you personally think of as a general goal of your work with your clients, patients, etc.?

_____

_____

Think of a client you have worked with in your professional capacity. You will want to choose a client who experienced violence or abuse as a precursor to working with you. Use this space to jot down a brief summary of what happened and who was involved.

(This resource was created with folks in the violence, abuse, or other harm intervention/prevention sectors in mind but can be applied more broadly.)

Note: Change names and other personally identifying information or details to align with agency policies and laws regarding confidentiality and privacy, especially if you are planning to share or work through this exercise with others.

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Language note: *Throughout this document you will see the word "client" used to represent the person served. We encourage you to think of this language as interchangeable with whatever terminology best reflects the work you do (patient, client, survivor, victim, customer, etc.) You will also see "violence or abuse" used to describe harm and "case" used to describe your experience working with the client. We encourage similar broad thinking regarding the use of this language.*

Thinking about your client who **experienced harm**, let's consider some of the factors that help shape the way they experience the world. We have provided some ideas below and room for some we missed.

_____ Race	_____ Ethnicity	_____ Gender
_____ Sexual Orientation	_____ Religion	_____ Primary Language
_____ Ability	_____ Socioeconomic Status	_____ Immigration Status
_____ Age	_____ Criminal Justice History	_____ Other
_____ Other	_____ Other	_____ Other

Now, let's repeat this process with what you know about the person who **caused the client harm.**

_____ Race	_____ Ethnicity	_____ Gender
_____ Sexual Orientation	_____ Religion	_____ Primary Language
_____ Ability	_____ Socioeconomic Status	_____ Immigration Status
_____ Age	_____ Criminal Justice History	_____ Other
_____ Other	_____ Other	_____ Other

We recognize you may not always have the information listed above regarding your client and the person who caused them harm. That is ok! Fill out what you know and as you do, consider the following questions.

- What is the impact of identifying or not identifying the types of information above in your work with your client?
- What changes about the way you provide your services when you know the kinds of things listed above vs. when you know very little about your client?
- What does not change about the way you provide your services when you either do or do not have the information outlined above?

This is also a great opportunity to consider the power and privilege you hold, simply by being in a position to reflect on someone else's experiences in this way. Hold space for that idea as you complete this worksheet. We encourage you to reflect on your own identities and the impact they do or do not have on you and your experience of the world.

Reflecting on what you have outlined on page 2, what are some stereotypes and biases that exist in regard to these identity factors? Many identities put folks at risk of being targeted, discriminated against or perceived as less-than when compared with dominant culture.

People may harm others because of their attitudes, beliefs and ideas about what is right, wrong, good, bad, desirable, etc.

The experience that someone has when interacting with systems such as criminal justice, child welfare, health care, housing, education, treatment and more, may differ as a direct response to the identities that person brings with them, depending on the norms and biases that have been ingrained in our systems.

People who experience harm likely have internalized ideas about their own identity factors based on the messages they have received at home, at school, in the media, from our law makers and more (for better or worse.)

Use this space below to outline these stereotypes and biases that come to mind. Try to be as honest as you can be with yourself (or whoever you are working with) during this activity.

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Think about the violence or abuse that was perpetrated against your client. Use the space below to outline the types of violence or abuse present (such as physical, emotional, financial, sexual, trafficking, mental, isolation etc.)

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Here are some links that may be helpful as you consider this question. We know that violence and abuse can look different at times and we invite you to explore these resources as you're thinking about your client or patient and their experiences. (examine adults' abuse, violence, and harm towards Youth and Children).

LGBTQQIA+ Power and Control Wheel
Abuse of Children Power and Control Wheel
Elder Abuse Power and Control Wheel
Unhealthy relationships Wheel

Let's think back to the stereotypes and biases that you thought about before. When we as individuals, communities and societies accept harmful ideas and norms related to certain identities, we pave the way for violence and abuse to occur against the people in those identity communities and for that violence and abuse to be accepted and normalized. The roots of violence lie in how we think and talk about differences in our identities and how we, as a result, assign worth or value to those pieces.

Harmful ideas/norms + use of power/control = oppression and marginalization.

Oppression is the systematic and pervasive mistreatment of individuals on the basis of their membership in a disadvantaged group. It involves an imbalance in power, and one group benefiting from the systemic exploitation of other groups.
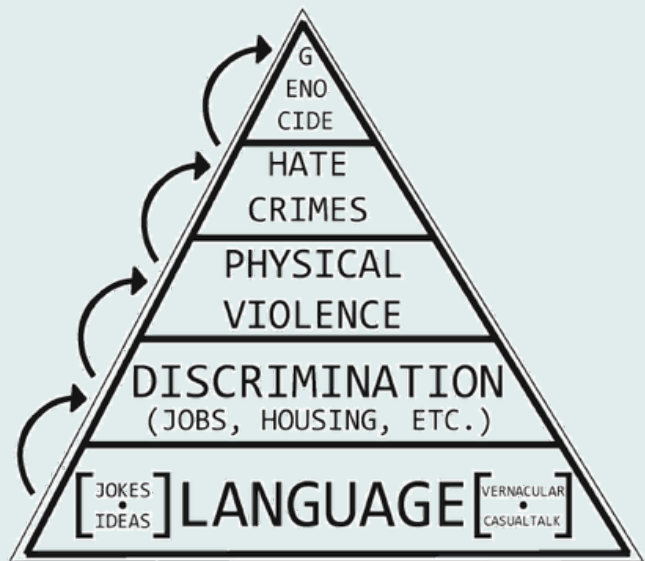
Oppression manifests in many forms such as racism, sexism, homophobia, transphobia, classism, ageism, ableism, adultism, ethnocentrism, xenophobia, and more. Oppression can be present at any level of the socioecological model which means that it can be experienced as an individual, in relationships, out in the community, within institutions and in the very fabric of our society. The socioecological model (SEM) shows us that we can impact and work to not only prevent violence and abuse at all of these levels, but also prevent oppression as a root cause at all of these levels. Check out our Comprehensive Prevention Toolkit for more on this!
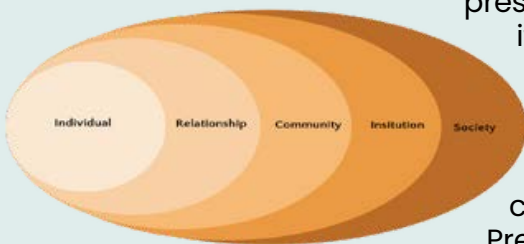
Let's make some connections!

Here we have outlined a few examples of some ways that oppression can turn into violence or abuse at different levels of the socioecological model and pose some questions for further thought.

Ableism
→
emotional abuse

Jo experiences multiple mental health conditions. Jo's partner Sam learned from their family growing up that mental health is not something to be talked about and is something to be ashamed of. Sam is not supportive of Jo seeking mental health treatment and gets mad at Jo when they show symptoms of their mental health conditions. Jo learns from Sam that it is not ok to need help and starts to believe that Sam is right when they say there is something wrong with them and that no one else would put up with Jo's behaviors or love them if they left.

Q: If you knew that Jo was adopted at a young age out of the foster care system AND that Jo was raised by same-sex caregivers who were not supported by their community in their relationship- how would this shift your understanding of how Jo's identities impact their experiences?

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Racism & Classism
→
police violence

Avery is Black and currently experiencing homelessness. On a number of occasions Avery has had the police called on them for illegal camping or making others "feel unsafe," even when Avery had not done anything wrong. Every time Avery has a police contact, it increases the negative perception the police have of them. One day, Avery is detained by a police officer who has internalized the idea that Black people are more likely to be violent, due at least in part to a lifetime of consuming media which presents Black and African Americans in this way. The officer believes (subconsciously or not) that Avery does not have the ability to advocate for themselves due to lack of resources and credibility. When the officer detains Avery they use excessive force as they believe that Avery is dangerous, resulting in injury to Avery.

Q: If you knew that gentrification and a long history of red-lining made housing unaffordable for Avery, AND that lack of access to healthcare to manage an unseen disability made it increasingly challenging for Avery to get a job in the professional sector for which they were trained - how would this shift your understanding of how Avery's identities impact their experiences?

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It is time to make some connections of your own regarding your client and their experiences. For these purposes, we are going to ask you to consider how oppression was present from three different angles- as a root cause, as a tool and as it was reinforced by systems and responses.

How was oppression a **root cause** for the behaviors of the person who **caused** harm?

1.What harmful *ideas/attitudes* about your client's identity did **the person who caused the harm** hold? (Maybe these came to light either during conversation with the person who caused harm or while your client was retelling about their experiences. These may be inferences as well, based on behaviors.) If you do not have this information, use this space to think about how **not** having this information may have impacted your work with your client.

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If you are struggling with this question, here are some examples to consider of ways that people may talk about their oppressive beliefs/ideas.

- "She is crazy, I don't listen to anything she says because she is nuts." (Ableism re: mental health.)
- "He is just a kid, I know what is best for him regardless of what he says." (Adultism re: youth voices.)
- "They are on welfare, probably too lazy to get a job." (Classism re: employment and public benefits.)
- "The problem is all these illegal immigrants who do not belong here, do not speak English and bring all their problems with them." (Racism, ethnocentrism and xenophobia re: immigration and assimilation.)

How did the person who **caused** the harm **utilize** oppression to harm your client?

2.What kinds of things did **the person who caused harm** *say and do* to your client that were harmful *and* tied to one or more of your client's identity factors?

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Consider *how* things were said and done. Think about the intention AND the impact.

Refer back to the power and control triangle and other resource links provided earlier for ideas about how violence, abuse and harm are perpetrated in different ways toward different groups.

Consider the climate that was caused by the things the harm-doer said and did. Often times fear and manipulation are used to keep power and control over a person who is at risk of experiencing harm due to their identities.

Finally, we are going to take a look at how systems may have reinforced oppression for your client. Reinforcing harm is often unintentional and may be difficult to see on a surface level. Consider the following examples of how systems can reinforce oppression.

- Police are called to a domestic disturbance and find that the victim is high and has an addiction to methamphetamine. The abuser is able to frame the victim for the violence that occurred. The victim is arrested for possession of a controlled substance and assault. As such the victim's housing, employment, access to health care and ability to see their children is impacted, worsening the victim's addiction crisis.

- A gender-nonconforming person is seeking to establish a primary care provider in a new town. When they begin to fill out paperwork they are asked to choose male or female and there is not an option for another choice. The resources at the doctor's office all use gendered pronouns. When the doctor speaks to them they misgender them based on their appearance and do not ask what pronouns they use. The person does not return for regular medical care because they do not feel safe or valued in the space.

Use the space below to think about the ways that the systems your client interacted with did, or could have, reinforced oppression. When we are thinking of systems, we are thinking of things like law enforcement, health care, addiction treatment, educational settings, child abuse response/intervention, housing, etc.

Some prompts to consider: What was one way the client's voice was not and/or could not be centered in the process? What do the system responses tell you about who was believed in the scenario, and why? Consider things like service provision, service coordination, cultural responsiveness, and capacity to give adequate time and resources to meet the client's needs.

Your System: _____
How did/could it reinforce oppression:
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System: _____
How did/could it reinforce oppression:
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System: _____
How did/could it reinforce oppression:
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System: _____
How did/could it reinforce oppression:
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As you reflect on this exercise and the experiences the client had with oppression in this instance, let's revisit the goal of your work that you identified on page 1. Write it down again here for reference.

What do you personally think of as a general goal of your work with your patients, etc.?

_____

_____

Use the space below to brainstorm some ways that you and the other service providers involved could have set up a different experience for the client in your example. Consider the prompt: What is at least 1 way you can work toward addressing the harm that was caused (intentionally or unintentionally) as outlined on page 7? What could you or the other service providers have done differently? As you complete this section, hold space for the goal of your work and thinking about how shifting your work moves you either closer to or further away from your goal.

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As we wrap up…

Let's take a quick look at prevention and how it connects to your work and provides action ideas for creating a better experience. There are generally three levels that we talk about when we talk about prevention: Primary, Secondary and Tertiary.

Upstream (primary) prevention

efforts work to address root causes of violence and abuse and prevent it from ever occurring in the first place. Some examples would be skills training for new parents; comprehensive sexuality education for youth; universal access to health care and housing; and initiatives that aim to strengthen peer relationships and support within communities.

Midstream (secondary) prevention

efforts work to increase awareness of violence and abuse concerns that need addressing and change the trajectory for those at high risk. Some examples would be awareness months for different causes; support services that can intervene when red-flags are present; and skills training for things like social and communication skills for teens at higher risk of perpetrating violence.

Downstream (tertiary) prevention

efforts work to prevent the reoccurrence of violence and abuse after it has occurred. Some examples would be culturally specific response services for those who experience child abuse; and behavior modification programs for those that perpetrate domestic violence.

Where does your work currently tend to fall on the spectrum of prevention? How can you shift your work to include more intentional primary prevention efforts to stop violence and abuse from occurring in the first place?

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Violence and abuse are preventable and we all have a role to play.

We must address the root causes that allow violence and abuse to thrive if we want to create a safer, healthier and more just Oregon for all. We believe that oppression is the root cause of violence and abuse, as it teaches us to value some people over others, for many reasons. We also know that it is not enough to simply tell people what not to do- we must replace harmful ideas, behaviors, and norms with healthy ones.

How do you see the ideas above fitting into your work? Use this last space to think about this question/imagine one or more way you can incorporate these kinds of shifts into what you do.

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Understanding Child Abuse and Neglect Prevention in Oregon Resource

Addressing Oppression in our efforts and communities requires continual learning and practice. What are three resources (organizations, shows, books, social media, etc.) that help further your understanding?
(Note that learning, while important, is not sufficient alone and to not place labor on communities/people experiencing oppression)

What are two actions in the next month that you will actively take in your community that help address the root causes of violence and abuse?

What are two actions in the next six months that you will actively take in your community that help address the root causes of violence and abuse?

RESOURCE:
SUSTAINABILITY AS PREVENTION

Anti-violence work can be emotionally, physically, and intellectually taxing - which makes all of us at risk for burnout, vicarious trauma, and compassion fatigue. In this resource we offer a brief look at these concepts, and explore how we can plan to prevent and respond to them so we can sustain ourselves and our movements.

Sustainability is a fundamental violence and abuse prevention strategy that we can engage in within our efforts. When we are sustained and a part of sustainable communities, environments, and movements we are enabling change and working towards a healthier and safer world for all people. This is prevention - and we all play a role in preventing violence and abuse.

FOUNDATIONAL CONCEPTS

SATF's view of sustainability is grounded in the belief that all of us working in violence prevention and response (and activism and trauma work in general) can be impacted by our work. We also believe that there are ways we can work to prevent the worst effects of these impacts and respond when we start to experience them, which this sustainability plan is designed to help you do.

> **VICARIOUS TRAUMA**

is the profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma: helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material (Pearlman & Saakvitne, 1995).

> **BURNOUT**

is the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.

> **COMPASSION FATIGUE**

is the "cost of caring" for others in emotional pain; the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate (Figley, 1980).

> **MORAL INJURY**

is the damage done to one's conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one's own moral beliefs, values, or ethical codes of conduct.

> **ACTIVIST BURNOUT**

is "a chronic condition in which activism-related stress becomes so overwhelming it debilitates activists' abilities to perform their activism effectively or to remain engaged in activism" (Gorski, 2019).

These don't exist in isolation from one another. There are additional and situational factors that impact all of these as well. Beginning in 2020, the anti-violence sector observed unprecedented flux and fatigue due to pandemic burnout and the ongoing effects of global collective trauma, for example.

WHAT DO WE DO ABOUT IT ?

The truth is, we'll all most likely experience burnout, vicarious trauma, and/or compassion fatigue at some point in our lives. The solution? We have to plan for it, and take action to sustain ourselves. We need a sustainability plan! Promoting our individual and collective sustainability is also a meaningful violence and abuse prevention strategy. So while you're making and implementing your plan, you're also contributing to norms and cultures that protect against violence.

TAKE NOTE...

You may have noticed that we keep using the phrase "sustainability" instead of "self-care." This plan recognizes that most of us cannot survive and sustain ourselves through only individual "self-care" actions; our society needs to acknowledge the role of our relationships, communities, and systems/structures in health and wellbeing. The concept of community care has been brought forward by POC and disability activists (among others) as a response to issues of privilege, accessibility, and bootstrap-ism in the modern conception of self-care*. Community care acknowledges that most of us need to care for and connect with each other to sustain ourselves, and that is incumbent on our communities to care for us—and for us to care for our communities. We use ideas and strategies of both self-care and community care in this plan.

SO LET'S MAKE A PLAN

In this plan we utilize the social-ecological model as a framework for sustainability. Experiences of compassion fatigue, vicarious trauma, and burnout are influenced not just by our own actions, but also (and often primarily) by other factors including the place we work (the institution), our communities, and society. This plan acknowledges and takes advantages of multiple levels of influence—while also acknowledging that there are many things you alone cannot control.
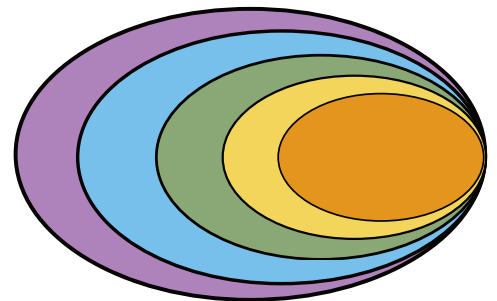
Individual-level strategies are those you can do by and for yourself (or with a little help—like asking a friend or family member to watch the kids). **Relationship-level strategies** will ask you to think about how you give and receive care and support, and how we can use our relationships to help us sustain our work. **Institution-level strategies**, in this sustainability plan, will focus on the policies, norms, resources, and challenges at your specific workplace. **Community-level strategies** look at community resources that help sustain us in our work—and brainstorm ways to stay safe in communities that are more challenging than supportive. And in **society-level strategies**, we'll look at ways you can take action to promote societal-level change while also taking care of yourself within systems and norms.

*For more information on critiques of self-care and visions of community care, check out: Abeni Jones on Autostraddle, "Beyond Self-Care Bubble Baths: A Vision for Community Care," https://www.autostraddle.com/on-being-a-burden-whats-missing-from-the-conversation-around-self-care-385525/ or Laurie Penny in The Baffler, "Life-Hacks of the Poor and Aimless," https://thebaffler.com/latest/laurie-penny-self-care or Heather Dockray in Mashable, "Self Care Isn't Enough. We Need Community Care to Thrive," https://mashable.com/article/community-care-versus-self-care/
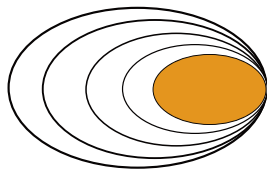
INDIVIDUAL LEVEL STRATEGIES

Individual-level strategies encompass much of what we traditionally think of as self-care. Under each topic we suggest a few strategies, but this list is not exhaustive; your own individual strategies may look very different! Write in your own as needed. For each column, try this:

✓ **Put a check mark by strategies you already do well that help sustain you**

~~Cross out strategies~~ you know aren't/won't be helpful for you, or aren't accessible for you

(Circle strategies) you would like to try or improve (try not to pick TOO many —start with a few!)

PHYSICAL

Eat regularly
Eat food that makes my body feel good
Enjoy a beverage, treat, or dessert I love
Drink enough water
Seek regular medical/dental/etc. care
Take time off when I am sick
Move my body in a way that feels good regularly
        (dance, walk, stretch, play outside, etc)
Wear clothing I like
Cut/style my hair in ways I like
Get regular/enough sleep
Honor my sexual needs with myself/my partner(s)
Allow myself "breaks" from my physical demands
        on myself (exercise, eating patterns, etc)

SPIRITUAL/PURPOSE

Spend time in nature
Spend time with my spiritual community
Be open to inspiration, and reflect on what
        inspires me
Be aware of the non-material aspects of life
Practice gratitude for what I have
Identify my values/what gives me meaning, and
practice centering these things
Meditate or pray
Sing or enjoy music
Contribute to causes I believe in (with my time,
        money, or energy, etc)
Read inspirational literature or listen to inspirational
        talks, music, etc
Allow myself to take breaks from spiritual practice

PSYCHOLOGICAL/EMOTIONAL

Make time away from screens, phones, etc
Write in a journal
Set aside time to sit with my thoughts and reflect
Talk to a therapist/counselor
Read things unrelated to activism/the work
Engage with media (movies, books, social media, etc)
        that values and validates me and my identities
Meditate or practice grounding activities
Say "no" to activities/extra responsibilities sometimes
Do an activity I am not an expert it or in charge of
Give myself affirmations and gratitude
Set aside and protect time for important relationships
Spend time with a companion animal
Allow myself to cry
Ask for help when I need it

WORKPLACE/PROFESSIONAL

Make time for breaks during my workday
Take time to chat with colleagues
Set and protect quiet time to complete needed
tasks
Identify projects/tasks that are exciting or rewarding
Seek mentorship inside/outside my workplace, and
        regularly meet/talk with mentors
Set limits with students/colleagues
Set limits on when/where I will work, and hold myself
        accountable (weekends, evenings, at home,
etc)
Arrange my workspace so it's comfortable/pleasant
Use the benefits provided by my workplace
        (healthcare, HRA, EAP, etc)
Use my vacation time/sick time/PTO (vacation,
        wellness days, seeking medical care, caring for
        children, etc)

FINANCIAL

Track my spending to learn more about my expenses
Create a budget
Talk to my partner(s)/family about our financial goals
    and expenses
Talk to a financial planner to get advice about
    reaching my financial goals/getting out of debt/etc
Ask for a raise, or talk to my supervisor about how I can
    seek a promotion/increase wages in the future
Put aside money each month for savings, a trip,
    educational goals, etc
Allow myself joys by spending occasionally on things
    that make me happy or that will make life easier
Remind myself that many external forces impact my
    finances; I will not shame myself for my financial
    limits, debt, crises, etc.

The previous strategies do not encompass all the aspects of your life you may need to attend to in order to sustain yourself. Here you can brainstorm what other strategies you might need for your own sustainability:

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MAKING A PLAN

When identifying new strategies to help sustain yourself, it's helpful to make a plan. How will you make time? What does success look like? Identify one strategy you want to work on, and make a plan for how you can integrate it into your life.

Q **How will you know you've met your goal? What will success look like? How many times a week/month will you engage in this strategy?**

A Your Answer:

Q **How will you track your progress? Who can you ask to help hold you accountable, and how?**

A Your Answer:

Q **How will you celebrate your successes? What milestones along the way can you celebrate?**

A Your Answer:

REMEMBER: It's ok to revisit and revise your goals along the way! You don't have to stick with a strategy that's not working for you. Give yourself permission to struggle and learn along the way.
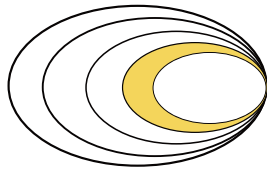
RELATIONSHIP LEVEL STRATEGIES

Relationship-level strategies acknowledge that we may need others to help sustain us, and that we owe it to those in our lives to help sustain them. Sustaining relationships can include partners, family members, friends or chosen family, colleagues, co-activists, and more.

ASSESSING MY NEEDS

First we need to think about what our needs are in relationships: what does a supportive relationship look like for you? What qualities do you look for in supportive relationships? How do you show care to others? It might be useful to think about your needs in ways like introvert versus extrovert (i.e., how do you recharge best, with others or alone?), or love languages (i.e. ways that you give and receive love, enumerated in this case as words of affirmation, acts of service, physical touch, quality time, and gifts). For others, these aren't useful concepts! Use the guided prompts below to brainstorm what the most sustaining relationships look like for you.

WAYS I NEED CARE/SUPPORT	WAYS I SHOW CARE/SUPPORT
How do you prefer to be shown love, care, or support in your relationships? This could be qualities or characteristics you need in others (listens if I need to cry), activities (goes with me to my medical appointments), or something else.	How do you show love, care, or support for those in your life? This could be qualities or characteristics you demonstrate (I like to cheer people up by making them laugh if they're sad), activities (I love to bake for my friends), or something else.

_____   _____

_____   _____

_____   _____

? Consider not just how you need or show care, but also when. Do you plan for time alone as well as time with others? How do you communicate your boundaries when it comes to the times you are able to give or receive support/care?

_____

_____

? For each way you listed above that you prefer to be shown care/support, who fulfills that need for you?

_____

_____

? Who are the primary relationships in your life with? How do you show you primary relationships care and support?

_____

_____

Just like our strategies for individual care (or self-care), our relationships need care too—and we need others to help us prevent and respond to vicarious trauma, compassion fatigue, and burnout. Some strategies are suggested below, or you can write in your own ideas.

Invite someone to participate in an activity I enjoy with me (cooking, exercising, crafting, watching tv, etc)

Ask someone to go with me to medical or other appointments

Spend time with a friend (or call someone) while I do needed errands or chores (go to the store, garden, watch movies while we pay bills)

Schedule a regular (monthly, weekly) "date" with a friend, family member, or partner

Celebrate the accomplishments and milestones of those I care about

Ask for help with a task or to learn something new

Send an unprompted card, text, etc telling someone that I'm thinking about them

Volunteer for a cause/event someone I love is helping to organize

Share a fear, hope, or secret with someone I trust

Reach out to someone I haven't talked to in a long time

Ask a friend/family member/partner for a hug

Cook a meal with or for someone I love

Step out of my comfort zone and do something someone I love cares about that is new to me

Set boundaries with someone I care about so that I can get the space/support/care that I need

Set aside time to email/video chat/call important people who live far away

_____

_____

_____

_____

PREVENTING VT, CF, & BURNOUT: ALLIES

When our work/activism is overwhelming, stressful, or traumatic, we may want to process what happened, or we may just want to distract ourselves and not think about it for a bit. Most of us need both processing and distracting at some point, though when each person needs it can look different.

Think about who your allies are when you need both of these. Processing allies are those who you can talk to about work situations; you usually feel a little bit better, or at least less alone, after you talk to them. Distracting allies help take your mind off the situation—maybe they tell funny stories that make you laugh, you can play a sport together, or you're both obsessed with the same tv show.

Brainstorm who your processing and distracting allies are. Be sure to list allies both within and outside of your agency/organization (or: folks in the field/movement as well as outside of it).

	IN AGENCY/SECTOR	OFF AGENCY/SECTOR
DISTRACTING		
PROCESSING		

SATF OREGON
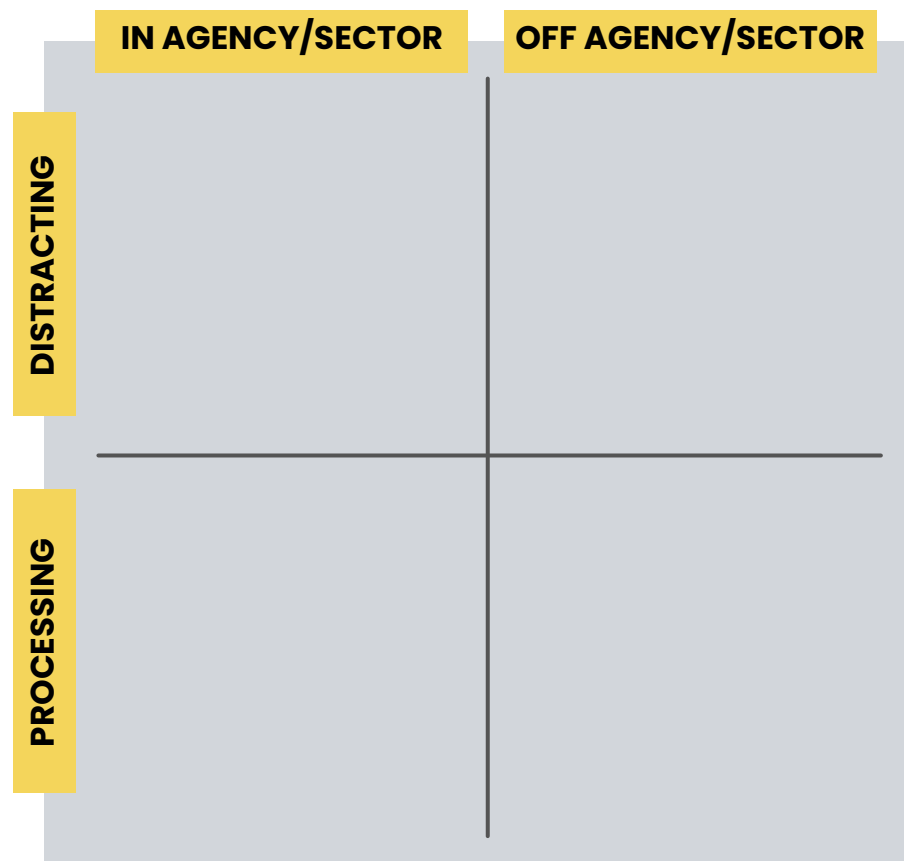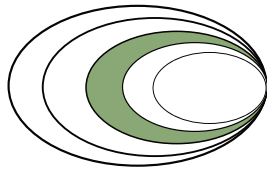
INSTITUTION LEVEL STRATEGIES

Institution-level strategies focus on sustainability within your organization or agency. Our workplaces—the department, the structure and policies of the agency, the people who make up the workplace community—can significantly impact whether we experience or are able to prevent vicarious trauma, compassion fatigue, and burnout.

MY CURRENT ROLE

We all have parts of our jobs and work environments that we like, and parts that we dislike. What about your role empowers you? What do you feel drained by? What about aspects of your departmental and institutional culture? Take some time to brainstorm those aspects here.

	JOB DUTIES/ROLES	DEPARTMENTAL POLICIES/ PROCEDURES/NORMS	INSTITUTIONAL POLICIES/ PROCEDURES/NORMS
I feel enriched or empowered by these aspects...			
I feel drained or disempowered by these aspects...			

? What's one thing you wish were different about your role or your work environment?

_____

_____

? What steps are within your control to take to make this change? Set a timeline; when will you take a first step towards making change?

_____

_____

_____

? Who are your allies in making this change? Who can you seek support from?

_____

_____

INSTITUTIONAL ALLIES AND RESOURCES

Who are your mentors in anti-violence work?

_____

_____

_____

What professional organizations do you find community in?

_____

_____

Who are your allies in other departments or other parts of your organization?

_____

_____

Does your organization offer an EAP, or other crisis support? What is that contact info?

_____

_____

> > FOR SUPERVISORS < <

If you supervise other staff or volunteers, you can play a critical role in their sustainability. Think of your supervision style as a vicarious trauma, compassion fatigue, and burnout prevention strategy!

Research shows that talking the talk of self-care and sustainability is helpful, but that it's more important to model it yourself. If you tell folks you supervise that you don't expect them to work on weekends, for example, but you send weekend emails yourself, they might feel pressure to do the same.

? **Think about it:** what do you set as expectations about work boundaries, self-care, and sustainable practices to those you supervise? How do you support your supervisees in setting work boundaries that fit their personal needs? How do you convey those expectations — verbally? In emails? In policy? If you don't do this already, how do you plan to?

If you supervise staff who engage in anti-violence work, activism, or trauma-response, you can also support them by providing them opportunities to process their experiences, or time and ideas to help them distract themselves. Circle some of the ideas below to try, or brainstorm your own!

PROCESSING	DISTRACTING

PROCESSING

Set aside/schedule in processing time as a team; set aside a different time than used for staff meetings, case reviews, trainings, or other regular events.

Discuss compassion fatigue, vicarious trauma, and burnout as a staff, and brainstorm ways you can support each other.

Incorporate different kinds of processing options with staff, such as writing, painting, etc.

Allow for processing in one-on-one meetings.

Review EAP/resources at your next staff meeting; set and clarify procedures for staff/volunteers who want to seek counseling/therapy and may need work time off to do so.

DISTRACTING

Encourage staff to use vacation and sick time, and use your own.

Engage in fun, creative projects as a team—there is research to support that creativity is helpful in preventing vicarious trauma and compassion fatigue!

If giving staff appreciation/birthday/end-of-year gifts, give gifts that encourage sustainability and self-care practices (like gift cards for places or experiences).

Offer to take a walk or go get coffee with staff who are experiencing stress or a heavy workload.

Share your (appropriate) distraction strategies with your staff, and model using them as needed.
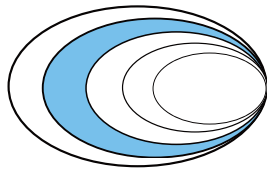
COMMUNITY LEVEL STRATEGIES

What is a community? Community means different things to different people. One definition could be that communities are groups that share something in common, like a location (such as a neighborhood or school) or experience (such athletic team fans or people in recovery) or identity (like an LGBT/queer group or a family), and whose members are tied to the wellbeing of the community in some way.

Most of us belong to a number of different communities, including communities within communities (like a campus within a town, for example). List out some of the communities you belong to here:

_____   _____

_____   _____

Some of the communities you belong to may be sources of joy and safety; others may be stressful or even unsafe at times. Of the communities you listed above, circle a few that you feel the safest in.

STAYING SAFE

Sometimes for reasons beyond our control, or because we've made strategic and informed choices, we have to continue to engage in communities that are stressful or even harmful. Consider ways you can keep yourself safe and set boundaries in those kinds of communities. If by choice or by circumstance you are currently living in, working with, or otherwise engaged with a harmful community, you may consider the tools of safety planning to support your work.

? If possible, list a few safe people or spaces within any stressful or harmful communities you belong to.

_____

_____

? Who can you ask for emotional support when one of your communities is taking a toll on you?

_____

_____

? Who can you call if you are feeling unsafe and need help (such as a ride home, someone to accompany you to a doctor's appointment, etc)?

_____

_____

? What boundaries would you like to set regarding how you engage with harmful/stressful communities?

_____

_____

COMMUNITY RESOURCES

What resources available in your community can help you sustain yourself in this work? In this section it might be helpful to think about physical communities you belong to (such as a town) as well as the larger communities you belong to that offer specific resources (such as support available from a national network or organization).

Local/national hotlines (crisis, violence, suicide, etc):

_____

_____

_____

Where are your safe spaces in your physical community:

_____

_____

_____

Community or identity-based resource centers in your community that you could access:

_____

_____

_____

Free or cheap community locations/assets you can access for distracting sustainability (i.e. fun, intellectual engagement, etc):

_____

_____

_____

GIVING BACK

Being a part of a community means that you both give to and receive from that community. Giving back in ways that keep your communities alive and thriving helps with your sustainability —you'll feel good knowing you're contributing, and you'll receive love from the community in turn.

? What skills or resources do you bring to the community? This could be something like: being a good listener, having the skills/tools to do home repairs, love kids and are willing to babysit, are familiar with legal resources to help connect folks to legal advice. Brainstorm here some things you are good at or enjoy—i.e., skills and resources you can contribute!

_____

_____

_____

_____

? Write down at least one way you already do (or plan to) offer these skills/resources to one of your communities. How can you use these tools to support and help sustain others?

_____

_____
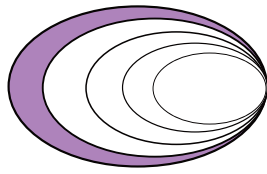
SOCIETAL LEVEL STRATEGIES

Societal-level strategies help you think about the systems of structures we live in, and ways that you can live and protect yourself within those structures. This section will also have you think about ways you can advocate for societal change, and how to create a balance in your activism that fuels rather than drains you.

PRIVILEGE & OPPRESSION

Societal systems of privilege and oppression affect us every day. As people in anti-violence movements, our work is grounded in this reality, and we work to dismantle these systems—because these are the systems that allow interpersonal violence to flourish. Because our work is inextricably linked with privilege and oppression, we are making an assumption that you have a basic understanding of privilege and oppression when filling out this plan, and that you've already begun to do some internal work around this. If you need a refresher, check back to some of the resources earlier in this toolkit!

?   What are aspects of my identity or areas of my life that I have privilege? How does my privilege intersect with my prevention work?

_____

_____

?   How can I use my privilege to help change the norms, traditions, laws, and policies that uphold violence and oppression?

_____

_____

?   What are aspects of my identity or areas of my life where I experience oppression or marginalization? How does this intersect with my prevention work?

_____

_____

?   When I experience oppression or discrimination in the context of prevention work, how do I take care of myself afterwards? Who can I ask for support?

_____

_____

?   What boundaries (if any) have I drawn, or would I like to draw, around my prevention work so that I reduce my experiences of discrimination or oppression? For example, are there specific communities I need to put boundaries on contact with?

_____

_____

SUSTAINABLE ACTIVISM

Sometimes societal and structural forces can feel overwhelming; it's hard to think about how we'll be able to change these massive systems. Engaging in activism can be an empowering way to make change and think about how your voice makes a difference. Different forms of activism are more or less life-enriching for different people.

Attend a community or organizational meeting for an organization I care about

Sign a petition for a cause important to me

Give a one-time donation to a cause I care about

Set up a monthly small (~$5) donation to an organization I care about

Bring or cook food for an organizational event I care about

Volunteer my time to an organization I care about

Ask a friend to tell me about a cause that's important to them

Learn about legislative efforts in my state

Write a letter to a state or national legislator in support of/opposition to a bill

Attend a rally, protest, or demonstration

Research which local markets or shops are owned by people of color, women, or other marginalized groups and support them when possible

Sign up to canvass or block-walk for a candidate or a cause

Research current information and movements for a social cause I don't know much about yet

Use social media to raise awareness about a cause I care about

Make a donation on behalf of a friend/family member for their birthday or a holiday

Read a book about a historical movement for change

Get coffee or go on a walk with an activist friend I care about and tell them how much they mean to me

_____

_____

_____

MAKING A PLAN

Engaging in activism can be enriching, but it can also be challenging or draining at times. How often can you sustainably engage? How will you make time? What clues will tell you that you need to change the type of activism you're engaging in, or the frequency?

Q **How many times a week/month/year would like to engage in activism? How will you know you've met your goal?**

A Your Answer:

Q **How will you track your progress? Who can you ask to help hold you accountable, and how?**

A Your Answer:

REMEMBER: It's ok to revisit and revise your goals along the way! Give yourself permission to try a different type of activism if you want or need. If you become stressed or overwhelmed trying to meet your goal, change it!

QUESTIONS FOR FURTHER EXPLORATION

? When I'm at my best and most balanced in both my professional and personal life, what do I notice? What does "being at my best" look and feel like?

_____

_____

? When I'm starting to experience some burnout, compassion fatigue, or vicarious trauma, these are things I might notice about myself:

_____

_____

? Ways that I already take care of myself or sustain myself that are working well:

_____

_____

? People and resources that help me take care of and sustain myself:

_____

_____

As wanted, use the space below to doodle or sketch what sustains you!

Sustainability as Prevention

Planning for our own sustainability is critical, but implementing strategies and activities that promote the sustainability of others and our communities is prevention. What are **three** things you can do in your prevention efforts to promote the sustainability of others, of our communities?

As you developed your own sustainability plan, what are some things that stood out to you that could be translated into prevention programming within your organization/community? Some examples may include increasing access to the outdoors or activism opportunities, incorporating art activities, facilitating/supporting organizational policy review, etc.

CITATIONS AND REFERENCE MATERIALS BY RESOURCE

SHARED CORE PREVENTION VALUES OF CHILD ABUSE + DOMESTIC/SEXUAL VIOLENCE PREVENTION

1. Primary Prevention of Sexual Violence Position Paper: ORSATF Prevention & Education Subcommittee Position Paper
2. Promoting Healthy Sexuality as Sexual Violence Prevention: ORSATF Prevention & Education Subcommittee Position Paper

UNDERSTANDING THE LANGUAGE WE USE

1. Blackwood, S., & Elijah, D. (2019). Compare/Contrast: Sexual Assault, Sexual Harassment, and Child Sexual Abuse [Cares NW]. OR, Portland.
2. Oregon Coalition Against Domestic and Sexual Violence. (n.d.). Retrieved May 15, 2019. Retrieved March 26, 2024, from https://www.ocadsv.org/.
3. Oregon Network of Child Abuse Intervention Centers (n.d.). Retrieved May 15, 2019, from https://www.childabuseintervention.org/child-abuse/types-of-abuse
4. Human Trafficking Prevention Toolkit (2024). Multnomah County Domestic & Sexual Violence Coordination Office (DSVCO) Sex Trafficking (ST) Collaborative Response, ST Prevention and Public Awareness Subcommittee. https://www.multco.us/dv/sex-trafficking
5. Community Violence Prevention. Retrieved March 26, 2024. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/communityviolence/index.html

CONNECTING PREVENTION STRATEGIES ACROSS VIOLENCE + ABUSE

1. Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). STOPSV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
3. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
4. Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
5. Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
6. Centers for Disease Control and Prevention (2019). Adverse Childhood Experiences (ACEs) Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

CONNECTING GOALS + STRATEGIES FOR A HEALTHIER AND SAFER OREGON FOR YOUNG PEOPLE

1. Oregon, The Oregon Attorney General's Sexual Assault Task Force. (2006). Recommendations to Prevent Sexual Violence in Oregon: A Plan of Action. https://static1.squarespace.com/static/636973864f6528145b7b9b13/t/6495a1cfe0dee937656728f0/1687527909688/svpplow.pdf
2. United States, Oregon Department of Human Services, Children, Adults, and Families Division. (2007). The Oregon Youth Sexual Health Plan. https://www.oregon.gov/DHS/CHILDREN/MFMC/Documents/Oregon%20Youth%20Sexual%20Health%20Plan.pdf
3. Oregon Elevating Prevention Initiative (Jan 4, 2016, Publication). (n.d.). doi:http://ctfo.org/wp-content/uploads/2016/01/Elevating-Prevention-Report-FINAL.pdf
4. Oregon Health Authority. Youth Suicide Intervention and Prevention Plan, 2016–2020. Salem, OR: Oregon Health Authority; 2016. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/5-year-youth-suicide-prevention-plan.pdf

SUSTAINABILITY AS PREVENTION

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2. L. D. (2010). Self-care assessment. Retrieved from https://www.ttuhsc.edu/centers-institutes/counseling/ documents/selfcare.pdf CDC. (2019, January 16).
3. The social-ecological model: A framework for prevention. National Center for Injury Prevention and Control, Division of Violence Prevention. Retrieved from https://www.cdc.gov/violenceprevention/ publichealthissue/social-ecologicalmodel.html
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6. Gorski, P. C. (2019) Fighting racism, battling burnout: causes of activist burnout in US racial justice activists. Ethnic and Racial Studies, 42(5), 667-687. DOI: 10.1080/01419870.2018.1439981
7. Koza, J. (2018). 5 signs you're experiencing compassion fatigue. One Love. Retrieved on September 4, 2019 from https:// www.joinonelove.org/learn/5-signs-youre-experiencing-compassion-fatigue/
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11. Saakvitne, Pearlman, & Staff of TSI/CAAP. (1996). Transforming the pain: A workbook on vicarious traumatization. Norton.